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PRIVATHOSPITAL

Information on breast lift

Who is a good candidate for a breast lift?

There are 3 primary reasons for breasts to sag:

Pregnancy

When pregnant, the breast glands are stimulated to produce milk. The glands grow considerably in size, the nipples grow and the pigmentation of the nipple area chang-es. The skin also expands as the size of the breast increases. The hormones accelerate the softening of the tissue and may induce ruptures in the dermis also known as stretch marks. The hormonal influence is kept in effect during breastfeeding to stimu-late continuous milk production. The older the woman is and the more pregnancies and breast feedings she has gone through, the more the breasts will sag.

Age

With age, the skin loses its elasticity. This happens to the skin all over the body, but may be exacerbated by external factors like smoking or excessive sunbathing. Larger breasts are especially prone to this problem due to the weight of the breast. How fast and how much the breasts will sag depends primarily on genetics.

Obesity

Breasts are made up of both breast tissue and fat. With overweight, the breasts grow larger. Obesity will also expand the skin itself. Furthermore, obesity triggers a hormo-nal change.

This happens because sex hormones are processed in fat tissue which re-sults in a prolonged estrogen-like effect, and thus in the same risk of reduced elastici-ty of the skin and stretch marks as during pregnancy. After losing a lot of weight, in-tended or with age, the looseness of the skin will be more pronounced.

Normalizing weight before the surgery

It is important that the amount of fat tissue in the breast is minimal when a correction of the breast is performed. Partly because the fat tissue is very sensitive to the re-duced blood circulation during the surgery, which causes substantially greater risks of complications, but also because future weight loss will result in reoccurring looseness of the breasts. It is advised against to have a breast reduction if your BMI is above 30. BMI is calculated as (weight in kg) / height in meters)^2.

Plastic surgery after bariatric surgery

Research shows that the risk of complications to plastic surgery is increased for pa-tients who have undergone bariatric surgery, gastric by-pass e.g. As a post-bariatric patient, you can expect life-long treatment with dietary supplements, but it is very important that you take the recommended supplements such as vitamins and miner-als and that you are careful to maintain a varied and healthy diet as you prepare for a plastic surgical procedure.

After bariatric surgery, a year and a half must pass before you are eligible to plastic surgical skin correction of any kind. This is because the metabolism needs to stabilize in order for the risk of complications to minimize.

How is a breast lift carried out?

Scars around the nipples – periareolar breast lift

All breast lifts will leave scars around the nipples.

For women who only have a slightly sagging breast, it is possible to perform a breast lift that only leaves a scar on the border of the nipple. This technique requires rather firm breast tissue because the reduction of the skin around the nipple will leave the breast flatter.

For that reason, this method is more often used for younger women or in combination with placement of a breast implant.

The scars have a tendency to appear wide and irregular because the skin of the breast has to be pleated where it meets the nipple.

Vertical scar – vertical breast lift

With this technique, it is possible to reduce a little more of the slackness of the breast skin while avoiding a simultaneous flattening the breasts. The technique leaves both a scar around the nipple and a vertical scar from the nipple and down to the lowermost part of the breast.

The vertical scar is shortened remarkably during the surgery and has a tendency to extend during the healing process and leave too much breast tissue under the nipple, so-called "bottom-heavy" breasts.

Anchor-shaped scar – Wise pattern

If it is necessary to lift and tighten the breast in all the planes, the traditional tech-nique is used. It leaves scars around the nipple, vertically down from the nipple and perpendicular to the vertical scar in the fold under the breast. This is still the most frequently used technique because it provides the possibility of adapting and tailoring the surgery to the individual woman's breast.

The process from first consultation to follow-up

First consultation

During your first consultation, the plastic surgeon will consult with you based on your wishes and expectations to the surgery in regards to possibilities and limitations. If you are a good candidate for a breast lift, the plastic surgeon and you will determine what surgical technique is best suited for you. You will receive information about what is realistic to expect after the surgery and what consequences and risks the sur-gery may entail.

If you are above 40 years old, it is a recommended that you have a mammography (x-ray of the breast) before the surgery. The plastic surgeon will assess your overall health and whether it is necessary to draw blood samples or any further examinations before the surgery. Your breasts are meticulously photographed for "before and after" photos, if the operation is eventually carried out.

For cosmetic surgery, you are always advised to bring an assessor with you to your first consultation. This provides you with an opportunity to discuss pros and cons for the surgery even after you have returned home. Danish legislation on "cosmetic treatment" requires that you wait a minimum of seven days from your first consulta-tion before you can make an appointment for the desired surgery. This serves to pro-tect you by preventing any impulsive or rash decisions to undergo cosmetic surgery. Patient referred from a public hospital are not bound by this legislation, but are ad-vised to take the same precautions.

The surgery

A breast lift is performed under hospitalization and full anesthesia. Periareolar breastlifts can be performed under local anesthesia, but we recommend doing it un-der general anesthesia. Before any surgery under full anesthesia you are to be fasting for a minimum of 6 hours before the surgery, but you can drink water up until 2 hours before the surgery.

When you arrive, the nurse in the hospital ward will greet you, validate your identity and assign you your room. The anesthesiologist will explain the anesthesia to you, and your plastic surgeon will make the guiding marks on your body and ensure that you agree and consent to the plan.

When the surgery is over, you will be equipped with a special surgical bra that you will also be wearing during the post-operative weeks.

After the surgery

After the surgery you are transferred to the recovery room where the anesthetist nurse and the anesthesiologist will monitor you heart rate and blood pressure. They will stay with you until you are fully awake. In the recovery room, pain-relieving treatment is initiated. Nausea

can also be treated if needed. When you are fully awake you are escorted back to your room in the ward. The plastic surgeon then comes to see you and inform you about the course of the operation.

