

BREAST LIFT OR MASTOPEXY

Breast lift is basically a procedure to elevate the breast mound and the nipple. Generally with aging or pregnancy, the breasts can drop and fall and the idea, of course in this procedure, is to restore the perkiness of youth.

A lot of women who want a breast augmentation because of deflation with age or pregnancy actually would need a lift first, meaning that we have to put the implant behind the nipple, and if the nipple is in the wrong location, that is, below the breast fold, then they will have what is called a double bubble, where we have an implant and then the breast (NOT PRETTY).

So, we have to elevate the breast mound or nipple to reposition it in the area where the implants are going to go. For a breast lift, there are different ways we can elevate the mound of the breast and the nipple. Sometimes, we really just need to elevate the nipple a little bit and that can be done through just a simple skin excision and moving the nipple up.

In more extreme cases where there was actually descent of the breast mound (not just a droopy looking nipple), we have to remove skin to elevate the nipple and breast mound, and the amount of droopiness really determines how many incisions we need to do this. And as a rule, the more breast descent (called ptosis), the more incisions.

The three major incisions in breast lift surgery are: around the areola where we can actually excise skin circumferentially around the areola, and bring it all in (called periareolar mastopexy or Benelli lift); a lollipop or vertical mastopexy, and that is when the incision is around the areola and vertically down the breast which is done with moderate breast ptosis or droopiness).

If there is significant ptosis that cannot be corrected with the lollipop lift, then a horizontal incision is made as well (in the breast fold), and that is called an inverted T or an anchor incision. This type of lift is generally done for patients where the nipple position and the breast mound is significantly below the fold.

The fold and nipple position is really an important relationship we have to look at when we are talking about who needs a lift and who just needs a breast augmentation. Because some women who have deflated breasts have a little bit of sagginess in the bottom pole of the breast, they can benefit simply from re-inflation along with an implant without doing all these incisions we talked about. (That is, sometimes a breast augmentation alone can effectively lift the breast).

The downside to a breast lift, at least through the approaches that leave the incisions that are visible in the vertical and horizontal components, is that there are scars and we are essentially trading better shape with the expense of scars. Most patients who want a breast lift and have significant droopiness that makes them feel uncomfortable or not

attractive will gladly trade the scars for the prettier shape, and almost always find the results very pleasing as it improves their self-esteem.

TAKE HOME POINT: The more droopy the breast, the more incisions are required to lift the breast. Sometimes a breast augmentation alone will effectively “lift” the breast.