

**Breast Lift and Breast Reduction**

I want you to be as informed as possible before you choose to have surgery at the Bashioum Cosmetic Surgery Center, Ltd. Patients frequently ask the same questions about each surgery. I have compiled this list of questions from my 25 years of cosmetic surgery experience. I hope these help you understand how cosmetic surgery is beneficial and how it can make you feel better about yourself.

**What is breast lift surgery?**

Breast lift surgery (AKA mastopexy) enhances a woman's breast shape while breast reduction (AKA reduction mammoplasty) does the same while reducing the breast size. Skin and breast tissue are surgically removed to elevate the breast and reposition the nipple higher on the chest. Women with sagging breasts after having children and/or adolescent development, turn to breast lift surgery to give a more natural breast appearance that matches their body proportions.

**How much will it cost?**

Please call my office for an accurate price quote or better still, come in for a personal consultation. My suggested quotes include professional fees, anesthesia fees, operating room costs, equipment fees, before care and after care. They do not include hospitalization costs, prescriptions, home nursing care, preoperative history and physical examination, laboratory costs, or pathology fees. If you compare prices, make sure that you consider all these costs and fees. Also, most breast lift and breast reduction surgeries require some time off work for a safe recovery.

**Can my breasts be enlarged at the same time?**

Breast enlargement can easily be combined with breast lift surgery. It may even enhance the final result.

**Can my breasts be reduced at the same time?**

Breast reduction surgery does just that. While repositioning the nipples to the higher location, breast tissue is removed. This results in smaller breast size.

**What can I do to correct my breast sagging?**

When breast sagging results in nipple position below the crease or fold underneath the breast, breast lift surgery

should be considered. If the nipple is at the same level as the fold or above the fold, breast enlargement surgery may be all that is necessary.

**Is it abnormal to have different breast sizes and shapes?**

It is not abnormal to have differences in breast size and/or shape. In fact, most women and men have some asymmetry. It is common for women to be self-conscious about this. Some women are so self-conscious that they are always covered except when bathing. Fortunately, breast lift and breast reduction can be considered to improve these differences. If the differences in breast size and shape are large enough, breast lift, reduction and enlargement can be combined to make both of a woman's breasts closer to the same shape and size.

**Will I ever be exactly the same on both sides?**

It is normal to have differences in breast size and shape. Surgery can reduce these differences but not eliminate them. It will be necessary for you to adjust to some breast asymmetry after your surgery.

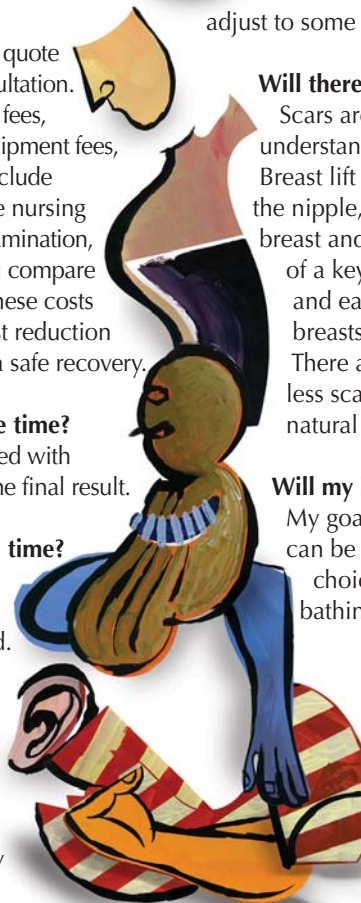
**Will there be scars after surgery?**

Scars are part of all surgery. It is important to understand where breast lift scars will be placed. Breast lift and reduction scars are located around the nipple, straight down to the fold beneath the breast and in the fold itself. They are the shape of a keyhole or anchor. They are inconspicuous and easily covered with clothing. When your breasts are uncovered the scars will be visible. There are procedures which leave shorter or less scars. In my opinion, these do not give as natural a breast shape once healed.

**Will my bathing suit hide the scars?**

My goal is to place the scars in a position that can be covered by the bathing suit of your choice. However, fashion always offers bathing suits that may reveal some of the scars.

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**What are the risks of breast lift and breast reduction surgery?**

There are risks with any surgery. Infection, excessive bleeding, abnormal scarring, poor healing, slow healing, skin loss, changes in skin sensation, muscle or nerve injury, although uncommon, can occur. Although rare, loss of a nipple is possible. When breast enlargement is combined with breast lift surgery, tightness of the scar tissue around the implant can lead to breast firmness. Also, implant failure or deflation is an inherent risk with all man made implants. Fortunately, most problems that result from such complications are correctable with additional surgery. You must understand your risk of complications completely before you choose to have breast enlargement surgery.

**How old do I have to be to have this surgery?**

Breast development can continue into the early twenties. When surgery is done before this time, there is a chance the surgery will have to be repeated. In addition, it may be emotionally difficult to adjust to the surgery during teen years. For these reasons, I suggest that breast surgery be postponed until eighteen years of age.

