



ADVANCED AESTHETIC SURGERY

T H O M A S B L I N T N E R , M D

C O M P A S S I O N A T E A R T I S T R Y

BREAST LIFT

“The sky is falling, the sky is falling!” Remember Chicken Little? Well, as some women know all too well, forget the sky—it is their breasts that have fallen and can’t get up.

The medical term for sagging breasts is breast ptosis (“toe-sis”). Many women experience loss of breast volume and malposition (too low) of the nipple–areola complex following extreme weight loss, pregnancy and breast feeding, and unfortunately, just the normal process of aging. It can occur as early as your twenties and well into the later years in life. The skin forms a natural bra for the breast and we know that gravity always wins and eventually the skin begins to lose its elasticity and allow the breast to droop. This occurs regardless of breast size.

I divide breasts into three size categories:

“Too Small”: This breast usually requires the addition of an implant with the lift to provide a better shape.

“Too Large”: This usually requires a breast reduction to decrease the size and improve the shape of the breast.

“Just Right”: This is the most difficult because the patient likes her breast size, but just doesn’t like its position. The reason this is challenging is repositioning of the breast yields a loss in volume as well as a slight change in the overall shape of the breast—neither of which this particular patient wants. In this case, I recommend a small implant to compensate for the tissue removal and to preserve the shape of the breast. (I like to call this an “exchange”-as we remove breast tissue and replace it with an implant, leaving you about the same size, just better position than before surgery.)

There are three different types of lifts; each can be performed with or without an implant.

1. The Donut or periareolar mastopexy: This involves removing a small amount of the skin circumferentially around the nipple-areola. This lifts the nipple (not the breast) minimally; however it has a tendency to flatten out the breast and nipple. The scar for this procedure is easily hidden in the areola and it is a good way to decrease areola size, if you have a large areola. This procedure is done in concert with an implant inserted through the lower half of the areola. Not everyone is a candidate for this lift.

2. The Lollipop or vertical mastopexy: This involves the periareolar lift as well as a removal of skin from the lower aspect of the breast between the nipple and the inframmary fold. This yields a vertical scar from nipple to fold on the breast as well as around the nipple (it kind of looks like a lollipop). This technique is very specific to longer narrower based breasts.
3. The Anchor or full mastopexy: This procedure utilizes both of the above and removal of skin and tissue along the fold. This leaves a scar that sort of resembles an old Navy anchor. With this technique I can completely resize and control the shape of the breast.

Remember that a breast lift will not stop the aging (or sagging) process, but will give the patient a much better shape and more perkiness, especially if you add an implant. Lifts with an implant will generally last much longer than lifts with no implant—unless you get giant implants, which I strongly discourage.

Types of implants:

The two types of implants you could chose from are silicone shelled saline (salt water) filled or silicone gel filled. Each come with advantages and disadvantages, and it is very important to understand the differences before making any decisions about which implant is for you. Both implants are extremely safe and there is no medical evidence that either implant is responsible for causing any disease.

Saline filled implants come unfilled and are filled with salt water via a sterile technique once inside the patient. Advantages for saline filled implants are they can be placed through a very small incision and they have a slightly lower incidence of capsular contracture. They do cost a little less than gel filled and they can be over filled slightly to produce a more augmented look. Despite all the medical information, if you are still hesitant about gels, saline is a good option for augmentation. Cons of saline with a lift, saline are heavier and the reason you need a lift in the first place is your breast skin isn't as elastic as it was in younger years. I rarely recommend saline for a patient desiring a lift.

Gel implants were recently re-released by the FDA in November 2006. After several years of on-going study, they have confirmed the safety of these implants. The advantages of silicone are they feel much more natural and are less likely to ripple. The down side is they do cost slightly more and have a slightly increased risk of hardening (capsular contracture). The only restrictions from the FDA regarding gel implants now are patients must be at least 22 years of age on the date of surgery and you must read and sign their consent at least 10 days prior to surgery. The FDA also recommends MRI of the breasts at 3 years post-operatively followed by MRI's every two years there after to look for silent leaks. It is our recommendation that MRI's be performed if you have a problem or a change. We like to see our surgical patients annually at no additional charge to ensure that if any problems arise, they are diagnosed and treated quickly. These implants do come pre-filled and require a slightly larger incision. I feel very strongly that gel implants do create the most natural result and believe they are very safe to use in patients and family members. However; our goal is to educate you so that you can make the best decision for your body.

