

After pregnancy, breastfeeding, weight loss, or as a result of ageing, most women will find that the skin loses its elasticity. Consequently, the breasts can lose their natural shape, firmness and begin to sag - in some women more than in others. A breast lift is a surgical way to lift and reshape your breasts. Correction involves removing the excess skin and moving the nipple up, without removing any of the breast tissue itself.



Initial consultation

Before deciding on a breast lift, you will have a preliminary examination with one of our plastic surgeons.

We recommend that you read these instructions carefully before the consultation, and note down your questions so that you remember to ask them during the preliminary examination.

It may be a good idea to bring a friend or family member to the preliminary examination, as there is a lot of information to consider. It is important that you feel safe.

At the preliminary examination, we will discuss your wishes, and the plastic surgeon will examine you. Based on the examination, the plastic surgeon will discuss options with you, and together we will decide if a breast lift is the right choice for you.

You will be thoroughly informed about the procedure, the expected process after the operation, as well as possible side effects and complications.

Mammography

If you are over 40 years of age or have had breast cancer in the family, a mammogram is recommended before surgery.

Expectations

The results of cosmetic surgery are not lasting. The body's natural ageing process continues, and will eventually change the result. How quickly the body age is individual and dependent on, among other things, genetic factors, smoking and sun exposure. Immediately after surgery, your breasts will feel tight and swollen. Over time, the tissue will relax, and your breasts will obtain a more natural shape. The breast tissue will sag, especially after pregnancies and breastfeeding. This is quite natural and expected. In other words, it is not possible to achieve a result after surgery that will endure for the rest of your life.

Moreover, it is important to remember that surgery is associated with some risk of complications (see the end of the leaflet), and that the end result cannot always live up to the expectations and wishes that you and your plastic surgeon may have.

If you are very over/underweight, there is an increased risk of complications during anaesthesia and wound healing. Thus, if your BMI (Body Mass Index) is over 30, it is not certain that we can offer you the surgery.

Booking an operation

The preliminary examination by the plastic surgeon is, of course, non-binding. This means that you can change your mind, go home and consider the situation, before deciding whether you want surgery. According to the Cosmetic Treatments Act, you cannot undergo surgery until 1 week after the preliminary examination.

You can either book an appointment at Reception immediately, or contact us later and we will find a time for surgery together.

Preparation

We recommend that you read this leaflet, as well as the leaflet "General instructions for your operation", again before your operation.

Fasting

The operation takes place under general anaesthesia, and therefore you must fast 6 hours before the operation.

Pause medication

Refer to this in the "General instructions for your operation" or "Common medicine in connection with your operation" leaflets.

Please note you must discontinue the intake of fish oil supplements and herbal medications at least two weeks prior to the surgery to reduce the risk of bleeding.

The skin

Healthy and well-cared for skin before surgery ensures faster and better healing of the skin in the aftermath. Moisturising creams can help.

Day surgery (outpatient)

At Aleris, we follow very specific discharge criteria, which means that you will not be discharged until you meet these criteria. You can usually be discharged 3-4 hours after surgery.

Operation

The operation is done under general anesthesia and may last approximately 1½-3 hours

During surgery, the excess skin is removed. The remaining tissue and skin are sutured together around the nipple, so that it is lifted to the desired place.

In rare cases, bleeding may occur during surgery, and you will then have a drain (a small plastic tube) inserted on each side through the skin to drain any excessive blood away from the wound.

Local anaesthetic will be applied to the wounds at the end of surgery and, in most cases, the wounds will be closed using soluble thread. Finally, tape will be placed over the wounds and, if necessary, a dressing.



After surgery

After surgery, you will talk with the plastic surgeon and nurse, who will inform you of any precautions you must take during the post-op period, and answer any questions you may have.

Up and around

For the sake of your general well-being, and to prevent the formation of blood clots, it is important that you get back on your feet quickly after surgery. Do not lie in bed, but you must walk about quietly and rest occasionally.

Pain

There may be pain immediately after surgery, and therefore you may need pain medication.

Leaking and dressing

There may be slight leak from the wound. It is quite common and does not require treatment. The duration that the dressing will remain will be agreed upon with the plastic surgeon.

Drainage

If you have had a drain inserted, it will usually be removed before you go home; however, it is possible that you have to keep it for a few days and have it removed at the outpatient clinic.

After discharge

Pain

There may be pain in the breasts for 1-2 weeks, decreasing from the day of surgery. Therefore, you may need some pain medication

Bra

To support the scars, you should use the bra supplied both day and night for 3 weeks after surgery. Thereafter, use it during the day for another 3 weeks. You should only remove the bra when showering, or when it needs a wash. You should avoid a bra with an underwire for 3 months.