**How long must I wait after breast-feeding before I can have breast lift or reduction surgery?**

You must wait for three to six months after breast-feeding before you can proceed with breast lift or reduction surgery. Reasons for this are increased risk of blood and/or milk collections. In addition, it is impossible to predict what the size of your breasts will be until all the milk formation has passed.

**Will I loose feeling in my nipples?**

Although rare, complete loss of nipple feeling can occur due to nerve injury. This may interfere with sexual arousal and breast-feeding. Ten to fifteen percent of patients experience some change in breast feeling. This can include loss of nipple sensation.

**I have heard about so many bad things on television, is it safe to have breast lift surgery?**

There are always risks to having cosmetic surgery. Serious problems are usually related to complications and/or undiagnosed medical conditions. I believe breast lift and breast reduction surgery can be done safely with a high degree of patient satisfaction.

**What can you tell me about this new technique that I saw on television?**

Everyone in America wants the latest in medical care. Unfortunately, this is not always the best medical care. At times media presentations will leave out critical information about potential complications, quality of result, and FDA regulation. I am open minded when it comes to new technology but I would rather not expose my patients to try out the newest techniques until they have been proven to be effective and safe. New techniques trying to improve upon breast lifting surgery have focused on reducing the number of scars on the breast. I believe the breast shape after these techniques is not as natural as the traditional keyhole pattern surgery.

**Will breast lift surgery increase my risks of breast cancer?**

Breast lift with or without breast enlargement and breast reduction do not increase your risk of developing breast cancer. However, all women are at risk for breast cancer. If you have family members that have had breast cancer, your risk is increased. Examine your breasts monthly and have mammograms as suggested by your primary care physician. Remember that breast cancer can occur at any age and a physician must properly evaluate all breast lumps.

**Do I need a mammogram before surgery?**

I recommend that you have a preoperative mammogram if you are older than 34 years. I also recommend that you have a mammogram if you have any significant breast problems or breast lumps. Breast cancer can occur at any age and a physician must properly evaluate all breast lumps.

**Will this interfere with mammograms?**

All breast surgery can interfere with the interpretation of mammograms. It is important that you continue with monthly breast

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self-examinations. When you do have a mammogram, be sure to tell the physician or the x-ray technician that you have had breast lift or reduction surgery so they can do extra x-ray views, if necessary.

**Should I stop smoking?**

For general health reasons, I recommend that all my patients stop smoking. It is clear that smoking increases your risk for developing all sorts of cancers. Breathing problems like emphysema and circulatory problems including heart attacks are also linked to smoking. Smoking can increase the risk of coughing after your surgery that may lead to unwanted bleeding. Finally, the chemicals released from burning tobacco also reduce blood flow that can result in skin loss during the healing period. Nipple loss is the most serious example of this effect. It is always best to stop smoking.

**What other choices do I have?**

There are always other choices when it comes to breast lift and reduction surgery. These include acceptance of a deformity or changes in clothing styles. There are alternate surgery designs including reduced skin scars on the breast. I believe these other techniques do not give as natural result as the keyhole pattern scar. Always understand all your options before having breast lift surgery.

**What additional procedures can I consider that will enhance the result?**

Surgeries can be combined to yield dramatic and complimentary results. For safety reasons, I recommend the length of surgery be limited to six hours. Except for liposuction, I suggest no more than one area of the body be treated at the same time. Liposuction and or fat graft injections can be added in the breast area to enhance the results of breast lift and reduction surgery. When differences in breast size and shape are large enough, breast lift, reduction and enlargement can be combined to make both of a woman's breasts closer to the same shape and size.

**Am I a good candidate for the surgery?**

This is a question that can only be answered after a personal consultation. Breast lift and reduction surgery are suggested to women with sagging breasts whose nipples hang below the fold or

crease beneath the breast. There are other things to consider as well including psychiatric conditions, life stress, medical illness, obesity, and motivation. You should be a healthy nonsmoker, within twenty pounds of your ideal weight. Major life stresses (i.e. grieving a death and divorce) must be absent in your life. The ideal candidate is motivated by internal desires to look better.

**How many times can I have the surgery done?**

Each time surgery is done, scar tissue is created in the surgical site. This scar tissue detracts from the natural result. For this reason, I recommend that breast lift or reduction surgery not be repeated more than two or three times.

**What kind of anesthesia will be used?**

Breast lift and reduction surgery in my office is completed under general anesthesia. Patients are completely asleep during the surgery and remember little or nothing of the experience.

**How is a breast lift done?**

Breast lift surgery can be separated into four parts. First, a plan is outlined on your breasts. Second, the incision is placed around the nipple and beneath the breast so that the subsequent scar will be inconspicuous and easily covered. Next, the extra skin and possibly breast tissue is removed and the nipples are repositioned to their higher location. Breast enlargement can be completed at this time. Finally, absorbable stitches are placed to close the incision in the skin.

**How long will I be in the operating room?**

Surgery takes about 2 to 3 hours to complete. Frequently, breast enlargement is combined with breast lift surgery increasing the time to complete the operation. You will spend about five to six hours in my office. For safety reasons, I limit the maximum time for surgery on each patient to six hours on a given day.

