



Lowe Plastic Surgery (LPS)

Dr. Lowe's Facts about Breast Lift

How do I get started?

It is important prior to surgery for patients to spend some time educating themselves about breast lift surgery (mastopexy). Although breast lift patients are typically happy, this elective operation is not for everybody. The big risks include delayed healing, bleeding, and scarring. Read the educational materials on our website including consent forms prior to your surgery. Make sure that your surgeon is Board Certified by the American Board of Plastic Surgery, is a member of the American Society of Plastic Surgeons (ASPS), and American Society for Aesthetic Plastic Surgery (ASAPS). Please check out websites and links at: www.drjlowe.com

Do I need a breast lift?

Patients who have had major weight changes, breast feed, or over 40 years of age may be candidates for breast lift (mastopexy). The main question for patients considering breast lifts is are the risks of surgery and the resulting scars worth it or not? Some patients look better with a small bit of breast droopiness than with lift and associated scar. In most cases the need for breast lift is obvious, but in other cases it may not be clear. Most patients who are candidates for mastopexy are typically concerned about the constant need to elevate, strap, or support their droopy breast. Patients with droopy breast who are happy with their breast size are the best candidates for the surgery. Patients with significant droopiness (ptosis), particularly patient with breast implants, may require two separate surgical procedures. A frank discussion with your board certified plastic surgeon will help patients make the right decision in most cases.

Are breast lifts covered by health insurance?

Breast lifts by definition are cosmetic surgery procedures. These procedures are not covered by medical insurance plans. Many patients have large breast but not large enough to be covered by insurance. It is important to remember that all breast reductions are breast lift, but not all breast lifts are reductions. Both patient groups can expect a lift with incisions around the nipple complex and in the fold. All patient nipple complexes are reduced during surgery to enhance the results. Many patients undergoing breast lifts will need some tissue removed on one or both sides to obtain symmetry and shape. Patients are encouraged to look at photos of breast lift patients online or in our office before scheduling surgery. Dr. Lowe will talk to patients about these important issues during the course of the consultation and consent process.

How is a breast lift performed?

Breast lifts require aggressively removing excess skin around the breast mound. The skin is tightened over the breast creating a biologic bra. The length and position of incisions is determined by the amount of skin and tissue. Sometimes the surgical scars are small, and other times they are as big as a reduction. Mastopexy scars are more prominent than other scars due to the tension required on the skin for long term support. Most plastic surgeons secure the breast to the chest wall to rejuvenate or enhance the breast and delay decent. Dr. Lowe is well trained in most if not all short vertical scar mastopexy techniques utilizing both suture and non-suture lift modifications. He individualizes surgery to best meet each patient's needs. He will do his very best to obtain the best breast shape and position while limiting scars and recovery.

I am not sure about my breast size?

One of the biggest concerns for patients considering breast lift is deciding if they are happy with their current size or want to go bigger or smaller. Most patients feel smaller after a breast lift surgery because the breasts are placed and secured tightly on the chest. Patient who have asymmetry are often forced to match the smaller breast during breast lifts. Patients who have particularly large breast may want to reduce to a C to D cup. Other patients who are unhappy with their size or fullness may consider a breast implant at the same time or later. It is always best to avoid a breast implant when possible because implants add risk, maintenance, and cause breast decent.

What will be my breast cup size after surgery?

Patients are often unable to choose the cup size they desire due to the amount of native tissue or quality of the breast envelope. Patients with asymmetry may require reduction on one side to match the smaller breast during mastopexy. Although the surgeon makes recommendations, the patient should make clear their wishes regarding size. One plastic surgeon's C cup may be another patient's B cup. Bra manufactures do not determine cup size because of substantial variations. Most breast lifts involve the removal of skin and a small amount of breast tissue for symmetry and shape. Dr. Lowe asks patients to bring pre and post-op photos of 3-4 patients that they like and do not like at consultation. Go to

www.implantinfo.com to pick out your favorite pre and post-op photos (about your age, height, and shape) even when undergoing mastopexy without implants. Pictures always help to clarify patient expectations.

