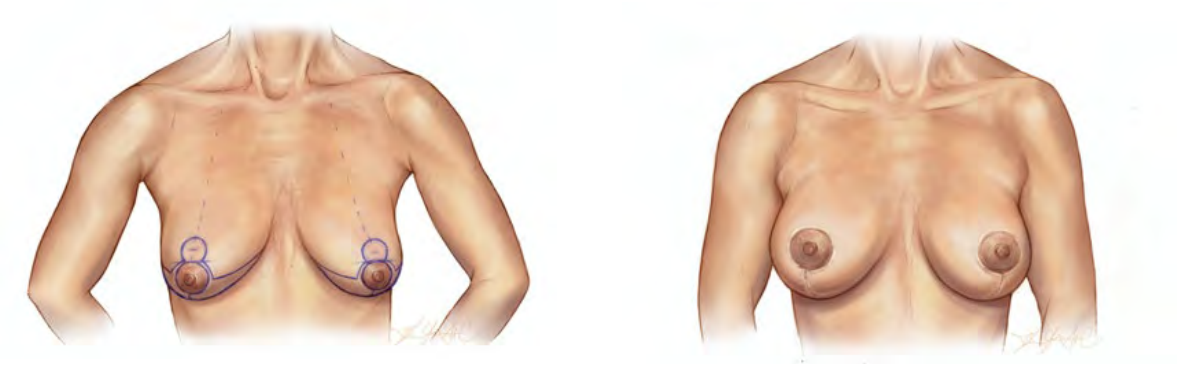
Breast Lift, Breast Lift with Augmentation, Fat Grafting the Breast

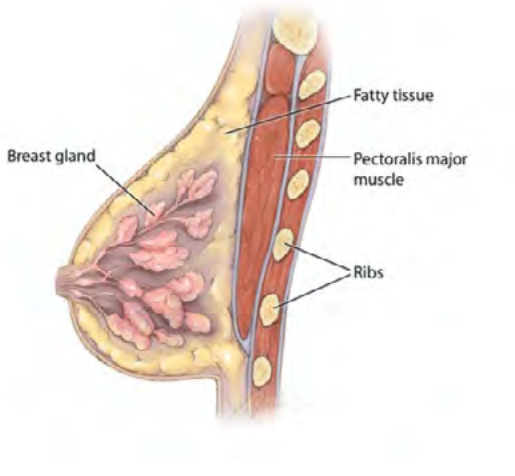


Sagging and loss of fullness of the breasts is one of the most common reasons women seek plastic surgery. Breast emptiness and droop may cause significant distress and loss of a sense of femininity.

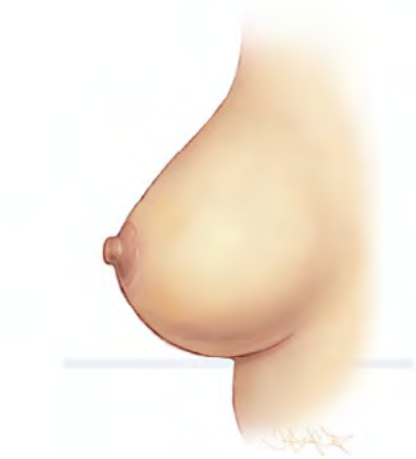
The natural shape of the breast gradually changes with time. Some women become dissatisfied more with the shape of their breasts than the volume (size) and want to restore or even improve upon their youthful shape. This may involve breast lifts, lift with implants, or lifts with transfer of fat obtained by liposuction.

Anatomy

Breasts have complex, three dimensional shapes, which vary infinitely, and even from the other in each pair. Many times women have repeated the phrase, "they are sisters, not twins". It is easier to understand breast lift surgery with a little relevant anatomy.



Normal Breast Anatomy



Youthful Idealized Shape

Breasts are actually specialized skin glands, not differing that much from sweat glands. They begin as a small bud under the nipple in infancy, and enlarge at puberty under the influence of hormones. As they enlarge, they stimulate increased surrounding fat, and the overlying skin expands.

