

# Lift, Enlarge, or Both?

*Patients frequently request: "I want my breasts higher and firmer."*

And thus begins the discussion about breast lift and breast augmentation. It is important to understand these are two different operations which may be combined or used independently. A breast lift, formally known as a **mastopexy, is intended to reposition breast tissue and the nipple upward.** A more youthful contour is the goal. Breast shape after mastopexy is usually more of a natural teardrop than the rounded shape which results from a breast implant. Mastopexy generally does not affect the size of the breast significantly.

Mastopexy uses existing breast tissue and skin to achieve the shape goal. Patients commonly think that the surgery pulls the breast up from the top. In reality, the skin and breast tissue are used like a bra to support the breast from the bottom. The tradeoff is visible scars on the skin. The size and location of the scars is determined by the starting breast shape. That is, the more droopy the breast, the more incisions necessary to reshape it. The most minimal mastopexy incision is just at the border of the areola. For more lift, a vertical incision extending downward from the areola to the bottom of the breast may be added. This is known as a vertical mastopexy. If yet more shape modification is needed, an incision is added underneath the breast. **The goal for surgeon and patient is to accomplish the desired shape change with the most minimal incisions – always.**

Due to the significant variation in breast shape from one person to the next and sometimes even from left to right, there are a lot of variations on the mastopexy operation. Each surgeon finds techniques they prefer. Most of these variations involve the way the breast tissue itself is re-arranged. My personal experience with the mastopexy operation has been that no two are exactly alike and **each must be customized to the need of the patient.** One of my routines is to sit patients upright on the operating table to assess breast shape and symmetry before final closure of the incisions. Breasts

look substantially different lying down versus sitting upright. We want them to look good in both positions!

Breast augmentation places an implant to increase the size of the breast, but not necessarily re-shape it. At the basic level, if you start out with a smaller, nicely shaped breast and you add an implant, you get a larger nicely shaped breast. If you start out with a smaller droopy breast and put in an implant, you get a larger droopy breast. Therefore **mastopexy is sometimes required in addition to augmentation to optimize breast size and shape.** Just using a larger implant is not a substitute for a mastopexy if one is needed. However, sometimes breasts will be perceived as droopy, but the only issue is volume loss. In this circumstance, simply adding an implant to replace lost volume is sufficient to restore breast shape.



Combining augmentation and mastopexy is frequently necessary to achieve both breast size and shape goals. However, this combination is known to be one of the **more complex and difficult operations in breast surgery.** Therefore surgery of this type should be performed with great attention to detail. And even

then, the possible need for "touch up" procedures after the tissues have settled is a little higher than with mastopexy alone or augmentation alone in my experience. The new generation of gel-filled implants has provided us increased flexibility to achieve good results with combination augmentation-mastopexy. From time to time, it is best to perform the two procedures in separate stages. Generally, the mastopexy is performed first, and then augmentation follows a few weeks to months later. Although this may seem cumbersome, it is sometimes necessary to achieve the goals in a safe and effective manner. The first step in planning all types of breast surgery is to seek the advice of a surgeon certified by the American Board of Plastic Surgery.

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Dr. David Kim is a Board Certified Plastic Surgeon who is devoted to advanced techniques in Cosmetic Surgery of the Face, Breast, and Body. In private practice since 1998, he is located in a state of the art facility which includes a full service skin care center. The practice is focused on personalized patient care and attention to detail. Where possible, Dr. Kim utilizes minimally invasive procedures. The goal is to deliver quality clinical results while minimizing patient recovery time. Examples of this include a no-drain tummy tuck, armpit incision breast augmentation with gel or saline implants, fat grafting, and a short scar facelift. In addition, Dr. Kim and nurse-injectors Carey Sanders, RN and Shirley Ramsey DNP, APRN, offer a full spectrum of non-surgical treatments such as Botox®, Dysport®, Restylane®, Juvederm®, Voluma®, Radiesse®, Kybella® & laser.