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CONSULTANT PLASTIC SURGEON

PATIENT INFORMATION

Breast uplift with implants

Augmentation mastopexy: lifting the breasts and restoring fullness

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This booklet explains a breast uplift with implants and what to expect.

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01 Why you have this booklet

You've been given this booklet because you have talked to Mr Kumar about a breast uplift with implants, or you're about to.

It explains what the operation involves, the choices you'll make together, what is realistic, how to prepare, and the risks and recovery.

It won't answer every question, and it isn't a substitute for talking things through with Mr Kumar, so please note down anything you want to ask and bring it to your next appointment. There is space for your questions at the back.

02 What the operation involves

An augmentation mastopexy combines a breast uplift with breast implants. The uplift raises and reshapes the breast and moves the nipple higher. The implant restores fullness, especially at the top of the breast.

An implant on its own fills the breast but doesn't lift it, and an uplift on its own adds little fullness. When the breasts have both dropped and emptied, often after pregnancy, breastfeeding or weight loss, the two can be combined. The areola can be made smaller at the same time.

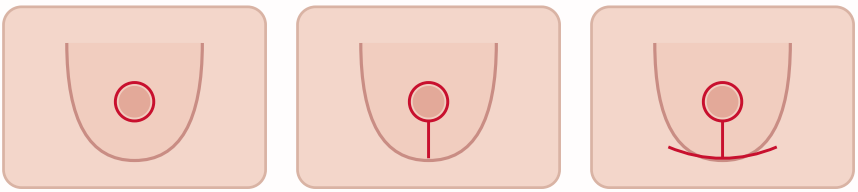


Figure 1. The usual scar patterns (red lines). The one you need depends on how much lift is required. A simplified drawing for guidance only.

One stage or two

Most people have the lift and the implant in one operation. When a large lift is needed, the tissues are thin or you have had breast surgery before, the uplift may be done first and the implant placed at least 3–6 months later. This can be safer and more predictable.

Choosing the implant

Mr Kumar will recommend a moderate implant that your skin can support, usually a round or teardrop-shaped silicone gel implant, placed partly under the chest muscle or above it. A very large implant works against the lift and increases the chance of problems.

03 Is it right for you?

You're likely to be a good candidate if:

- your breasts have dropped and lost fullness
- you have finished having children, ideally
- your weight is stable
- you don't smoke, or can stop
- you accept the scars

What the treatment won't do

- **It won't avoid scars.** They are permanent, although most fade well.
- **It won't last for ever.** Gravity, weight change, pregnancy and age continue to affect the breasts.
- **Implants aren't lifetime devices.** You may need further surgery in the future.

Please tell Mr Kumar if you have, or have had

- a personal or family history of breast cancer, or any breast lump, discharge or previous biopsy
- when you last had breast screening (a mammogram), if you are over 40
- plans for a future pregnancy, or you are pregnant or breastfeeding
- plans to lose a lot of weight
- you smoke, vape or use nicotine replacement
- a bleeding or clotting disorder, or you take blood thinners
- diabetes, heart or lung disease
- a tendency to keloid or thickened scars

04 Other options

You don't have to have this operation. Depending on what bothers you, the alternatives include:

- an uplift alone, if you have enough breast volume

- implants alone, for very mild drooping
- an uplift with fat transfer, for a modest increase in volume
- a well-fitting, supportive or padded bra
- doing nothing for now

05 Breastfeeding and future pregnancy

Many people can breastfeed after this operation, because the nipple usually stays attached to the breast tissue beneath it. But the ability to breastfeed can be reduced, and this can't be predicted for certain.

Pregnancy and breastfeeding stretch the breasts again and can undo much of the lift. It is usually best to wait until you have finished having children, and until at least 6 months after breastfeeding has ended.

06 What you can expect from the result

The breasts look higher and fuller straight away, but they are swollen and the implants sit high at first. They take 3–6 months to soften and settle into a more natural shape, and the scars fade over 12–18 months. Some settling is normal over the first months. The aim is breasts that look lifted and in proportion with your frame, not a particular cup size.

07 Getting ready

Before your operation you'll have a pre-operative assessment, with your medical history, an examination, photographs and sometimes blood tests. You'll also be asked to:

- ✓ stop smoking, vaping and nicotine replacement for at least 6 weeks before and after surgery
- ✓ stop aspirin, anti-inflammatory painkillers and supplements such as fish oil, garlic, ginkgo and vitamin E, usually 1–2 weeks beforehand. Please don't stop any prescribed blood thinner without checking first.

- follow the fasting instructions you are given for your general anaesthetic
- arrange for someone to take you home and stay with you for the first night
- avoid long-haul flights for about 4–6 weeks after surgery
- buy a soft, non-wired sports bra, or bring the surgical bra you are given

08 The operation

The operation is done under general anaesthetic and takes about 2½–3½ hours. Mr Kumar marks your breasts with you beforehand. The implant is placed first, then excess skin is removed, the breast is reshaped and the nipple moved up on a stalk of tissue that keeps its blood supply. The wounds are closed with dissolving stitches. You usually stay one night, and wake up in a supportive surgical bra.

09 Recovery

- **Days 1–3:** tightness and discomfort across the chest, controlled with painkillers. Wear your support bra day and night.
- **Weeks 1–2:** most people return to desk work after about two weeks. Avoid lifting and stretching your arms above your head.
- **Week 2:** wound check. Driving once you can wear a seatbelt and make an emergency stop comfortably.
- **Weeks 4–6:** gradual return to exercise. Keep sleeping on your back and wearing your bra day and night for 6 weeks.
- **3–18 months:** the implants soften and settle, and the scars mature and fade.

