Updates in Simultaneous Augmentation & Mastopexy for Treatment of Atrophic Breasts

An Essay Submitted for partial fulfillment of master degree in general surgery

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Conclusion and Summary

The female breast has a diverse physiology that makes accurate reproducible measurements of this organ very difficult. It is a three-dimensional soft tissue structure that is anchored to a bony and muscular framework but does not remain constant over time. Breast shape is affected by physiological changes associated with puberty, ovulation, gestation and lactation.

The breast has been synonymous with femininity since the dawn of time and has assumed various roles in female beauty ever since. If one were to infer from art and statuary of women over the ages, size was not an important feature of femininity until the mid-20th century when media began dictating the tenets of beauty, which became increasingly associated with youth. The ideal breast assumed a more youthful posture, and size has become increasingly more important.

So we must always strive to create the breast that is appropriate for the patient's body shape. Therefore, it is important to do anthropomorphic measurements on all women contemplating aesthetic breast surgery to see if we ultimately achieve our goals. Even with the accuracy attainable with the tables and formulas presented, there is still no substitute for adequate preoperative evaluation and surgical talent, experience, and skill.

Augmentation-mastopexy is one of the most challenging procedures in aesthetic breast surgery. And it historically challenged the creativity of plastic surgeons. Combining mastopexy with breast augmentation is not a new procedure and staging the procedure is certainly an acceptable option but we believe that a combined procedure is equally as safe and effective. Although the two procedures almost contradict each other, hence the need for care in both planning and execution when used concurrently. Nevertheless, there are situations when the combined procedure is indicated.

The simultaneous implementation of these two procedures (augmentation and lift) is a rational solution to the problem of breast ptosis and hypoplasia. For certain cases, a single procedure does not

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List of Abbreviations

Abb.	Description
Ac–In	Acromion to inferior point
Ac–LPB	Acromion to lowest point of breast height
Ac–Ni	Acromion to nipple height
Ac–Ol	Acromion to olecranon
A–He	Areolar height
Ar–In	Areola to inframammary
Ar–LPB	Areola to lowest point of breast
A–Wi	Areolar width
FDA	Food and drug administration
H/P	Height over projection
H/W	Height over width
M–Ac	Manubrium to point of maximum lateral prominence of acromion
M–LPB	Manubrium to lowest point on breast
M–N	Manubrium to center of nipple
M–Ni	The distance from the manubrium notch to the center of the nipple
M–Pub	Manubrium to pubis
M–Um	Manubrium to umbilicus
M–Xy	Manubrium to xyphoid
N–Ac	Nipple to acromion
N–Cl	Nipple to clavicle
N–N	Nipple to nipple
N–Ni	Nipple-to-nipple distance
PIC	prosthesis introducing clamp
SSN	Suprasternal notch
IMC	Inframmary crease
NAC	Nipple areola complex