With pregnancy and nursing, further changes occur. The breast gland enlarges rapidly, stretching the skin and underlying tissues. Often this stretch is enough and fast enough to tear the elastic fibres of the skin. This causes stretch marks. Afterwards, the breast shrink to its original size or even significantly smaller, leaving a stretched out and expanded skin covering.

How significant is your droop?

- Position of the nipple
- Position of the underlying breast gland
- How much natural breast is there?

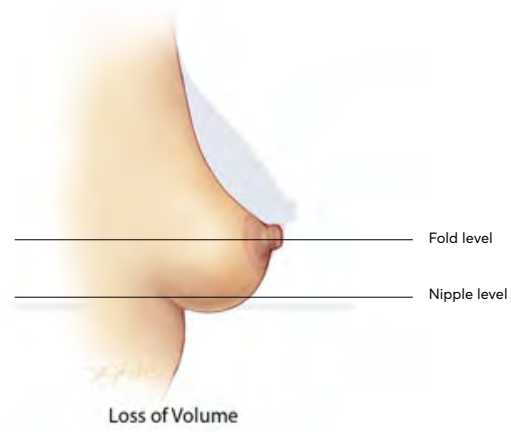
We decide based on where the nipple and breast are:

- Compared to the crease under the breast
- Measured from the top of the breast bone
- By visual judgement
- By judging how much skin stretch you have
- With other subtle clues

Loss of volume alone

- If the nipple and areola are still above the fold
- If breast gland has shrunk

Usually treated with implants (augmentation) only.



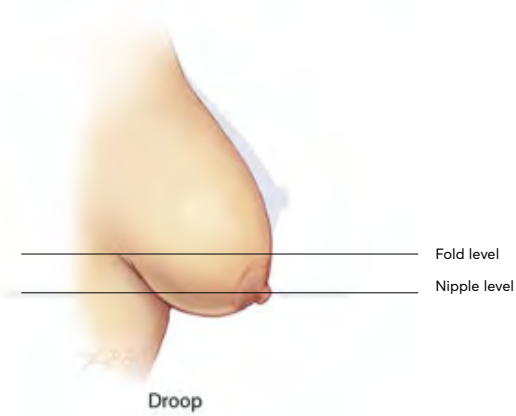
Loss of Volume

Droop, without loss of breast volume

- The nipple and areola are low on the chest and below the crease
- Breast volume is maintained or too large

A breast lift alone is usually sufficient.

A patient may want to add an implant for upper fullness while removing some breast tissue below ("plus minus"). Some patients will want their breast size reduced.

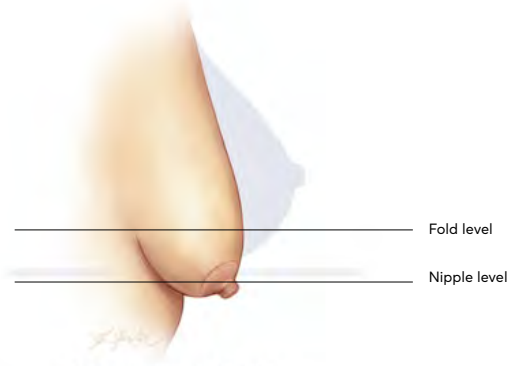


Droop

When there is droop and volume loss

- The nipple and areola are low on the chest and below the crease
- The breast has shrunk or collapsed

A Breast lift with implants or fat transfer is the usual treatment.



Droop with Loss of Volume

The decision to do a lift or not is sometimes complex and not straight forward.

Droop can be "borderline" and it isn't 100% clearly needed.

Sometimes an augmentation alone is done with a "wait and see" approach is best.

The best approach is not one method or another, but combining wisdom of many approaches.

When borderline, we ask ourselves, will implants alone result in the breast appearing to "fall off" the implant?

In most patients with true droop, the nipple and areola are below the level of the fold (with the patient standing).