Sutures and follow-up

After 10-14 days, you will be checked by a nurse in the outpatient ward. The tape will be removed, and we will check the wounds / scars. You will not have the sutures removed, as the wounds are sewn with thread that will disappear on its own. There may be a few knots at the ends of the thread that will be cut off. We will discuss how to deal with the scars and any pain, etc. going forward.

You will be offered a follow-up appointment with the plastic surgeon 3-6 months after surgery. You will have to arrange this appointment yourself. You are always welcome to contact us if you experience any problems before then.

Showering and washing hair

You may shower and wash your hair the day after surgery, unless you have a drain or you are experiencing pain. Keep the tape on, as the adhesive effect continues after showering.

Tape (micropore)

You will wear tape after surgery. This must remain on your body until you come for your follow-up with the nurse after 14 days. We recommend that you use tape over the scars for the first 3 months after surgery. You only need to change the tape once a week, or every 2 weeks. You will be given tape at the time of discharge, or when you come back. You can buy more tape at your pharmacy.

Cream

You should only use cream when the wounds have dried and no longer have scabs. During the time that you use tape, the cream must be absorbed into the skin before applying the tape.

Sunlight

In order to achieve scars that are as unnoticeable as possible, it is important to protect them from sunlight and sun beds for the first 12 months after surgery. We recommend protecting the scars with tape, by wearing a top, or sun screen with a minimum of factor 30

Work

You may resume sedentary work after 1 week. For the first 6 weeks, you may not use your arms very much. Remember to move your shoulders to avoid stiffness.

Driving

You may not drive a car until you are able to respond normally in any situation. You must have discontinued strong pain medication such as morphine like substances. A seat belt must always be worn, regardless of whether you are the driver or passenger.

Walking and cycling

You can go walking whenever you like. Bike rides are allowed after 6 weeks.

Swimming

You may swim approx. 4-6 weeks after surgery, but only when there are no visible scabs

Running, aerobics, gymnastics and sports

We recommend that you wait for 6 weeks after the surgery.

Lifting/carrying

We recommend that you avoid lifting any more than the equivalent of 2 litres of milk in each arm for the first 6 weeks after surgery. You should not lift your arms above shoulder height for the first 6 weeks after surgery.

Sleeping positions

We recommend that you do not lie on your stomach for approx. 4 weeks after surgery. It must not hurt. You may lie on your side, and possibly support yourself with a pillow at your back.

What to expect in the first weeks after surgery

- You may have a hard time getting in and out of bed in the first few days. That is why it may be nice to have someone to help you
- There may be swelling and discolouration (blood discharge) in the area. This is to be expected, and it will disappear again
- You may experience itching and tingling, and possibly stinging, at the scars
- You may experience sensory disturbances in the area
- You may experience short-term "shooting pains" in your breasts

Possible side effects and complications

Asymmetry

Many women have naturally asymmetrical breasts. In some cases, this type of asymmetry may be reduced by having a breast lift, while in other cases the asymmetry remains unchanged. Even without prior asymmetry, there is a small risk of asymmetric results. However, it is rare that such asymmetry requires correction.

Scars

After surgery, the scars will typically be red and swollen, but this will decrease in the course of 6-12 months. The scars will often become narrow and light over time, but in some people the scars may become wide and darkly pigmented.

Sensitivity of the nipple

There may be a reduction in feeling in the nipple after surgery, but this is often recovered after a few months. However, in some cases, this reduction in feeling becomes permanent.

Breastfeeding

Technically, you will be able to breastfeed after breast reduction surgery, but if you have lost sensitivity in the nipples from surgery, this can make it impossible to breastfeed

Post operative bleeding

In rare cases (less than 1%), bleeding may occur after surgery. This may require a new operation. Bleeding often causes disco-

louration in the weeks after surgery, but it does not destroy the final result. Any costs in connection with this will be covered by

Infection

Infection may occur from any surgery and, although extremely rare in connection with a breast lift (less than 1%), it may occur nonetheless. This will require antibiotic treatment.

Signs of infection include redness, heat, swelling, throbbing pain, general malaise, and possibly fever.

If you smoke or are overweight, the risk of infection is higher.

Healing issues

Smoking and being overweight increases your risk of healing problems. It may affect parts of the breast and possibly the nipple. If there is necrosis of the skin or deeper tissues you will receive extra wound care in our outpatient ward. Seldomly the condition requires surgical intervention and this will be covered in the surgery fee.



Own notes		

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