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Breast lift

A breast lift, or mastopexy, is cosmetic breast surgery to lift the breasts. The surgery may also involve changing the position of the areola and nipple.

Description

Cosmetic breast surgery can be done at an outpatient surgery clinic or in a hospital.

You will likely receive general anesthesia. This uses medicines that keep you asleep and pain-free. Or, you may receive medicine to help you relax and local anesthesia to numb the area around the breasts to block pain. You will be awake but unable to feel pain.

The surgeon will make 1 to 3 surgical cuts (incisions) in your breast. Extra skin, and sometimes some breast tissue, will be removed and your nipple and areola may be moved. The cuts may be around your nipple and areola, down the front of the breast, and under the breast. It depends how much lift is needed.

Sometimes, women have breast augmentation (enlargement with implants) when they have a breast lift. A lift with reposition of the breast and an implant will restore the volume.

Why the Procedure is Performed

Cosmetic breast surgery is surgery you choose to have. You do not need it for medical reasons.

Women usually have breast lifts to lift sagging, loose breasts. Pregnancy, breastfeeding, and normal aging may cause a woman to have stretched skin and smaller breasts.

You should probably wait to have a breast lift if you are:

- Planning to lose weight
- Pregnant or still nursing a child
- Planning to have more children

Talk with a plastic surgeon if you are considering cosmetic breast surgery. Discuss how you expect to look and feel better. Keep in mind that the desired and expected result is improvement, not perfection.

Risks

Risks of anesthesia and surgery in general are:

- Reactions to medicines
- Breathing problems
- Bleeding, blood clots, or infection

Risks of breast surgery are:

- Inability to nurse a baby after surgery
- Large scars that take a long time to heal or need further treatment
- Loss of sensation around the nipples
- One breast that is larger or shaped slightly differently than the other (asymmetry of the breasts)
- Uneven position of the nipples

The emotional risks of surgery may include feeling that both breasts do not look perfectly balanced or they may not look like what you expected.

Before the Procedure

Ask your surgeon if you need a screening mammogram based on your age and risk of having breast cancer. This should be done long enough before surgery so if more imaging or a biopsy is needed, your planned surgery date won't be delayed.

Tell your surgeon or nurse if:

- You are or could be pregnant.
- You are taking any medicines, including medicines, drugs, supplements, or herbs you bought without a prescription.
- You have been drinking a lot of alcohol, more than 1 or 2 drinks a day.

Planning for your surgery:

- If you have diabetes, heart disease, or other medical conditions, your surgeon may ask you to see your health care provider who treats you for these conditions.
- If you smoke, it's important to cut back or quit. Your surgery may be delayed if you don't quit. Smoking can slow healing and increase the risk for blood clots. Ask your provider for help quitting smoking.
- If needed, prepare your home to make it easier to recover after surgery.
- Ask your surgeon if you need to arrange to have someone drive you home after your surgery.

During the week before your surgery:

- You may be asked to temporarily stop taking medicines that keep your blood from clotting. These medicines are called blood thinners. This includes over-the-counter medicines and supplements such as aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve, Naprosyn), and vitamin E. Many prescription medicines are also blood thinners.
- Ask your surgeon which medicines you should still take on the day of surgery.
- Let your surgeon know about any illness you may have before your surgery. This includes COVID-19, cold, flu, fever, herpes breakout, or other illness. If you do get sick, your surgery may need to be postponed.

On the day of surgery:

- Follow instructions about when to stop eating and drinking.
- Take the medicines your surgeon told you to take with a small sip of water.
- Arrive at the hospital on time.

After the Procedure

You will probably go home the day of surgery.

A gauze dressing (bandage) will be wrapped around your breasts and chest. Or, you will wear a surgical bra. Wear the surgical bra or a soft supportive bra for as long as your surgeon tells you to. This will likely be for several weeks.

Drainage tubes may be attached to your breasts. These will be removed in the surgeon's office within a few days.

Your pain should decrease in a few weeks. Ask your surgeon if you can take acetaminophen (Tylenol) or ibuprofen (Advil) to help with pain instead of a narcotic medicine. If you do use a narcotic medicine, be sure to take it with food and plenty of water. Do not apply ice or heat to your breasts unless your surgeon has told you that is OK.

Ask your surgeon when it is OK to shower or bathe.

Follow any other self-care instructions you are given.

Schedule a follow-up visit with your surgeon. At that time, you will be checked for how you are healing. Sutures (stitches) will be removed if needed.

You may need to wear a special supportive bra for a few months.

Outlook (Prognosis)

You are likely to have a very good outcome from breast surgery. You may feel better about your appearance and yourself.

Scars are permanent and are often very visible for up to a year after surgery. After a year, they may fade but will not become invisible. Your surgeon will try to place the cuts so that scars are hidden from view. Surgical cuts are usually made on the underside of the breast and around the edge of the areola. Your scars will generally not be noticeable, even in low-cut clothing. Your surgeon will give you instructions on how to care for your scars.

Normal aging, pregnancy, and changes in your weight may all cause your breasts to sag again.

Alternative Names

Mastopexy; Breast lift with reduction; Breast lift with augmentation

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Updated by: David A. Lickstein, MD, FACS, specializing in cosmetic and reconstructive plastic surgery, Palm Beach Gardens, FL. Review provided by VeriMed Healthcare Network. Also reviewed by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.

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