



MASTOPEXY (BREAST LIFT) PATIENT HANDOUT

What Is a Mastopexy?

A mastopexy, commonly called a breast lift, is a surgical procedure that raises and reshapes sagging breasts by removing excess skin, repositioning the nipple-areola complex (NAC) to a higher, more youthful position, and tightening the surrounding breast tissue. It does **not** significantly change the size of your breasts. It improves their shape, position, and firmness.

A mastopexy **without implants** preserves your natural breast volume essentially entirely. Women who are happy with their breast size but unhappy with sagging or drooping are ideal candidates for this procedure.

What Causes Breasts to Sag (Ptosis)?

Breast sagging, medically called ptosis occurs when the skin and supportive ligaments (Cooper's ligaments) stretch and lose their elasticity over time. Common causes include:

- Ageing and gravity
- Pregnancy and breastfeeding
- Significant weight loss
- Genetics and skin quality

Are You a Candidate?

You may be a good candidate for a mastopexy if:

- Your breasts sag or droop and have lost their youthful shape
- Your nipples point downward or fall below the crease under your breast (inframammary fold)
- Your areolas (the dark skin around the nipple) are stretched or enlarged
- One breast sits lower than the other
- You are at or near your ideal body weight and not planning future pregnancies
- You are a non-smoker
- You are in good general health

This procedure may not be right for you if:

- You are planning future pregnancies (which may reverse results)
- You are actively breastfeeding
- You smoke
- You have significant medical conditions that increase surgical risk



Grades of Breast Ptosis

Your surgeon will assess the degree of sagging before recommending the most appropriate technique.

- **Grade I (Mild):** Nipple is at the level of the breast crease
- **Grade II (Moderate):** Nipple is below the crease but above the lowest point of the breast
- **Grade III (Severe):** Nipple points downward and is at the very bottom of the breast

Surgical Techniques

The technique chosen depends on how much lift is needed and how much scarring you are prepared to accept. All techniques reposition the nipple and reshape the breast tissue:

1. **Crescent Lift:** A small, crescent-shaped piece of skin is removed just above the areola. Best for very mild ptosis. Minimal scarring.
2. **Circumareolar (Donut) Lift:** Skin is removed in a ring around the areola. Suitable for mild ptosis. Scar is concealed around the edge of the areola. Note: this technique has the highest revision rate.
3. **Vertical (Lollipop) Lift:** Incisions around the areola and vertically down to the breast crease. Suitable for moderate ptosis. Good long-term shape with predictable results.
4. **Wise Pattern (Anchor/Inverted-T) Lift:** Incisions around the areola, vertically, and along the breast crease. Best for significant ptosis and larger breasts. Most effective reshaping but leaves the most visible scarring.

What to Expect: The Procedure

- Performed as an outpatient procedure under general anaesthesia
- Surgery typically takes 2–3 hours depending on technique and complexity
- Excess skin is removed and breast tissue is reshaped and repositioned
- The nipple-areola complex is moved to a higher, more aesthetically pleasing position
- Incisions are closed with dissolvable sutures
- A surgical bra is applied at the end of the procedure



Recovery Timeline

Timeframe	What to Expect
Days 1–3	Soreness, swelling, and bruising; pain managed with medication; wear surgical bra at all times
Week 1–2	Most patients return to light desk work; avoid lifting arms above head
Week 3–4	Significant improvement in swelling; light walking encouraged
Week 6	Most daily activities resumed; avoid strenuous exercise and heavy lifting until cleared
3–6 months	Scars begin to fade from pink to white; breast shape continues to settle
6–12 months	Final result visible as swelling fully resolves and scars mature

- Wear a supportive surgical or sports bra continuously for 6–8 weeks after surgery
- Silicone gel or sheeting may be recommended for up to 12 months to optimise scar appearance
- Avoid sleeping on your stomach for at least 6 weeks

Risks and Complications

Mastopexy is a reliable procedure with generally low complication rates.

- Scarring — including hypertrophic or thickened scars; most scars fade significantly but do not disappear entirely
- Nipple-areola changes— including altered sensation (usually temporary), asymmetry, or distortion
- Breast asymmetry — some degree of asymmetry is natural and may persist
- Recurrent ptosis — breasts may sag again over time, particularly with weight gain, pregnancy, or ageing
- Delayed wound healing
- Infection or bleeding (uncommon)

Less common but serious risks:

- Significant nipple or skin loss (rare, more common when combining mastopexy with implants)
- Permanent loss of nipple sensation
- Need for revision surgery



Scarring

All mastopexy techniques leave permanent scars. The extent of scarring depends on the technique used:

- Scars are positioned to be hidden within a bra or swimsuit
- Scars typically progress from red/pink → fading pink → silvery white over 12–24 months
- Proper wound care, silicone products, and sun protection all help optimise scar appearance
- Your surgeon will discuss scar management in detail at your post-operative appointments

How Long Do Results Last?

Results from a mastopexy without implants are long-lasting but not permanent. Factors that can affect longevity include:

- Gravity and ageing — ongoing skin laxity over time
- Pregnancy and breastfeeding — may significantly alter results
- Weight fluctuations — particularly significant weight gain
- Genetics — skin quality and elasticity play a large role

Most patients enjoy their results for 10–15 years or longer before any noticeable recurrence of ptosis.

Effect on Breastfeeding

Mastopexy may affect your ability to breastfeed, depending on the technique used. The risk of reduced milk supply is generally **lower than with breast implants**, but cannot be entirely excluded. If you are planning future pregnancies and wish to breastfeed, discuss this with your surgeon before proceeding.

Mastopexy vs. Mastopexy with Implants

A mastopexy alone is the right choice if you are satisfied with your breast size but want improvement in shape and position. If you also wish to increase breast volume, your surgeon may discuss combining a lift with implants — however, this combination carries a higher complication rate than either procedure alone and involves additional long-term considerations.

Ontario Coverage Note

Mastopexy is considered a cosmetic procedure and is not covered by OHIP in Ontario. All costs, including surgeon fees, anaesthesia, and facility fees, are paid privately. We will provide a detailed surgical quote at your consultation.



When to Seek Urgent Care

Contact ODC or go to the emergency department if you experience:

- Sudden significant swelling, redness, or warmth in one breast
- Fever above 38°C
- Heavy or unusual bleeding from incisions
- Nipple or skin that appears dark, blistered, or is losing feeling suddenly
- Severe pain not controlled by prescribed medication

Questions to Ask Your Surgeon

- Which technique is best suited to my degree of ptosis?
- How many mastopexy procedures do you perform each year?
- Can I see before-and-after photos of patients with similar anatomy?
- Will I need a revision, and how common is this?
- How will my scars be managed?
- What are the realistic long-term expectations for my result?
- Should I consider combining with implants, and what are the added risks?

This handout is for general information only. Please discuss your individual treatment plan, risks, and expectations with your surgeon.