NINA S. NAIDU
MD FACS

A Patient's Guide to Breast Lift Surgery

Inside this guide:

Dear Patient,

Thank you for choosing to explore breast lift surgery with Dr. Naidu. This guide was written to help you understand the risks and benefits of breast lift surgery.

Please read the following information in its entirety prior to your visit, as this will make your time with us more productive. If you have any questions about anything contained in this material, we will be happy to discuss them with you at the time of your consultation.

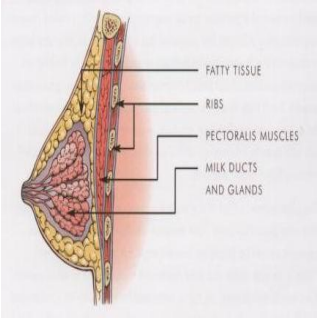
We look forward to meeting you.

When to Consider a Breast Lift

Women's breasts can change with time, losing their firmness and shape. These changes can occur secondary to pregnancy, weight loss, aging, and heredity. A breast lift raises and firms the breasts by reshaping the breast tissue and removing the excess skin. The size of your breasts will not change. You are a good candidate for a breast lift if you are physically healthy; do not smoke; your breasts sag and have lost shape and volume; your nipples rest below the breast crease when unsupported; or you have stretched skin and enlarged areolae.

Anatomy of the Breast

All breasts are made of fatty tissue, glands, ducts, and skin. Deep to the breast is the chest muscle (pectoralis major). Pregnancy, weight loss, and aging can stretch the skin, which may cause sagging of the breasts. No woman has two breasts that match exactly. Implants are used to make the breasts larger, but they may not adequately lift the breast. It is important that you understand the limitations that may exist due to characteristics of your own breast tissue.

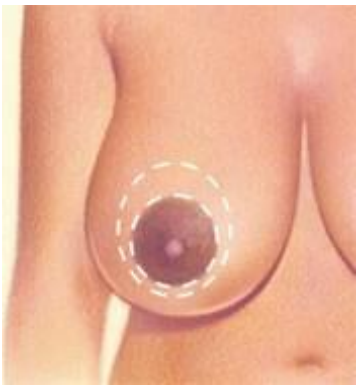


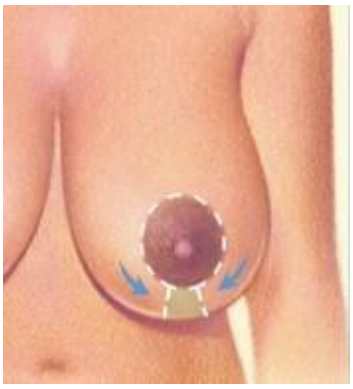
Procedural steps

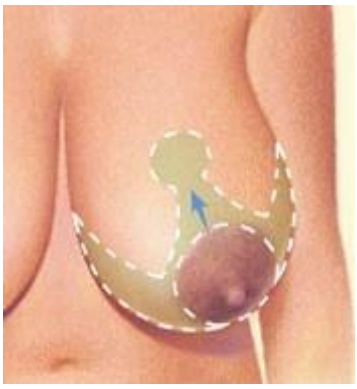
Breast lift surgery involves reshaping the breast tissue and removing excess skin. Incision options include:

1) the circumareolar pattern in which an incision is made around the areola;
2) the vertical incision, in which incisions are made around the areola and vertically down to the breast crease; and,
3) the inverted T or anchor incision, in which incisions are made around the areola, vertically down to the breast crease, and along the inferior breast fold.

The incision selected is based on your existing breast size and shape, the size and position of your areolae, the amount of breast sagging, and your skin quality and elasticity. After the incisions are made, the breast tissue is lifted and reshaped, the nipple and areola are reduced and repositioned, and excess skin is removed. Sutures are placed deep within the breast tissue to support the newly shaped breasts. The incisions are then closed with dissolvable sutures.







