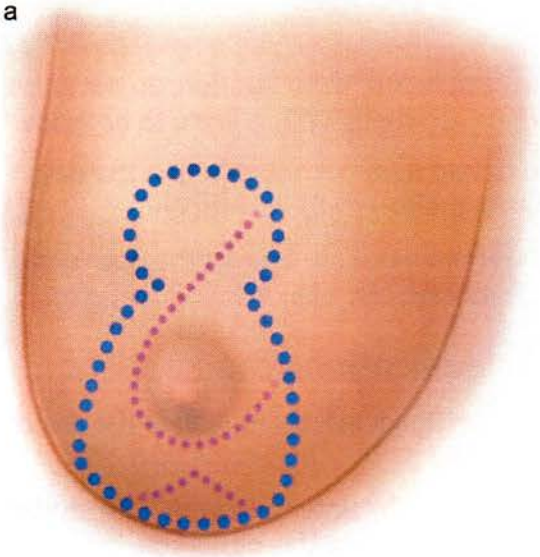
What is a breast uplift?

A breast uplift (mastopexy) is an operation to remove excess skin from your breasts to improve their shape.

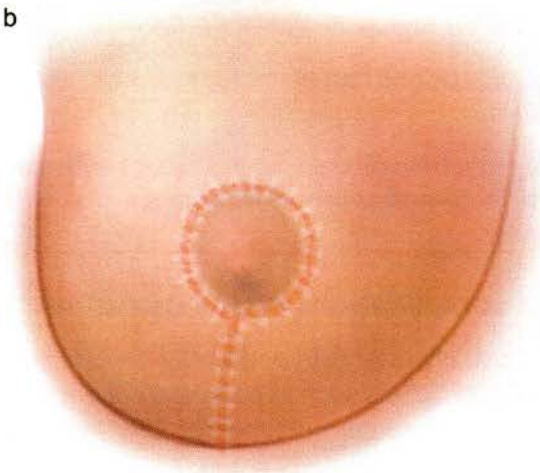
Your surgeon will assess you and tell you if a breast uplift is suitable for you. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

a



b



a The excess skin in removed
b The breast is re-shaped and the nipple is lifted

Is a breast uplift suitable for me?

It is common for breasts to droop after pregnancy and breastfeeding, or after losing weight. You are most likely to benefit from a breast uplift if you are self-conscious about the shape of your breasts.

Your surgeon will carry out a detailed assessment before deciding if surgery is suitable for you. This may include taking photos for your medical records. They will examine your breasts and ask you questions about your medical history.

Your surgeon will also ask you if you are planning to lose a lot of weight. It may be better to lose the weight first before having surgery.

Let your surgeon know if you are pregnant or planning to become pregnant in the future. Pregnancy can change the size and shape of your breasts and may affect the long-term results of surgery.

Will my bra size change?

Your bra size will not usually change but your cup size and the shape of bra you need may be different.

What are the benefits of surgery?

Your breasts should have a better shape.

Most women who have a successful breast uplift are more comfortable with their appearance, are able to wear betting fitting clothing and their personal and sexual relationships improve.

Are there any alternatives to a breast uplift?

Using padded bras or inserts can make your breasts appear to have a better shape.

If there is not much excess skin and your breasts are not droopy, your surgeon may be able to assess you for a breast augmentation. This involves using silicone breast implants to make your breasts larger.

If you have a large breast size, your surgeon may be able to assess you for a breast reduction. This involves removing some breast tissue, excess fat and skin to improve the shape of your breasts.

What will happen if I decide not to have the operation?

A breast uplift will not improve your physical health. Your breasts will stay as they are. Your surgeon may be able to recommend an alternative to improve the shape of your breasts.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes about 90 minutes to 2 hours. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will make a cut on the line of the areola (the darker area around your nipple) and a vertical cut underneath your areola. They will remove excess skin and reshape your breast tissue. Your surgeon will lift your nipple so it is in a higher position.

If your breasts are droopy, your surgeon may also need to make a cut on the crease under your breast (inframammary fold). This will leave an anchor-shaped scar.

If your breasts are large and droopy, you will need a breast reduction. In extreme cases your surgeon may need to completely detach your nipple and areola before reattaching them at a higher position.

