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Breast Augmentation with Mastopexy – Patient Information

Having a breast augmentation combined with a mastopexy (breast lift) is a significant decision. This is major surgery, and although the procedure is very commonly performed, results are not guaranteed and there are risks to carefully consider.

A combined augmentation–mastopexy involves inserting implants to increase or restore breast volume and removing excess skin to reshape and lift the breasts.

What to consider before having a Breast Augmentation + Mastopexy

Choosing Your Implants

There are two types of breast implants:

- **Silicone implants** – the most commonly used; they feel more natural and are less likely to wrinkle, but can rupture and cause lumps.
- **Saline implants** – more prone to folding, rupturing or deflating over time; if they rupture, the saline is safely absorbed by the body.

You should discuss the pros and cons of each type of breast implant with your surgeon, along with the size and shape of your implants and where they'll be placed (behind the breast or behind the breast and muscle).

How Long Do Breast Implants Last?

Breast implants do **not** last a lifetime. It's likely they'll need to be replaced at some point.

Some women may need further surgery after about 10 years, either because of problems with the implants or because their breasts have changed around the implants.

You will be provided with an implant card containing details of the device used, as required under EU medical device regulations. It is very important that this card is kept safe and not lost, as it may be needed for future medical care, device tracking, or safety updates.

What does a Breast Augmentation + Mastopexy involve?

Breast implant surgery is carried out under general anaesthetic.

The surgeon will need to know if you are taking any medication that thin the blood such as aspirin, clopidogrel, warfarin or rivaroxaban or medicines that reduce your immunity or ability to heal.

The operation typically involves:

- Making the mastopexy incisions (around the areola, vertically, and/or in the crease depending on your case)
- Lifting and reshaping the breast tissue
- Inserting the implant in the agreed position
- Removing excess skin to tighten the breast
- Repositioning the nipple if required
- Closing the incisions with stitches and applying dressings

Surgery usually lasts 2 to 4 hours.

You may go home the same day or stay overnight depending on the timing and complexity of the operation.

What to Expect After Breast Augmentation + Mastopexy

You should be able to move around soon after having breast enlargement surgery.

It can take a few weeks to fully recover from surgery, so you should take a week or 2 off work. You should drive when you feel safe to do so, but not before 1 week.



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Your surgeons may recommend wearing a compression garment 24 hours a day for up to 3 months after breast surgery (check with your surgeon).

Avoid heavy lifting or strenuous exercise for 6 weeks.

After 1 or 2 weeks: Your stitches will be removed (unless you had dissolvable stitches).

After 6 weeks: You should be able to return to most of your normal activities. Your scars should also start to fade.

After a few months: Your breasts should start to look and feel more natural.

What can happen following a Breast Augmentation + Mastopexy?

Possible Implant-Related Issues

- Thick and/or visible scarring
- The breast may feel hard because scar tissue has shrunk around the implant (capsular contracture)
- A ruptured implant – this may cause small tender lumps (siliconomas), which are only noticeable on breast scans; the implant will need to be removed
- Creases or folds in the implant
- The implant rotating within the breast, resulting in an abnormal shape
- Rippling of the implant – this happens when the implant is only covered by a thin layer of tissue, which sticks to the surface of the implant and is very difficult to treat
- Nerve problems in the nipples – they may become more sensitive, less sensitive, or completely numb; this can be temporary or permanent. Both nipples can react differently.
- Bleeding inside the breast tissue (haematoma) – this generally happens within the first 24 hours after the operation. This may require going back to theatre and reopening to surgical site to stop bleeding.
- Not being able to breastfeed or producing slightly less breast milk than you would without implants
- Interference with Sentinel Lymph Node Mapping Procedures - Breast surgery procedures that involve cutting through breast tissue, similar to a breast biopsy, can potentially interfere with diagnostic procedures to determine the lymph node drainage of the breast tissue in the staging of breast cancer.

Mastopexy-Specific Issues

- Delayed wound healing, especially along vertical or T-shaped scars
- Wound breakdown at the skin–areola junction
- Fat necrosis (firm lumps caused by poor blood supply to fat)
- Asymmetry between breasts
- Partial or total loss of nipple/areola (rare but more common in smokers or very large lifts)

Also, any type of operation carries a small risk of:

- Bleeding and clots – blood clots can be life threatening
- Infection – this is rare and would need to be treated with antibiotics and may require removal of the implant.
- An allergic reaction – to medicine or products used during surgery, such as antibiotics or latex

Your surgeon should be able to tell you more about these problems, including how likely they are and how they'll be corrected if you have them.

You should be aware of an association between breast implants and an uncommon type of immune system cell cancer. It's called breast implant associated anaplastic large cell lymphoma (BIA-ALCL).

A very small number of people who've had breast implants have developed BIA-ALCL in the scar tissue around their breast implants.

Some women have also reported having other symptoms after breast implant surgery, such as tiredness, anxiety and joint pain. This is sometimes known as breast implant illness.



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Breast Screening (Mammogram) after Breast Augmentation

It's important to remember you can still get breast cancer after having breast implants. This means you need to be aware of how your breasts look and feel and report any changes quickly to your doctor.

You should also still have regular breast cancer screening (mammogram) after having breast implants. Mammograms are safe and only very rarely may cause rupture especially if the implant has lost its strength.

Tell the person doing your mammogram if you have breast implants. X-rays cannot pass through implants, so they may need to do the mammogram a different way to allow as much breast tissue as possible to be seen.

Smoking and Surgical Risks

Smoking increases the risk of complications both during and after cosmetic surgery.

Chemicals in cigarettes restrict blood vessels and reduce the amount of oxygen carried in your blood. This can affect your safety during the operation and your healing afterwards.

Risks During Surgery

Smoking can lead to:

- Reduced oxygen delivery to tissues, making the procedure riskier
- Higher risk of anaesthetic complications, including breathing difficulties
- Poor blood flow, which can affect the body's ability to tolerate the surgery
- Increased risk of skin and tissue damage during procedures that rely on good circulation

Risks After Surgery

Smoking also significantly increases the risk of:

- Delayed wound healing
- Infection at the surgical site
- Poor scarring or widened scars
- Skin or tissue loss (necrosis), especially in procedures involving skin flaps

To reduce these risks, patients are strongly **advised to stop smoking (including e-cigarettes and nicotine-containing products) for at least 6 weeks before and after surgery**. Quitting allows your circulation and oxygen levels to improve, supporting safer surgery and better healing.

What if I have concerns?

You should contact the ER or the ward, as instructed prior to discharge if you have severe pain or unexpected symptoms.

Cosmetic surgery results may not always meet your expectations. If you are not satisfied with the outcome, you can discuss this with your surgeon.