- Mild droop - within 1 cm of the fold
- Moderate droop - 1-3 cms o below the fold
- Major droop - more than 3 cms below the fold

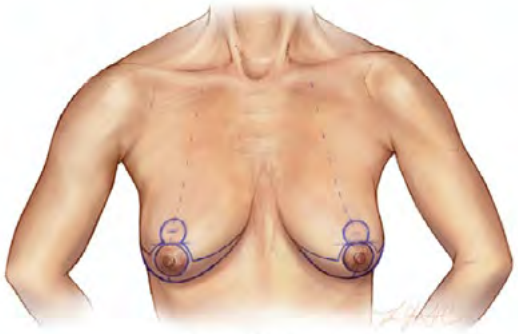
The quality of the skin and the amount of breast tissue also play a role. A large breast which has dropped will respond differently than small breasts contained in thin loose skin.

Technical Details

The surgeon must reduce the skin, tightening the "skin-brassiere" or increase volume (either with fat or an implant), or do both. The breast is a complex shape, and a successful lift requires a three dimensional approach to re-shaping.

Many procedures have been devised to try to reduce the surgical scars resulting from lifts. The traditional techniques involve removing skin in vertical and horizontal dimensions below and around the nipple and areola, and moving the nipple areolar complex up to a pre-determined level.

The surgeon usually starts by marking the skin with a surgical marking pen, with the patient awake and either sitting or standing. These marks are used to guide incisions and nipple placement during the operation when the patient is lying down and dimensions are distorted. Sometimes the patient is sat up during the operation while under anesthesia, to check nipple placement before the completion of surgery.



Preop Markings

Incisions and Scars

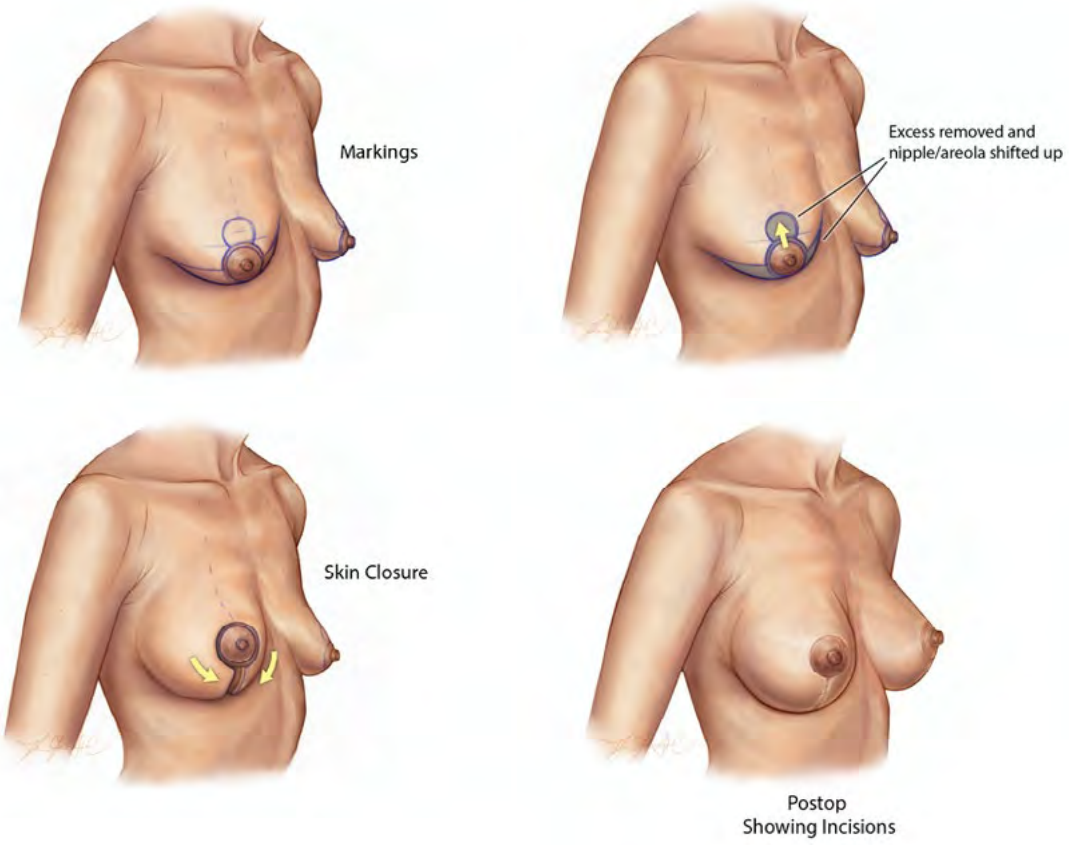
The extent of the incisions will depend on the degree of drooping and the technique employed.

