

Mastopexy Augment

Professor J D Frame
FRCS, FRCS (Plast.)

Consultant Plastic
and
Aesthetic Surgeon

Mastopexy Augment

Consultations at:
Springfield Hospital,
Chelmsford, Essex

Secretary:-
Springfield Hospital
Lawn Lane
Springfield
Chelmsford
Essex
CM1 7GU

Phone: 01245 460981
Fax: 01245 460991
Email: info@professorjamesframe.co.uk
www.professorjamesframe.co.uk
www.ukaaps.org

Tel: 01245 460981

© J D Frame

September 2019

Professor J D Frame
FRCS, FRCS (Plast.)

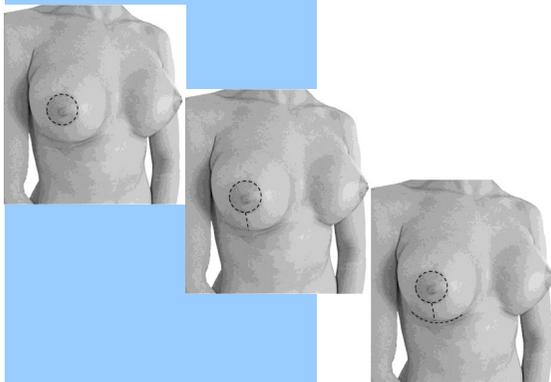
Mastopexy Augment (Breast Lift with Implants)

Mastopexy Augment

There are likely well over a million women a year that undergo Breast Augmentation with smooth or textured Silicone, or Polyurethane enclosed Silicone gel implants. A small fraction of these require a Mastopexy to improve appearance and prevent a sliding ptosis or droop of breast over the implanted mound. The decision to do this at the same time, or in a two-stage procedure, are largely dependent upon the patient, who may prefer to reflect upon the outcome with implants alone and thus avoid the Mastopexy scars. The other factor is the experience and confidence of the Surgeon to deliver the appropriate outcome because there is always a little doubt as to the end symmetry, especially if there is skeletal or asymmetric breast appearance at the start.

General Principles

Any breast with reasonable volume needs a supportive structure and skin tone to maintain a good position on the chest wall. Ageing, weight loss and pregnancy may lead to breast ptosis and result in the desire for surgical intervention. Minor degrees of droop associated with skin laxity can be corrected with implants alone. Pre-operative agreement to proceed to Mastopexy is confirmed after Augmentation in a sitting position on the operating table. Whether anatomical, conical or round implants are used, the nipple is intended to be symmetrically relocated and the drooping breast volume repositioned and probably reduced. The classical scars are around the nipple areola, vertically downwards and often with a short sub-mammary scar.



Pre-operative Consultations

This is not an operation that needs a rush decision before proceeding. It is often sensible to procrastinate, have a second consultation and include partner or close relative in the discussion. It is also better to wait until the family is complete, body weight is stable and there is about four to six weeks recovery time available for work or family commitments. Pre-operative advice from plastic surgery trained nurses is invaluable and is usually available about two weeks pre-surgery. Bra measurements and advice sheets are often available with particular relevance in advice for preventing haematoma, infection, poor wound healing and bad scars. Unfortunately there are always potential risks with surgery and outcomes cannot be totally predicted. Even Plastic Surgeons cannot guarantee total satisfaction but, if adjustments are required, Plastic Surgeons are trained for this eventuality.

The Surgery

On the day of admission, sometimes before, you will sign a consent form for the procedure. By signing this form you are confirming that you have been fully informed of the procedure and the potential complications. Clinical photographs are always taken prior to surgery and your consent should cover this. A separate consent would be required if these were to be used for anything other than for your personal use or your medical records. The operation is under general anaesthetic and usually takes between 2.5 and 3.5 hours. Implants may be placed behind or in front of the pectoralis major muscle and the Mastopexy is performed once the implant positioning is deemed satisfactory. You will be put into a bra or supportive garment post-operatively.



Scars at 3 months post-op

Scars at 1 year post-op



most importantly, at night time. After the second week the arms can be extended above shoulder height and by the sixth week full everyday activities can be resumed. Any strenuous activity or gym work should be after six weeks. The intention is to encourage complication free healing and bio-integration of the implant.

Expected Results

Variances in outcome are likely but, generally, the results are acceptable and improve wellbeing. Wound healing and good scar management protocols help determine the end result.

Pre-Op



18 months Post-Op



**Secretary:-
Springfield Hospital
Lawn Lane
Springfield
Chelmsford
Essex**

**Phone: 01245 460981
Fax: 01245 460991
Email: info@professorjamesframe.co.uk**