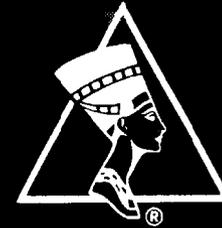




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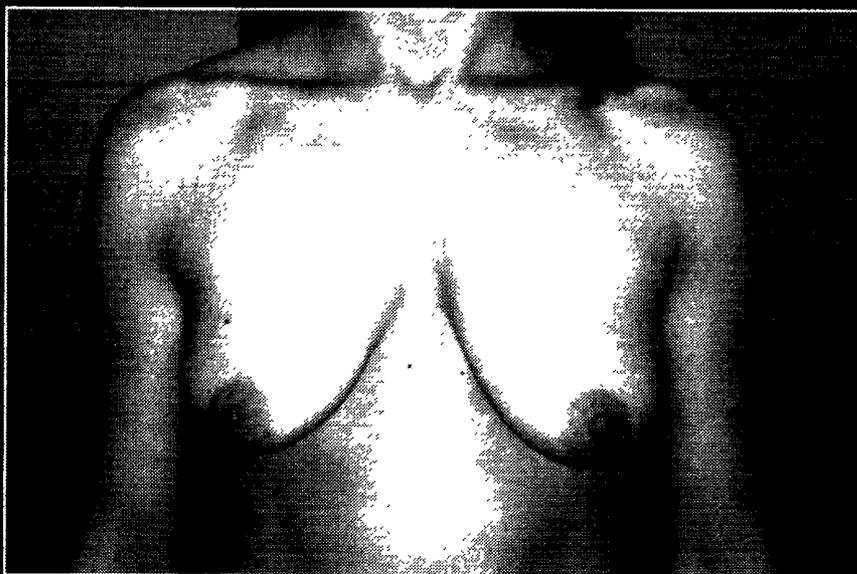
*The Silicone Breast Implant*  
*Education Symposium*

Augmentation Mastopexy

Dennis Hammond



# Augmentation Mastopexy



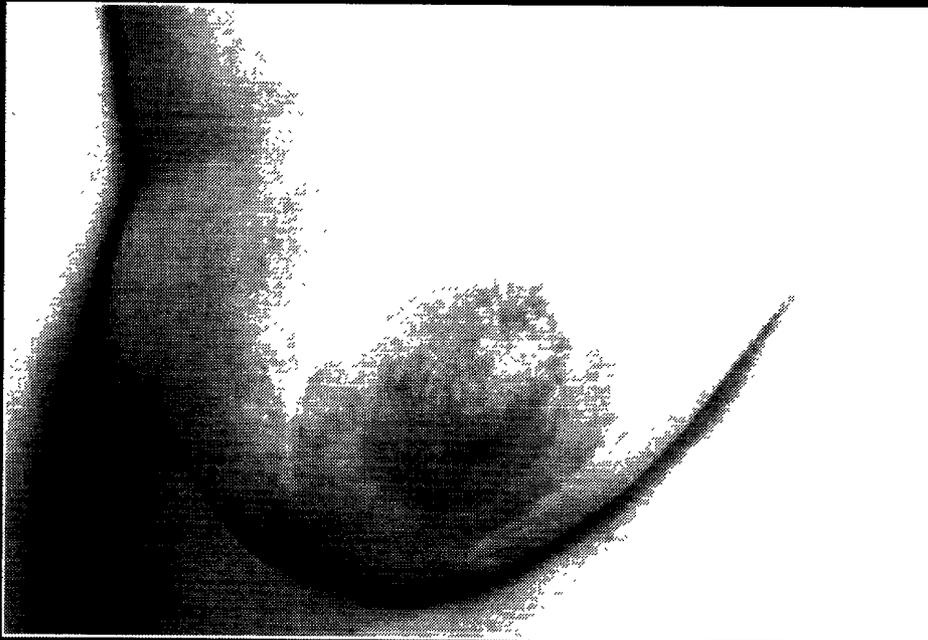
- Difficult procedure
- High aesthetic expectations
- Two separate operations
  - Augmentation
  - Mastopexy
- Complications compounded



# Augmentation Mastopexy

- Complications
  - Areolar spreading
  - Shape distortion
  - Persistent asymmetry
  - Recurrent ptosis
  - Implant/Breast mismatch

# Augmentation Mastopexy



- Areolar Spreading
  - Tension on areola
  - Unequal forces
  - Areolar distortion
  - Widened scars

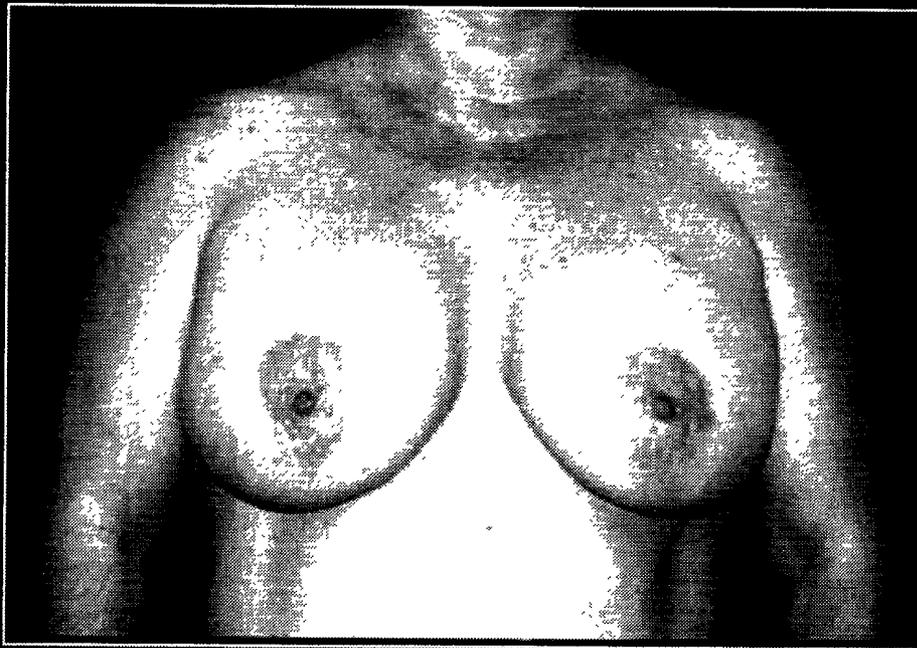


# Augmentation Mastopexy

- Periareolar Mastopexy: Concepts
  - The areolar closure must be tension free.
  - With stable fixation of the areolar defect diameter, spreading of the areola postoperatively is minimized.
  - With a stable supporting framework, the shape of the areola can be controlled.



# Augmentation Mastopexy

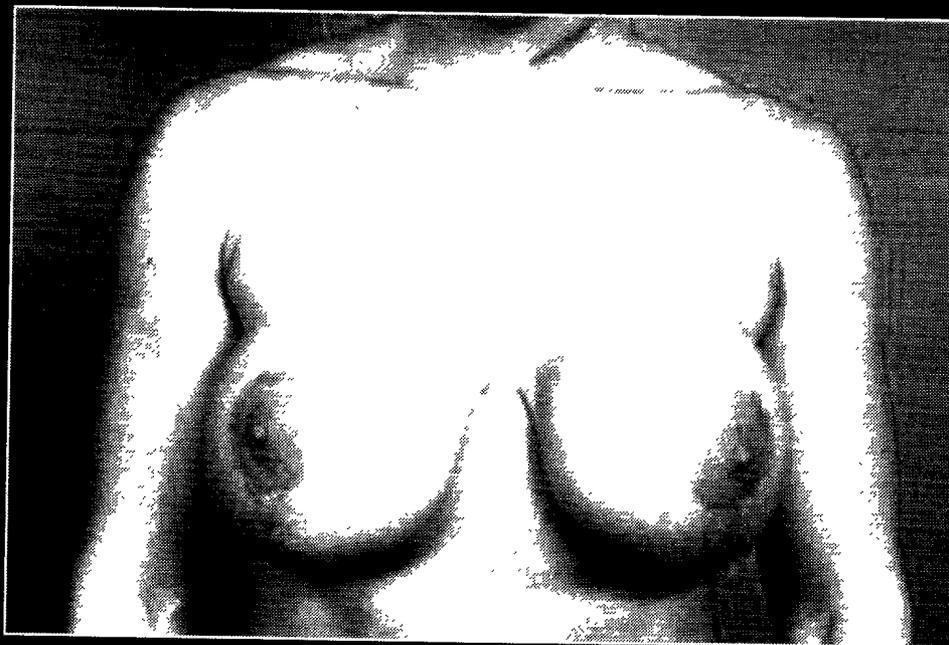


- Areolar Spreading
  - “Crescent” mastopexy
  - Unequal forces
  - Areolar distortion
  - Oval areola

# Augmentation Mastopexy

- Periareolar Mastopexy: Concepts
  - The periareolar defect which is created must be completely periareolar to avoid unequal force distribution which tends to distort the areola

# Augmentation Mastopexy



- Shape Distortion
  - Contracture
  - Poorly chosen implant
  - Implant malposition
  - Recurrent ptosis
  - Insufficient lift
  - Excess skin

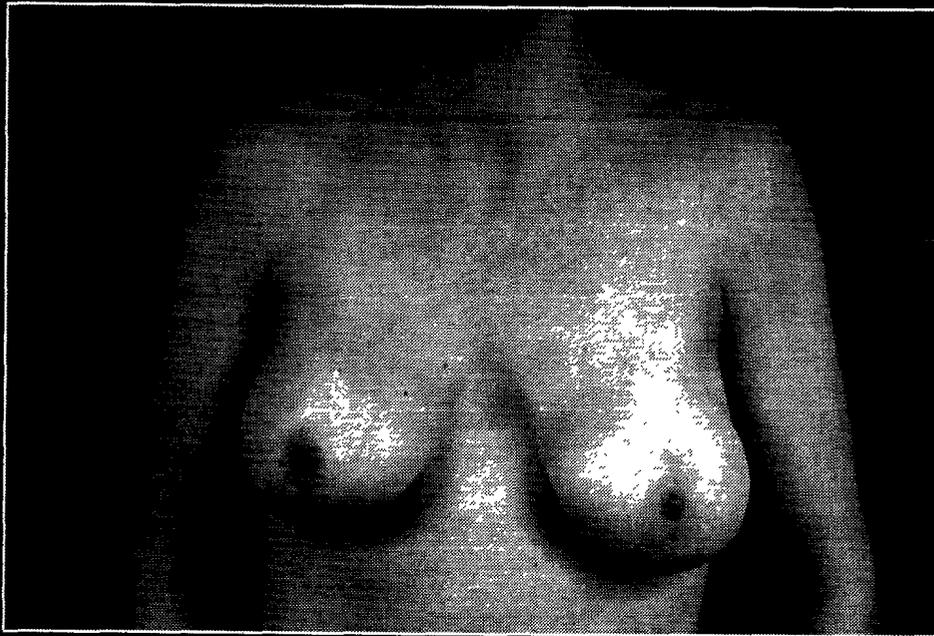


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BY BOARD CERTIFICATION



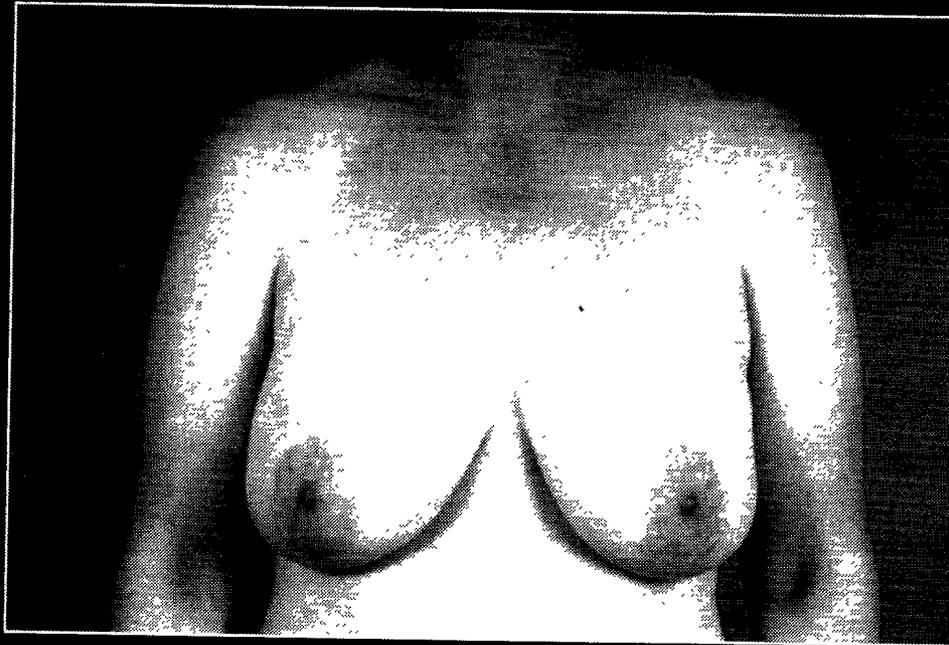
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# Augmentation Mastopexy



- Persistent Asymmetry
  - Insufficient lift
  - Contracture
  - Lax skin
  - Technique

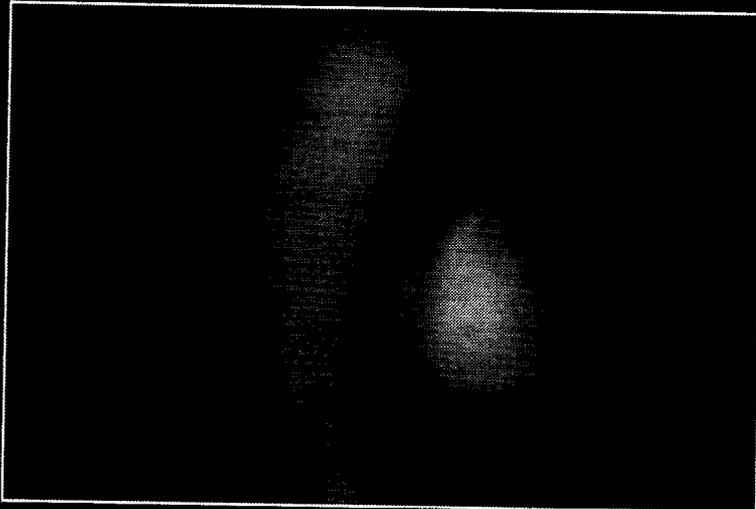
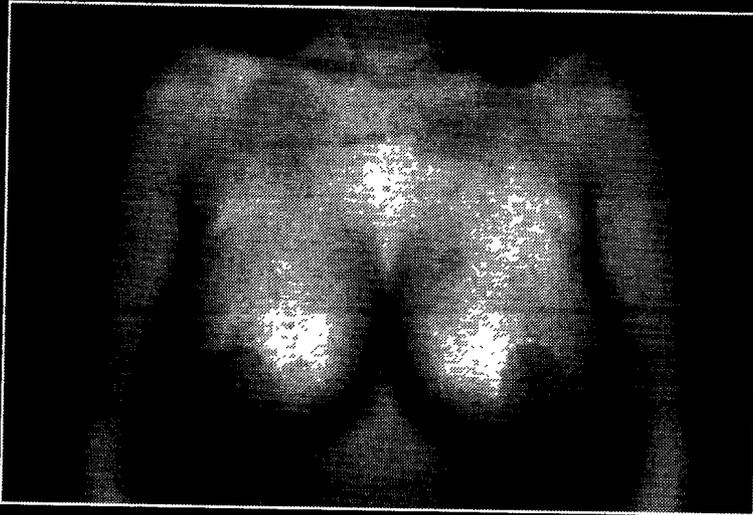
# Augmentation Mastopexy



- Recurrent ptosis
  - Lax skin envelope
  - Large implant
  - Weight gain
  - Insufficient lift



# Augmentation Mastopexy



- Implant/Breast Mismatch
  - Contracture
  - Recurrent ptosis
  - Large implant
  - Technique
  - Weight gain



# Augmentation Mastopexy

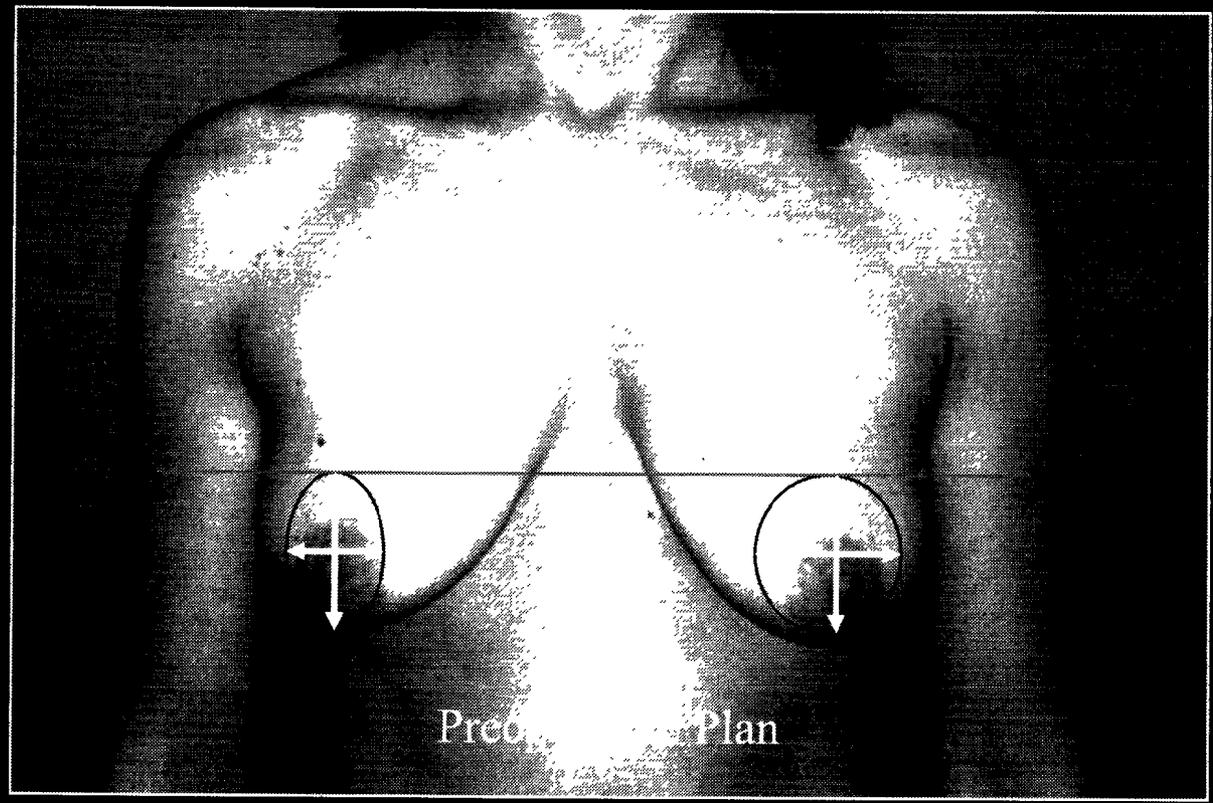
- Complication Avoidance
  - Minimize tension on areolar closure
  - Lift NAC adequately
  - Be conservative with implant size
  - Do augmentation first, then mastopexy
  - Add vertical component to periareolar lift as needed to shape breast
  - Sit the patient up to assess shape

## Augmentation Mastopexy

- Minimize Tension on Areolar Closure
  - Be conservative with horizontal skin resection
  - Be aggressive with vertical skin resection
  - Avoids unnecessary narrowing of breast
  - Lifts NAC appropriately
  - Oval becomes circular with pursestring suture

# Augmentation Mastopexy

- Minimize Tension on Areolar Closure



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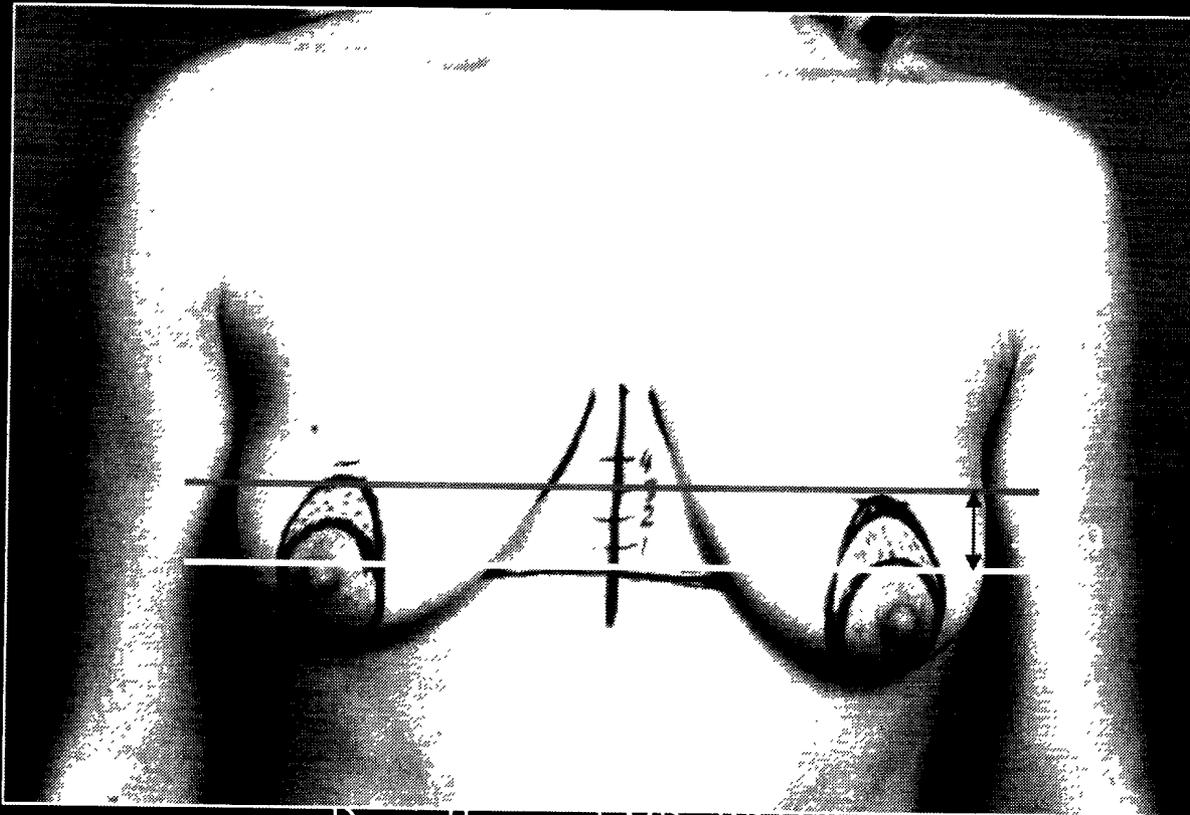
## *Augmentation Mastopexy*

- Lift NAC Adequately
  - Identify inframammary fold
  - Measure up in midline 3-4 cm
  - Draw parallel across chest
  - Sets top of periareolar pattern
  - Therefore nipple is 1.5 – 2 cm above fold



# *Augmentation Mastopexy*

- Lift NAC Adequately



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## *Augmentation Mastopexy*

- Be Conservative with Implant Size
  - Avoids excessive tension on NAC
  - Less drag on breast over time
  - Softer breast contours
  - Less chance of breast distortion



## *Augmentation Mastopexy*

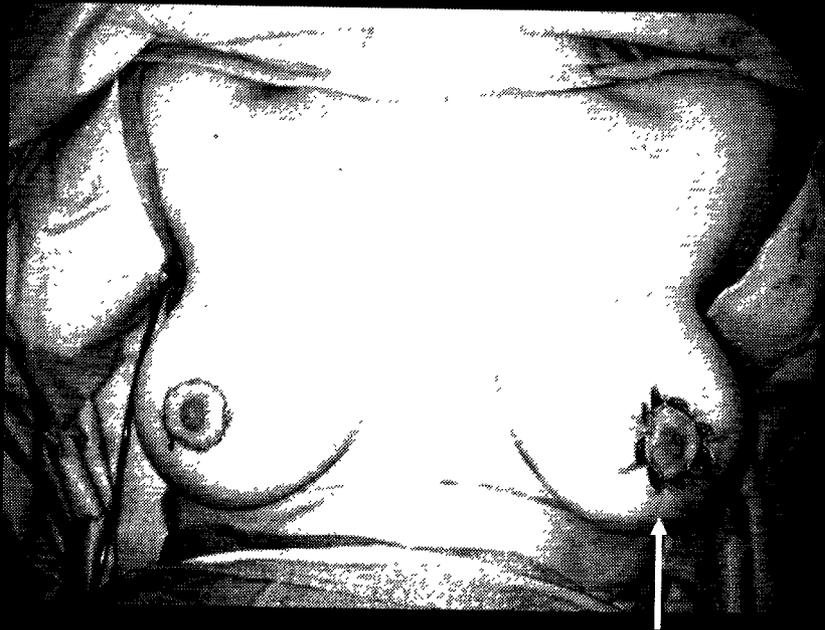
- Augmentation First — Then Mastopexy
  - Volume change is the bigger alteration
  - Comparitively less control over lift
  - Easy to over-resect skin
  - Tight skin envelope detracts from shape and NAC aesthetics

# Augmentation Mastopexy

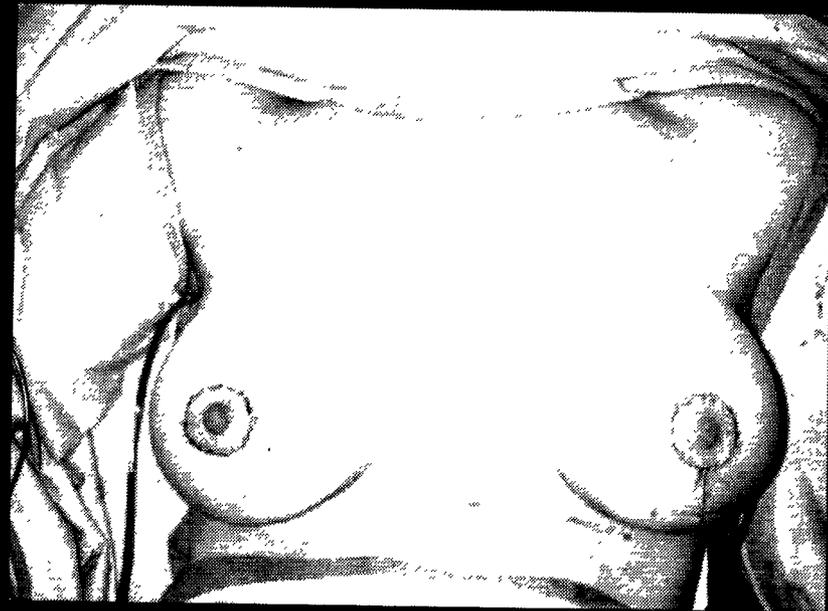
- Add Vertical Component
  - Can narrow an excessively wide breast
  - Can increase projection
  - Can decrease periareolar diameter
  - Powerful shaping maneuver

# Augmentation Mastopexy

- Add Vertical Component



Vertical plication



Breast base diameter narrowed

Dennis Hammond, MD - DRAFT Projection increased

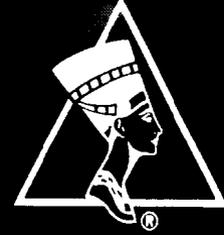


# Augmentation Mastopexy

- **Sit the Patient Up**
  - Must assess breast shape with patient upright
  - Requires electric table that sits up at least 80 degrees
  - Must wrap arms and secure head
  - Work with anesthesia to avoid hypotension
  - Prep above shoulders to be sure they are level



