SCARLESS MASTOPEXY
WITH LIGHTWEIGHT BREAST IMPLANTS

Govrin-Yehudain O, Govrin-Yehudain J. Int J Surg Proced. 2018. May; 1(2): 107. doi: 10.31021/ijsp.20181107.

OUR NOVEL INTERNAL MASTOPEXY TECHNIQUE COMBINED WITH THE IMPLANTATION OF A LIGHTWEIGHT IMPLANT CAN BE A VALUABLE PROCEDURE IN PATIENTS WITH MILD TO MODERATE PTOSIS

- Repositioning of the breast mound with the help of the pectoralis major muscle to create an internal lift, provides consistent aesthetically pleasing results without scarring
- The use of a lightweight implant is vital to prevent stress-related recurrence of ptosis and the need for further surgeries

BREAST PTOSIS RESULTS FROM

- Reduced elasticity of the breast tissue over time
- A discrepancy between breast volume and the overlying skin envelope

COMBINED AUGMENTATION/MASTOPEXY

- Can resolve the discrepancy by increasing the breast volume and reducing the skin envelope
- Is indicated in patients who require both correction of minimal ptosis or pseudoptosis and breast lifting
- Is gaining popularity with increased patient demand for the convenience of undergoing one procedure in place of two

INCREASING THE VOLUME OF THE BREAST WHILE SIMULTANEOUSLY DECREASING THE SKIN ENVELOPE EQUATES TO SURGERY INVOLVING OPPOSING FORCES MAY RESULT IN NON-FAVOURABLE OUTCOMES

- A relatively long operation time
- Associated additional costs
- An increased risk of perioperative complications
- Recurrent ptosis and scarring due to the reliance on atrophied tissue for support

EFFECT OF THE IMPLANT ON OUTCOME

- The larger the implant weight, the greater the potential creep deformation and consequently the higher the risk of a more unstable long-term result.
- The need for reduced weight is especially pressing in the case of the ptotic breast tissue.
- Reducing the stress load to the skin envelope is essential to prevent stretching and reducing the implant weight may reduce or prevent the recurrence of ptosis.
- Protection of the breast tissue over time can therefore be achieved by reducing the implant weight.

The use of the promising new B-Lite® lightweight implant which for a given volume, weighs as much as 30% less than traditional silicone implants, has the potential to significantly reduced breast tissue stretching and consequent re-operation rates.

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EFFECT OF THE SURGICAL TECHNIQUE ON OUTCOMES

In order to eliminate visible scarring the authors have developed a simplified internal mastopexy procedure as an alternative to the more difficult traditional external route, indicated for patients with mild to moderate ptosis

- The method described is a subglandular, single plane approach useful when there is sufficient tissue coverage
- Single practice experience, 256 patients, 43 month follow up

ADVANTAGES OF THE SCARLESS MASTOPEXY TECHNIQUE

- **Simple, safe procedure**
- **Reliably and safely corrects mild to moderate ptosis and nipple-areola complex position**
- **Creates a fullness to the breast in the upper pole**
- **Lactation and nipple sensitivity preserved**
- **Reduces operating time by approx. 60 minutes vs most other mastopexy techniques**
- **High patient satisfaction**

- **Reduces the need for revisional surgeries**
- **B-Lite® implant provides long-term protection from loading stress on the breast tissue**
- **No mastopexy scarring on the breast**
- **No increased complication rates vs straightforward breast augmentation**
- **Creates minimal dimpling of the breast shortly after surgery (7 – 8 % of cases) which normally disappears within weeks**

DESCRIPTION OF THE TECHNIQUE

1. An inframammary incision is created and then the breast is released from the pectoralis major muscle. It is important to release the breast completely in both the medial and lateral aspects to enable free movement.
2. This is followed by a superior dissection up until the top part of the pectoralis major 3 – 4 cm below the clavicle creating a pocket above the muscle.
3. Using a 2 – 0 Vicryl suture, the needle is inserted into the upper part of the pectoralis major and then lowered down into the breast tissue, approximately 2 cm above the nipple internally.
4. At that point, the suture loop is tied tightly. which lifts the breast superiorly.
5. An additional two stitches are inserted in the same manner in order to secure the position of the tissues (but do not provide any further lift). The inframammary fold is secured with a 3 – 0 Vicryl suture.
6. Finally, the B-Lite® lightweight implant is inserted. Post-surgery the use of a supportive bra is recommended for at least 3 months.

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