



## **Information about mastopexy surgery (breast uplift)**

### **Part 1 of 3**

This leaflet explains mastopexy surgery. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the risks and complications of the surgery, and care after a breast uplift, see parts 2 and 3.

### **What is mastopexy surgery?**

Mastopexy surgery, commonly known as a breast uplift, is an operation to remove extra loose skin from the breasts, and to lift and reshape them, to make them look more youthful.

### **Why have a breast uplift?**

Breasts naturally droop with age, after pregnancy and breastfeeding, and after weight loss. This is because the skin and fibrous ligaments in the breast become stretched so the breast tissue is not supported.

It is not possible to recreate the fibrous support of the breasts, but they can be reshaped by removing extra skin, remodelling the breast tissue and moving the nipples up to the best position on the new breasts. Other options are to reduce the size of the areola (the darker skin around the nipple), or to have the breasts enlarged at the same time.

Having a breast uplift can make the breasts firmer and higher. After a breast uplift you may be more comfortable socially and personally. The best results are with women with small, saggy breasts, but breasts of any size can be lifted.

The results of a breast uplift may not last as long with heavy breasts.

### **What will happen before my operation?**

You will meet your surgeon to talk about why you want surgery and what you want. The surgeon will make a note of any illnesses you have or have had in the past. They will also make a record of any medication you are on, including herbal remedies and medicines that are not prescribed by your doctor.

Your surgeon will examine your breasts, and may take some photographs for your medical records. They will ask you if you want to have someone with you during the examination, and ask you to sign a consent form for taking, storing and using the photographs. The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, or planning to become pregnant, your surgeon may suggest delaying your operation.

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You can get further information and copies of this form from the website at [www.baaps.org.uk](http://www.baaps.org.uk)

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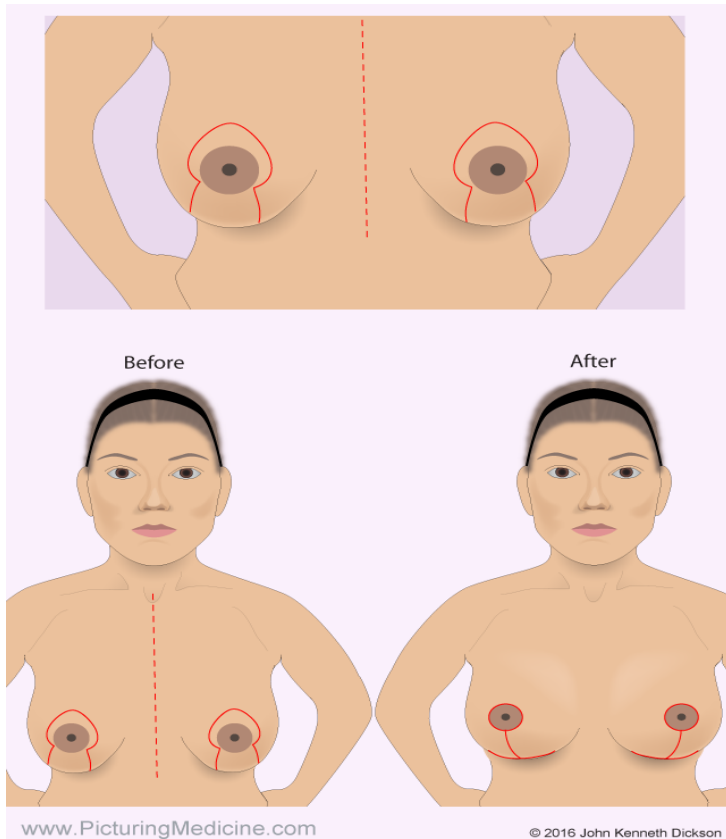
### **How is the surgery performed?**

There are different types of uplift. The best type of uplift for you depends on your breast size and the result you want. Different types of uplift make different scars on the breasts. Whichever type of uplift you choose, the scars should not be visible when you wear normal clothing, bras and bikini tops,

The most common type of uplift, with a cut around your areola and vertically under your breast, is shown below. Sometimes there is a cut in the crease under the breast to make an anchor shape.

Extra skin is removed from underneath the breast, the breast is reshaped into a tighter cone and the nipples are moved to a higher level. The size of the areola can also be reduced.

If your breasts are small as well as droopy, you can have them enlarged with silicone implants. Having breast implants is the only way to significantly increase fullness above the nipples, but their weight can make the breast droop again over time.



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### **Choosing a surgeon**

If you decide to have a breast uplift, only go to a surgeon who is properly trained and is on the specialist register held by the General Medical Council. They will talk to you about what is possible for you or might give the best results. Members of several different organisations do cosmetic surgery, so your general practitioner (GP) is the best person to advise you on who to see.

You should talk to your surgeon before your operation about when and how to pay.

Nobody needs an urgent breast uplift. If you are not given time to think about it, you should look elsewhere.

### **How can I help my operation be a success?**

Be as healthy as possible. It is important to keep your weight steady with a good diet and regular exercise. Your GP can give you advice on this.

If you smoke, stopping at least six weeks before the operation will help to reduce the risk of complications.

Do not worry about removing hair near where cuts will be made, but do have a bath or shower during the 24 hours before your operation to make sure that the area is as clean as possible.

### **To find out more, visit the websites below.**

#### **Contact us:**

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#### **British Association of Plastic, Reconstructive and Aesthetic Surgeons**

(Address as above)

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**The British Association of  
Aesthetic Plastic Surgeons**



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**Information on cosmetic surgery**

[www.baaps.org.uk/safety-in-surgery](http://www.baaps.org.uk/safety-in-surgery)

[www.bapras.org.uk/public/patient-information/cosmetic-surgery/considering-cosmetic-surgery](http://www.bapras.org.uk/public/patient-information/cosmetic-surgery/considering-cosmetic-surgery)

[www.gov.uk/government/news/recommendations-to-protect-people-who-choose-cosmetic-surgery](http://www.gov.uk/government/news/recommendations-to-protect-people-who-choose-cosmetic-surgery)

**General Medical Council (GMC) plastic surgery specialist register**

[www.gmc-uk.org/doctors/register/LRMP.asp](http://www.gmc-uk.org/doctors/register/LRMP.asp)

**Anaesthetics**

[www.rcoa.ac.uk/patientinfo](http://www.rcoa.ac.uk/patientinfo)

**Disclaimer**

This document is designed to give you useful information. It is not advice on your specific needs and circumstances. It does not replace the need for you to have a thorough consultation, so you should get advice from a suitably qualified medical practitioner. We – The BAAPS and BAPRAS – have no liability for any decision you make about the surgery you decide to have.

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