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# *Augmentation Mastopexy Cases*

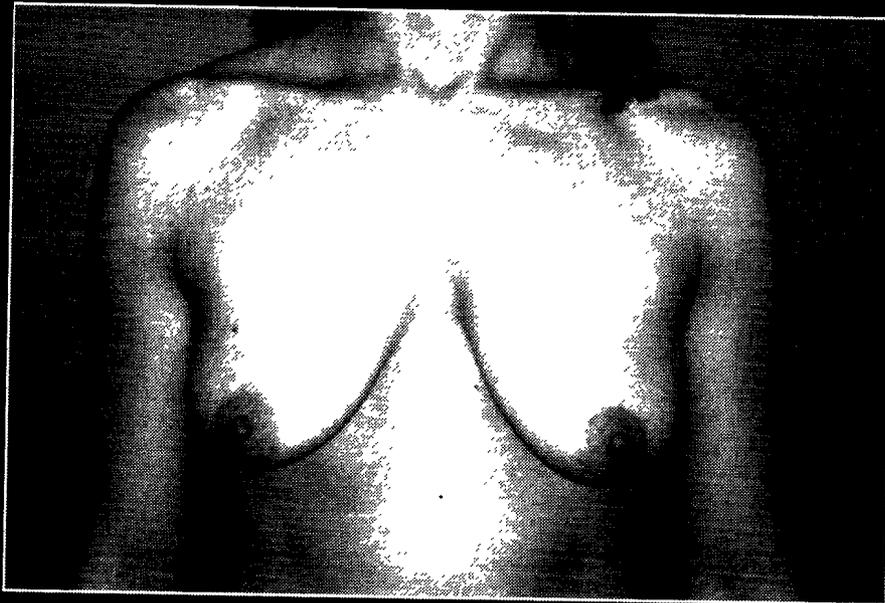


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# Augmentation Mastopexy



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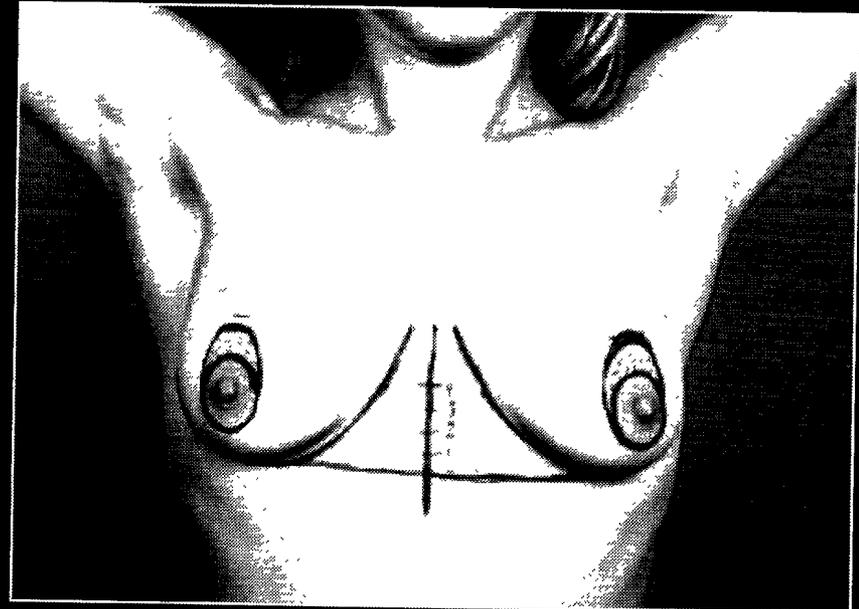
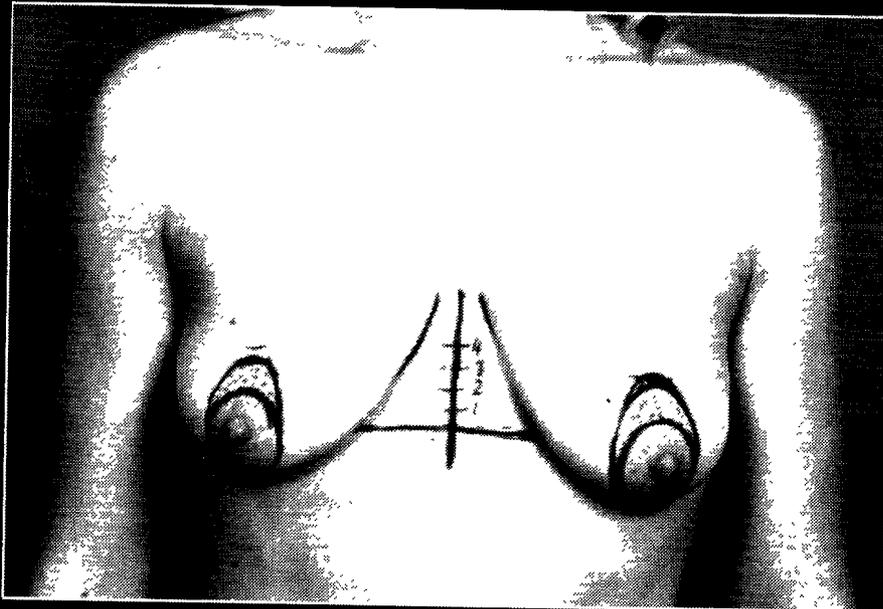


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# Augmentation Mastopexy



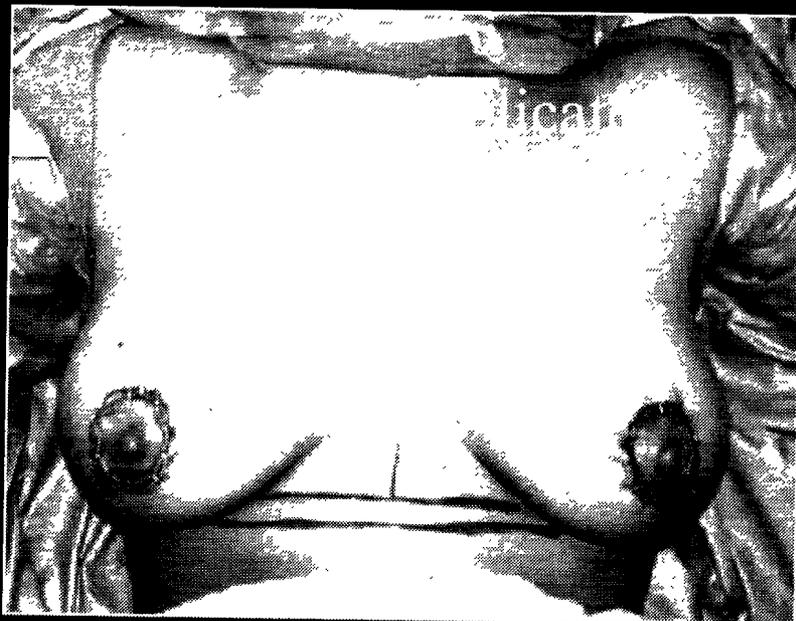
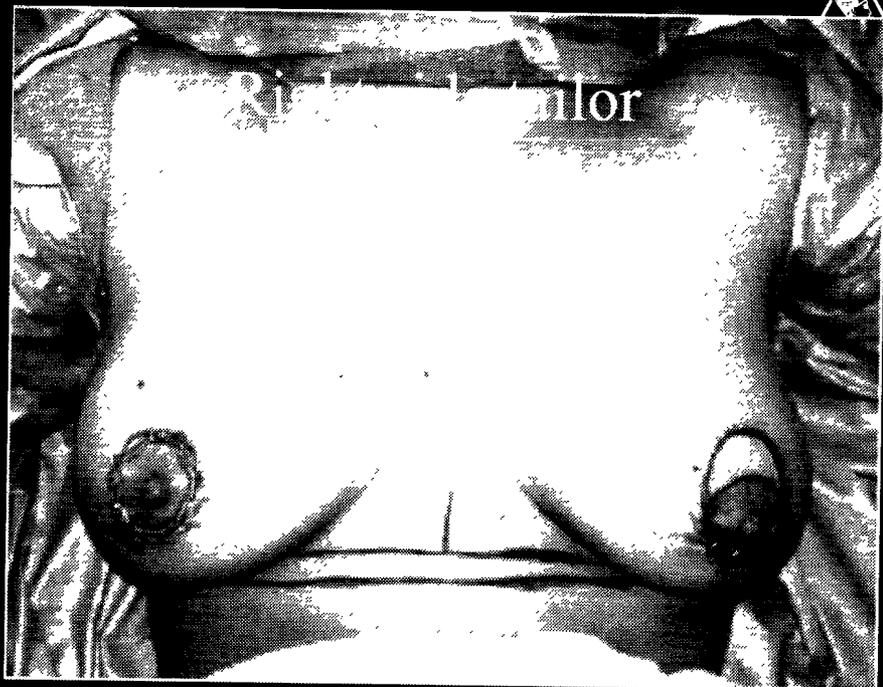
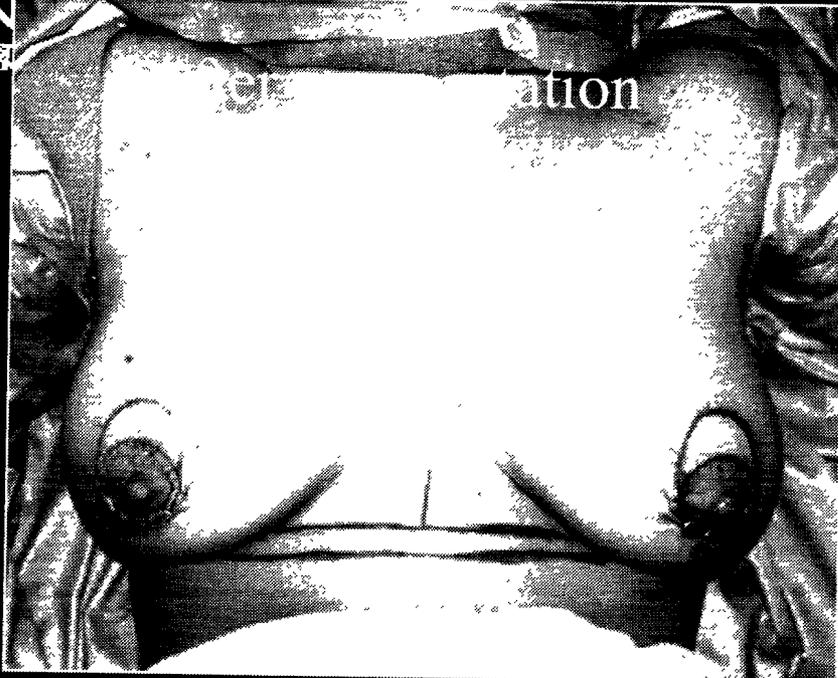
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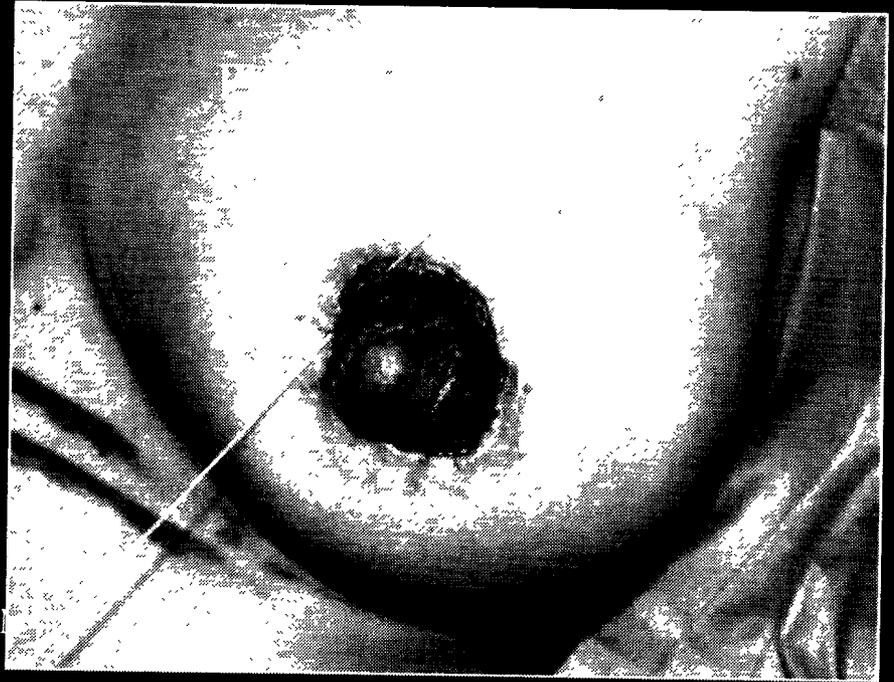
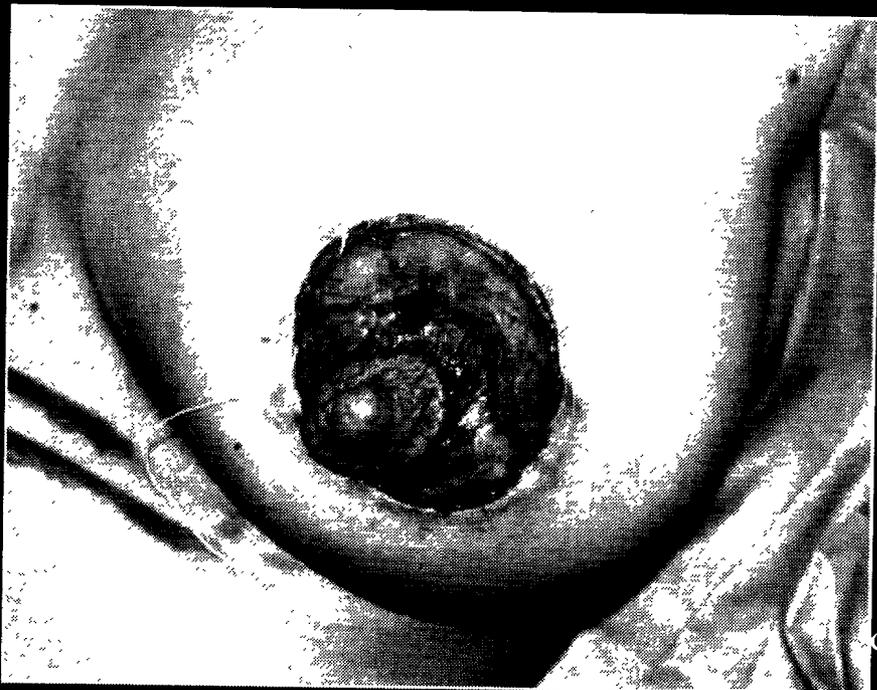
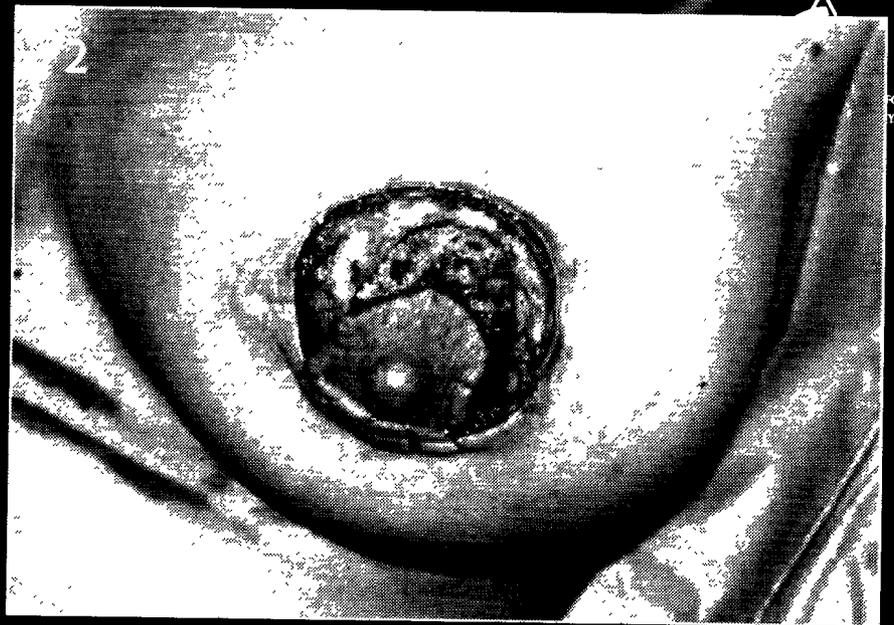
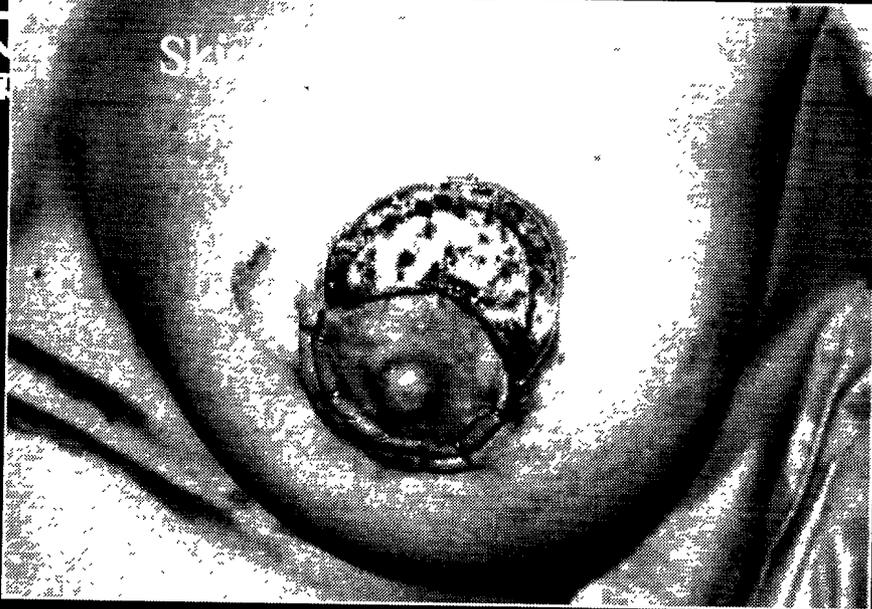


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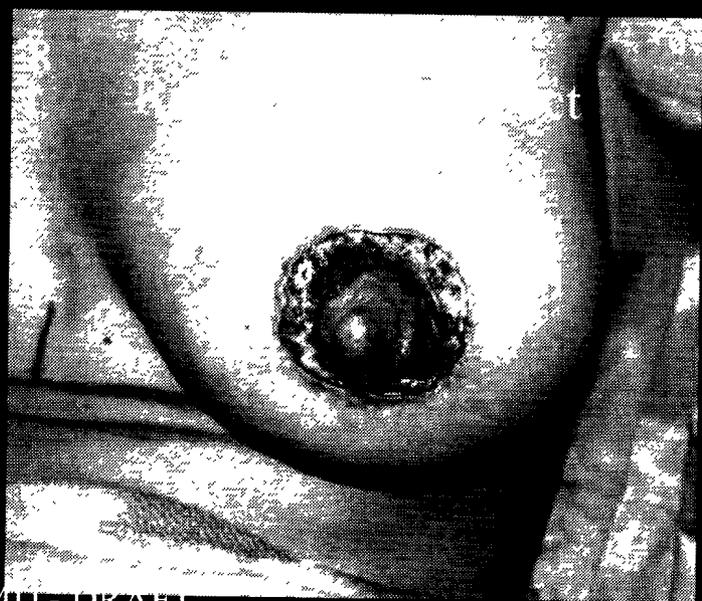
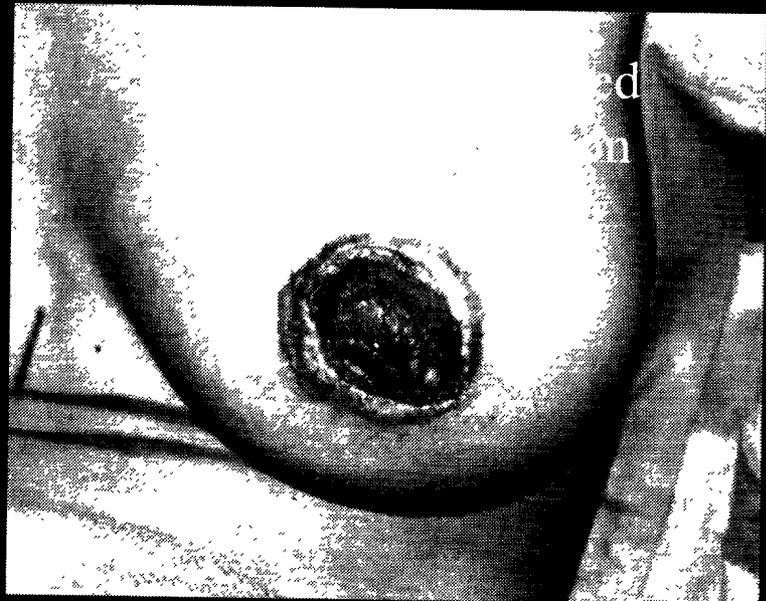
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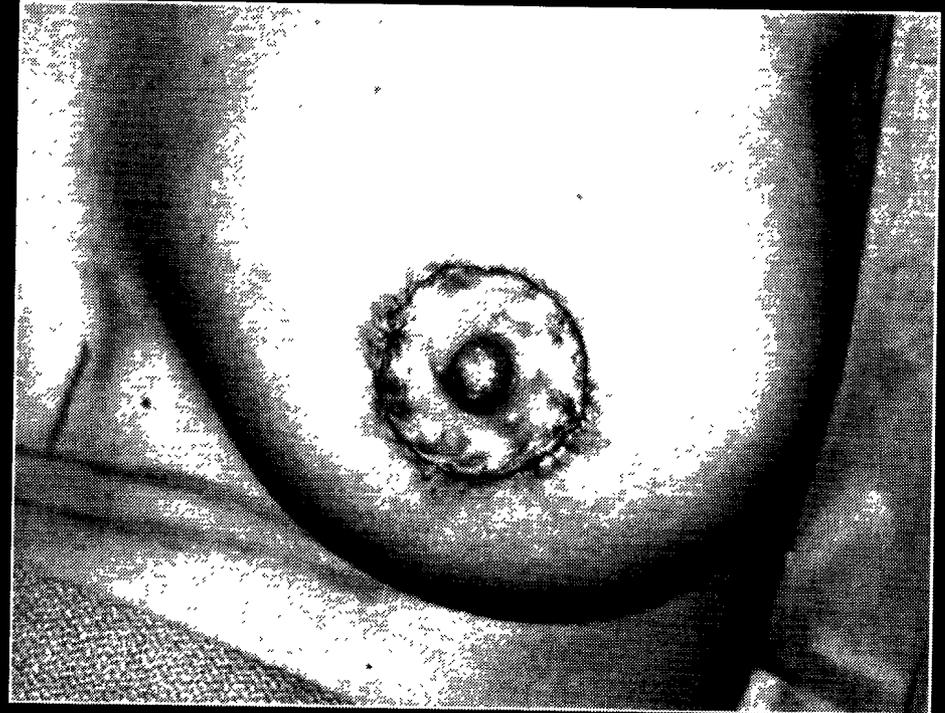
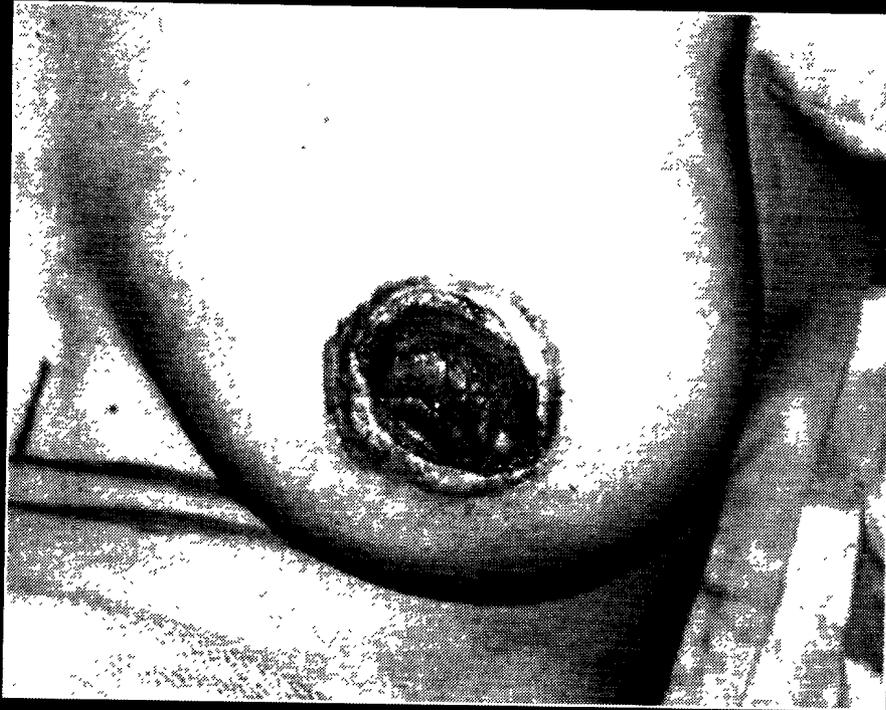


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Round template over defect

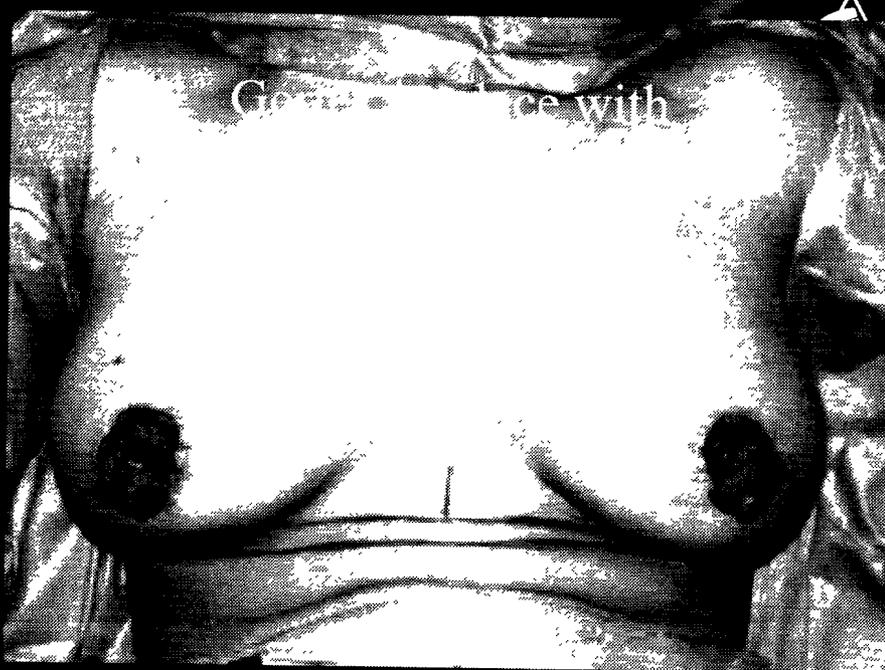
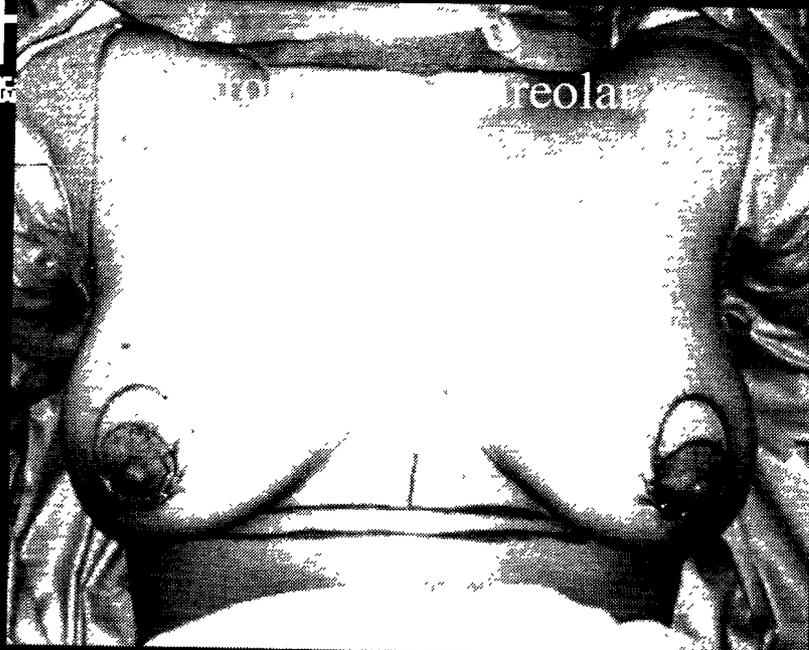


