



Lowe Plastic Surgery (LPS)

Dr. Lowe's Facts about Constricted Breast Deformity

How do I get started?

It is important prior to surgery for patients to spend some time educating themselves about constricted deformity and staged procedures such as breast augmentation & breast lift surgery (mastopexy). Although patients who undergo surgery for constricted breast deformity are typically happy, this elective operation is not for everybody. The big risks include delayed healing, bleeding, asymmetry, 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

What surgery is required to look better?

The surgery required to treat constricted breast deformities depend on the severity of the problem. Is one breast substantially different in shape, size, or position? Patients who have significant asymmetry, major weight changes, breast feed, or over 40 years of age may require more than one operation to treat the breast. Some patients are satisfied with breast augmentation alone, other patients require breast lift (mastopexy) at the same time or at a different stage. The main question for patients considering surgery for constricted breast is are the risks of surgery and the resulting scars worth it or not? Some patients look better with a small bit of breast asymmetry or droopiness than with the scar associated with a breast lift. In most cases the need for breast lift for 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 or support their droopy breast. Patients with constricted breast who are otherwise happy with their breast size are the best candidates for mastopexy alone. Patients with significant droopiness (ptosis), asymmetry, poor shape, and tight breast fold usually require two separate surgical procedures. A frank discussion with your board certified plastic surgeon will help patients make the right decision in most cases.

Is the surgical treatment of constricted breast deformity covered by health insurance?

Breast augmentation and breast lifts by definition are cosmetic surgery procedures. These procedures are not covered by medical insurance plans. Many patients have significant asymmetry and differences in breast size but even then this problem is rarely if ever covered by insurance. It is important to remember that constricted breast deformity is not uncommon and that it is not a functional problem but primarily an aesthetic problem. Most patients have a pyramid shape to their breast with a greatly enlarged nipple complex and small malformed breast mound. Patient with constricted breast deformities usually require breast augmentation to create a breast mound. Later patients can expect a lift with incisions around the nipple complex and in the fold. Most 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. In a limited number of patients a tissue expander with staged reconstruction is sometimes required. Patients are encouraged to look at photos of patients with constricted breast deformities 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 the surgery performed?

The breast augmentation is usually performed first through an incision in the fold of the breast and the overlying breast is aggressively stretched in the first stage. 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 for constricted breast deformity are often more prominent than other scars due to the tension required on the skin for long term support. The breast lift can be performed at the same time, after the augmentation, or before the breast augmentation depending on the degree of deformity. 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 the size of the scars, number of surgeries, and time of recovery.

I am not sure about my breast size?

One of the biggest concerns for patients considering surgery for constricted breast deformities 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 surgery for constricted breasts. A limited number of patients have one or two large breasts and may want to reduce one side or the other to a C to D cup. Most patients are unhappy with their size or fullness and undergo breast implants at the same time or later. It is always best to avoid a breast implants when possible because implants add risk, maintenance, and require exchange in the future.

What will be my breast cup size after surgery?

Patients are often unable to choose the exact cup size they desire due to the amount of native tissue or quality of the breast envelope. Patients with significant asymmetry may require reduction on one side to match the smaller breast during surgery. Some patients require a larger implant on one side than the other depending on the deformity. 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 manufacturers do not determine cup size because of substantial variations. Most constricted breast surgery involves 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 breast surgery without implants. Pictures always help to clarify patient expectations.

What is the best technique for mastopexy for constricted breast?

Patients should take time to decide if a mastopexy is worth the 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, the deformity, nipple complex size, 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 as much longevity and symmetry as possible. In general, the more skin removed the larger the surgical scar.

Does constricted breast deformity surgery cost more standard breast enhancement surgeries?

The cost for constricted breast surgery 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 breast implant placement or breast lift first. Stage two may include implant replacement, mastopexy, and scar revision. It is best for patients choose the operation or operations that is right for them and ensures the most predictable outcome.

What about patient safety concerns related to constricted breast surgery?

There are a variety of safety concerns related to breast enhancement or reconstruction. 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 breast surgery is most dependent on the surgeon and surgical facility. Constricted breast surgery 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?

Constricted breast surgery which usually includes breast implantation and breast lifts (mastopexy) is an important lifelong decision. The surgical procedure(s) carries significant risks and benefits. Patients require a period of recovery, scar treatment, possible revision, and long term breast support. Good candidates for surgery are patients who do not like the size, shape, and position of their breast and accept the risk of surgery(s) 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 unexpected 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 enhancement to treat constricted breast deformities is often the right thing for the right person.

What are Dr. Lowe's take home points?

1. First, determine what you do not like about your breast (i.e. asymmetry, size, shape, position, etc.)
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. Find out if the surgery will take more than one stage to complete
5. Start with breast implants when possible (even if you have to compromise cups size)
6. Make sure the droopiness is enough to warrant scars around the nipple complex and breast
7. Try to obtain as much symmetry as possible with each operation
8. Don't go too big and reduce if necessary (the bigger they are the faster they fall)
9. Delay breast surgery until finished with child birth and weight is stable.
10. Planned staged revisions are often required, predictable, and reasonably priced
11. Surgeon and facility certification and safety matters
12. Pick and stick with your surgeon when possible