Your surgeon will usually insert drains (tubes) in the cuts to help your wounds to heal. They will usually close the cuts with dissolvable stitches.

Your surgeon may wrap your breasts in bandages for support.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. Moving your arms can be uncomfortable for 2 to 3 weeks.
- Bleeding during or soon after the operation. It is common for the lower half of your cleavage and sides of your breasts to be bruised. Rarely, you will need a blood transfusion or another operation.

- Unsightly scarring of your skin. The scars usually settle within a year. If you have dark skin, the scars can sometimes stay thick and red. Your surgeon will try to make the cuts in areas that are difficult to notice even in a swimming costume. Follow the instructions your surgeon gives you about how to care for your wounds.

- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. Minor infections are common because the lower part of a vertical cut and any cut made on the inframammary fold are often slow to heal. Any serious infection usually needs treatment with antibiotics or another operation and can make a scar more noticeable.

- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.

- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

Specific complications of this operation

- Developing a collection of blood (haematoma) or fluid (seroma) inside a breast (risk: 1 in 20). You may need another operation to remove the blood or fluid.

- Developing a lump (fat necrosis). It is common to get lumps in your breast caused by minor damage to areas of fat during the operation. These areas can become hard and swollen. Although they tend to shrink over the next few months, sometimes they turn into scar tissue and the lump will be permanent. You will need to learn to recognise what this kind of lump feels like so you do not confuse it with a breast cancer.

- Numbness or continued pain on the outer part of your breast caused by injury to the small nerves that supply your skin. Any pain or numbness usually gets better within a few weeks but can sometimes continue for many months.

- Stiff shoulder. The healthcare team will give you exercises and it is important that you do them to keep your shoulder moving. Take painkillers as you are told if you need to relieve the pain.

- Loss of skin, including the areola and nipple, because the operation can damage the blood supply in your breast, causing areas of skin to die. The risk is higher if you smoke, are overweight, have very large or very droopy breasts, or have other medical problems such as diabetes.

- Change of breast and nipple sensation. This usually settles within a year but the change may be permanent. You will lose nipple sensation permanently if your surgeon had to detach then reattach your nipple and areola during the operation.

- Reduced ability to breastfeed, if the milk ducts in your breast are damaged or removed, your nipple sensation has been affected or your nipple has been lost.

- Cosmetic problems. It is difficult to predict exactly how your breasts will look after the operation. Most breasts are a different shape and size to begin with (asymmetry). Sometimes a breast uplift can make this difference more noticeable. It is possible to have another operation to correct any difference in size and shape. Minor wrinkles and folds in the creases of your breasts are common and settle with time. It is possible to have these corrected by a small procedure under a local anaesthetic. Your breasts will continue to droop over time. If you become pregnant, the size and shape of your breasts will change.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. Your breasts will look discoloured and feel firm and swollen.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You should be able to return to normal activities after 2 to 3 weeks.

The bandages can be removed after a few days as long as you have a soft bra that fits comfortably. Your surgeon will recommend an appropriate bra for you.

You should be able to return to work after 2 weeks, depending on your type of work.

Do not lift anything heavy or do strenuous exercise, such as vacuuming or ironing, for 3 weeks. You should be able to do a limited amount of activity, such as lifting young children, after about 2 weeks.

Do not have sex for 2 weeks and then be gentle with your breasts for at least another month.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and comfortable wearing a seat belt. Always check your insurance policy and with your doctor.

The future

The healthcare team will arrange for you to come back to the clinic regularly to check on your progress.

The results of a breast uplift improve gradually over the first 6 months. Your breasts should become softer and more natural, and the scars should fade.

If you become pregnant or put on a lot of weight and then lose weight, your breasts may become droopy again. However, they should not become as droopy as they were before the operation.

A breast uplift should not interfere with a mammogram (breast x-ray used to detect breast cancer). Sometimes scar tissue can be mistaken for cancer, so let your doctor know that you have had a breast uplift.

Summary

A breast uplift is an operation to improve the shape of your breasts. It is suitable only for certain women. You should consider the options carefully and have realistic expectations about the results.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements
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