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for Plastic Surgery

MASTOPEXY (BREAST UPLIFT) CONSENT FORM

I created this informational consent form to make my patients educated consumers about mastopexy surgery...or getting a “breast uplift.”

What is a mastopexy?

A mastopexy or a “breast uplift” is a surgical procedure on drooping, any-sized breasts designed to remove excess, sagging breast skin and move the nipple-areola complex upward to a more pleasing position. The result is a new breast contour that is youthful and perky.

Why do most women get a mastopexy?

Drooping of the breasts (also called *ptosis*) can happen because of pregnancy, breastfeeding, weight loss, heredity, or the normal aging of getting older. As the skin loses its elasticity, the breast falls below the normal position and the nipples may point downward. Patients want their breasts look more natural and “the way they used to.”

What happens during a mastopexy?

During a mastopexy, incisions around the areola or around the areola and vertically down to breast crease are made to remove excess skin...tighten and reshape the breast for a more youthful contour and firmness...and reposition the nipple and areola to a more natural height. Enlarged areolas can be made smaller, too.

Since a mastopexy alone will not increase the size of your breasts or round out the upper part of your breasts, breast lift surgery can be combined with augmentation mammoplasty (breast implants). Also, oversized, sagging breasts may need standard breast reduction surgery. For these reasons, I will decide which procedure best suits your needs and will achieve the look you desire at the time of your consultation.

Please note that any skin and/or breast tissue removed during surgery is sent to the lab for pathological analysis. If an unsuspected breast cancer is found, you will be referred to a surgical oncologist for evaluation and treatment. A mastectomy will never be performed at the same time as the breast uplift.





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What results should I expect from a mastopexy?

- A mastopexy is a wonderful procedure—the results are immediate and this operation typically improves a woman's self-esteem and body image.
- It is impossible to create the "perfect breast," but I always strive to obtain a result that is natural in appearance, symmetrical, and cosmetically pleasing.
- That being said, the operation does leave scars on the breasts. The good news is that all surgical scars tend to fade with time, and in most women, they will look like a minimally discernible white line. But the healing in any given individual cannot be predicted before surgery. The ultimate outcome depends on the patient's heredity, ethnic background, nutrition, smoking, overall healing capacity, and skin chemistry.
- Most women are glad to accept the scars in order to have uplifted, beautifully shaped breasts.

Will insurance cover this surgery?

Because the surgery is for cosmetic reasons, insurance will not cover it.

What facts do I need to know about the surgery itself?

- All patients above the age of 35, those with a strong family history of breast cancer, and those with a palpable breast nodule will receive a mammogram before surgery. (Please note that a mastopexy should *not* interfere with the interpretation of future mammograms).
- A mastopexy is done under local anesthesia with sedation in our state-of-the-art surgical center. It takes 2-3 hours to complete, and you go home soon afterwards. Therefore, you will need someone to drive you home.
- Mastopexy can be combined with other procedures, such as breast augmentation.
- In order to help prevent wide and/or elevated scars (keloid or hypertrophic scars), I place three layers of stitches during the closure of the breast.

What are possible complications of surgery?

- The scars on the breasts look good immediately after the procedure, but after 2 to 3 weeks, they begin to mature and become red and thickened. They can stay this way for several months to a year, at which time they lighten and soften. The occasional patient will require *Scar Guard* to quicken the maturation process. Scar Guard is applied daily for 4 months to soften the scar at a more rapid rate.
- Although infection is a possibility after this procedure, it is unlikely since every patient receives intravenous antibiotics before during surgery. Our state-of-the-art surgical center and sterile techniques substantially reduce the risk of infection. Please note that diabetics, smokers, patients who live with smokers, patients with poor nutrition,





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- and patients with pets in their home environments are more prone to the development of infection during the postoperative period
- Although I strive to obtain exact symmetry between the breasts during surgery, a slight difference may persist between the level, size and/or shape of the breasts after surgery. This is especially true if the breasts were very different in size and/or shape before surgery. If the asymmetry is severe or unusually bothersome to the patient, it may require additional treatment.
- Breast uplift surgery usually does *not* alter the sensation within the nipple-areola complex.
- This surgery will *not* prevent sagging of the breasts in the future, although it will delay it. Sagging is caused by the stretching of the ligaments which hold the breast up, and as a woman ages, gravity takes its toll.
- You could lose a cup size after a mastopexy, because even though breast tissue may not be removed, skin is removed as part of the procedure in order to obtain the “lift”.
- Should you become pregnant after this surgery, your breasts will enlarge and become engorged as is normal, due to the hormones of pregnancy. Although breast uplift surgery typically does *not* interfere with your ability to breastfeed– but no guarantees can be given that this will be possible after surgery. Breastfeeding has been found to be safe after breast uplift surgery.
- You should be able to return to work within one week of surgery. But you should not exercise for 4-6 weeks after surgery and you should wear a special sports bra to provide support and produce a lovely contour of the breasts. My nurse will talk with you about these details before surgery.
- As with any breast surgery, there is a small but definite risk of infection, bleeding, hematoma, seroma, swelling, ecchymosis, postoperative nausea/vomiting and/or headache. Thromboembolus, pulmonary embolus, atelectasis, poor healing, wound dehiscence, epidermal cyst formation from remnants of the skin left on the dermis, suture rejection or “spitting” from the incision, functional impairment or permanent scarring and disfigurement can occur. Special measures, however are taken every step of the way to help prevent these possible complications.

Photographs (which *do not* include the face) are a necessary part of this surgical procedure. The preoperative photographs serve as important aids in the planning and execution of the surgery. They are taken with the patient in a standing position because the shape of the breasts change dramatically when a patient lies down on the operating room table. Photographs are also taken postoperatively not only to complete your medical record but also to serve as an educational or reference tool for the patient and myself. These photographs may also be used for a variety of instructional and professional purposes, including, but not limited to, illustrations in scientific articles or for demonstrating the procedure to prospective patients with a similar condition.



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Should you not understand any of the above, or should you want any additional information, please ask. Occasionally, you may think of questions after leaving the office. Should this occur, feel free to call for additional information or return for a complimentary second consultation. Please persist in your quest for information until you feel comfortable about your decision to have this surgery and until you feel that you have been fully and satisfactorily informed about the procedure.

I have read the above, it has been explained to me, and I fully understand the inherent risks, potential benefits, limitations, anticipated outcome, expected postoperative course, the likelihood of success, the estimated duration of care, the nature and purpose of the proposed procedure of breast enlargement, alternatives, options, and all the known possible complications with this procedure. I hereby, therefore, consent to have this procedure performed.

PATIENT: _____ **DATE:** _____

WITNESS: _____

