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BREAST SURGERY CORRECTION OF DROOPING BREASTS (DERMOMASTOPEXY) AND BREAST REDUCTION

When the breasts droop (an aesthetic problem) or are too large or heavy, modern plastic surgery offers solutions. In both cases, surgery is carried out under general anaesthesia, or sometimes by a less onerous form of anaesthesia, using sedation and local anaesthetics. The principle of both operations is the same: remove excess volume and mould the breast into the most harmonious possible form, adapted to the body and silhouette of the patient.

Until recently, breast surgery was carried out through a long, horizontal scar in the skin fold under the breast, together with another vertical scar below the nipple, and a third circular scar round the areola. Now, many surgeons, including Dr Maillard, only make a short vertical incision below the breast whenever possible, avoiding horizontal scars to a great extent. This has an obvious advantage: to avoid paying a heavy price in scars. The technique is often combined with liposuction, or ultrasonic liposculpture. Corset-like bandages are worn for several weeks after the surgery.

Overall, this surgery has very few complications. Patient satisfaction is high.

The *main complication* of breast surgery is bruising due to the formation of blood clots in the breast, which necessitates a return to the operating theatre to drain the clot and stop the bleeding. This situation is rare, but must be appreciated, and the surgeon must be able to control it in all cases.

Infection is very rare and minimised by preoperative antibiotics. Nipple necrosis is practically never seen now, with new surgical techniques, for the blood circulation of the nipple and areola is better preserved than with older techniques. Abnormal scarring (keloid) can occur with certain skin types, especially dark skins. With modern short scars, this can be corrected much more easily than with the older, longer scars.

In general, the surgeon asks to see his patients again after a year and then after 5 to 10 years. If the outcome is less than favourable, the surgeon must be able to offer to improve it. This is rare, but the possibility exists in any plastic, reconstructive or cosmetic surgery.

Breast surgery is not very **painful**.

Sporting activity must be stopped for 6 to 8 weeks, depending on the extent of the surgery. For the first 2 weeks, the arms must not be raised above the horizontal, to avoid pulling on the scars.

The modern trend is to limit scars as much as possible. Sometimes only a periareolar scar is used together with liposuction or ultrasonic lipectomy, a technique that uses ultrasound to melt fat and aspirate it, thus producing a minimal scar. Our modern breast reduction respects physiology, and ensures that breast feeding will be possible.

We can, therefore, offer these methods to very young women before the skin has been damaged by stretch marks. Sensation in the nipple and areola is also much better preserved than before. Although a slight reduction in sensation can occur in massive reductions, it remains acceptable to a majority of patients.

One **condition** for surgery is that smoking must be stopped completely for 15 to 20 days before and after the operation.

A handwritten signature in black ink, consisting of a series of fluid, connected loops and strokes, characteristic of a cursive script.

Dr G.-F.Maillard, Privat-Doctent