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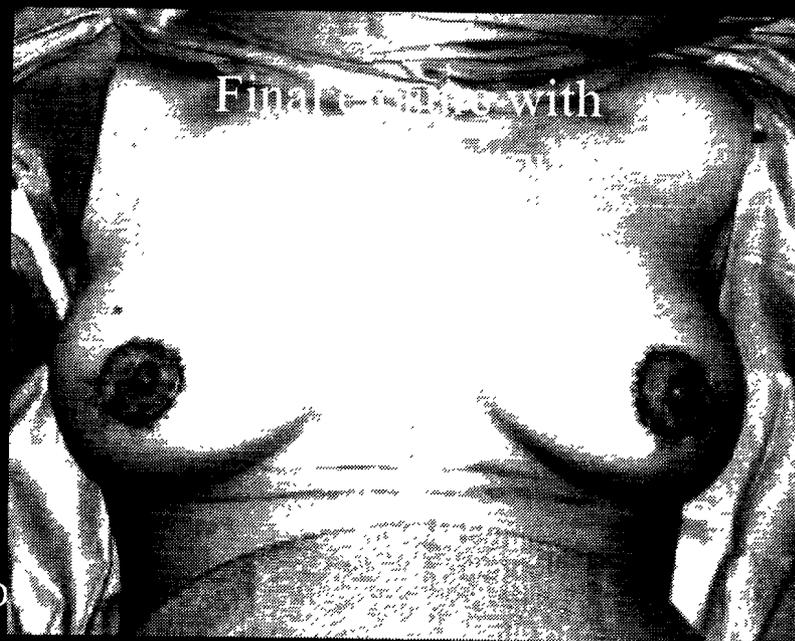
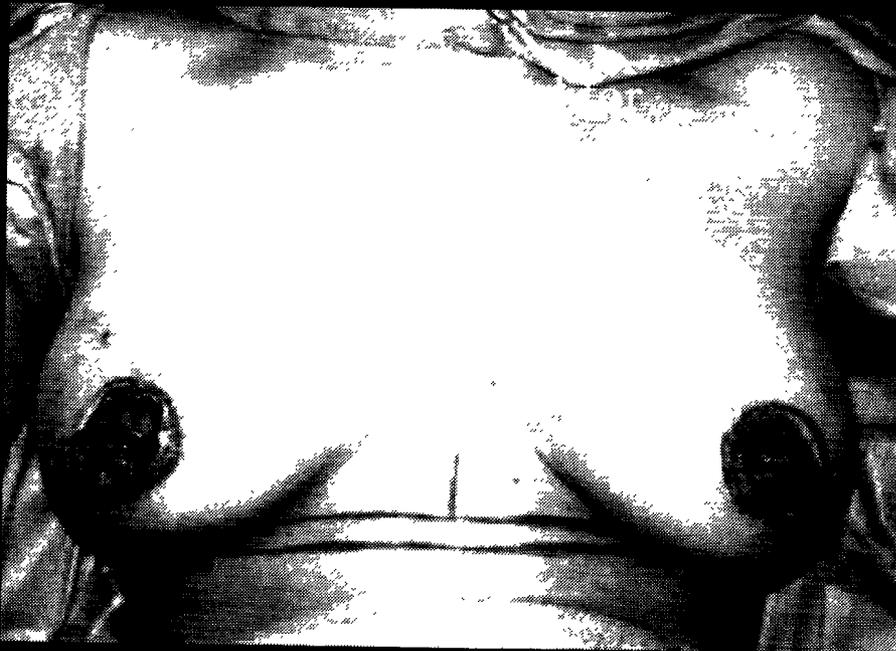




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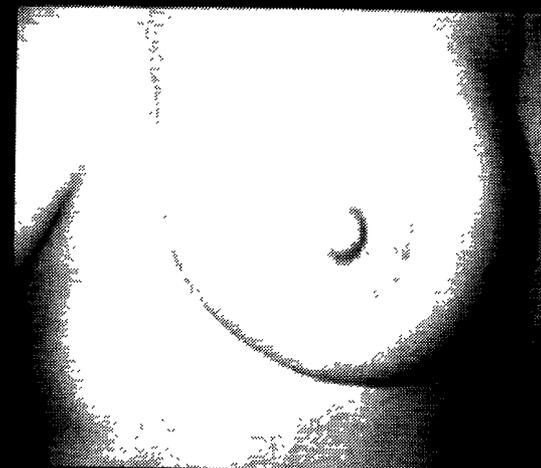
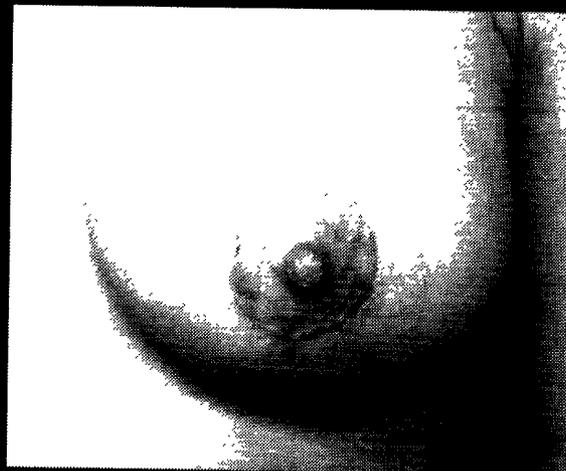


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# Augmentation Mastopexy



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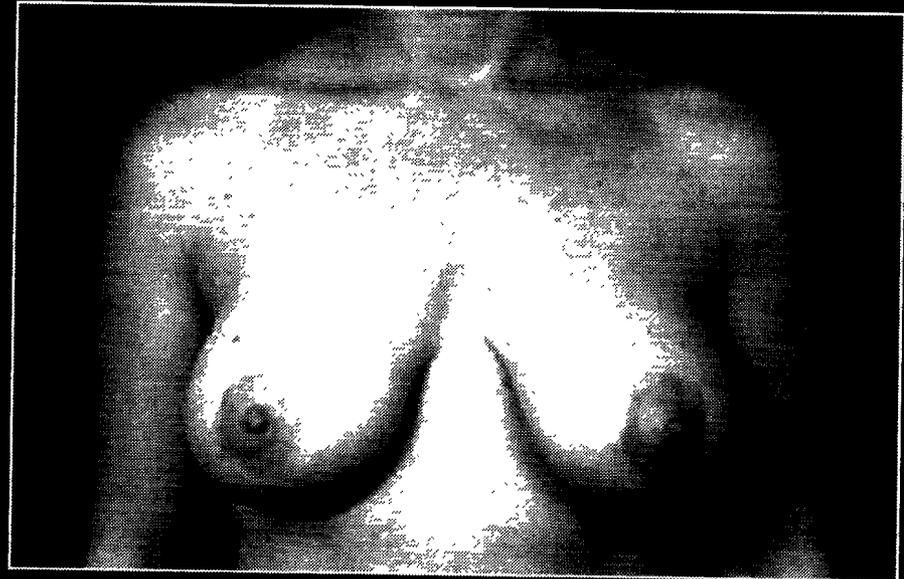
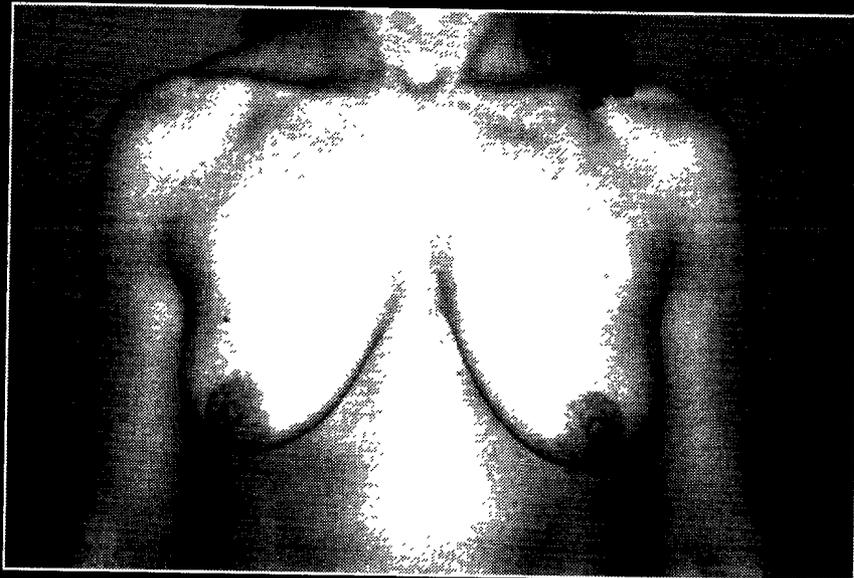


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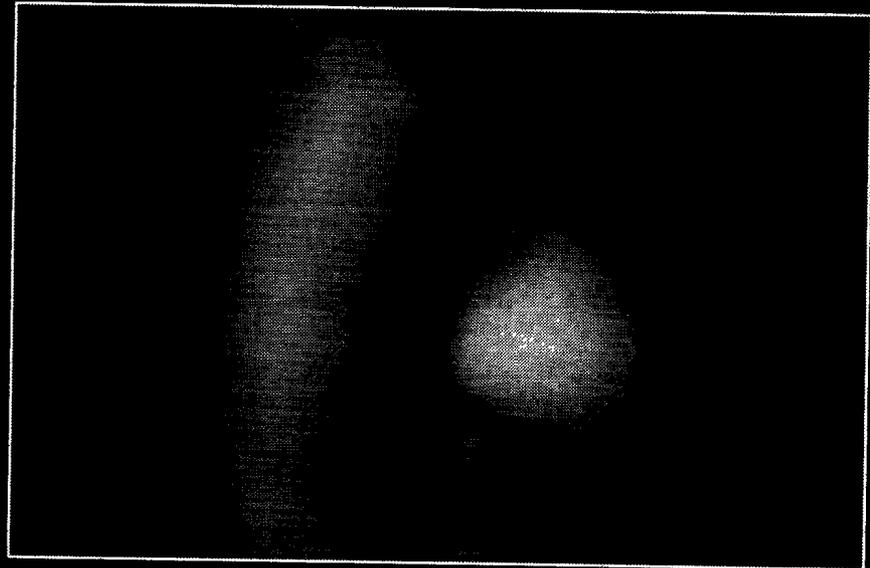


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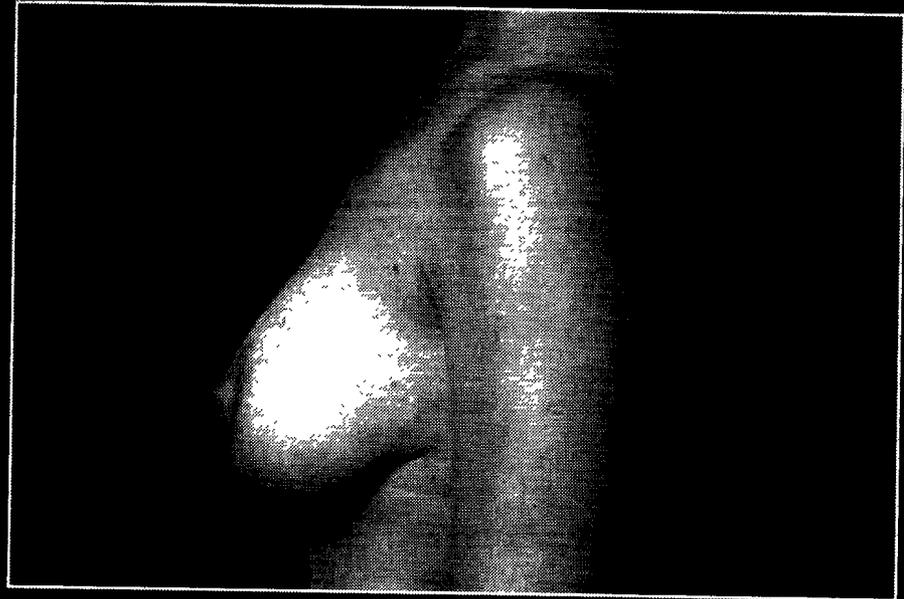
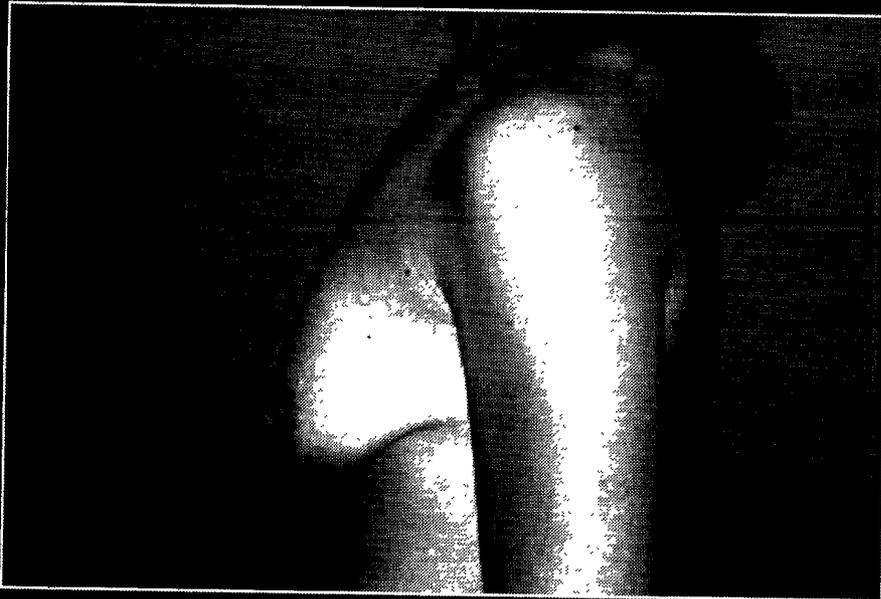


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# Augmentation Mastopexy



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# Augmentation Mastopexy Cases

- Staged Augmentation mammoplasty

# Augmentation Mastopexy



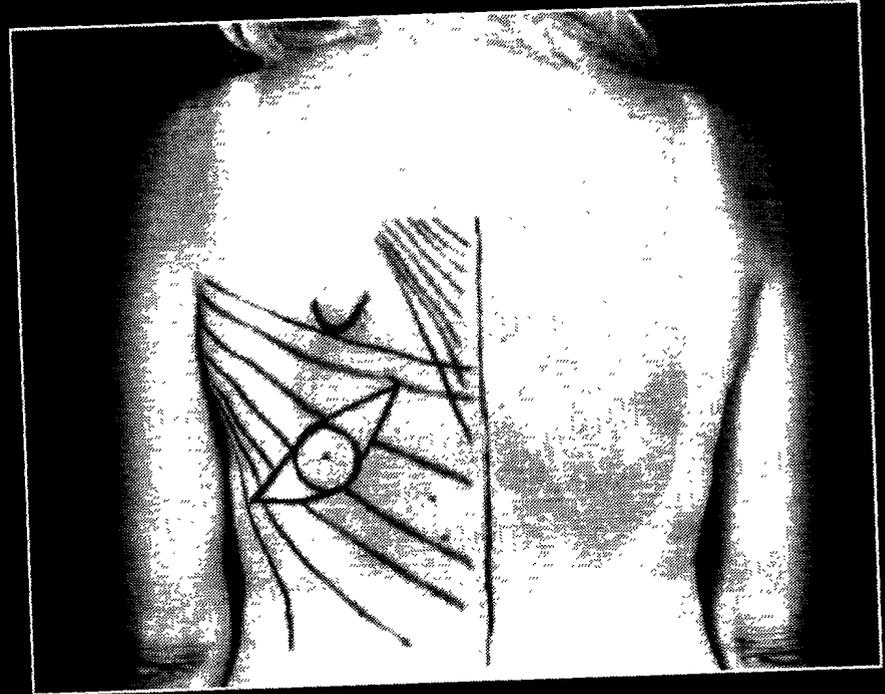
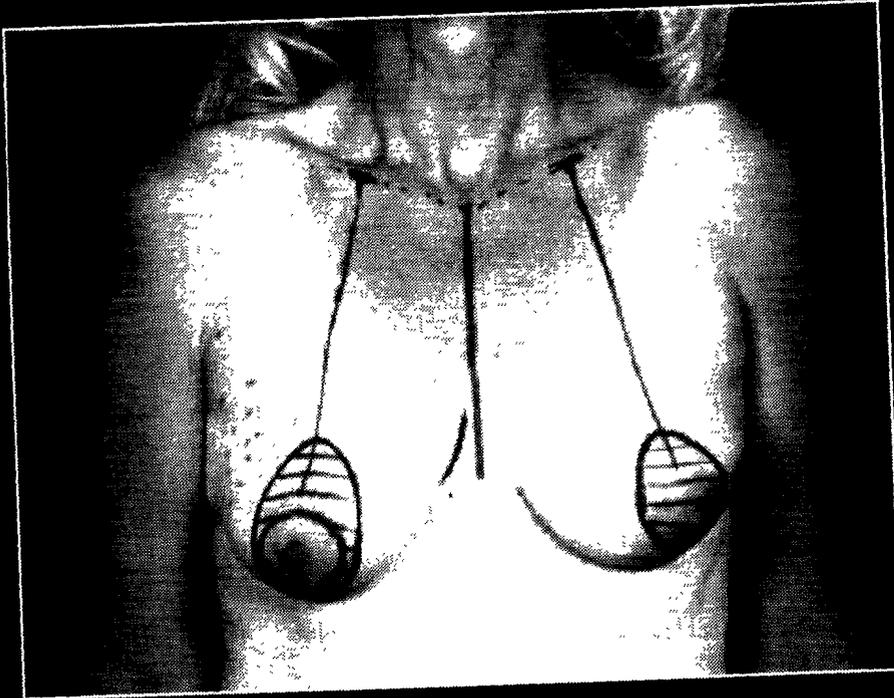


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# Augmentation Mastopexy



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Flaps elevated



Flaps freed

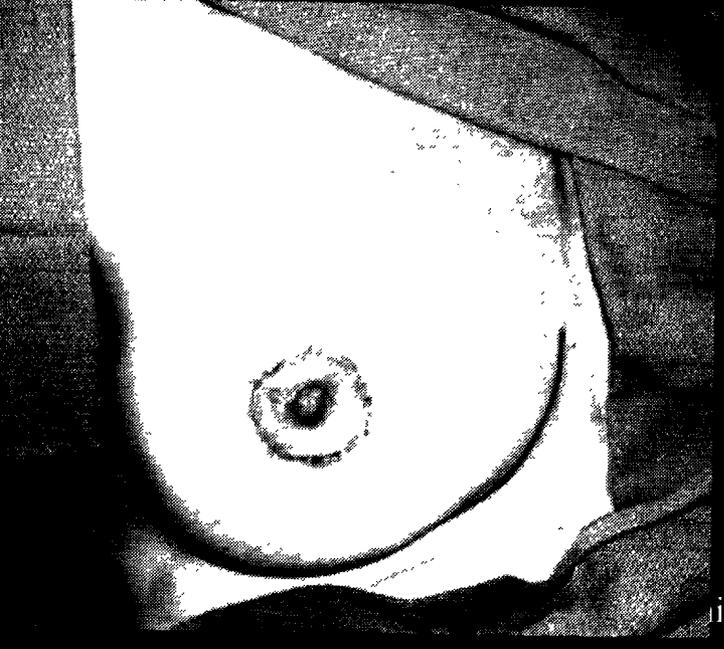
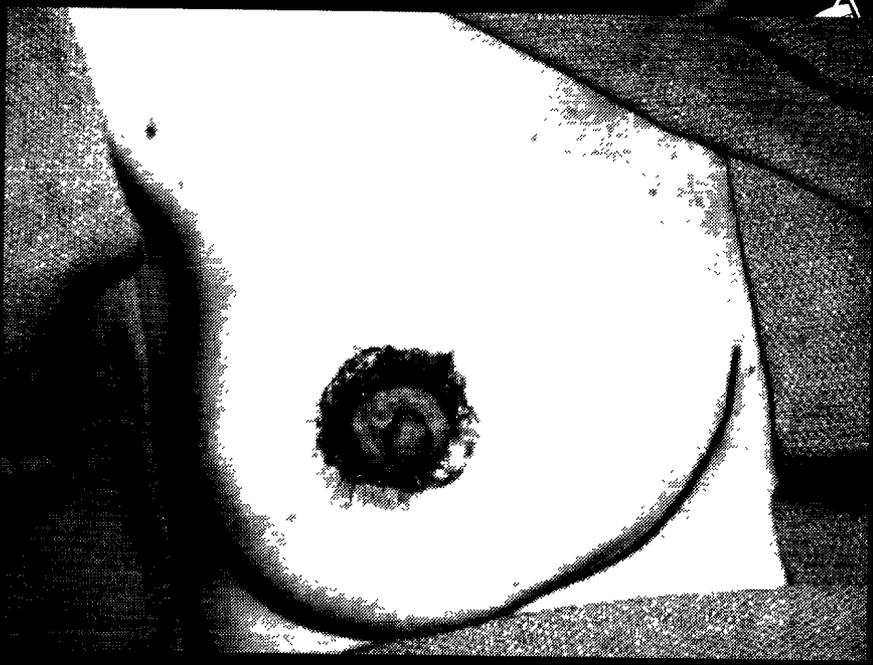
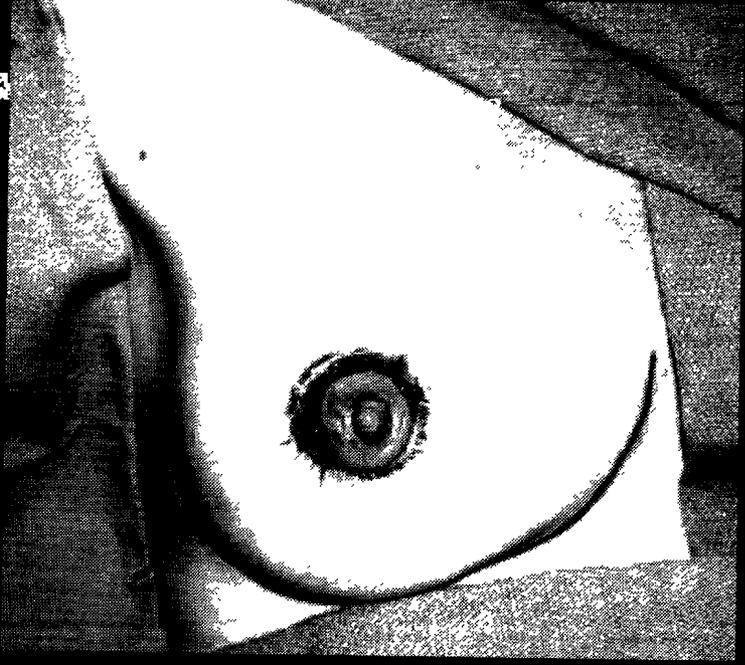


Flaps inset

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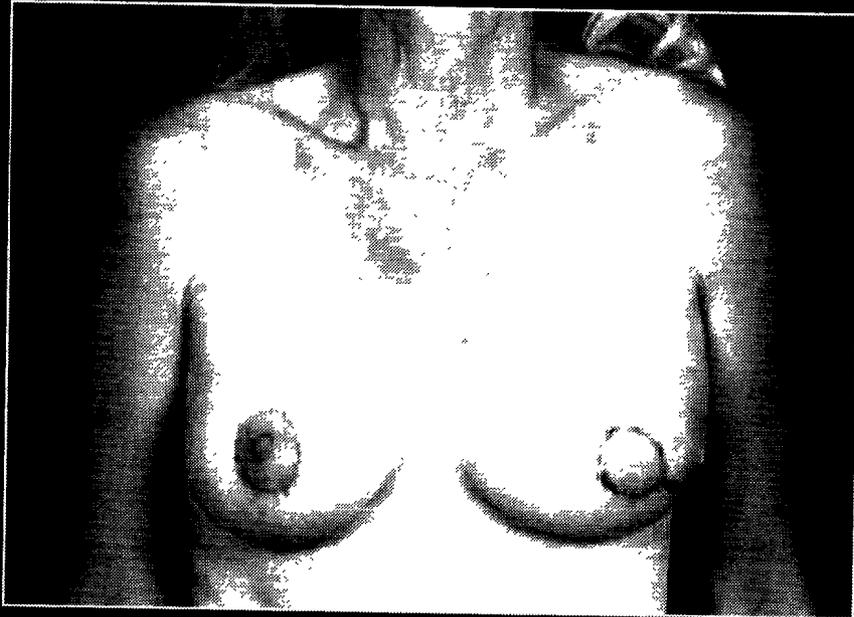
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# Augmentation Mastopexy