10 Your implants

You will be given details of their make, size and type. With your consent, they are recorded on the national Breast and Cosmetic Implant Registry, so you

can be contacted if there is ever a safety concern. Implants are not lifetime devices, and you may need further surgery at some point. Tell whoever does your breast screening that you have implants.

11 Risks and complications

Most people recover without any serious problems. But like any treatment it carries risks, and you should understand them before you decide. Where reliable published figures exist, we've given an approximate, rounded figure. Where they don't, we've used these standard terms:

COMMON	UNCOMMON	RARE	VERY RARE
more than 1 in 100	1 in 100 to 1 in 1,000	1 in 1,000 to 1 in 10,000	fewer than 1 in 10,000

Your own risk may be higher or lower depending on your health, whether you smoke, and the details of your treatment. Mr Kumar will talk through what applies to you.

What almost everyone experiences

These aren't really complications. They're a normal part of healing.

- Tightness, swelling and bruising for 2–3 weeks.
- Altered feeling in the nipples and lower breast for a few weeks or months.
- Red scars that fade over 12–18 months.

Other complications

- **Further surgery** ABOUT 1 IN 10 TO 1 IN 6
  Combining a lift with an implant has a higher chance of further surgery than either operation alone, for example to adjust the shape, a scar or the implant.

- **Change in nipple sensation** COMMON
  Usually improves, but can occasionally be permanent.
- **Asymmetry or return of drooping** COMMON
  Small differences in shape or nipple position, or some drooping returning over time.
- **Slow healing** COMMON
  Small areas of slow healing, usually where the scars meet. These heal with dressings.
- **Collection of blood (haematoma)** ABOUT 1 IN 50
  Usually in the first 24 hours. It needs a return to theatre.
- **Infection** ABOUT 1 IN 100
  Usually treated with antibiotics. If an implant is affected, it occasionally has to be removed and replaced later.
- **Hardening around the implant (capsular contracture)** ABOUT 1 IN 10 OVER 10 YEARS
  Scar tissue can tighten around the implant, making the breast firm, misshapen or painful. Severe cases need further surgery.
- **Noticeable or stretched scars** UNCOMMON
  Scars occasionally become red, raised or stretched. Most improve with time, massage or treatment.

Rare but serious complications

Please read this section carefully.

- **Loss of part or all of the nipple** RARE
  If its blood supply fails. This is more likely in smokers, and when an uplift is combined with an implant.

- **BIA-ALCL** RARE
  Breast implant-associated anaplastic large cell lymphoma is a rare cancer of the immune system in the scar tissue around an implant, linked mainly to textured implants. It usually shows as swelling years later, and is treated by removing the implant and capsule.

- **Blood clots in the leg or lung** RARE
  Deep vein thrombosis or pulmonary embolism. A clot in the lung can be life-threatening. Walking early, drinking plenty and any stockings or injections you are given reduce the risk.

Complications of the anaesthetic

Modern anaesthesia is very safe. Feeling sick, a sore throat or feeling drowsy are common for a short time afterwards. Serious problems, such as a severe allergic reaction, are very rare. Your anaesthetist will meet you before the operation and explain the risks for you personally.

12 Further treatment

A further procedure is sometimes needed, for example to adjust a scar, the position of a nipple, or the implant. This isn't usually considered until things have fully settled, often 6–12 months afterwards. The cost of any further procedure isn't automatically included in your original fee; the clinic team can explain our policy.

13 Photographs and records

Photographs are taken before and after your treatment and kept in your medical records. They help Mr Kumar plan your treatment, record how things looked beforehand and follow your progress. This is standard good practice. If we ever want to use your photographs for teaching, publication or marketing, we will ask you separately and specifically, and saying no won't affect your care in any way.

14 Costs and insurance

A breast uplift with implants is a cosmetic operation, so it isn't covered by health insurance or the NHS. You'll receive a written quote before you decide. Self-pay consultations cost £250 and follow-ups £150.

15 Your decision

This is your decision and you have the right to:

- take as long as you need to decide, and bring someone with you to appointments
- say no to treatment, or withdraw your consent at any stage, without having to explain why and without it affecting any other care you receive
- ask for a second opinion from another surgeon.

16 Your personal information

Your personal and medical information is kept securely and used in line with UK data protection law (the UK GDPR and the Data Protection Act 2018). It's only shared with the people directly involved in your care, or where the law requires it, unless you give your consent for anything else.

17 Who to contact, and when to get help urgently

If you have any questions or worries, please contact the clinic during opening hours on 020 3026 9695 or info@theuclinic.com.

Contact us promptly if you have

- redness that is spreading, warmth, discharge from a wound, or a temperature
- one breast becoming much more swollen, tight or painful than the other

- an area of skin or the nipple becoming dark, purple or black
- bleeding that doesn't stop with 10 minutes of firm pressure
- pain, swelling or redness in your calf, or breathlessness or chest pain

Out of hours, your emergency contact number will be given by the treating hospital or clinic. In an emergency, call 999.

18 What happens next

Before your treatment, Mr Kumar will go through this information with you again and take your written consent. If anything in this booklet has raised a question, or if anything changes with your health or your medication before then, please let us know.

My questions

Note down anything you want to ask Mr Kumar and bring it to your next appointment.

Notes

Notes

Questions or worries?

Please contact the clinic during opening hours. Out of hours, your emergency contact number will be given by the treating hospital. In an emergency, call 999.

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