Short scar breast lifts

- Periareolar (Benelli) lifts with incision just around the areola have obvious appeal. The results are usually very disappointing and often give very poor results. Most of us have abandoned them except in rare circumstances
- Vertical or "Lollipop" incisions can sometimes be worthwhile and avoid the scar under the breasts
- However for major droop, "anchor shaped" incisions still give the most reliable good outcomes

I believe in complete re-shaping of the breasts. Most of the time this requires tightening the breast skin three dimensionally. Most breast re-shaping I do involves an incision around the areola, a vertical incision, and a horizontal incision which is concealed as much as possible in the fold. Excess skin is removed in both a vertical and a horizontal "dart" much as a tailor will "take in" any garment. Some patients will do fine with a so- called "lollipop incision" only, which omits the horizontal scar under the breast.

So let's look at how this is done: The nipple is repositioned upwards, while still attached to underlying breast tissue, so nerves and blood vessels can still nourish and give sensation. The remaining breast is then wrapped around the central breast and nipple, and the incisions are closed.



Adding Volume – Implants vs. Fat Grafting

For many patients, because the droop has occurred with significant loss of breast size, augmentation is desired. Fullness of the upper half of the breast most often re-created with an implant (*See breast augmentation*).

Plus minus operations

Using an implant may make the breast too big overall, and we often increase with an implant while removing some breast tissue from the bottom of the breast. This ensures the total increase in breast volume is minimized while we achieve the increase to the "upper pole" where it is desired. We call this a "plus-minus" operation.

Fat grafting

Sometimes, instead of using implants, we use fat "harvested" by liposuction. We take this fat and graft the upper and inner regions of the breasts. This puts the extra fullness where patients most want it. "Autogenous fat grafting" has become very common in the past few years. Patients for this may need to be open to possible multiple grafting procedures to get the volume increase they want.

Risks & Possible Complications

Complications are unusual, and usually can be managed to a satisfactory outcome.

Infection and bleeding

As with any surgical procedure, breast lift can result in infection, bleeding, and delayed healing. The risk of these occurring is quite small. Generally, the risk of infection in clean, elective surgical procedures is about 1%, and that of significant post-operative bleeding is about the same. In my experience infection and post op bleeding are significantly lower than 1%: If we are careful to avoid operating on patients with untreated high blood pressure, or those taking blood thinning medications including anti-inflammatories like aspirin, the risk of bleeding is probably even less. Massive bleeding requiring transfusion is exceedingly rare. I have never had to transfuse a breast lift patient. Even in breast reduction, a somewhat similar operation, transfusion has become quite unusual.

Nipple necrosis

The blood supply to the nipple can be compromised in a lift, resulting in partial or even complete loss of the nipple. This is exceedingly rare with today's pattern of breast lifts. This is one of the most important times when smoking can really cause a major problem. DO NOT SMOKE IF YOU ARE HAVING COSMETIC SURGERY.

Capsular contracture of the implants

See breast augmentation

Loss of feeling

Long term loss of feeling to the nipple can also occur, but is less common in lifts than in reduction mammaplasty.

Aesthetic dissatisfaction

Perfection is rare in cosmetic surgery. Some degree of asymmetry prior to surgery is almost always present and it is best if the differences are pointed out by the surgeon in advance, as patients will look at their healing breasts more closely after than they ever have before surgery. Asymmetry, and modest degrees of unsatisfactory shape are common, especially early on. Most of the significant asymmetries will resolve or become less with time. Occasionally after a suitable waiting period, small revision surgery is needed, and even less commonly a return to the operating room for a more significant revision is required.

Drooping may gradually or sometimes rapidly, recur. Skin with poor tone and elasticity prior to the surgery will be more prone to recurrence than thicker, more elastic skin. Most women with significant droop have either thin and poorly elastic skin to begin with, or went through pronounced engorgement and enlargement with pregnancy. In the former type of patient, she must be satisfied with more modest results of the operation and must understand that some early recurrence will occur.

