

MATTHEW POTTER

BREAST UPLIFT (MASTOPEXY)

Benefits

This procedure elevates breast tissue and improves the projection of the breasts.

Risks

1. Infection/wound break down (less than 5%). If this occurs this would most likely be at the base of the breast at the junction of the scars and should settle with dressings care provided by the private hospital.
2. Scarring. The scars are around the areolar and run from the areolar downward, as a single straight line then pass as an inverted T across the base of the breast in the fold under the breast. Rarely these scars can be lumpy or raised.
3. Pain. Mr Potter injects the breast during the procedure with local anaesthetic to limit the post operative pain.
4. Swelling. All post surgical wounds and sites will swell after the procedure - this should settle within a week if not less.
5. Bleeding / haematoma - this is a collection of blood that can occur within the operative site that may well mean a return to theatre to remove the blood and stop any bleeding sites. This complication is minimised by the appropriate use of drains to remove any blood from the operative site. These drains are removed after the procedure before discharge.
6. Change in nipple/areolar sensation - this area may well lose gain in sensation. Mr Potter uses a technique which maintains as many nerve connections to the chest wall. With this in mind, to date, he has not had a patient with loss of sensation to this area.
7. Loss of one or both of the nipples - exceptionally rare.
8. Fat necrosis (loss of fat volume after the procedure that may cause lumps or an oily discharge). This is rare and may well be treated with dressings in the clinic setting. It may also be resolved with massaging any lumpy areas.
9. Asymmetry. It is very rare that both breasts are equal in size and shape before this procedure. It is commonplace that different volumes of tissue will be removed from both breasts and Mr Potter will strive to correct any pre-existing asymmetry.
10. Clots in the legs and or lungs (Deep vein thrombosis, DVT and Pulmonary embolus, PE). Any operation runs the risk of such clots. You will be given specialist stockings to wear over the course of your inpatient stay and injections to thin the blood to decrease this risk. This is a rare complication.
11. Further procedures - if there are any imperfections or adjustments to be made Mr Potter and the hospitals in which he practices are more than happy to facilitate any further surgery to be sure you are happy with your final result.
12. Potential inability to breast feed.

The procedure

You will be admitted to the ward the day of your procedure where you will be seen by the anaesthetist and Mr Potter. Your breasts will be marked and you will have the opportunity to discuss the operation further if needed.

The procedure takes approximately 3 hours and is under General anaesthesia with you asleep for the whole process.

All wound edges will be raised due to underlying deeper sutures. Such raised wound edges will flatten at about a month. This, long term, will give better scars.

All wounds are simply dressed with adhesive tapes which are designed to be showered from day one.



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Inpatient course

You will recover on the ward for the post operative day and night.

Nearly all patients are discharged after a single night's stay.

On the first day following the procedure you will be put into a sports bra.

You will be asked to shower the morning after the procedure.

All wound tapes should get thoroughly washed and allowed to air dry.

Post-operative course

You will be discharged with oral pain relief which on average is only needed for two days.

The tapes applied to the wounds will simply start to peel off after a few days and these can be trimmed at home with ease.

Post operative follow up

You will be reviewed at 10 days within your original hospital where the tapes will be removed, where appropriate, and sutures around the areolar will be removed if needed. All other sutures will dissolve internally.

Mr Potter will review you after three weeks to assess your progress and he will give you regular reviews until all has fully settled and healed.

Do's and Don'ts

You should only return to driving when you have the strength to perform an emergency manoeuvre.

You will need to wear a supportive soft sports bra for 8 weeks following the procedure. This is to be worn not only through the day but through the night.

Underwired bras should be avoided for at least 8 weeks following complete wound healing.

You should avoid strenuous exercise for 6 weeks. Lifting

heavy weights should be avoided for 6 weeks.

You should be able to return to normal activities at 8 weeks.