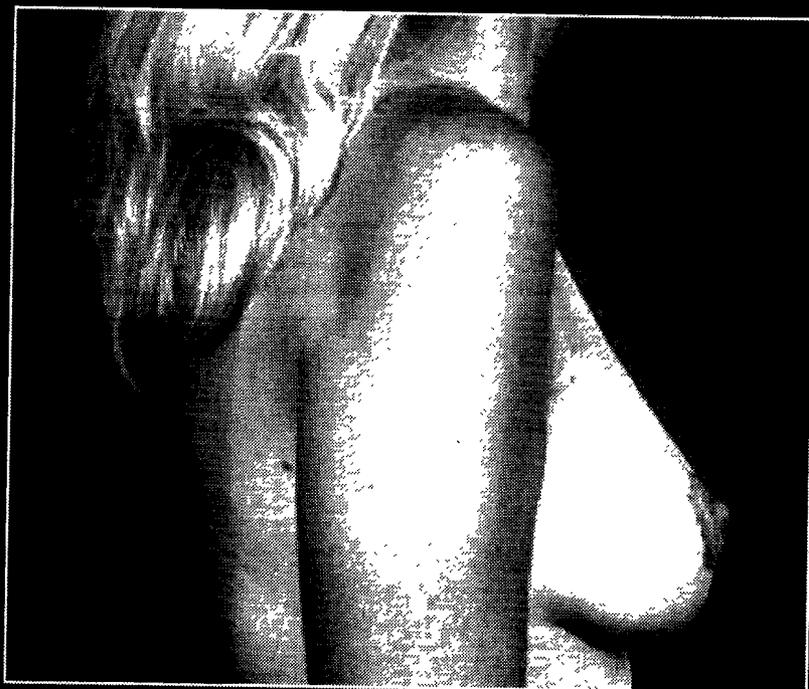


2 week appearance

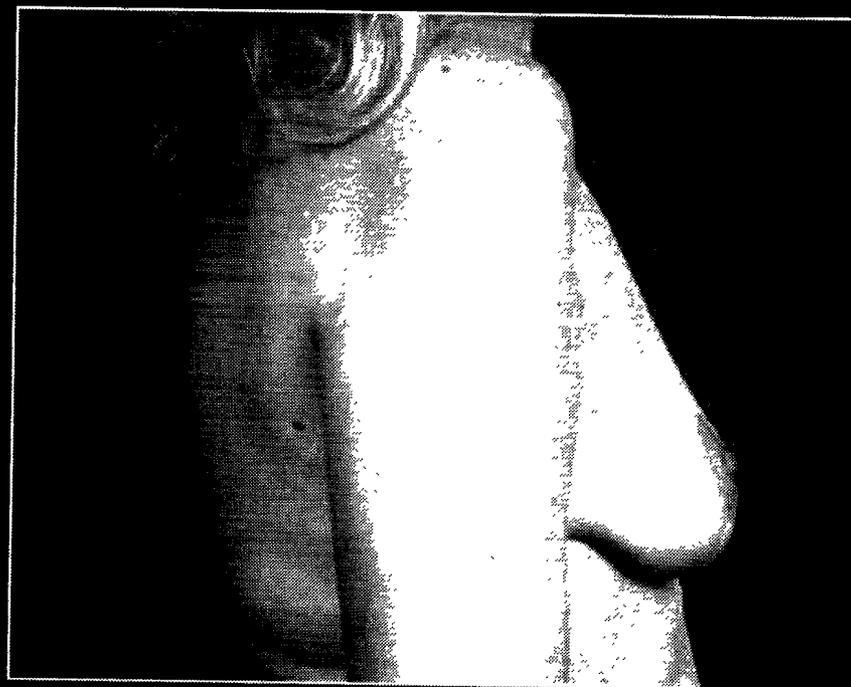


9 month appearance

# Augmentation Mastopexy

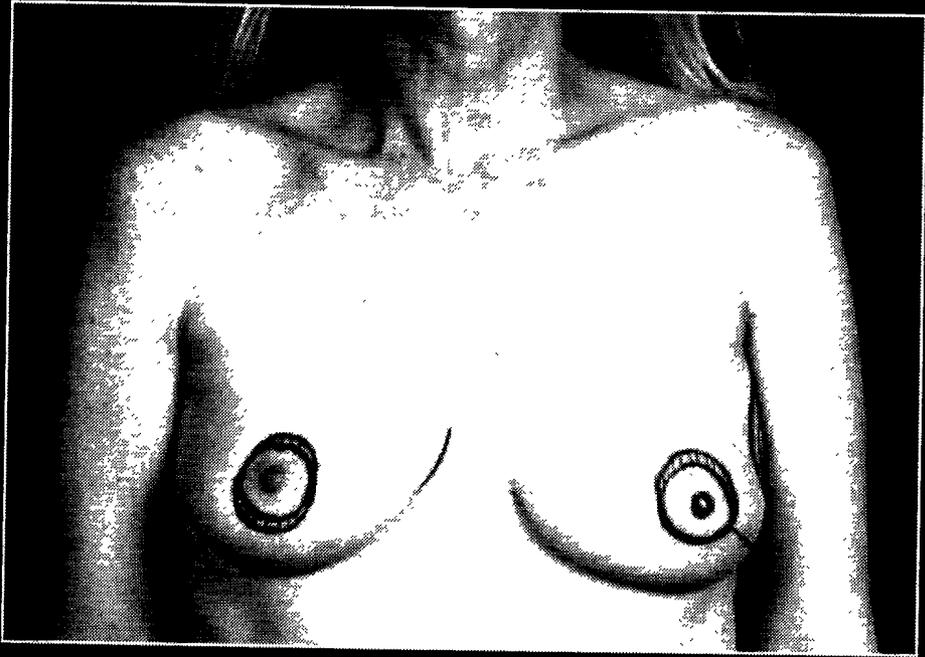


2 week appearance



9 month appearance

# Augmentation Mastopexy



# Augmentation Mastopexy



Preoperative appearance



6 weeks post op



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# Augmentation Mastopexy Cases

## Recurrent Ptosis

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44

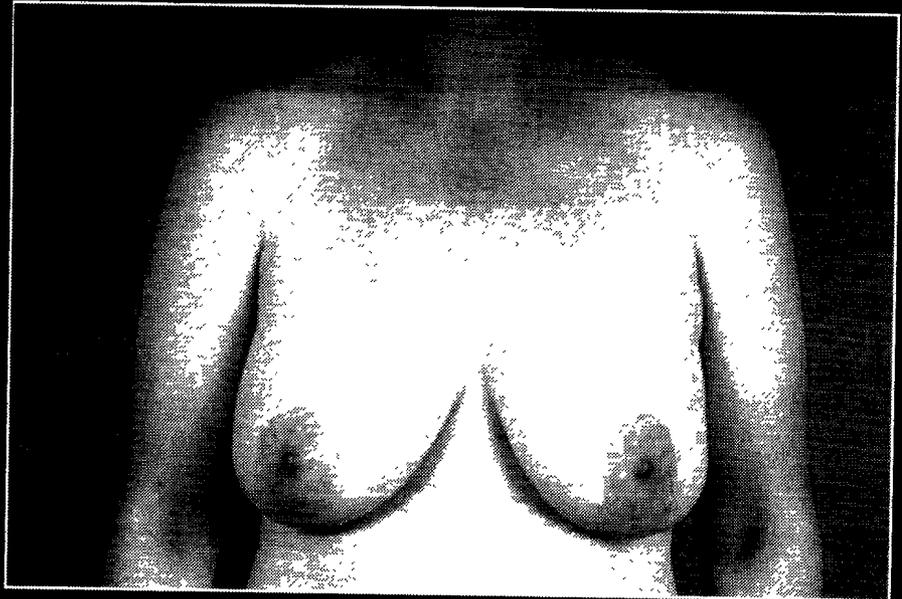
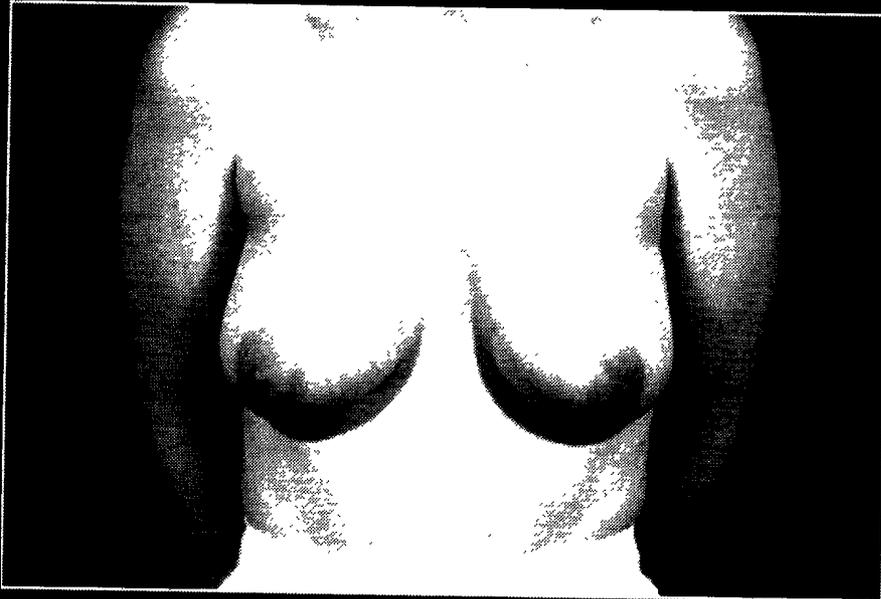


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# Augmentation Mastopexy



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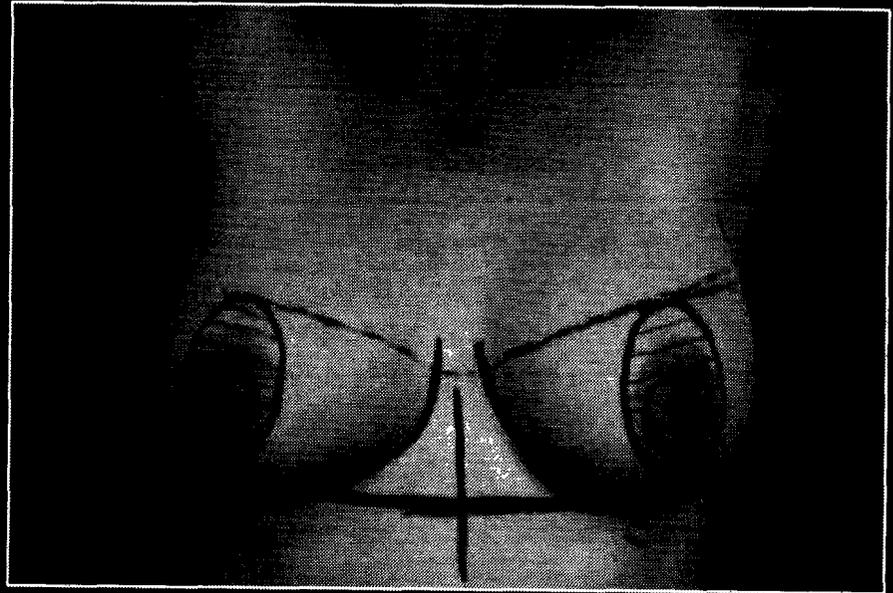
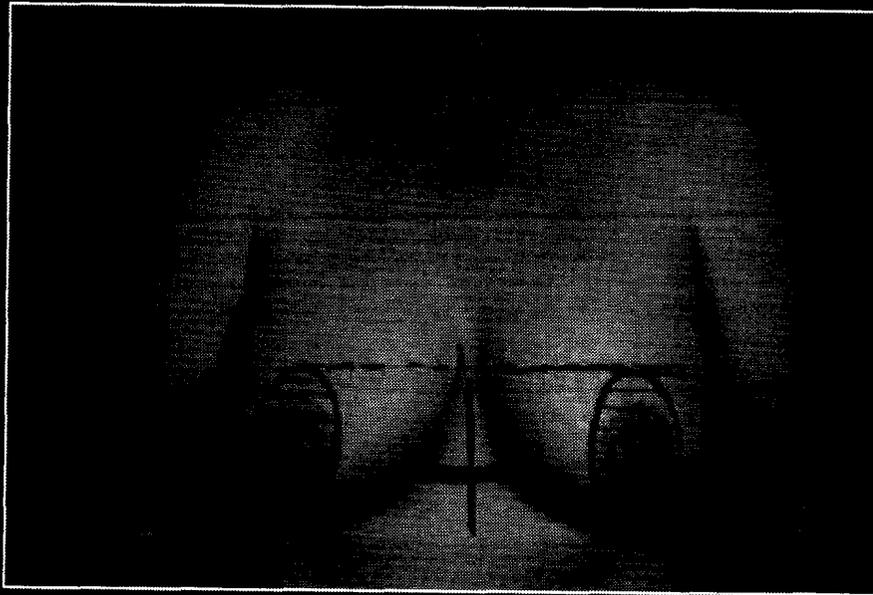


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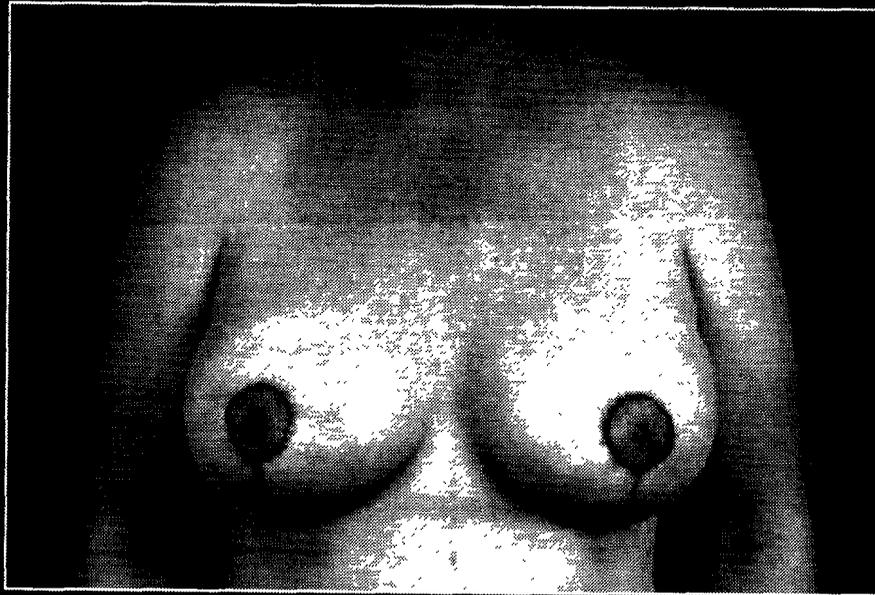


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# Augmentation Mastopexy



# Augmentation Mastopexy



Immediate result



1 week post op

# Augmentation Mastopexy

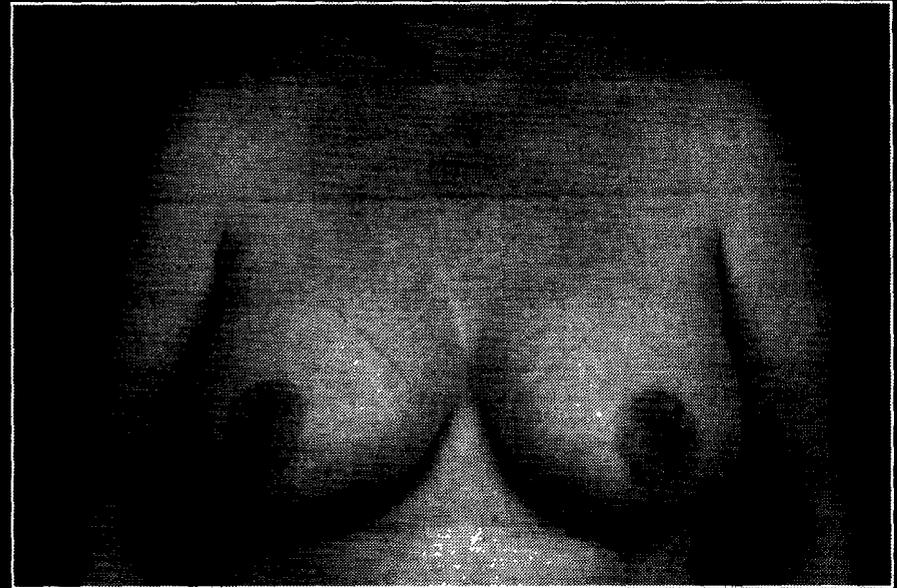
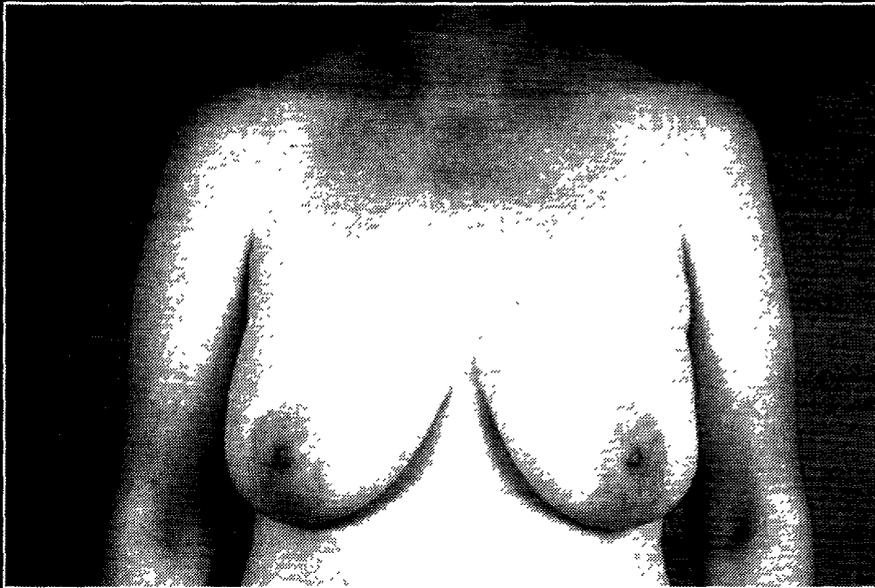


1 year result



1 year result

# Augmentation Mastopexy

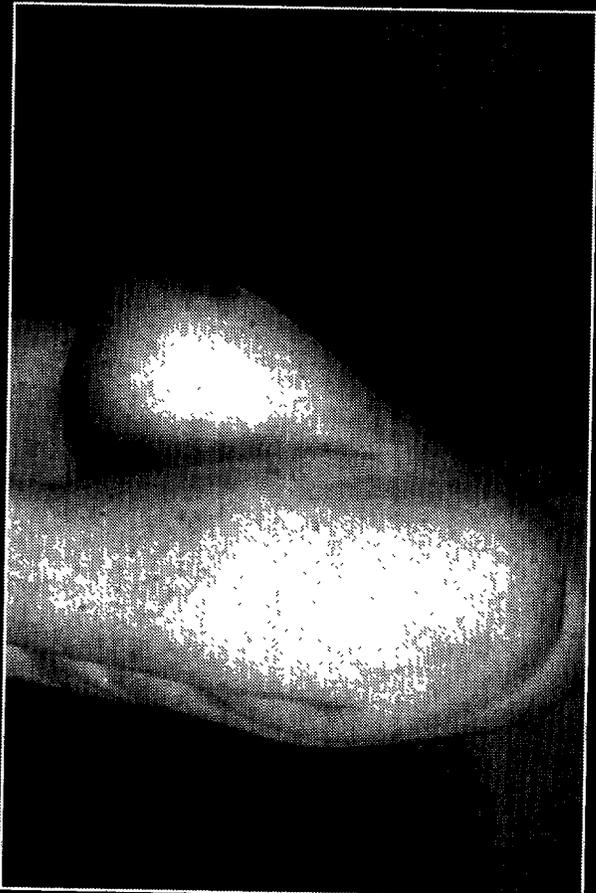


# Augmentation Mastopexy





# Augmentation Mastopexy



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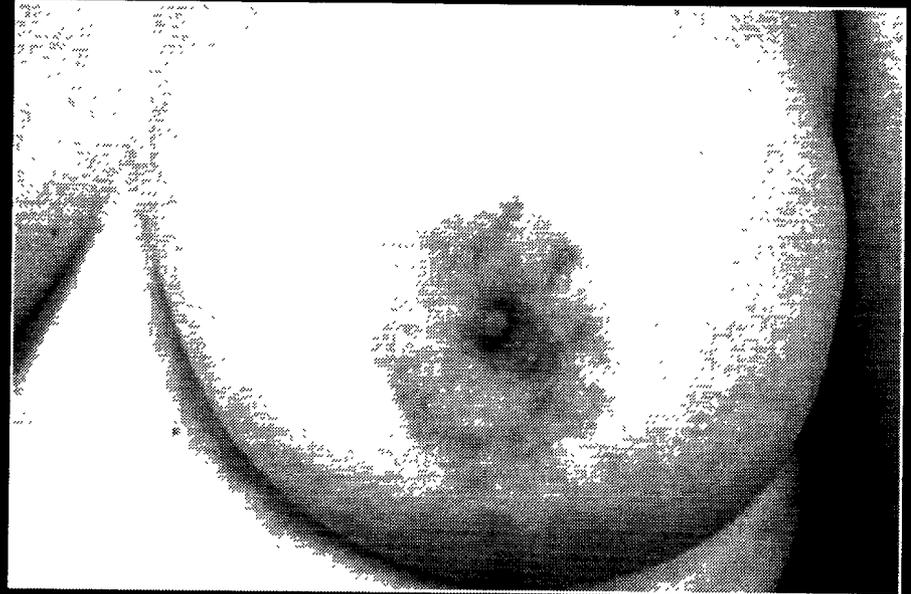


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# Augmentation Mastopexy



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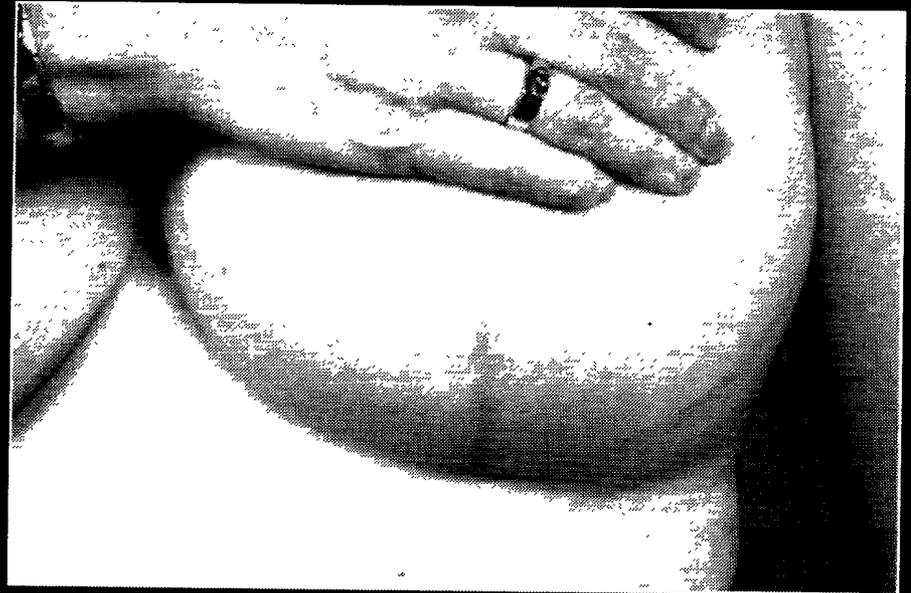


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# Augmentation Mastopexy



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# Augmentation Mastopexy



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# Augmentation Mastopexy Cases

## Asymmetry

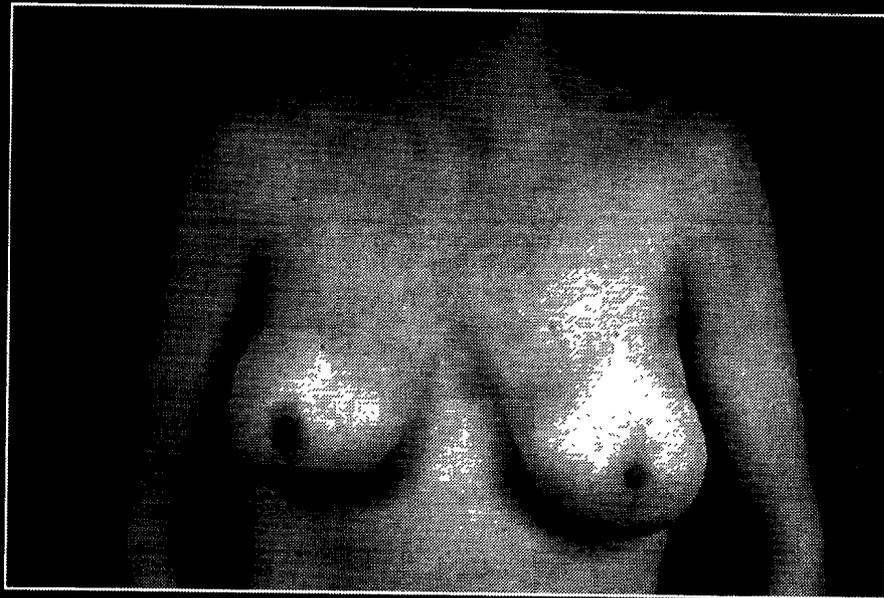


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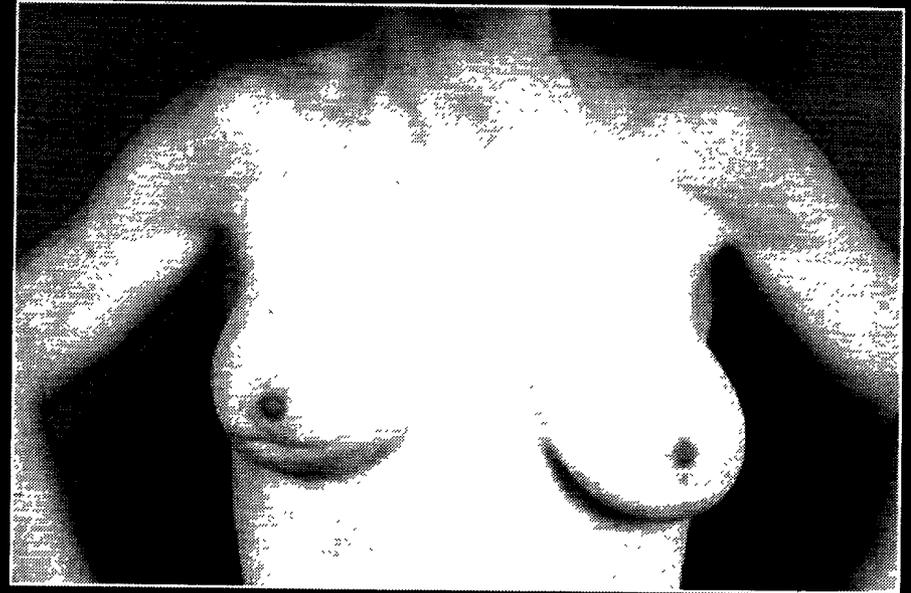
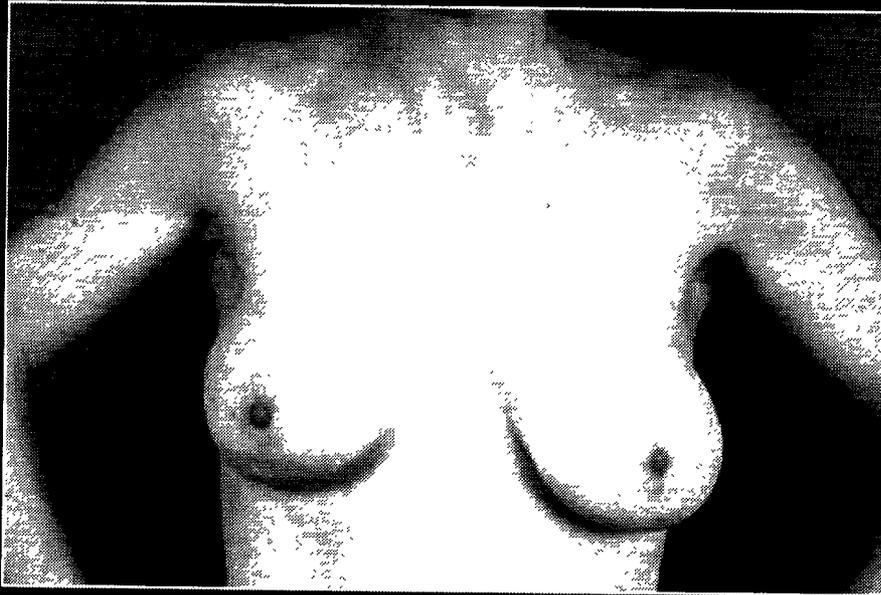
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# Augmentation Mastopexy



