



ADVANCED AESTHETIC SURGERY

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Compassionate Artistry

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 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. Usually this procedure is done in concert with an implant inserted through the lower half of the areola.

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.

The two types of implants you could chose from are silicone shelled saline (salt water) filled or silicone gel filled. Both are extremely safe, but honestly, I prefer silicone gel filled and would and have recommended them to my family and friends when the discussion has come up. When the FDA limited the use of these implants in the early 90's, it set guidelines for usage based on diagnosis, one of which is the need for breast reconstruction. Since you are having a technically reconstructive procedure you do get a choice of which implant you can have. 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). I feel very strongly that gel implants do create the most natural result and would never endorse a medical product I was not absolutely sure was 1000% safe to use.

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.

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 generally do this procedure at Kennestone Hospital for safety reasons as well as access to MD anesthesia (board certified anesthesiologists) vs. nurses. We also may elect to send any skin and breast tissue to pathology for evaluation, just to be safe.

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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