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CIRUGÍA PLÁSTICA Y DE GÉNERO

BREAST LIFT (MASTOPEXY) – GENERAL INFORMATION

Mastopexy is a surgical procedure whose main aim is to lift and reshape a drooping breast (breast ptosis), repositioning the nipple-areola complex and redistributing the breast tissue. Unlike breast augmentation, its primary aim is not to increase volume, but to improve the shape, firmness and position of the breasts.

Breast ptosis can occur following weight changes, pregnancy, breastfeeding, ageing or genetic factors.

Types of mastopexy

The choice of technique depends on the degree of ptosis, breast volume and whether or not an increase in size is desired.

1. Periareolar mastopexy

- Indicated for mild ptosis.
- The scar runs around the areola.
- Minimal scarring, but limited lifting capacity.

2. Vertical mastopexy

- Used for moderate ptosis.
- The scar runs around the areola and vertically down to the inframammary fold.

3. Inverted-T or anchor mastopexy

- Indicated for severe ptosis or large breasts.
- Adds a horizontal scar along the inframammary fold.
- Allows greater reshaping and removal of excess skin.

When performing a mastopexy, there are different ways of doing so depending on what each person needs or wishes to achieve. In some cases, mastopexy can be performed using the patient's own tissue alone, without adding volume. With this option, the breast is repositioned and reshaped using the tissue you already have, achieving a very natural result while avoiding the use of implants. This is a good option if your current breast volume is sufficient, although it is important to understand that

it does not increase breast size and that the result depends greatly on the quality of the skin and tissues over time.

In other situations, mastopexy with implants may be recommended. In this case, in addition to lifting the breasts, implants are placed to increase volume or provide greater definition, particularly in the upper part of the breast, which tends to lose fullness over the years. This option allows for more defined results in terms of size and projection, but it also means accepting the care requirements and potential risks associated with implants, such as the need for regular monitoring and, in some cases, future surgery.

There is also an intermediate option that is increasingly used in selected patients: mastopexy with fat grafting (lipofilling). In this case, fat from your own body is obtained through a small liposuction procedure and used to fill the breasts in a very natural way. Its advantages are that no implants are used and that it can also improve the quality of the skin and the shape of the breasts. On the other hand, the increase in volume is more modest and less predictable, as a small proportion of the fat is reabsorbed, and the procedure may sometimes need to be repeated to achieve the desired result.

In summary, there is no single option that is suitable for everyone. The choice between mastopexy alone, mastopexy with implants or mastopexy with fat grafting depends on your body, what you hope to achieve, and what is safest and most appropriate for you. For this reason, a personalised assessment and a clear discussion of your expectations are essential to achieving a satisfactory result.

The surgery is performed in an operating theatre under general anaesthetic, so that you are asleep and do not feel pain. The first step is to mark the skin before the operation: these markings serve as a guide to determine how much tissue needs to be repositioned and where the nipple should be positioned.

During the procedure, the surgeon removes the excess skin that causes the breast to droop. The breast tissue is then rearranged and secured in a higher position, allowing the breast to regain a more harmonious shape. If an implant has been chosen, it is normally inserted through the same incision and placed behind the breast tissue or the muscle, depending on the individual case. If fat grafting is chosen, fat is first gently removed from another area of the body using liposuction, processed and then carefully injected into the breast to provide additional volume.

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Once the breast has been reshaped, the incisions are closed with internal and external sutures, with the aim of keeping the scars as fine as possible. In some cases, temporary drains are placed to prevent fluid accumulation and are removed after a few days.

The surgery usually takes between 2 and 3 hours, depending on the technique used. After the procedure, a special supportive bra is fitted to help maintain the shape of the breasts during healing. The ultimate aim is for the breasts to be more lifted, firm and proportionate, with a natural and long-lasting result within the individual characteristics of each patient.

Remember

If you have any questions or need assistance, the medical and nursing team is here to support you and answer any questions you may have. Your recovery is a process that we go through together, so that you can feel comfortable and confident in your body again.

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Kind regards,



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