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# Augmentation Mastopexy



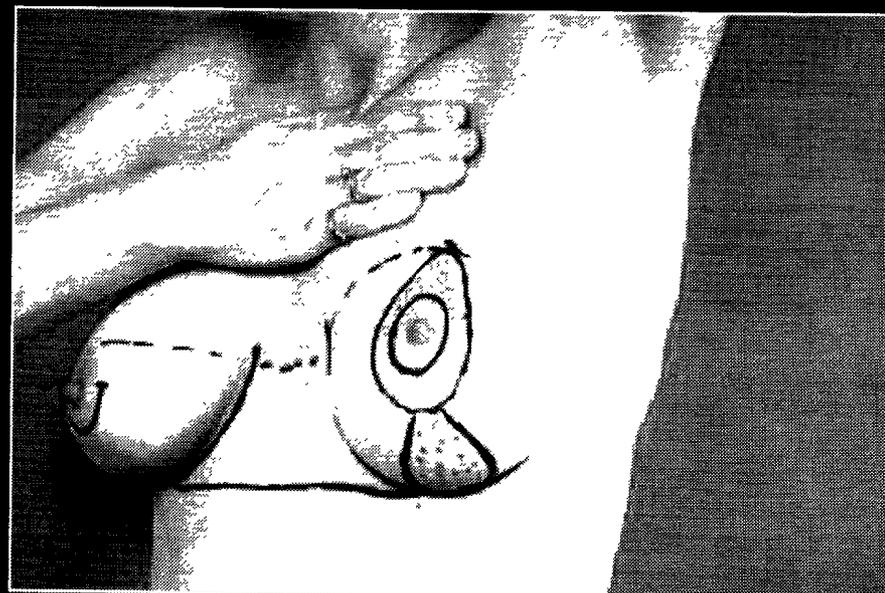
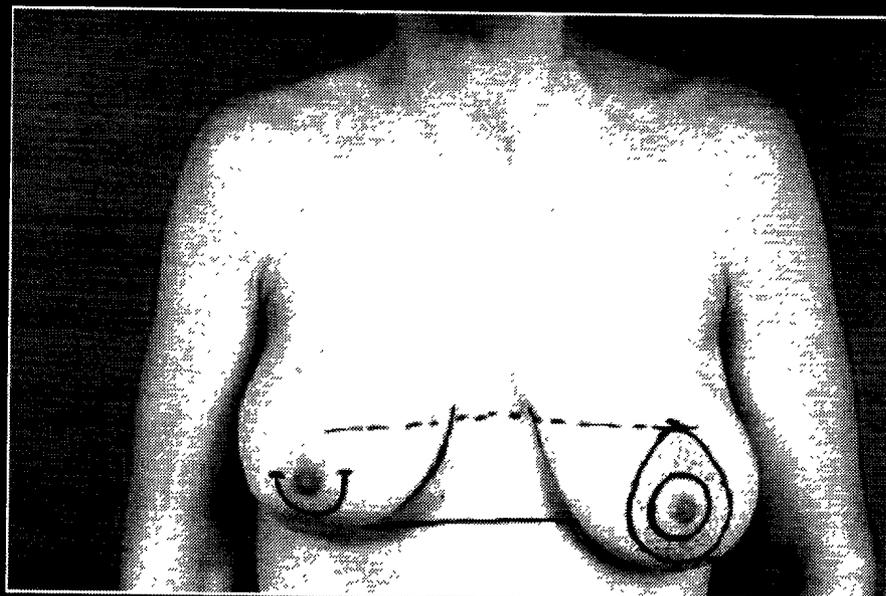


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# Augmentation Mastopexy



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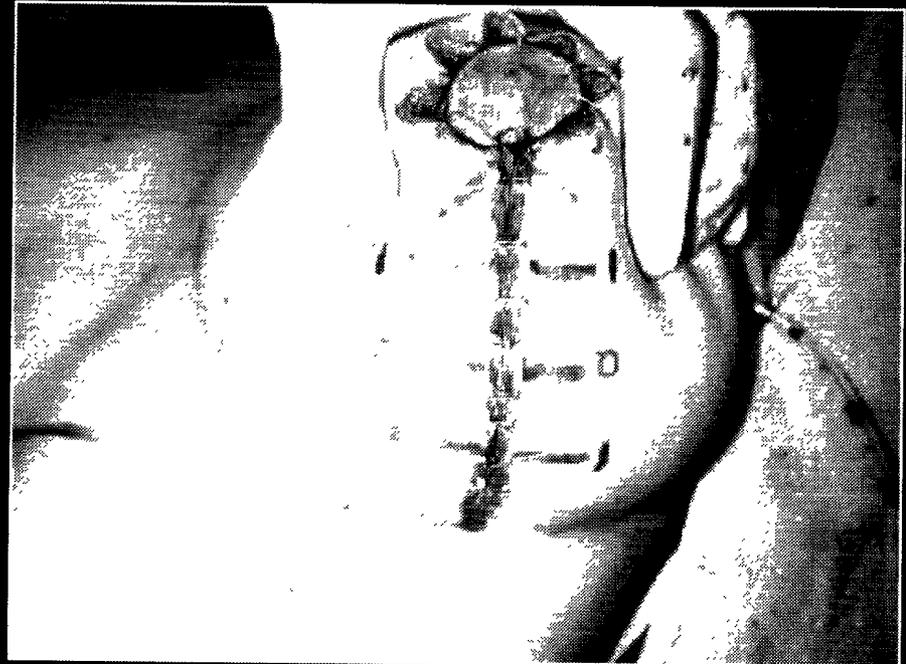
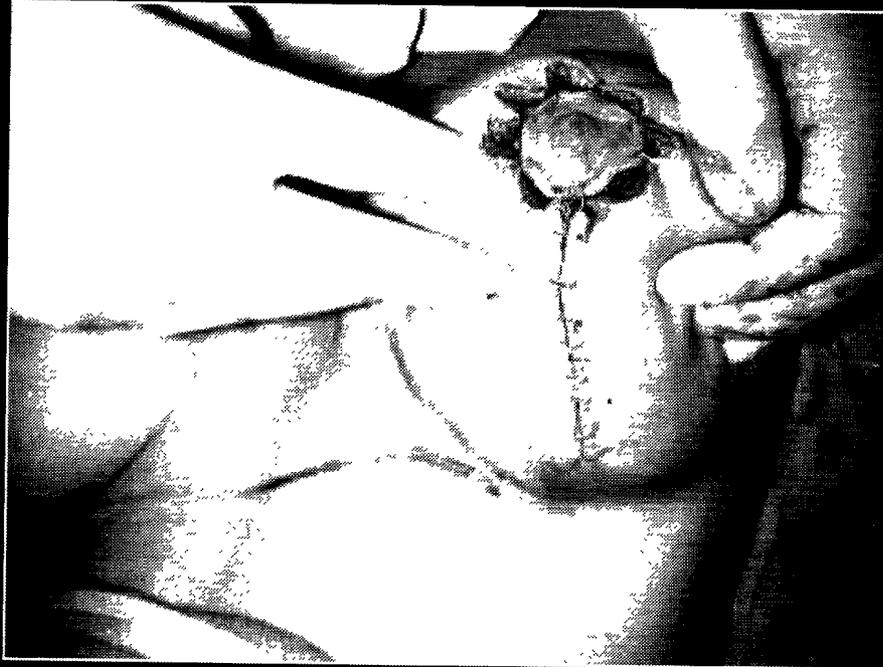


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# Augmentation Mastopexy



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# Augmentation Mastopexy



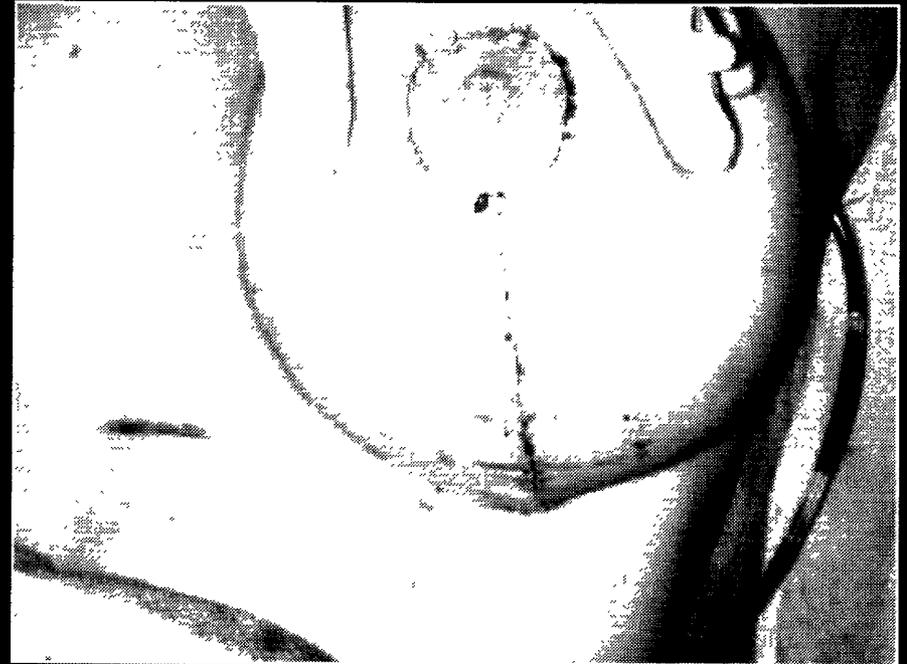


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BOARD OF STANDARDS AND PRACTICES FOR CERTIFIED PLASTIC SURGEONS



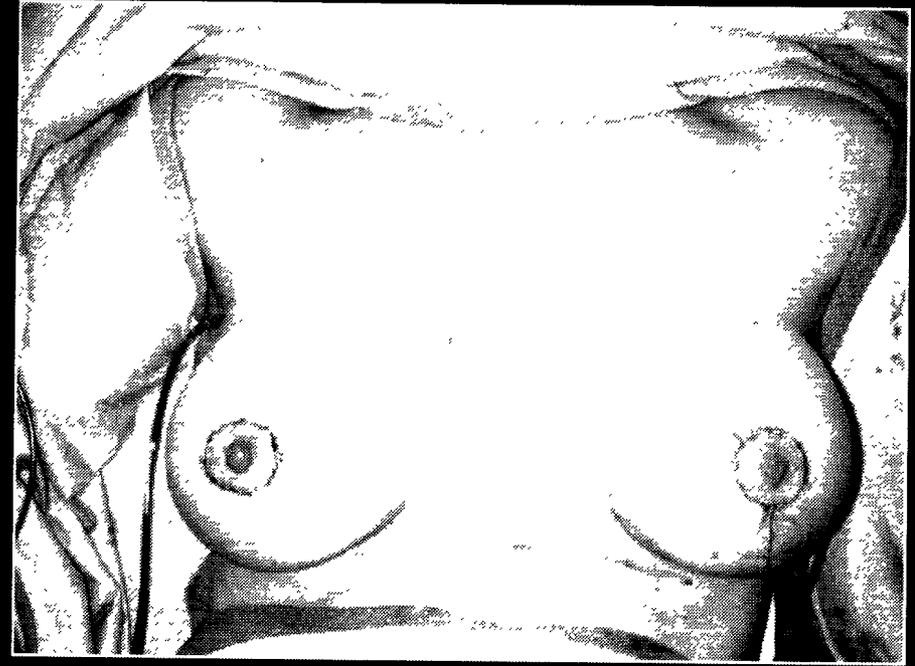
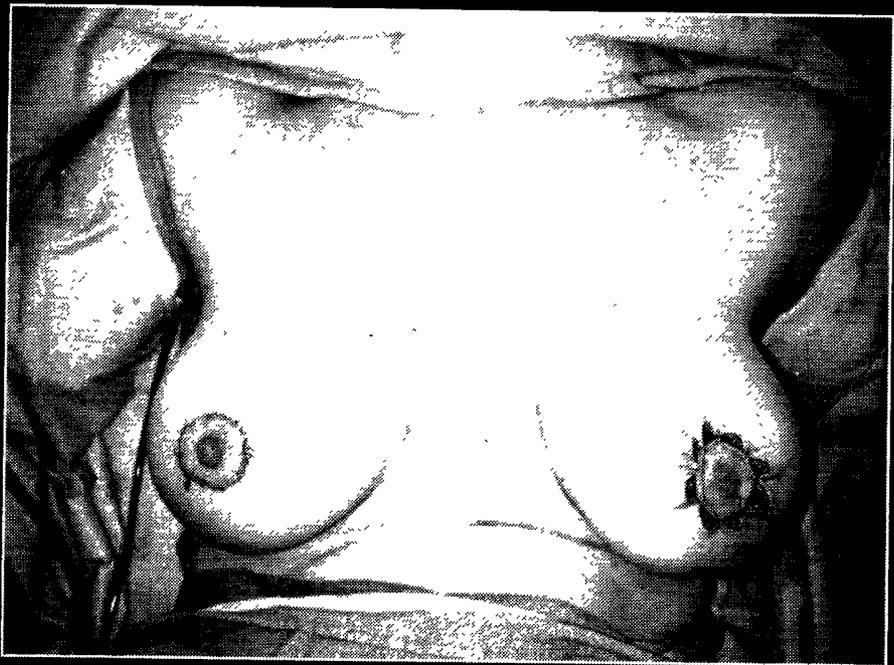
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# Augmentation Mastopexy



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# Augmentation Mastopexy





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# Augmentation Mastopexy



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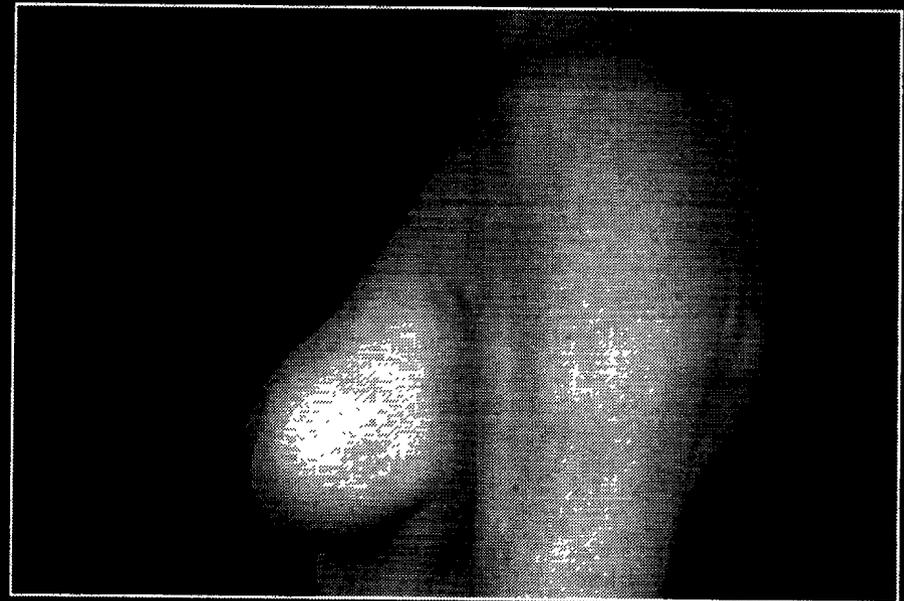
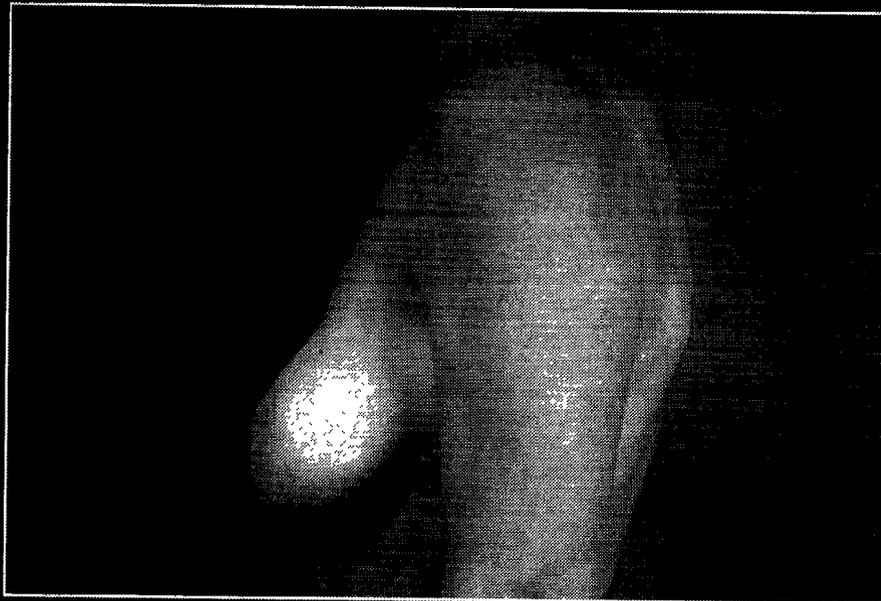


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# Augmentation Mastopexy



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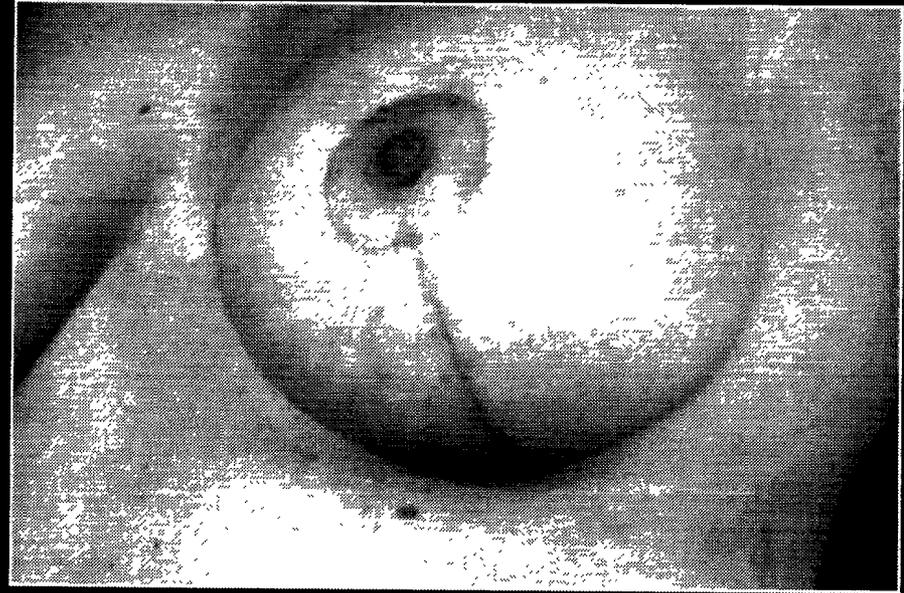
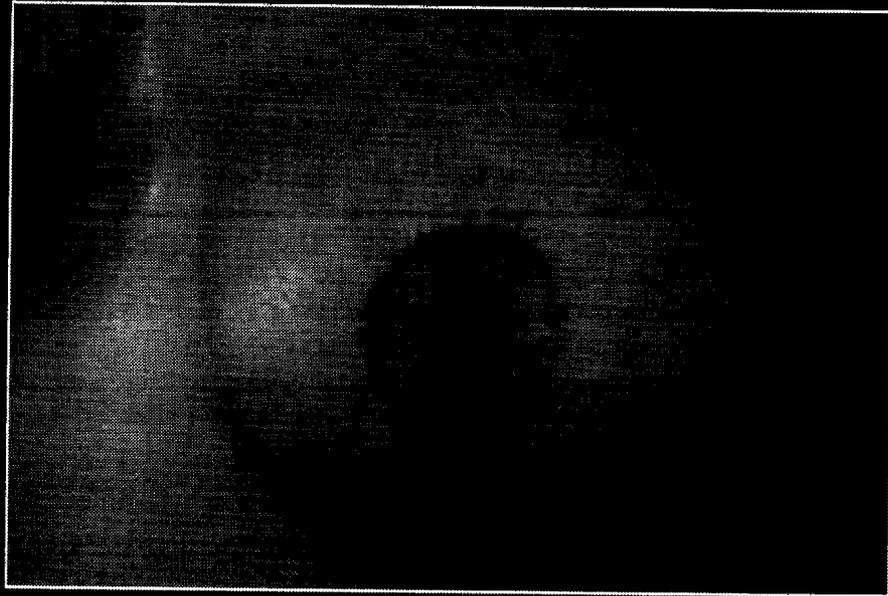


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# Augmentation Mastopexy



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# Augmentation Mastopexy Cases

## Augmentation Mammoplasty Revision

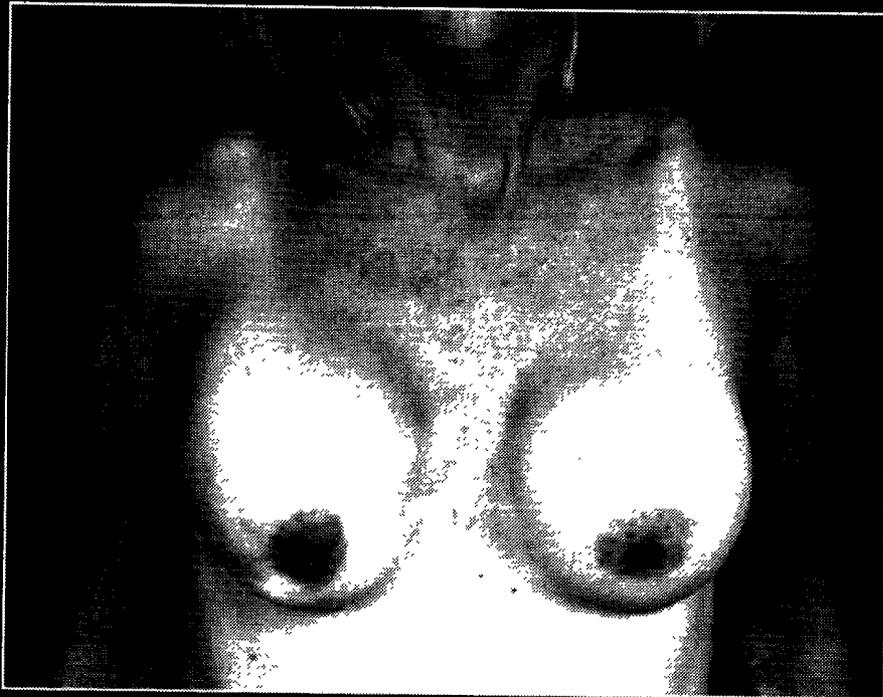


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# Augmentation Mastopexy



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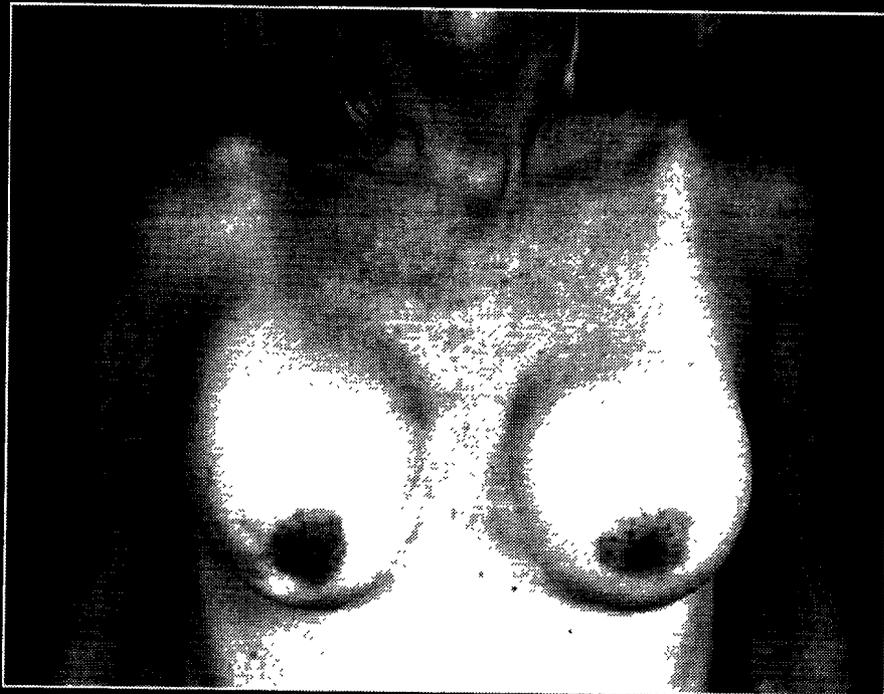


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BOARD OF QUALIFICATION



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# Augmentation Mastopexy



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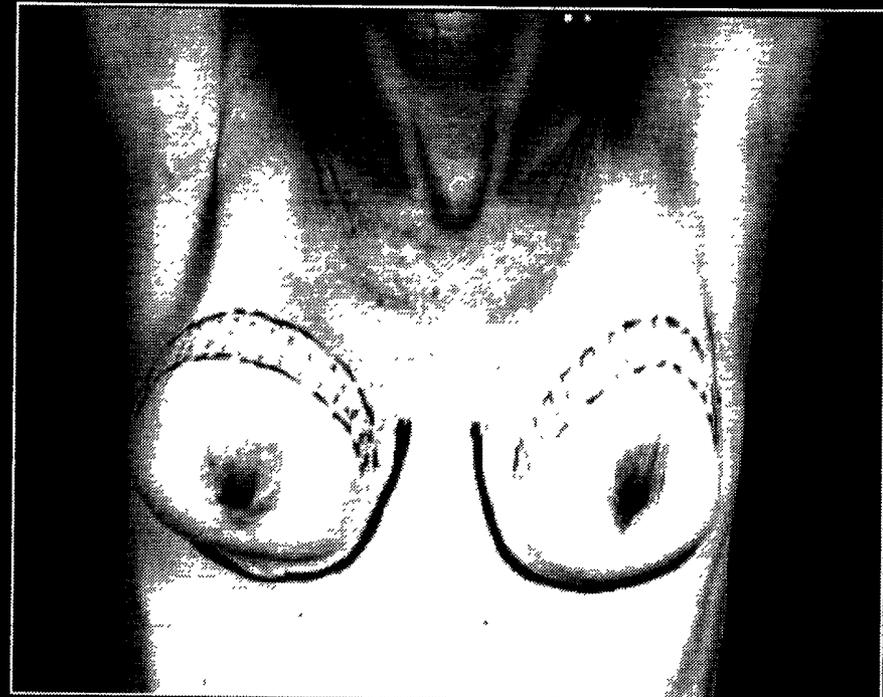
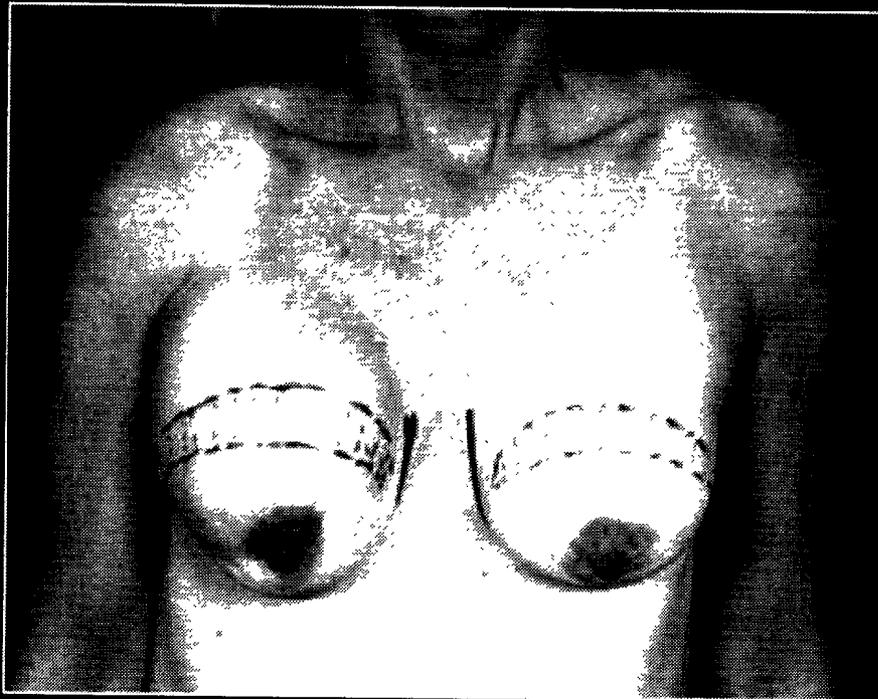


