

An augmentation-mastopexy combines a breast enlargement (augmentation) with a breast lift (mastopexy). Detailed information has been provided in the booklet on the procedure, but a summary follows here. The surgery is performed under general anaesthesia as a day or overnight stay procedure. You should allow one to two weeks off work, depending on how physical your job is, and approximately six weeks to return to unrestricted activities. You will need to wear a supportive bra for six weeks day and night apart from showering. Dressings comprise of tapes which can be showered over and air-dried or dried with a hairdryer on a cool setting before replacing the support bra. I recommend the bras we stock at Purity Bridge, as they are front fastening, have stretchy cups (so can accommodate all sizes of breast) and offer good support.

A breast implant can be placed in a pocket created on top of the muscle (sub-glandular) or partially under the muscle (dual plane). My recommendation for pocket placement is determined after examining you, and in part by the amount of breast tissue present, as well as soft tissue cover, whilst taking into account possible future weight changes. In a slim person with little breast tissue at the top of the breasts the top part of the implant is usually best placed underneath the muscle. If there is sufficient breast tissue and tissue thickness present then the implant can be placed directly underneath the breast leaving the muscle undisturbed (as long as a textured surfaced implant is used).

The scars for the breast lift are normally described as an inverted-T or anchor shape (also known as a Wise pattern). This leaves a scar around the areola (the pigmented area surrounding the nipple), vertically down to the breast crease and a scar within the crease. The scars fade over time, and will continue to improve over 2-years. Sometimes other scar patterns can be used, and if appropriate to your situation we will discuss the pros and cons of alternatives.

Conceptually, with an augmentation mastopexy, we are doing two opposing actions – stretching and enlarging the breast using an implant, whilst lifting and tightening the breast with the breast lift. Therefore, a degree of compromise is required when determining the best implant size to suit your breast – i.e. in order to get the best shape and a result that will last, we might not be able to increase the size of your breast as much as you may have initially hoped for.

In most cases of augmentation mastopexy, a round silicone implant is used, as the shaping is predominantly a result of the breast lift. Occasionally, I will recommend an anatomical implant in specific situations – if so, I will explain why in the particular case.

As with any surgical procedure there are potential risks and complications. These are summarised below, although more detail is provided in the booklet on the procedure.

- Infection. Whilst this is rare, in severe cases this may mean removal of the implant to allow the infection to clear. It may be three to six months before the implant can be replaced.
- Haematoma. A collection of blood in the breast which can occasionally necessitate a return to theatre to remove the haematoma, clean the area and stop the bleeding.
- Capsular contracture. The body sees the implant as foreign material and walls it off by building a thin "capsule" of scar tissue around it. In some people, over time, the capsule can become visible, palpable and/or painful and may require a further operation in the future to treat (at cost) – this is known as a capsulectomy, which is normally done with a replacement of the implant to correct it.
- Rupture. This is less common nowadays as the latest implants are much more durable and the established companies all have an excellent safety record. If the implant is faulty the implant company will usually cover the replacement but not necessarily the cost of the surgery. Implants do not routinely need to be changed unless there is a problem with them or a change in the size or shape of the breasts requires further surgery to maintain breast shape.
- Breast implants are currently under investigation for links to a rare anaplastic lymphoma (ALCL) with no other definitive links to disease shown to date. Very few cases have yet been described with smooth implants worldwide. Please do not hesitate to ask for more details about this topical issue if you would like me to explain more than I ran through during our consultation.
- Breast implant illness is something some patients with breast implants identify as having, although to date there has not been any formalised recognition of this as a diagnosis, nor a definitive link shown with breast

implants. Those who identify as having BII report various symptoms such as tiredness, muscle and joint ache, memory fog. Whilst I do not doubt whether these patients genuinely suffer from these symptoms, what is in doubt currently is whether their breast implants are responsible for these symptoms.

- Postoperative numbness or hypersensitivity of the nipples. This is quite common and usually resolves in the four to six weeks following surgery.
- Asymmetry between the breasts. Everyone has a degree of breast asymmetry, and normally this will persist after the surgery. If a significant amount of asymmetry exists pre-operatively, I will discuss with you ways in which this might be addressed during surgery. However, even when asymmetry is surgically treated, there will still be differences in size and shape of the two breasts. Should you desire further adjustments to your breasts, there will be further charges.
- Poor scar formation. Some people develop red, lumpy or stretched scars. If you are a poor scar former, further treatments can be instigated if desired (these treatments will be charged for).
- Lack of "perfect" shape to the areolae – whilst I always make every effort to ensure the areolae are as round as possible, sometimes, due to forces on the breast skin or scar contraction, the shape of the areolae can be distorted. If a shape revision is required, this will be charged for.
- Weight gain or loss, hormonal changes and pregnancy can affect the size and shape of the breasts in the same way as before surgery.
- Aging of breast tissue will continue in the same way as before surgery. Therefore if implants are placed at a relatively young age, there is a reasonable chance that they will need to be replaced and possibly the breast tissue adjusted to maintain the desired shape and size. Secondary surgery may also be required if you have implant problems such as infection, capsular contracture or rupture.
- Rotation of shaped implants. If this occurs it can sometimes be corrected in the outpatient clinic or may need a further surgical procedure.
- Larger implants are associated with more long term problems and you are more likely to require revision surgery due to the weight, stretch in the tissue and the need for extra support. If the implants are too large they will look disproportionate and it is possible that the edges will be visible and/or palpable.

Regarding fees, the consultation fee covers your pre-operative journey, which normally consists of two appointments with me, and a consultation with my specialist nurses. If 3 or more pre-operative consultations are desired, further consultation fees will be charged. For your surgery, the hospital will collect their fees and the anaesthetist's fees, whilst you will be invoiced separately for the surgical fee. The hospital charge covers early complications such as infection, bleeding or problems with the implants such as early capsular contracture. If you change your mind regarding the size or style of implant postoperatively, this will not be covered. The implant companies do offer some redress for any unexplained rupture of the implant or an early development of capsular contracture but do not cover the full cost of replacement surgery.

For further information, I would very much like you to read and watch the following prior to our next consultation: Please watch all of the videos at the bottom of the page: <https://www.marcpacifico.co.uk/treatments/breast/augmentation-mastopexy-breast-lift-with-implants/>

Please read the following:

<http://www.marcpacifico.co.uk/wp-content/uploads/Breast-Augmentation-Mastopexy-Purity-Bridge-2017.pdf>

<https://www.marcpacifico.co.uk/alcl-how-do-i-know-if-i-may-have-it-what-does-it-look-like-what-should-i-do/>

<https://www.marcpacifico.co.uk/breast-implant-illness-what-we-know-and-what-we-dont-know/>

Please also visit my Instagram page: @marcpacifico for further information