In January 2011, the FDA published a new health warning concerning all breast implants, silicone and saline. They believe there is a potential correlation between breast implants and a very, very rare form of cancer called Anaplastic Large Cell Lymphoma. (ALCL for short) This is a form of Non-Hodgkin's Lymphoma that occurs in approximately 3 out of every 100 million people. In the population of patients with breast implants 34 confirmed with a possible 60 had ALCL in 10 million women over a period of 25 years. So, what does all this mean...you have a better chance of winning the lottery (provided you play) than contracting this disease. The FDA also recommends that no action be taken except prudent follow up with your surgeon, especially if you have a change or symptom. I want to stress that this is not a type of breast cancer and that if you have a family history of breast cancer; it doesn't increase your risk of getting ALCL if you get breast implants. As I said previously, I believe that breast implants, being one of the most scrutinized medical devices made, are great devices and I'll continue to feel comfortable using them until I see research or data to the contrary.

The advantages of implants-regardless of silicone or saline (and it really is your choice) are:

1. Fuller more perky breast, particularly in the upper portion of the breast (like in every magazine)
2. Less floppiness (which means an open lower breast fold)
3. Less scar length because of more volume—short scars are more ideal than long scars.

When having any of the above procedures, you have to weigh scarring vs. sagging, and the importance of having a perky breast. If you are having difficulty making this decision, I encourage getting either a lift (if the dilemma is implants) or an augmentation (if the dilemma is scarring)—and then if you are not happy with the result add the other procedure at a later time. Obviously, there is cost in going back to the operating room a second time, but your happiness is paramount and if you are undecided, sometimes it is best to wait. My job is to make sure you have more than enough information and time to make the best decision for you. Reconsults are absolutely free of charge-this is a big decision, I encourage you to bring your significant other in with you, or call me with any questions.

Complications: While very rare, there are risks to surgery. We feel it's very important for you to understand what can happen and what you can do to help prevent complications.

- PE, DVT: These are blood clots that can go to your heart and lungs. This is a serious matter that can result in hospitalization. VERY, VERY, RARE—because we insist that all our patients get up and move around the evening of their surgery...but realize because this is a very serious matter, we have a low index of suspicion, if you call with any concern that we feel could be a result of the above, we send you immediately for evaluation by a vascular surgeon. Remember, people who fidget, don't get blood clots. Please let us know if you have any family history of bleeding or clotting disorders or take birth control pills or smoke.

- Infection: we prescribe antibiotics for 5 days after your surgery. You are also given a dose of antibiotics through your IV during your surgery. Your job is to let us know if you have any signs or symptoms of infection-earlier rather than later, so we can treat any issue that you are having. It is a rare occurrence after surgery, but it can happen. Sometimes it involves a drain site (which is a port of entry) or a skin incision, and most of the time, easily remedied with oral antibiotics.
- Bleeding: When we operate, we use a cautery device (“Bovie”) which is basically an electric knife to do dissection. It uses heat to coagulate (cut through and close off) tiny vessels and capillaries in the tissue. On occasion, too much activity, or doing the wrong activity or even a strong sneeze can cause one of these vessels to ooze and bleed. A little bleeding we expect and is quite normal but a larger bleed means a return to surgery. We try to be very specific with each procedure things that are off limits, if you follow those restrictions your risk of bleeding is really pretty low. If you have a doubt, than listen to it-you don’t need to be out on a jet ski 3 days after surgery.
- Wound healing issues: We encourage good nutrition (high protein) after surgery, as well as not smoking, getting rest and activity restrictions in order to provide an ideal environment for your body to heal. Please keep in mind that we can only do so much if you choose to not follow these suggestions. A healthy person generally has no problems with wound healing. If you have any medical history like thyroid disorders, diabetes, etc, please make sure you let know, it will help us help you to heal your best! Also, not to be repetitive, if you think you are having wound healing issues, call us; it’s what we are here for.

A breast lift takes approximately 2-3 hours in surgery, depending on the extent and if you chose to use implants. Recovery is approximately 2-4 weeks, with return to work to in 7-10 days, if you have a non-labor intensive job. We do this procedure at Kennestone Hospital for safety reasons as well as access to MD anesthesia (board certified anesthesiologists). You will have the option to send breast tissue for pathological exam and we’ll discuss the pros and cons of that based on your history.

Remember, it is our goal to give you the best shape with the least amount of scarring. I don’t get paid by the length of the scar;-) Most women who see me would much rather trade scars for shape.

Thank you for allowing us the privilege to care for you!

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