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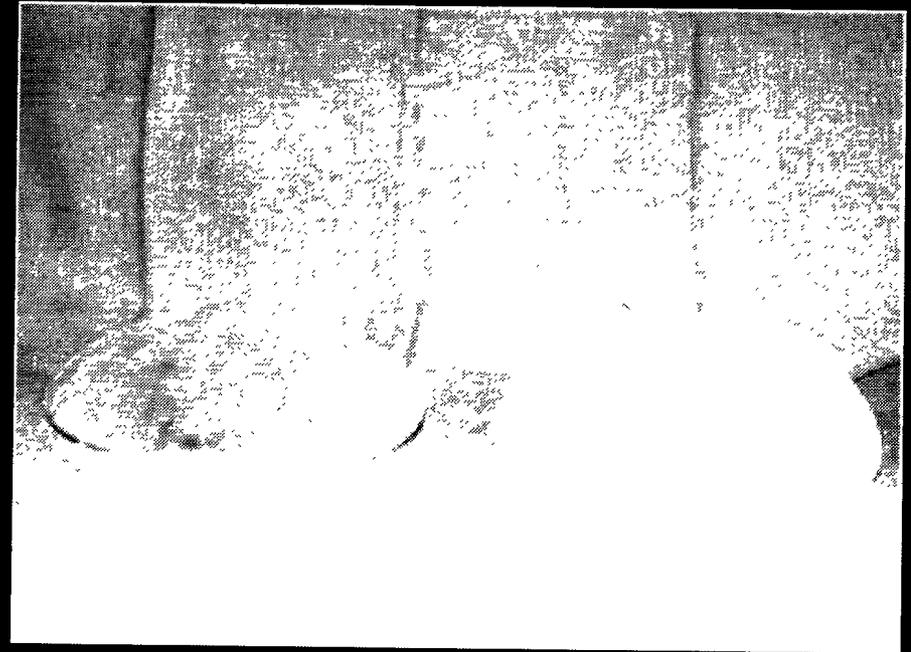
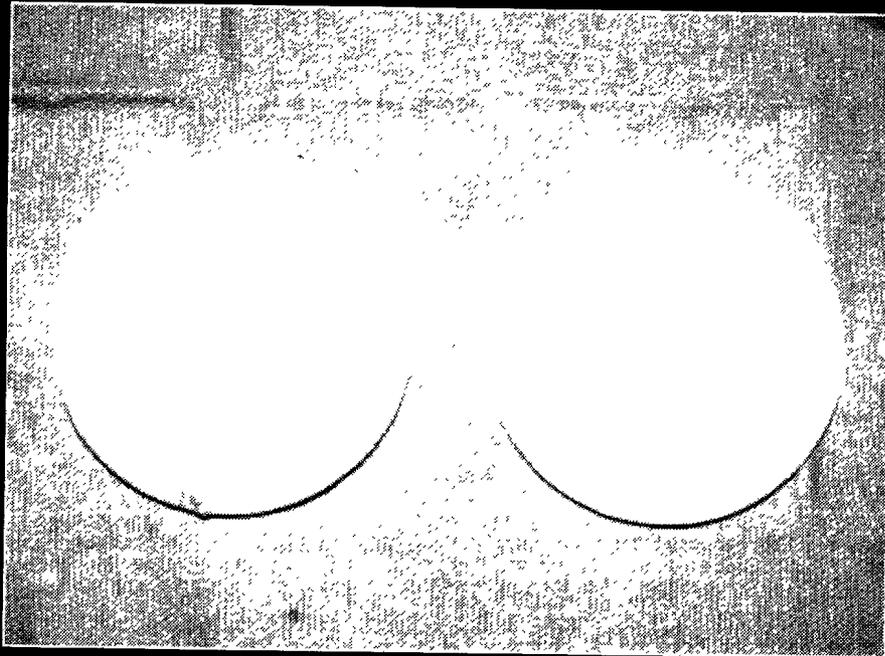
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# Augmentation Mastopexy

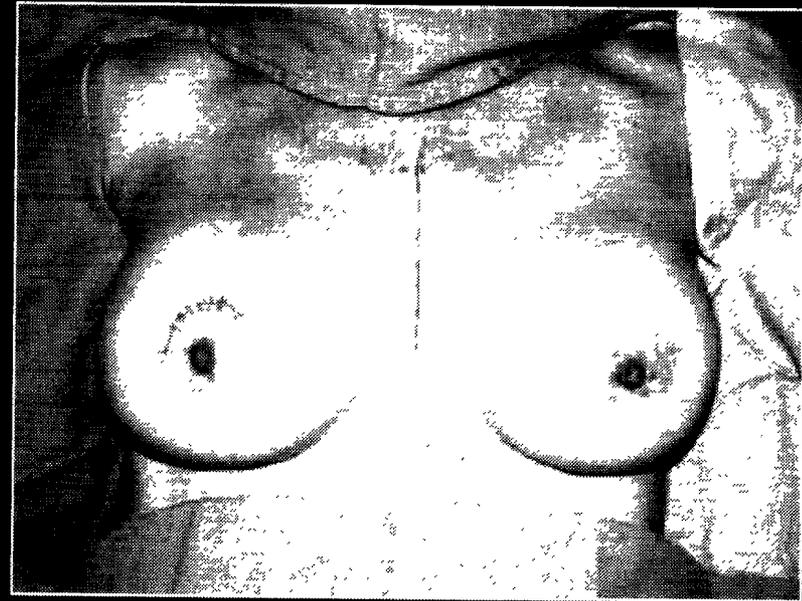
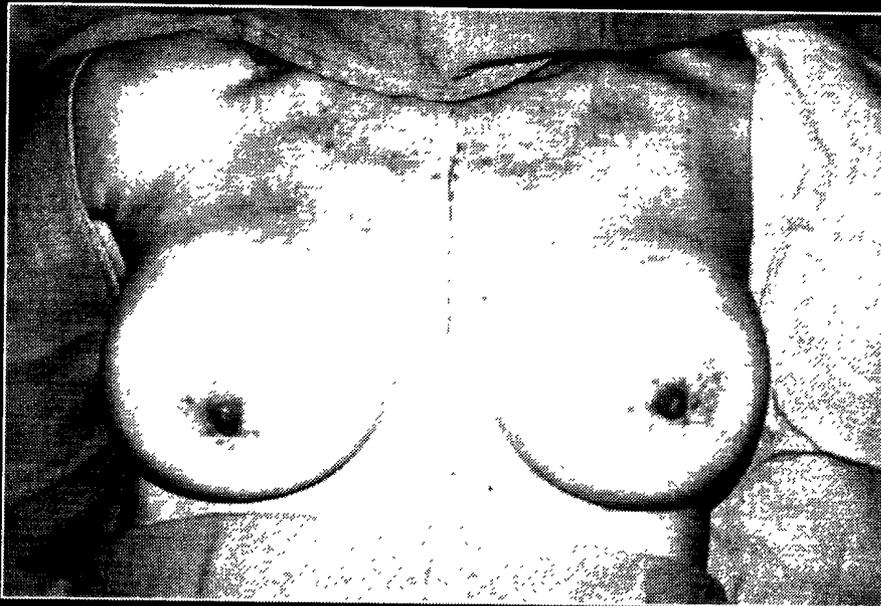


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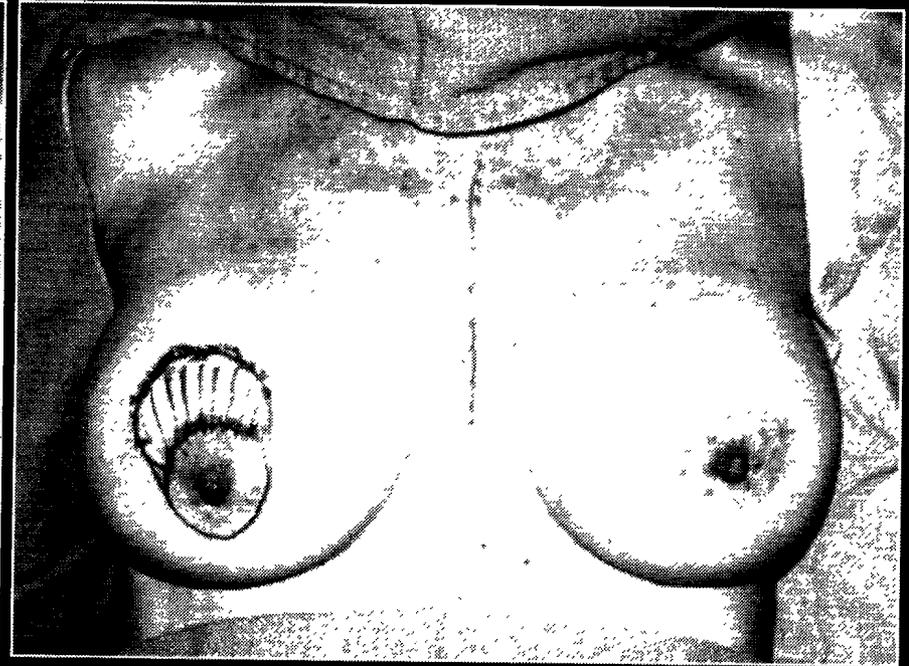
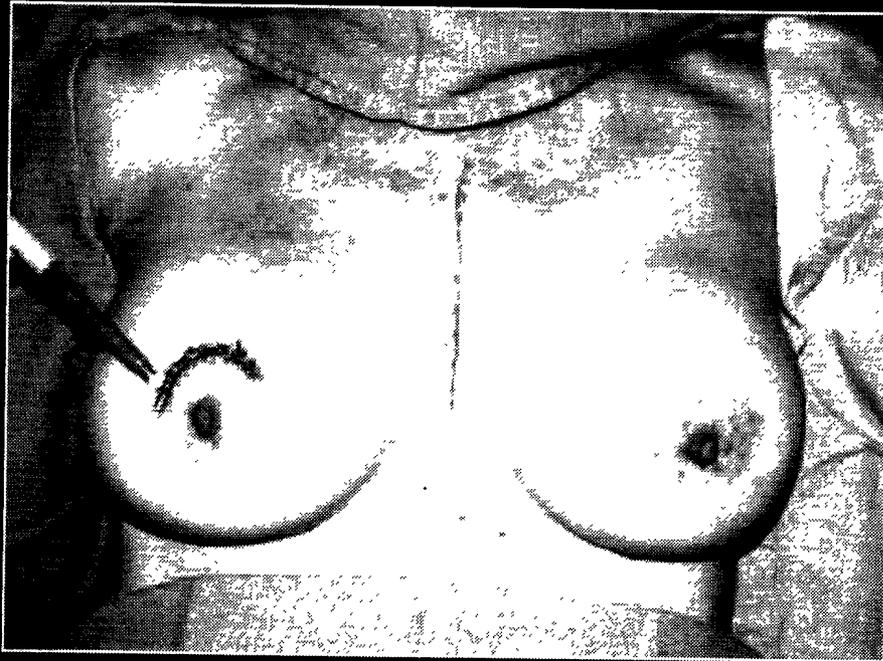
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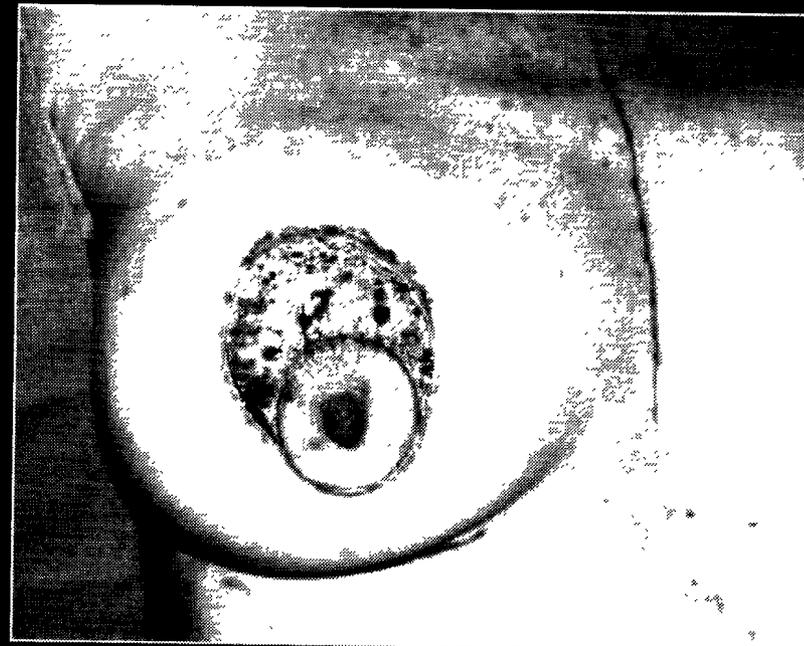
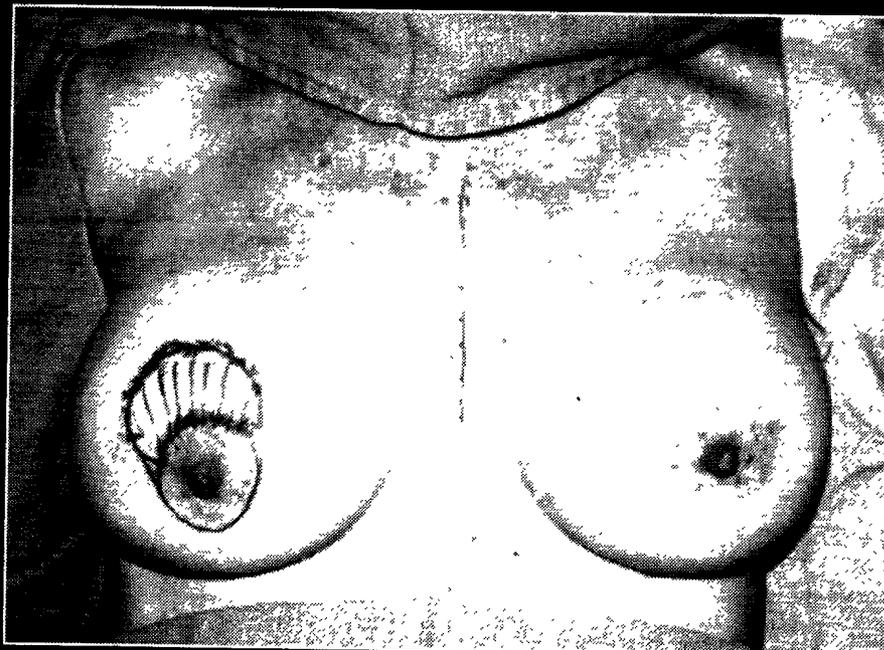
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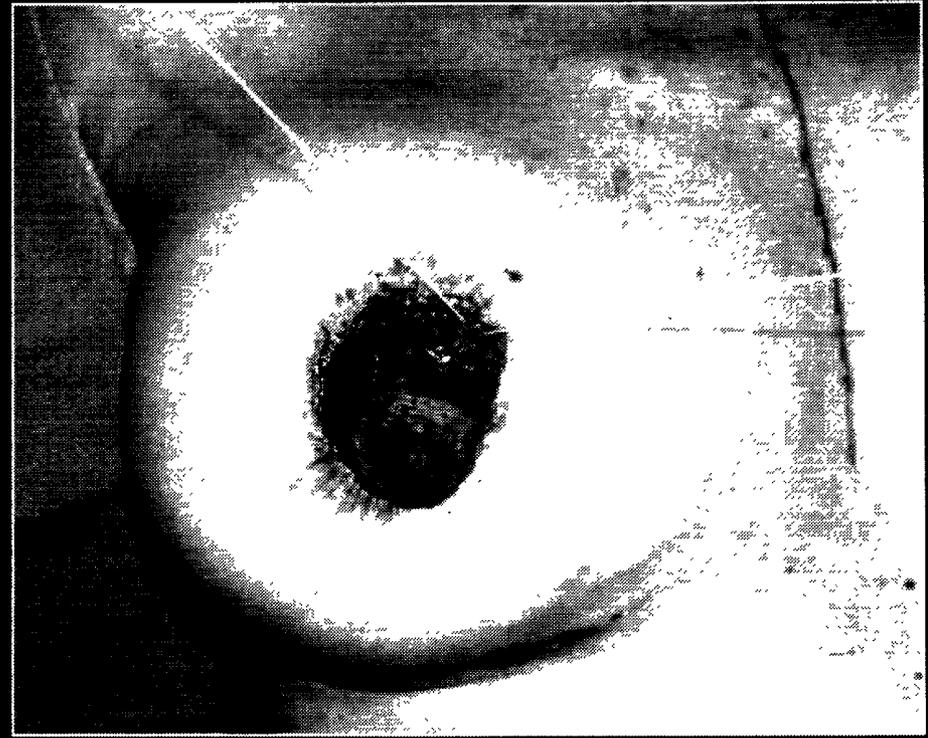
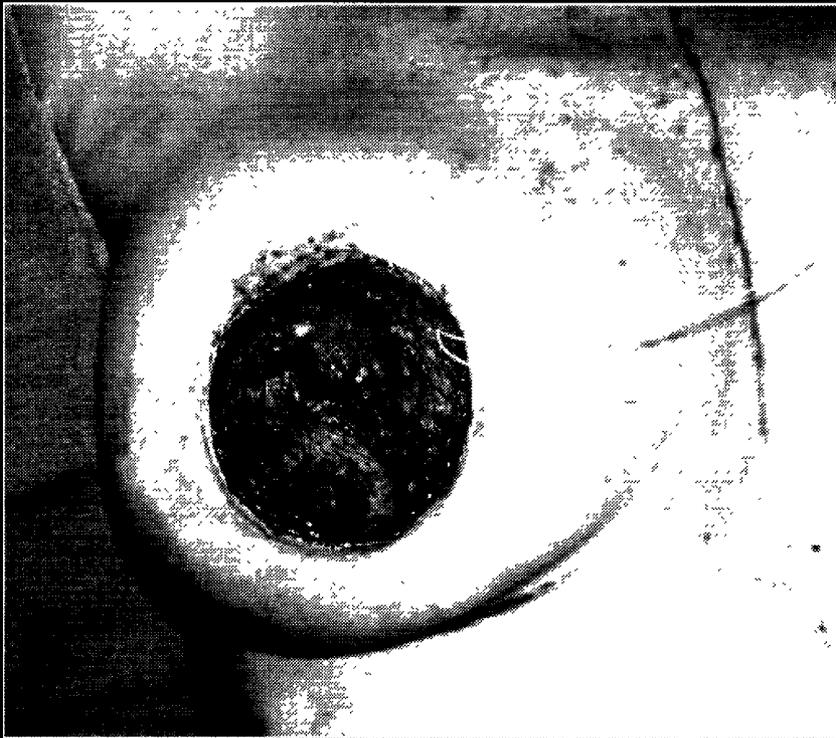
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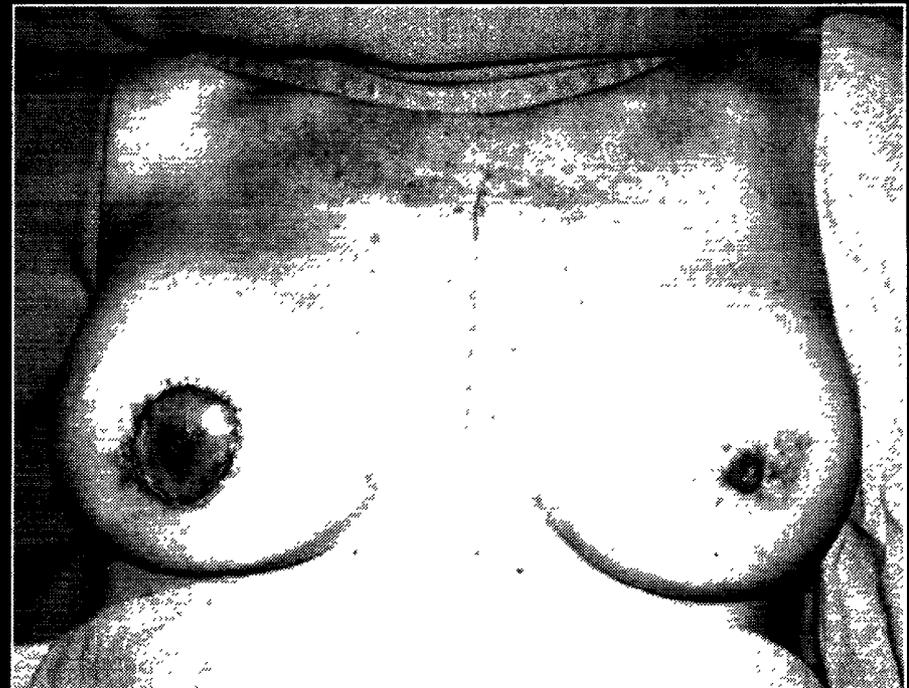
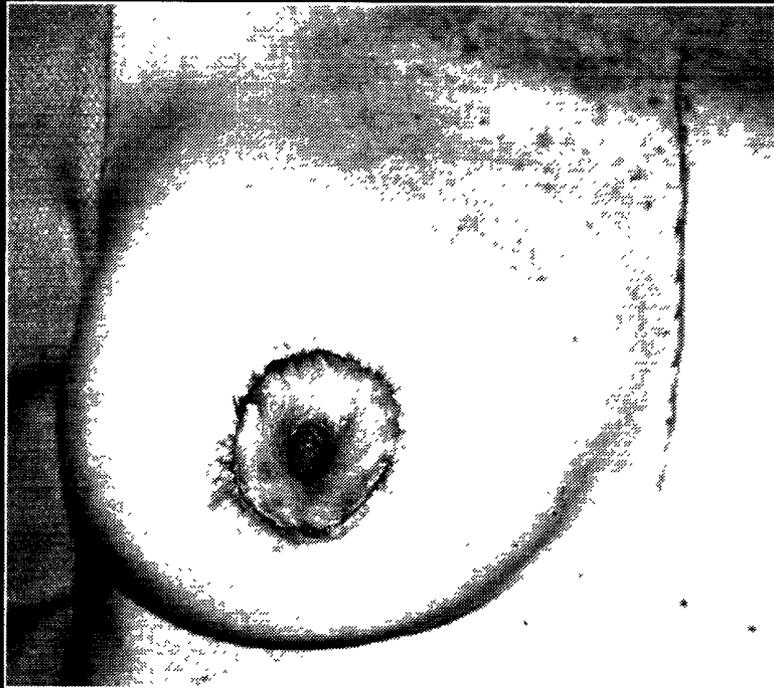
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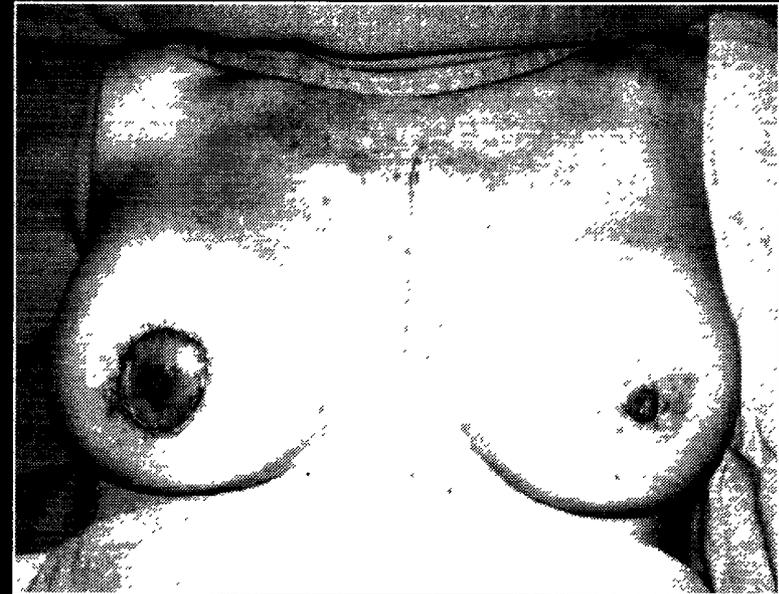
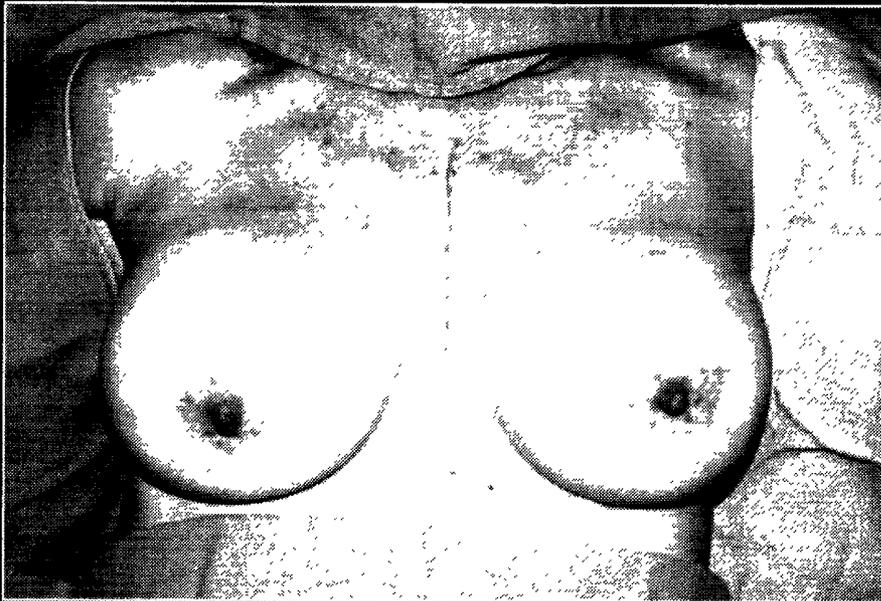
# Augmentation Mastopexy