High nipple and areola

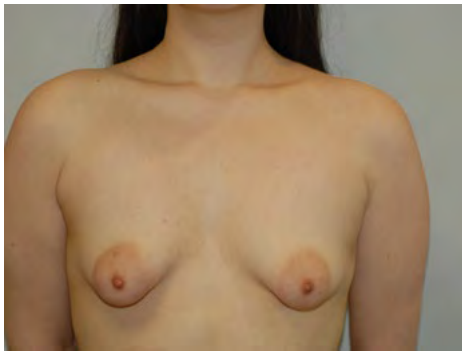
If the nipple is placed too high, it will be difficult for the patient to wear low cut clothing, and brassieres and bathing suits will similarly be awkward. If this happens, the best treatment is to wait. The skin below the nipple will stretch and then it will be possible to use an incision under the breast to shorten the lower breast and lower the nipple and areola. Similarly, asymmetry is best treated after a cautious period of waiting.

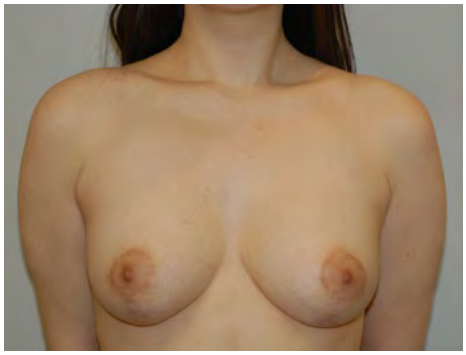
OTHER FORMS OF BREAST RE-SHAPING

"Tubular breasts"

Breasts can develop in sometimes unusual and even embarrassing shapes. For patients who have breasts with developmental shape issue, such as what is commonly referred to as "tubular" breasts*, a modification of basic breast re-shaping principles will often be very effective. Sometimes this is done with implants, with or without fat grafting, release of tight fibrous tissues, and sometimes combinations of many maneuvers. The ultimate outcomes from these cases can sometimes be remarkable, and they may be very gratifying cases to treat.

*I don't like the term tubular breast because it stigmatizes unusually shaped breasts without explaining the nature of what is seen. There is often tight fibrous tissue in the lower breast. This prevents the lower breast from expanding the skin and developing into the usual curves we associate with beauty. Instead, the expansion occurs where there is least resistance, and the areolae stretch, the breast remains narrow, and the fold underneath remains high.





View More Breast Lift Before & After

Post-op Care

We usually see our patient the first working day after surgery and change the bulky outer dressing, discuss how she is feeling, and review any concerns she may have. There is tape on the skin over the incisions which we usually leave in place for 10-14 days.

There are usually no sutures (stitches) to be removed but we have a second visit at about two weeks after for a checkup and tape change. Continuous taping for the first six weeks is our scar management routine. (longer if you have darker skin tones).

Barring any problems or concerns, we usually have another visit six weeks later and at six months. More frequent visits are scheduled as needed.

Breast Feeding

As long as there is sensation to the nipple (it is rare for complete loss of sensation to occur) breast feeding may be possible. Recent studies have shown the chances of being able to breast feed are quite high. However, not all new mothers are successful at nursing even without implants, so no guarantees can be made.

Mammography

MAMMOGRAMS

Routine pre-operative mammograms are recommended for patients who are forty or older. After surgery, the current recommendation is for a mammogram every two years.

Implants placed under the muscle give a better mammogram picture than what was possible with above the muscle implants, but an extra image is done by the mammographer to get the best possible assessment.

See: *http://www.bccancer.bc.ca/screening/breast/*

Once you have implants, you will require a requisition from your doctor and a visit to a radiology office. Otherwise things are unchanged.

Summary

Breast lift procedures are done for any reasons and in many ways.

After a discussion of the many different options available, with careful planning and execution of surgery, patients and surgeons can be rewarded with truly gratifying outcomes.

Meet the Doctor

Benjamin Gelfant, MD FRCSC

Dr Gelfant is a member of the Canadian Society for Aesthetic (Cosmetic) Plastic Surgery (CSAPS), as well as the American Society of Plastic Surgeons (ASPS) and the American Society for Aesthetic Plastic Surgery (ASAPS).

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