What is the best technique for mastopexy?

Patients should take time to decide if they really want a breast lift with its potential risks and complications. The best approach can usually be determined in consultation with your board certified Plastic Surgeon. The surgical incision is usually placed around the nipple complex with or without extension into the breast fold. This depends on the patient's anatomy, personal preference, and the type and size of the implant used. When considering different approaches, all patients should be aware that it is best to remove as much skin as possible to ensure longevity. In general, the more skin removed the larger the surgical scar.

Does mastopexy augmentation cost more than mastopexy alone?

The cost for mastopexy is dependent on time and complexity. A mastopexy alone does not take as much time to perform and does not require a breast implant fee. Mastopexy augmentation requires greater surgeon skill and is associated with higher revision rates. In patients undergoing mastopexy with implant removal or exchange, it is never as easy or as cheap as primary surgery. After implants have been in for several years breast tissue shrinks, capsule forms, and tissues stretch. Patients undergoing implant removal or exchange should expect the breast tissue or new implant to descend or droop due to lack of support. This lack of support is why formal breast lifts are required in many cases. Sometimes staged surgery is required. Stage one may include old implant and capsule removal with breast lift first. Stage two may include implant replacement and scar revision. It is best for patients choose the operation that is right for them and ensures the most predictable outcome.

What about patient safety concerns related to mastopexy?

There are a variety of safety concerns related to breast lifts. Many of these concerns relate to the surgery itself: nipple complex compromise, loss of sensation, delayed healing, skin stretch, and prominent scarring. The risk of anesthesia may be patient and surgeon's biggest concern. In most cases the safety of mastopexy is most dependent on the surgeon and surgical facility. Mastopexy is an elective operation reserved in most cases for patients in good health in an outpatient setting. Dr. Lowe is a real plastic surgeon, who performs real cosmetic surgery, in a real surgical center. As a member of the American Society of Plastic Surgeons (ASPS) he is required to follow safety guidelines designed to ensure the best patient safety and outcomes. Dr. Lowe proudly performs cosmetic surgery only in accredited hospitals and surgical facilities. Most of his cosmetic patients undergo surgery at his certified in-office operating suite, Associates Surgery Center of Oklahoma (ASCO). ASCO is fully certified by the American Association for the Accreditation of Ambulatory Surgery Facilities (AAAASF). For further information about safety and credentials go to: www.AAAASF.org or www.drjlowe.com

Should I wait and think about my options?

Breast lift or mastopexy is an important lifelong decision. The surgical procedure carries significant risks and benefits. Patients require a period of recovery, scar treatment, possible revision, and long term breast support. Good candidates for mastopexy are patients who do not like the shape or position of their breast and accept the risk of surgery and scarring. Patient should choose a board certified surgeon that they feel comfortable, takes time, reviews risks, puts safety first, and trust. One of the most important issues is patient care and follow-up. Although surgeons cannot pay the full cost of revision it is usually best to stick with the surgeon you choose to ensure the best outcome at the best price. When possible, patients should talk about their plans with family members and significant others. Patients should have realistic expectations regarding the surgery, recovery, long term care, costs, and results. Breast lift or mastopexy is often the right thing for the right person.

What are Dr. Lowe's take home points?

1. Make sure the droopiness is enough to warrant scars around the nipple complex and breast
2. Take your time & ask questions (get a recent MMG and look at photos)
3. Understand risks of surgery and the possibility of revision (delayed healing, scars, etc.)
4. Avoid breast implants when possible (even if you have to compromise cups size)
5. Try to remove as much breast skin as possible for a lasting result
6. Don't go too big and reduce if necessary (the bigger they are the faster they fall)
7. Delay breast lift until finished with child birth and weight is stable.
8. Planned staged revisions are often required, predictable, and reasonably priced
9. Surgeon and facility certification and safety matters
10. Pick and stick with your surgeon when possible