# Augmentation Mastopexy



# Augmentation Mastopexy



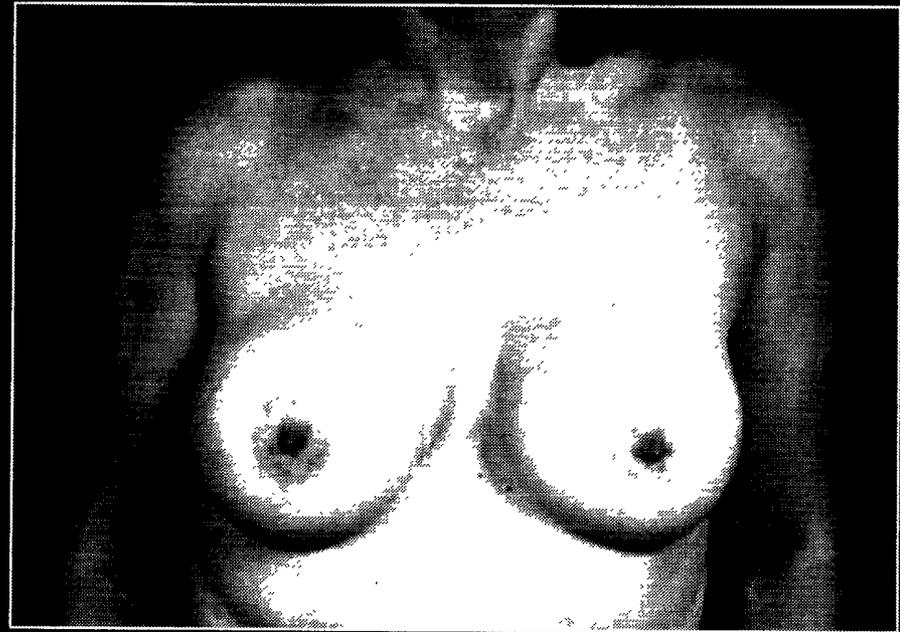
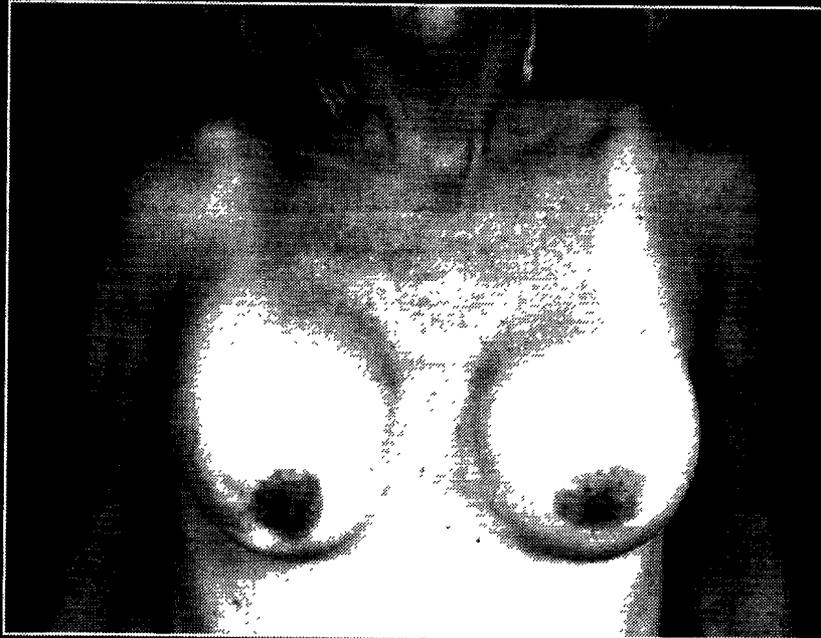


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# Augmentation Mastopexy



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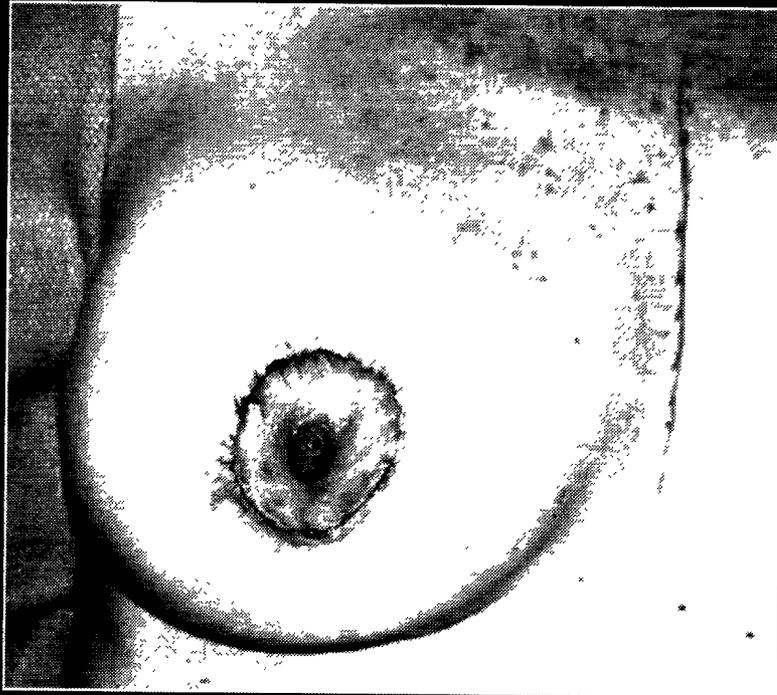


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# Augmentation Mastopexy Cases

## Augmentation Mammoplasty Revision

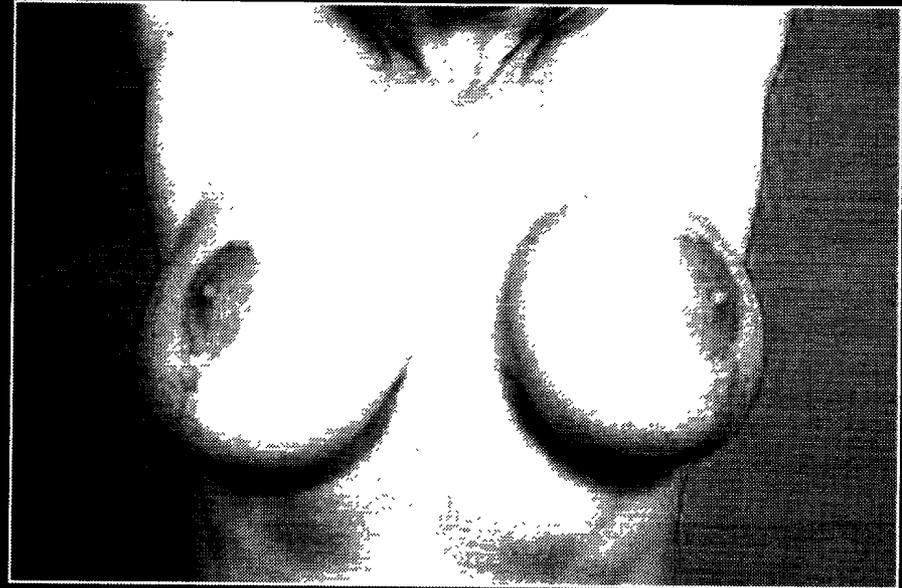
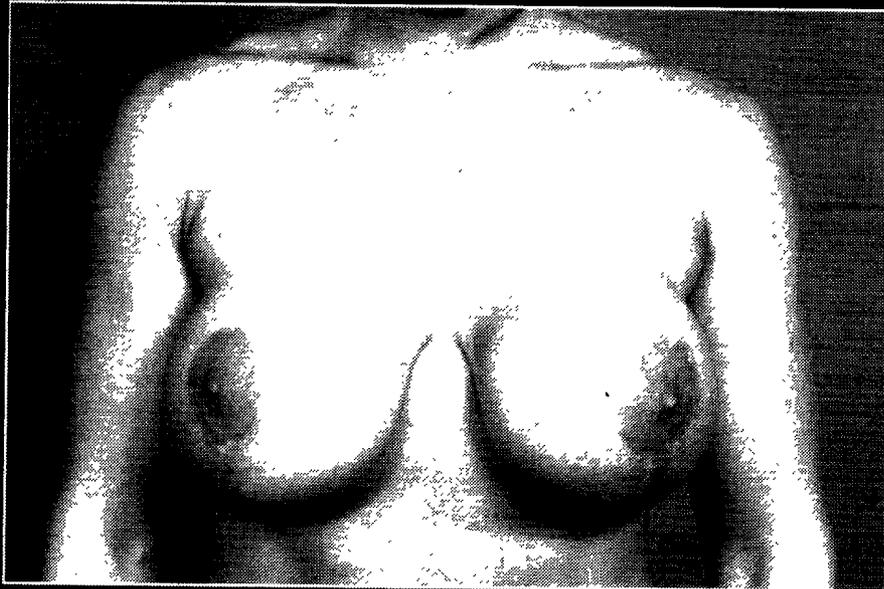


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# Augmentation Mastopexy



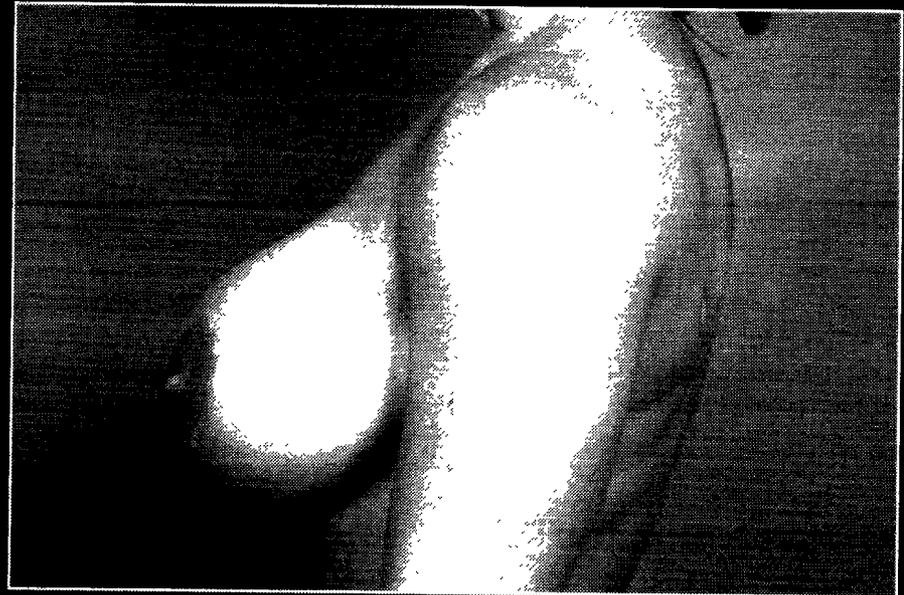
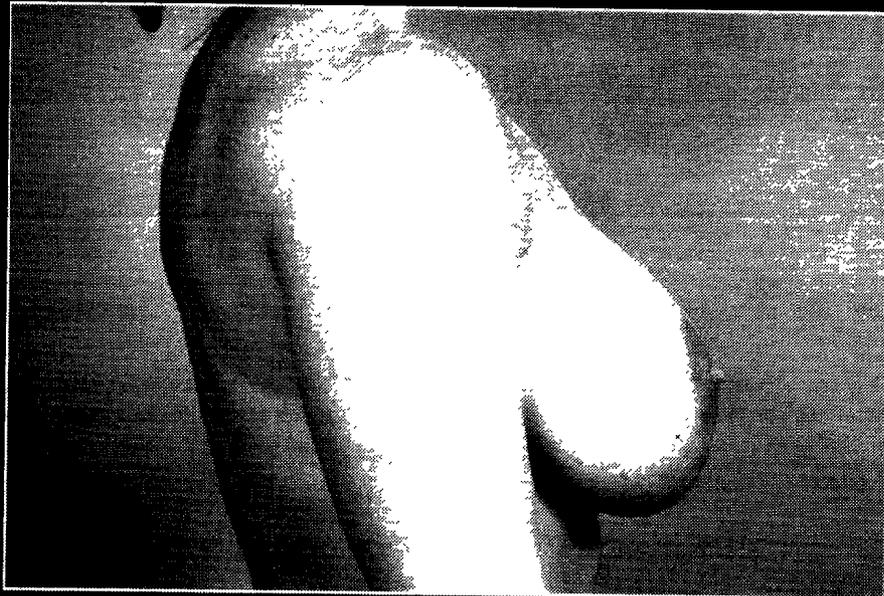


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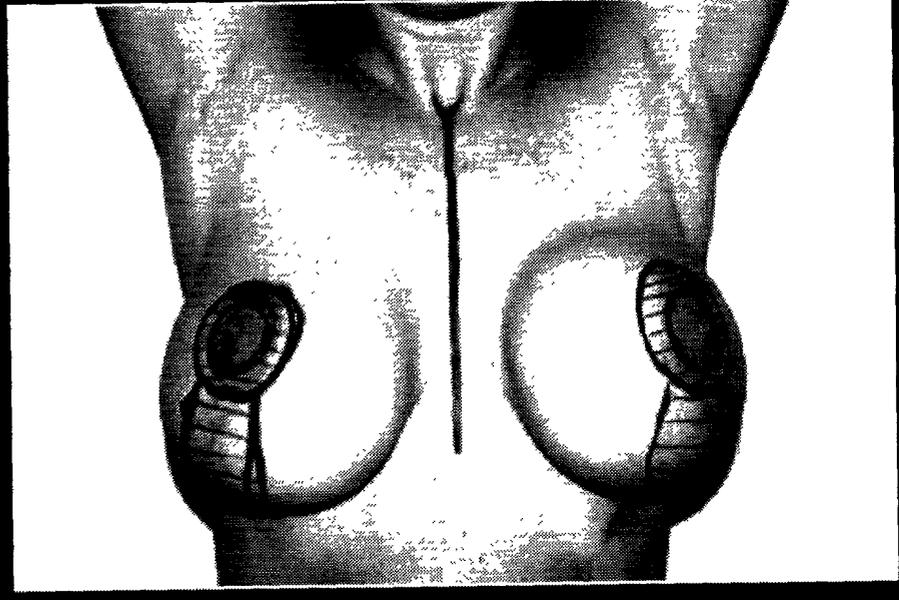
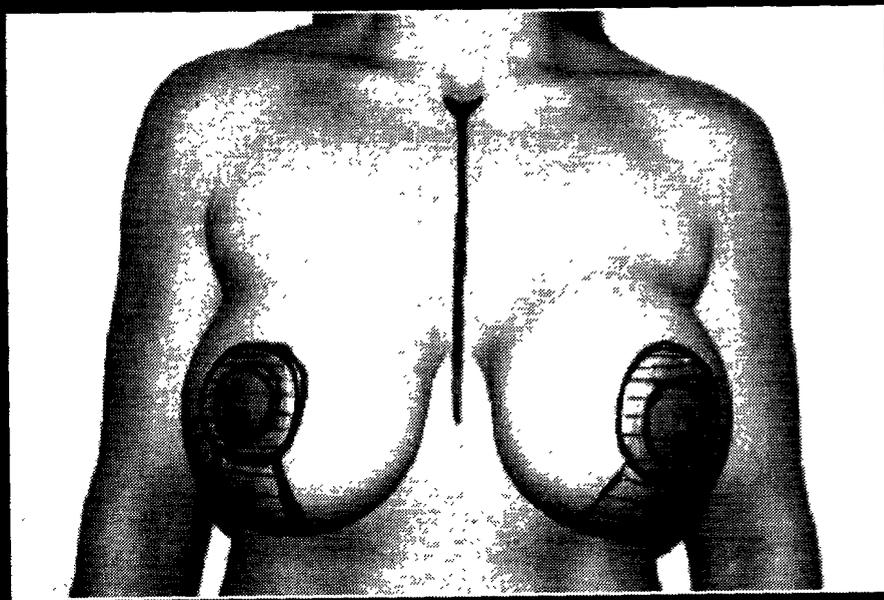
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# Augmentation Mastopexy



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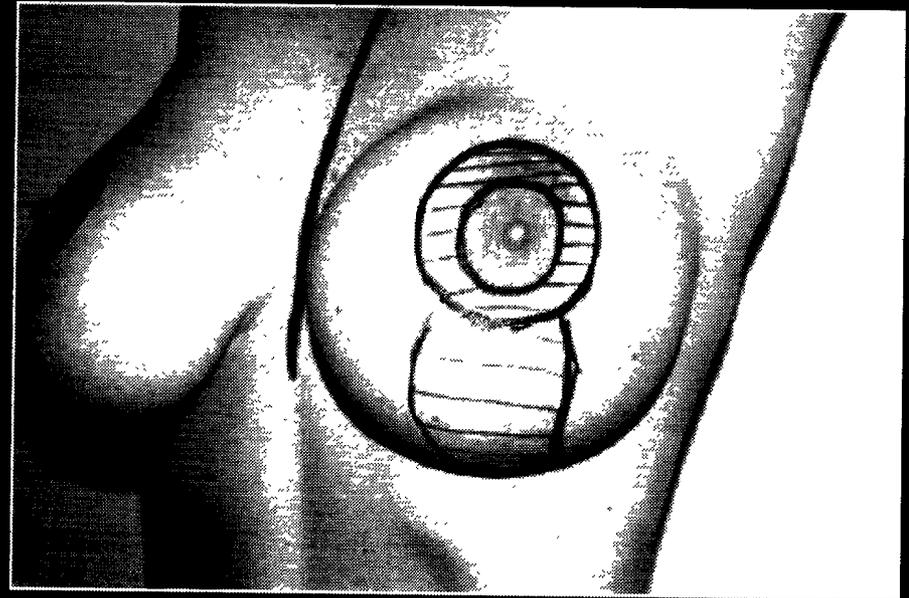
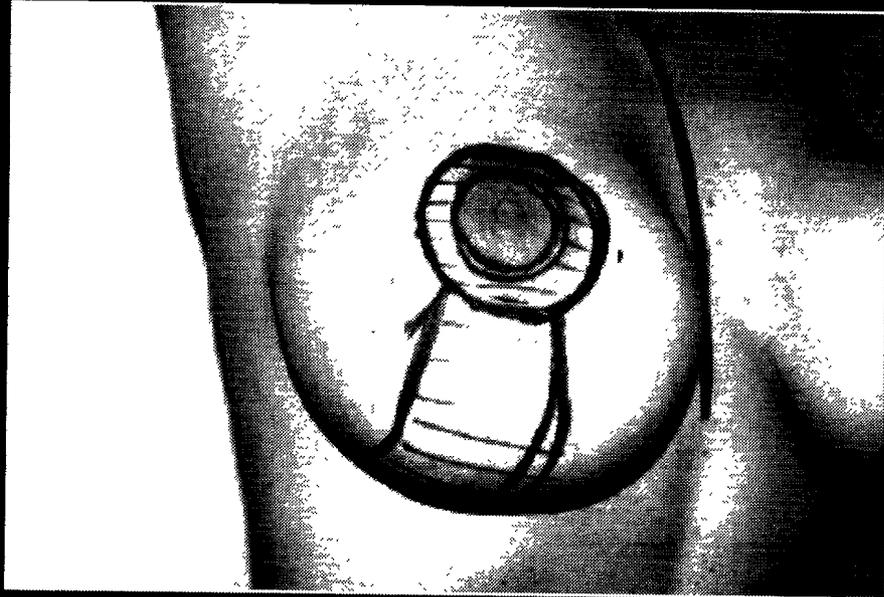


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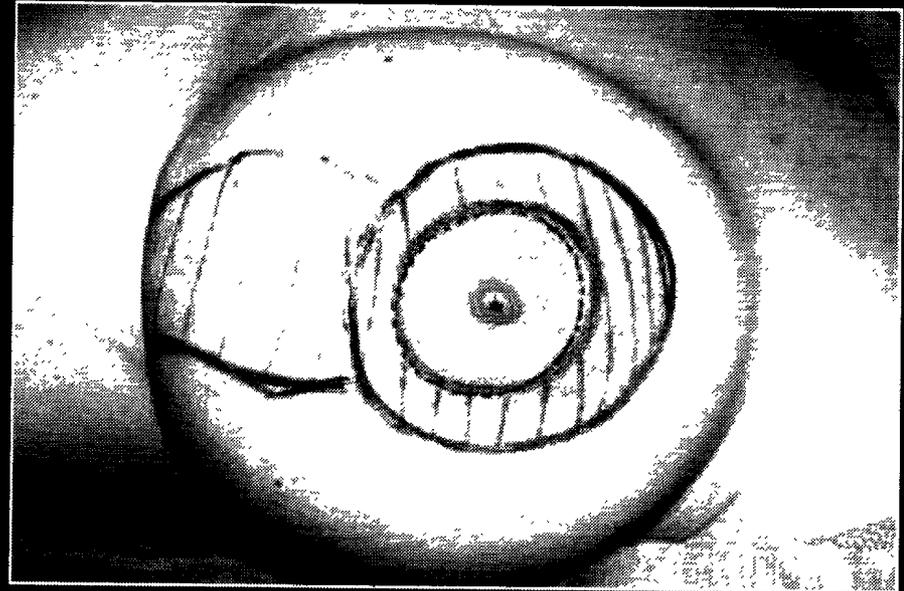


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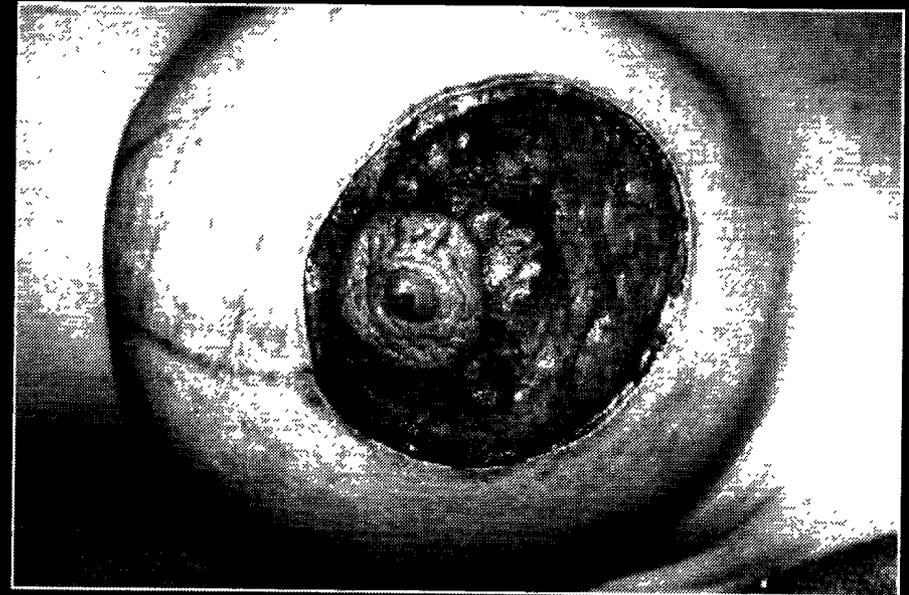
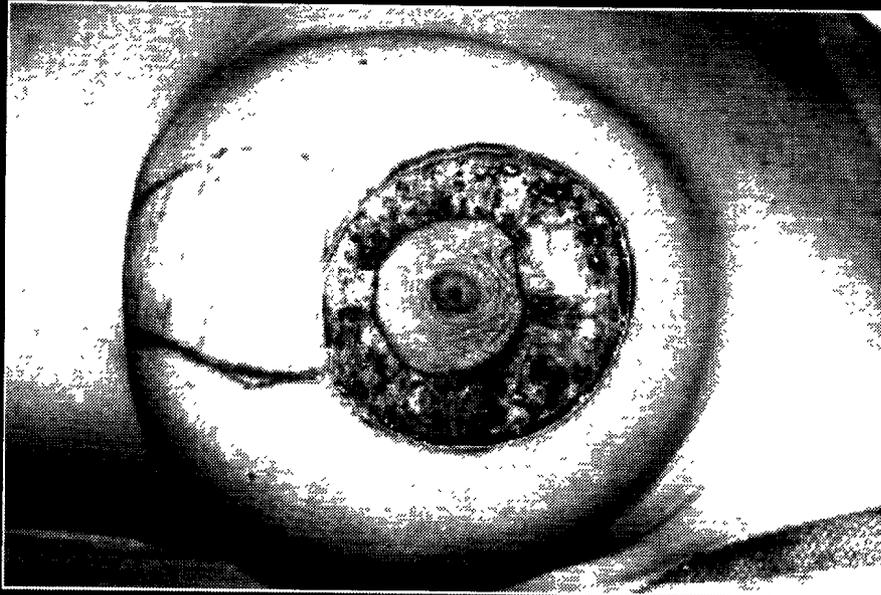
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# Augmentation Mastopexy



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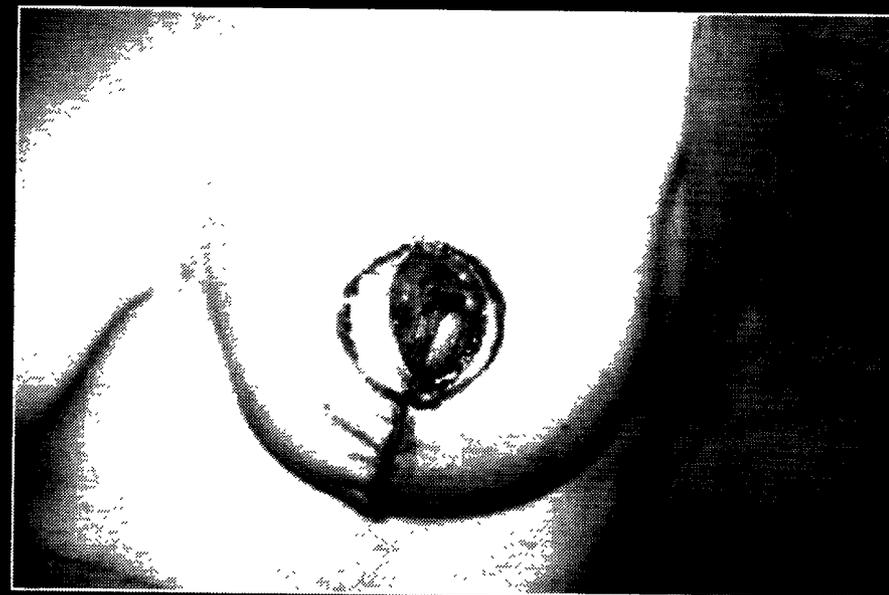
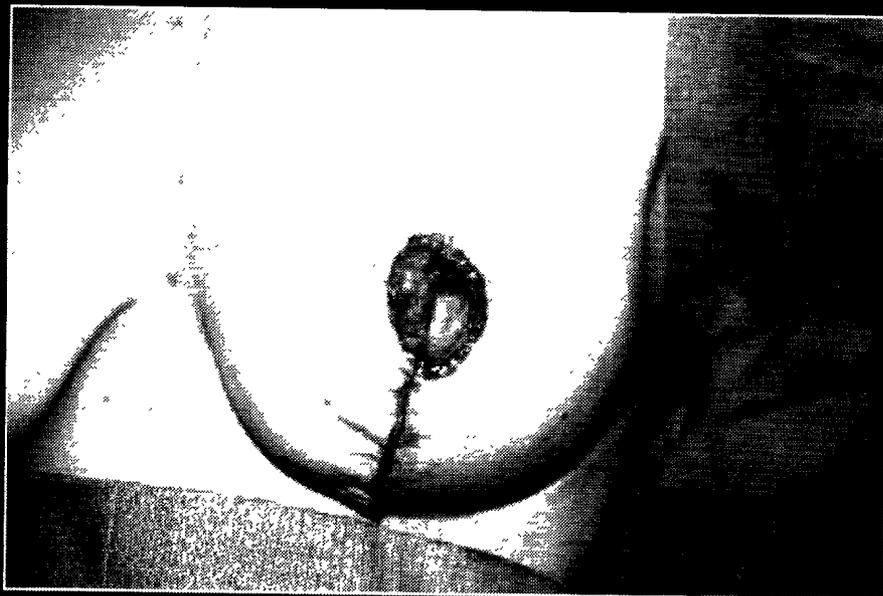