For smaller breast lifts, you can return to your home on the day of surgery, but for larger breast lift surgeries you will be hospitalized until the day after. The nurse will help you get settled and ensure good pain-relief and immediate observation of any signs of early complications. Your plastic surgeon will come to see you again before you are discharged, typically on the morning after the surgery.

The bra is to be used both day and night for 3 weeks. It is recommended that you buy a high-quality sports bra that you can change into when the surgical bra is washed. After the first 3 weeks, it is recommended that you continue to wear a high-quality supportive bra without wires during the day for the first 3 months after the surgery. During this period, you can still wear bras with wires for special occasions without worrying about complications. A check-up is scheduled 14 days after the surgery, and on this day, a nurse removes the stitches. For the surgery, we use thread that is self-dissolving, however, the ends of the threads must be removed manually.

Follow-up

A follow-up with your plastic surgeon is scheduled 3 months after your surgery. At this point, the final result of the surgery can be evaluated and new photos are taken as documentation

Consequences

Scars

During the first three months, the scars are red and swollen, but after this period they slowly lighten and flatten. It is recommended to use a band-aid as long as the scars continue to be red. This decreases the scars' tendency to redden and swell. It takes up to two years before the final result of the scars can be evaluated.

Numbing

There will always be an area of reduced sensitivity on the breast and nipple as a result of a breast lift. In most women, the sensitivity of the skin slowly returns. The sensitivi-ty of the nipples is especially critical. As mentioned, an incision is made all the way around the nipples regardless of the method used. This also means that the sensitivity of the nipples is reduced with breast reduction. For the nipples, we differentiate be-tween the “sense of touch” and the “sexual sensitivity”. The sense of touch is typically only affected for a short time after the surgery. The sense of touch is necessary for the nipples’ ability to harden and breastfeed. For the majority of women, the sexual sensi-tivity of the nipple is permanently reduced after a breast reduction. Some women ex-perience hypersensitivity, which is also bothersome, but the hypersensitivity usually fades over the course of the first year. As such, you should not proceed with a breast reduction unless you can accept the risk of losing the sexual sensitivity in the nipples

Temporary swelling

In the weeks following the surgery, the breasts will be swollen. The breast will seem almost “pumped” and take on a very round shape with a lot of volume in the upper part of the breast. The swelling gradually decreases over the course of 3 months. At this point, the breasts may seem slightly edgy as the vertical scar pulls the breast in-wards a bit. This means that some women feel a little disappointed because they wanted as firm and as voluminous a breast as possible. When the scars heal fully dur-ing the first year, the “edgy” look disappears, and the breasts attain their final shape.

Complications

Bleeding

After the surgery, the blood pressure increases. When this happens, one of the small blood vessels that have been cut during the surgery may leak and cause bleeding un-der the skin. In the case of larger bleedings, it is necessary to operate again. If this does happen, it is most likely while you are still hospitalized, and the re-operation is initiated immediately by your plastic surgeon.

Infection

Bacteria that may have infected the wound during the surgery, or that have come into the wound through the new scar after you have returned to your home cause infec-tions. In most cases, the infection of the scar is superficial; this can be treated with topical and oral antibiotics. In rare cases, the infection can spread and make it neces-sary to open up or drain the scar during re-admittance to the hospital and intrave-nous antibiotic treatment. In severe cases, the infection can ruin the expected result of the surgery.

Dead tissue (necrosis)

If the skin is tightened too much, or in the event of complications such as larger bleeding or infections, the blood circulation in the operated area is critically reduced. Fat tissue is very sensitive to low blood flow and dead fat tissue leaves a so-called fat-necrosis, which forms a hard lump that is sometimes sore and may be worrisome for the patient. Skin necrosis can be seen in the areas where skin was joined from three points; below the nipple and under the breast. These complications may require a second operation but it may not always be possible to achieve a pleasing result.

Loss of sensitivity

The sensitivity of the skin on the underside of the breast may be reduced or it may feel as if the breast is “asleep”. Most patients experience this problem as less bother-some with time, even though the damage is permanent. This is likely because the brain adapts to the lost sensitivity. As mentioned, most patients will experience re-duced sexual sensitivity of the nipples, but some experience no sensitivity at all and therefore also loss of the nipples’ ability to harden. This is a sign that the mechanisms and signals that are necessary for stimulation of the milk production are impaired and thus the ability of breastfeeding is lost. If you become pregnant after a breast re-duction, you should try to breastfeed anyway, as breastfeeding is often possible even with very low sensitivity in the nipples.

Hypertrophic scarring

Some patients have a tendency to produce a lot of scar tissue after surgeries: So-called hyper-trophic scarring. All scars are red and swollen during the months after the surgery, but with

hypertrophic scarring, the scars remain red and swollen for more than a year after the surgery. The scars are treated with band-aids for several months and may also be injected with steroid if the hypertrophy is severe. In rare cases, a disfiguring scar may be surgically corrected.

Hypertrophic scarring is different from keloid, which is an inherent disease in which scar tissue extends into the operated area. Patients with this condition are advised not to have cosmetic surgery.

Durability

Tightening of the skin and tissue in humans does not stop the aging processes. There-fore, there are no tightening surgeries that “last forever”. However, that which is re-moved will not return. Pregnancy, obesity and weight loss will also mean reoccurring sagging of the breasts. The tightening effect of a breast reduction is individual, and it is affected by both genetic factors and external factors (e.g. hormones, smoking). The ”durability” will also be different between the different surgical techniques and a larger and more extensive surgery will provide a more substantial change and there-fore also an extended durability of the result.