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BREAST LIFT (MASTOPEXY)

WHAT IS A BREAST MASTOPEXY?

A Breast Mastopexy is also known as a breast lift. It is a surgical procedure performed to raise and reshape the breasts. Factors such as age or nursing can cause the breasts to lose their shape and firmness. Over time, this may cause the breasts to sag. Mastopexy can be an effective treatment to make the breasts firmer and more shapely. As a certified plastic surgeon Dr. Anzarut is trained in the art and science of aesthetic breast surgery. He has published his research on breast surgery in the prestigious journals including the Journal of Plastic and Reconstructive Surgery and the Annals of Plastic Surgery.

Anzarut A, Edwards DC, Calder K, Guenther CR, Tsuyuki R. Superior pedicle breast reduction techniques increase the risk of postoperative drainage. *Ann Plast Surg.* 2008 Apr;60(4):367 71.

Anzarut A, Guenther CR, Edwards DC, Tsuyuki RT. Completely autologous platelet gel in breast reduction surgery: a blinded, randomized, controlled trial. *Plast Reconstr Surg.* 2007 Apr 1;119(4):1159 66.

WHO IS A GOOD CANDIDATE FOR BREAST LIFT MASTOPEXY?

Candidates must be in good health, have no active diseases or serious, pre-existing medical conditions, and must have realistic expectations of the outcome of the surgery. Typically, patients who benefit most from mastopexy have stretched skin and reduced breast volume caused by aging. You should not have a mastopexy if you plan to lose a significant amount of weight. Women who are currently pregnant or nursing should not have a mastopexy.

NOTE: You may not be a candidate for surgery if you smoke, have recently quit smoking, or if you are exposed to second-hand smoke. Primary and secondary smoking decreases blood flow to the body's tissues. This can result in prolonged wound healing, skin loss, infection, increased scarring, and a number of other complications depending on the kind of procedure performed. Click here for more information related to [smoking](#).

HOW IS THE PROCEDURE PERFORMED?

There are many variations in technique, depending on the degree of sagging and other physical features of the breast. The number and length of the scars will vary with the technique. The most frequently used procedure involves three incisions - first around the areola, then from the nipple to the breast crease, and a third along the breast crease. In some cases the scar may be limited to the circular incision around the areola. The incisions outline the area from which skin will be removed and define the new location for the nipple. When the excess skin has been removed, the nipple and areola are moved to the new position and the skin surrounding the areola is brought together to reshape the breast.

OPTIONS TO ENHANCE THE PROCEDURE

A breast lift may be done in conjunction with breast augmentation. This helps lift the breast by increasing the volume of the contents of the breast.

LIST OF PHYSICIANS WHO PERFORM BREAST LIFT MASTOPEXY

For details about education, experience, and specialty in this clinical area, please visit these physician profile pages:

- David L. Brown, M.D.
- Paul S. Cederna, M.D.
- Robert H. Gilman, M.D., D.M.D.
- Jeffrey H. Kozlow, M.D.
- Adeyiza O. Momoh, M.D.
- Edwin G. Wilkins, M.D.

PLANNING FOR YOUR SURGERY

First, schedule a personal consultation with your plastic surgeon. Communication is vital in reaching your goals. You will have the opportunity to discuss your goals and the results you'd like to achieve. Your surgeon will work with you to reach an understanding about what you can expect from this procedure and what long-term benefits you will experience. Every patient is different, and your surgeon will choose the surgical technique and treatment plan that is right for you. During your initial consultation:

- Provide a complete medical history. Include information about any previous surgical procedures; past and present medical conditions; and all medications or herbal supplements you are taking.
- Expect your surgeon to conduct a physical examination of the size and shape of your breasts, the quality of skin and placement of the nipples
- Measurements and photographs will be taken for your medical record.
- Be prepared to discuss possible risks and complications of the procedure.

PREPARING FOR YOUR SURGERY

You will be given specific instructions on how to prepare for your surgery. A pre-operative information packet will be provided that explains everything you should do and know before your surgery date. Your surgeon will instruct you on how to prepare for surgery, including guidelines on eating and drinking, smoking, and which vitamins and medications should be taken or avoided. You should arrange for someone to drive you home after your surgery, whether your surgery is done on an outpatient or inpatient basis. You may also want to make arrangements for someone to help you out for a day or two after you leave the hospital.

WHERE YOUR SURGERY WILL BE PERFORMED

Your procedure will take place in the University of Michigan Hospitals' state-of-the-art surgical suites and recovery areas. The majority of these procedures are completed on an out-patient basis.

TYPES OF ANESTHESIA

You'll remain comfortable throughout the entire procedure. In most cases, general anesthetic is used so that you will sleep throughout the procedure; although local anesthesia with intravenous sedation is also an option for some patients.