Additional procedures

Liposuction is sometimes performed in conjunction with breast lift surgery to shape the lateral aspect of the breast. In some cases, an abdominoplasty (tummy tuck) can be performed at the same time as a breast lift. Additional procedures may incur additional operating time, anesthesia, and surgical risks.

Surgery and Anesthesia

Surgery is performed on an outpatient basis, either in the hospital or in an ambulatory surgery center. Surgery lasts 1.5 hours and is performed under general anesthesia. Many patients worry about the risk of general anesthesia, but it is safe and assures that you will be completely comfortable during surgery. Prior to surgery you will be required to obtain routine bloodwork. The evening prior to surgery, you should not eat or drink anything after midnight. This ensures that you will have an empty stomach prior to surgery, which is very important for your anesthesiologist to care for you safely. You will need to have a responsible adult available to escort you home after surgery.

Recovery

Following surgery, you will awaken in the recovery area. Once you are fully alert, you will be given something to eat prior to discharge. You will need to be seen in the office 4-7 days following surgery.

You may return to most normal activities the day after surgery, but aerobic and sexual activity should be limited for 2 weeks. Most patients take 4-5 days off of work. You will be given detailed, written instructions regarding activity. You may notice some temporary swelling, tightness and numbness. If you notice sudden swelling of one or both breasts, severe pain, redness, drainage, or a fever, please contact the office immediately.

Risks of breast lift surgery

All surgery carries risks. The most frequently reported complications after breast lift surgery are as follows:

Hematoma: A collection of blood underneath the skin can occur following surgery. Should this happen, you will most likely note a sudden increase in the size of one or both breasts. Bleeding requires an immediate return to the operating room to stop the bleeding vessel and evacuate any blood.

Seroma: A seroma is a collection of clear fluid underneath the skin which will typically resorb spontaneously.

Infection: Infection following breast lift surgery is rare. Infection may necessitate intravenous antibiotics or additional surgery. You will be given an antibiotic prior to surgery to help prevent an infection.

Scarring: You will have permanent scars following breast lift surgery. Although the scars improve with time, they may not completely fade. In some cases the scars may become thick or wide, but this cannot be predicted.

Necrosis: Necrosis, or the death of skin and fat, may occur in smokers, following an infection, or with the use of steroids. This complication may require additional surgery.

Pain: Most patients report only mild discomfort following surgery. A small number of patients may have permanent pain.

Blood clots: Blood clots may form in the legs, or travel to the lungs, following surgery. This is a potentially fatal complication, and therefore preventive measures, including the use of leg compression devices during surgery, are taken with every patient.

Numbness: Most patients will note some numbness over the breasts and nipples which usually resolves within several weeks. A small number of patients may note persistent changes in sensation.

Asymmetry: Some patients may have asymmetry of the breasts or breast contour and shape irregularities.

Potential inability to breastfeed: Some patients will be unable to breastfeed following breast lift surgery.

Future pregnancy: If you become pregnant following a breast lift, your breasts will enlarge and may sag again. A second breast lift can be performed if necessary.

Anesthesia risks: Although general anesthesia is very safe, all patients are screened for any personal or family history of anesthesia reactions.

About Dr. Naidu

Nina S. Naidu, MD, FACS is Board Certified by the American Board of Plastic Surgery and is a Clinical Assistant Professor of Surgery at Weill Cornell Medical College. Her practice focuses on aesthetic and reconstructive surgery of the breast and body.

Dr. Naidu completed her undergraduate studies at The Johns Hopkins University and obtained her medical degree from Cornell University Medical College. After completing her general surgery and plastic surgery training at New York Presbyterian – Weill Cornell Medical Center, she performed an additional year of fellowship training at the University of Pennsylvania. She is a former member of the American Society of Plastic Surgeons (ASPS), the American Society for Aesthetic Plastic Surgeons (ASAPS), and the International Society of Plastic Surgeons (ISAPS), and is an active Fellow of the American College of Surgeons (ACS). Dr. Naidu maintains admitting privileges at New York Presbyterian Hospital – Weill Cornell Medical Center.

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