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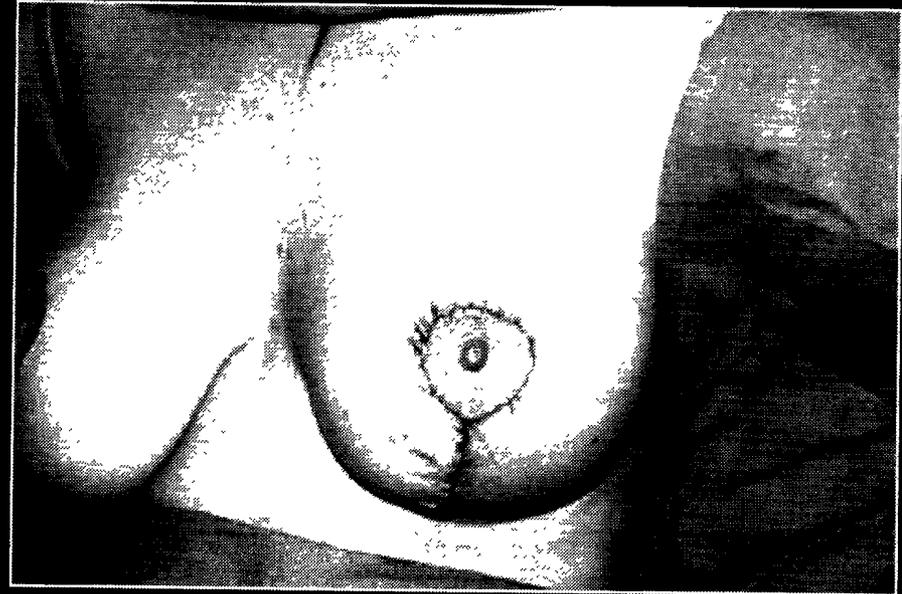
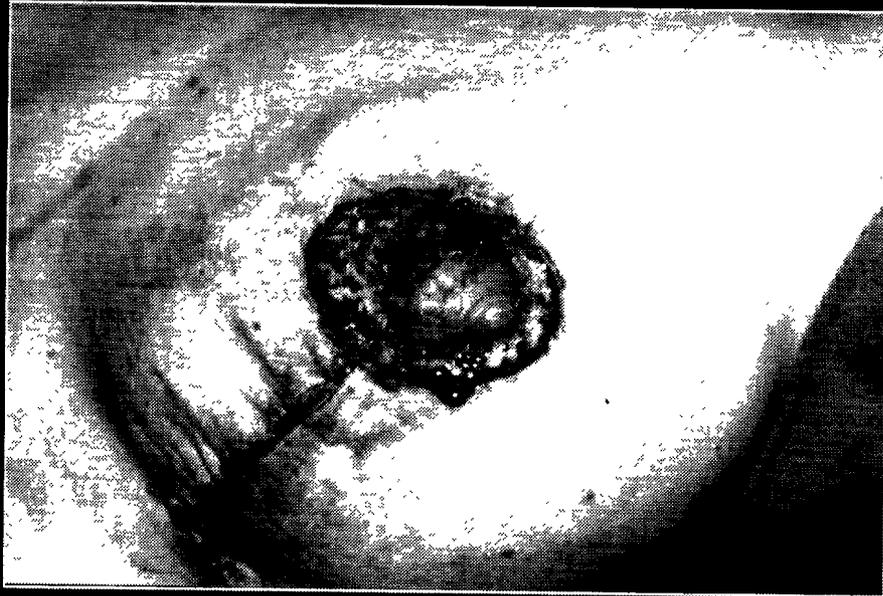
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# Augmentation Mastopexy



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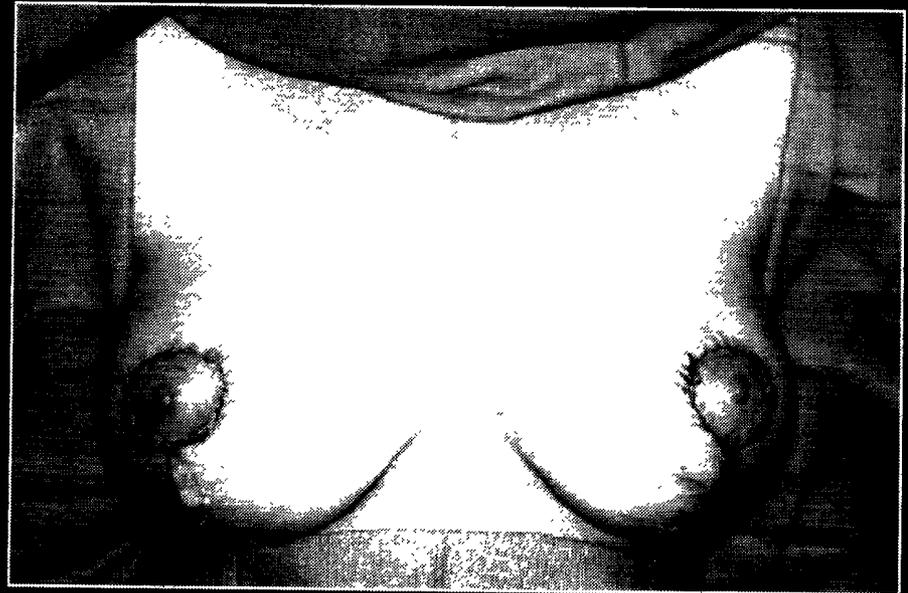
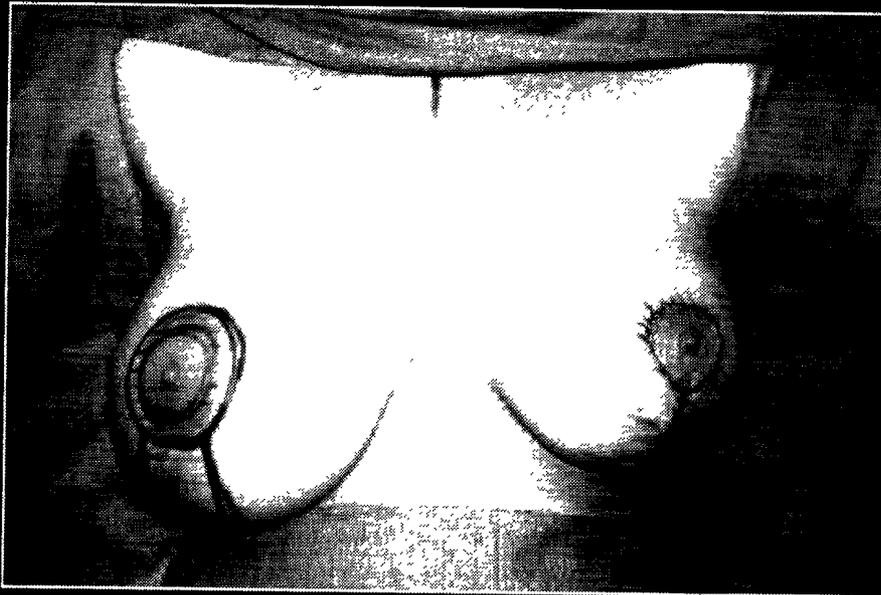


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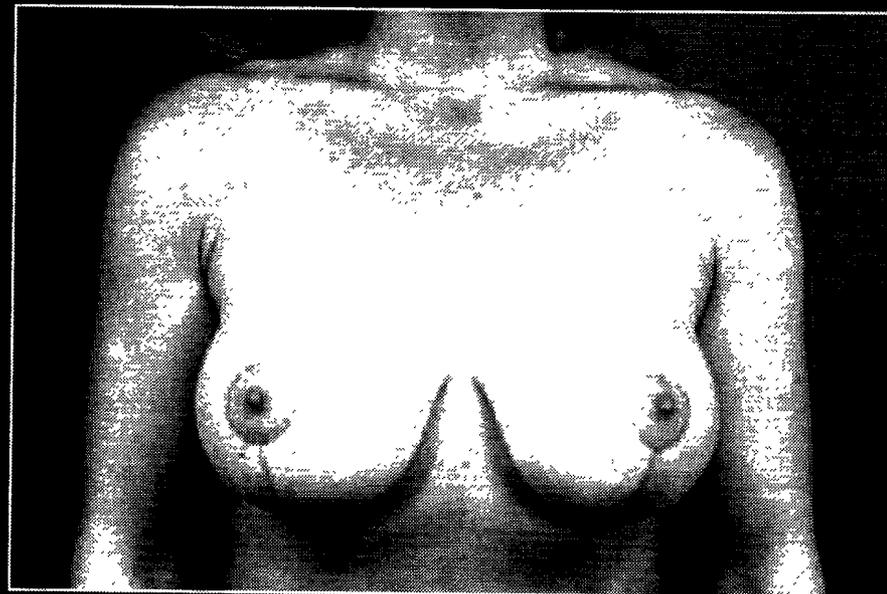
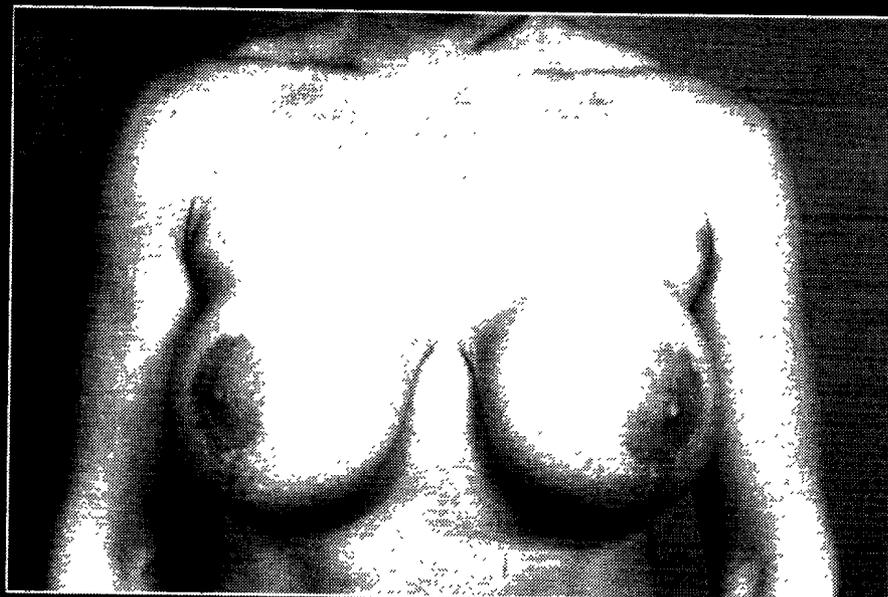


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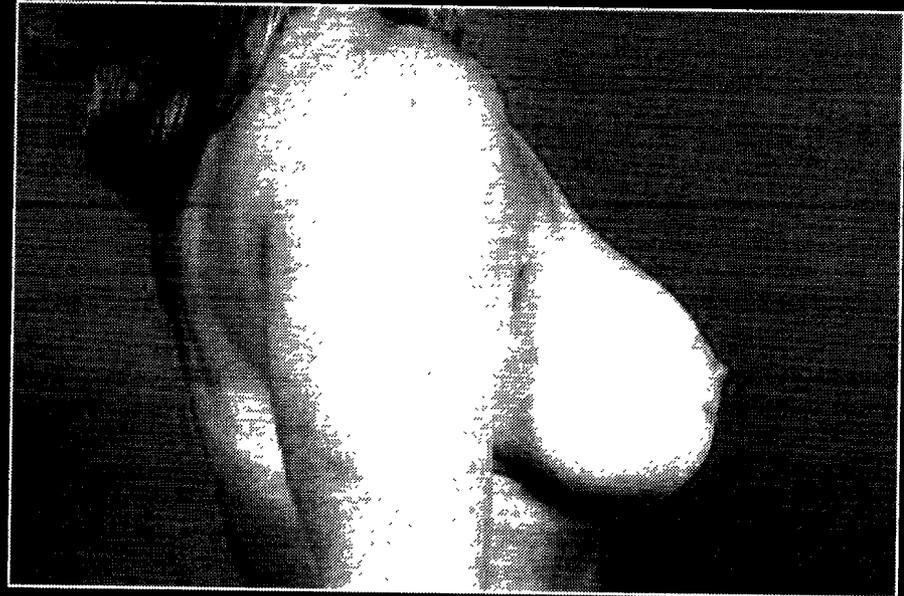
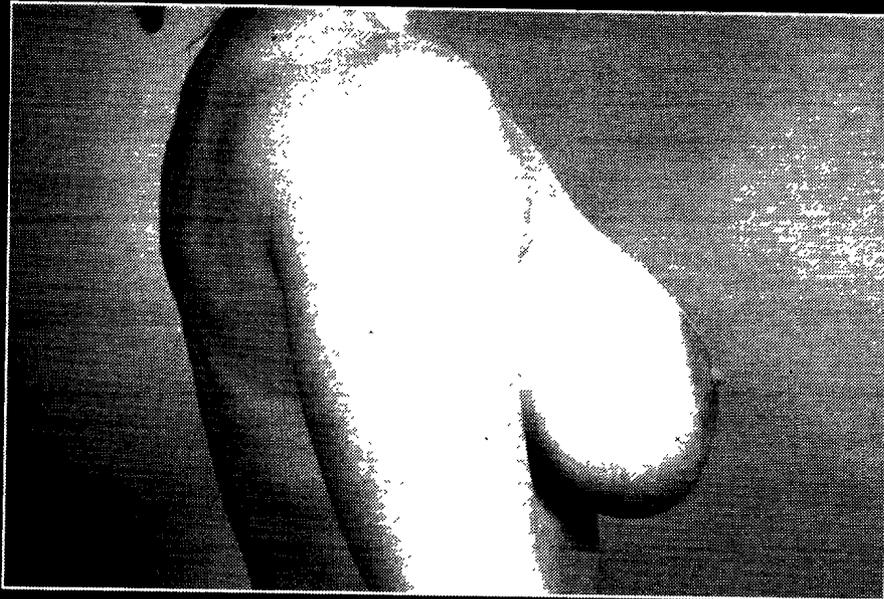
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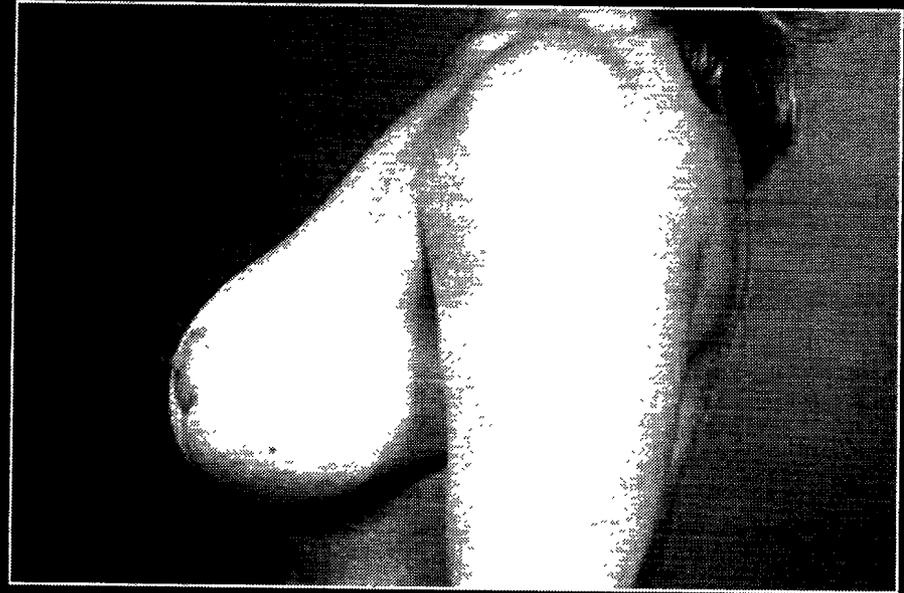


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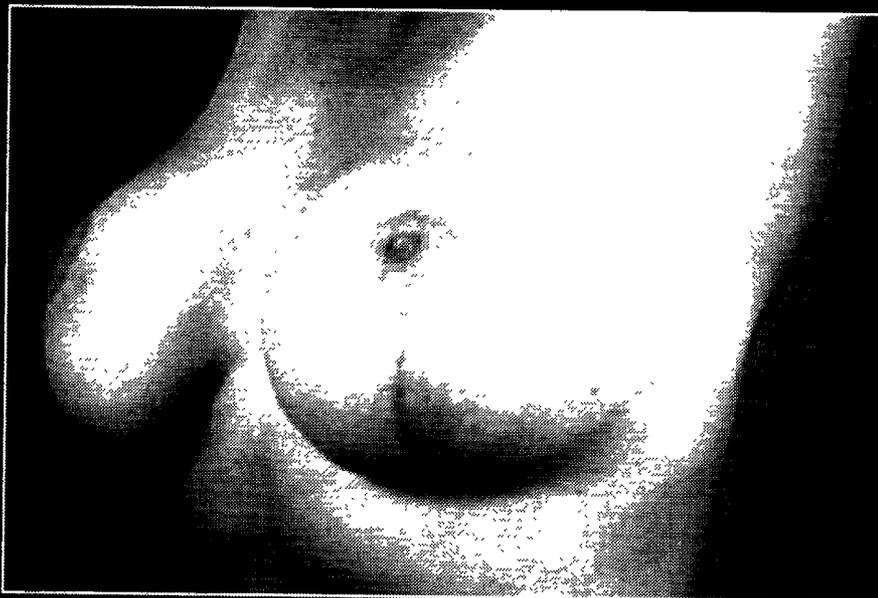


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# Augmentation Mastopexy



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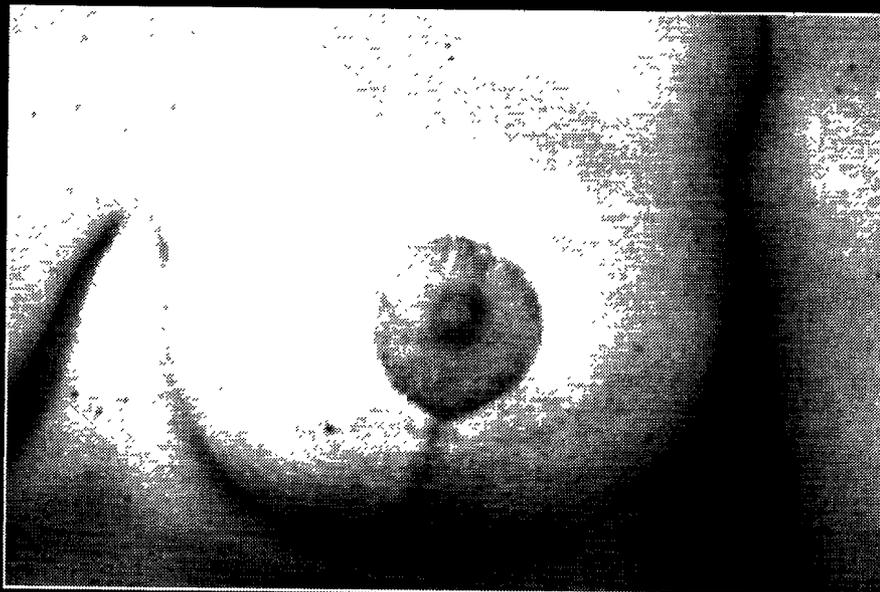
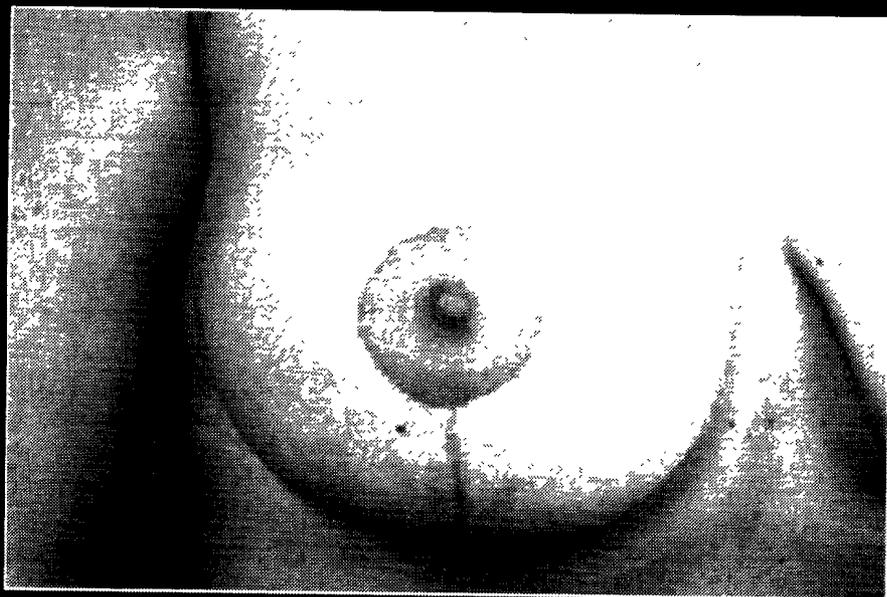


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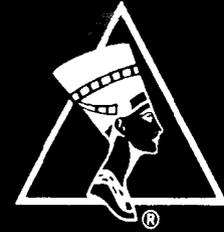
# Augmentation Mastopexy



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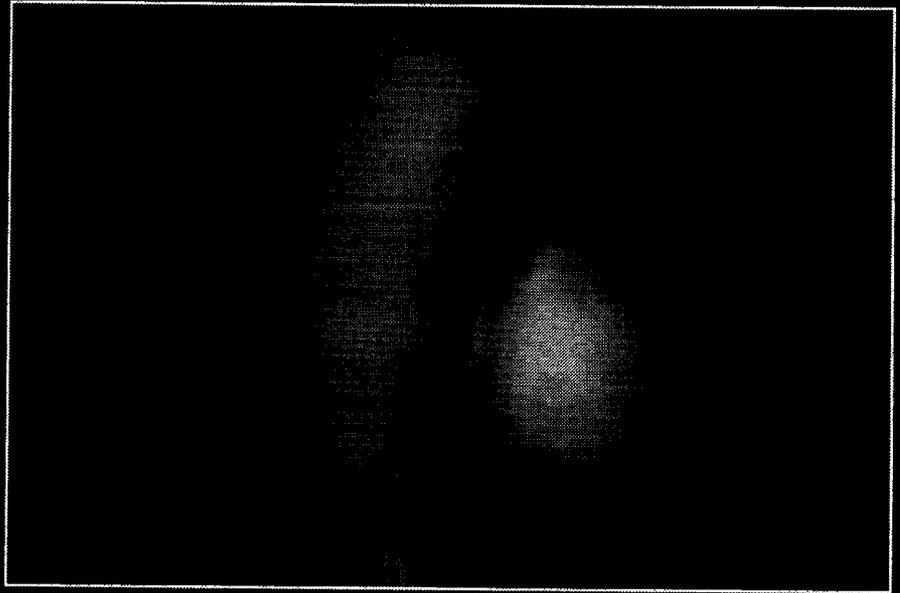
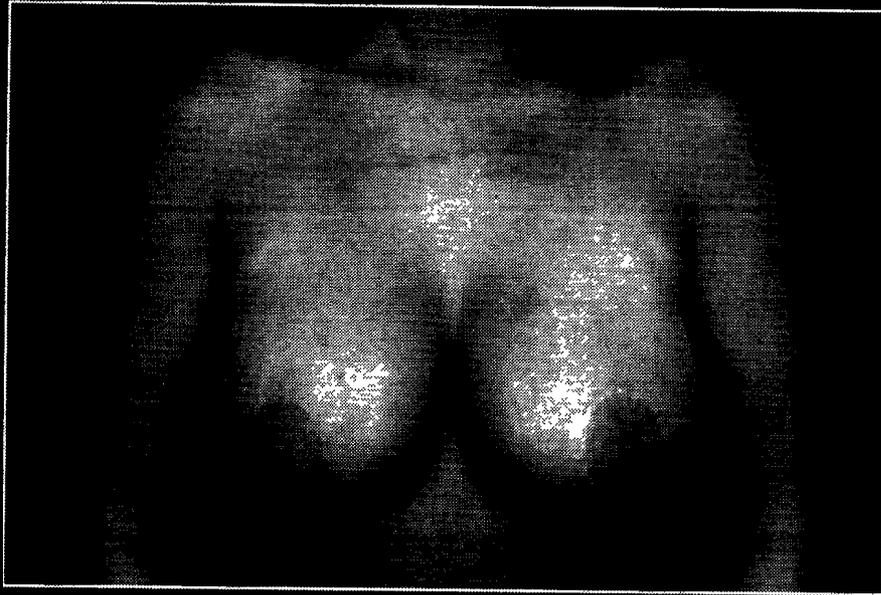


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# *Augmentation Mastopexy Cases*

## Implant/Breast Mismatch

# Augmentation Mastopexy



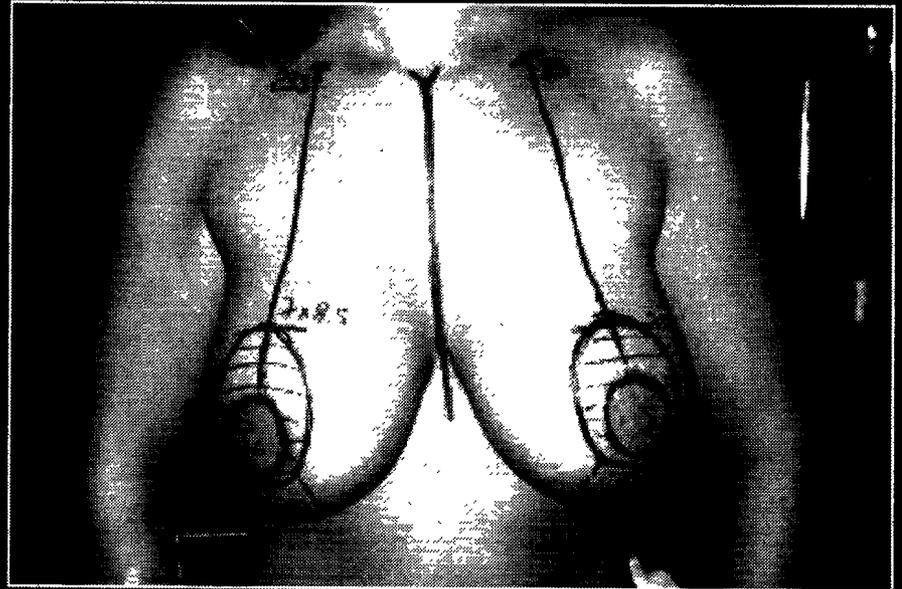
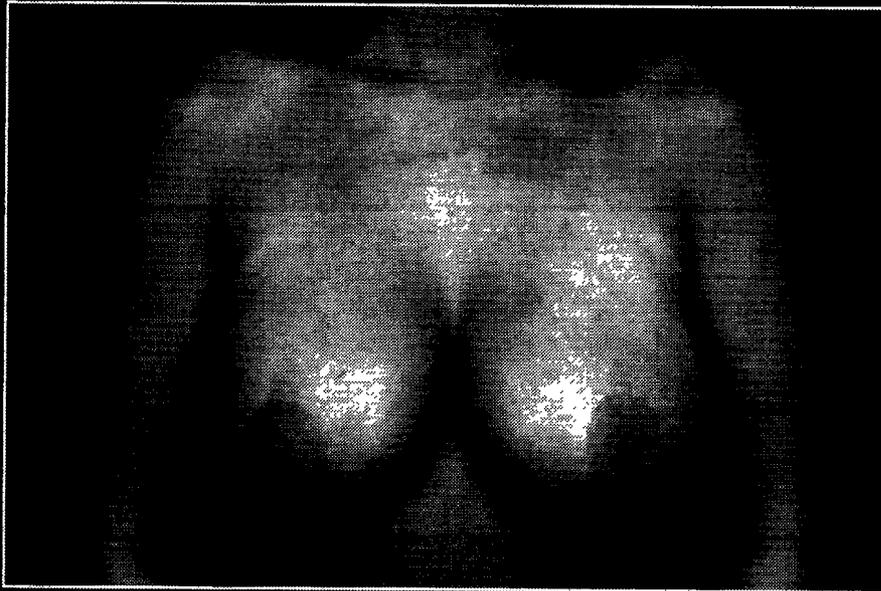


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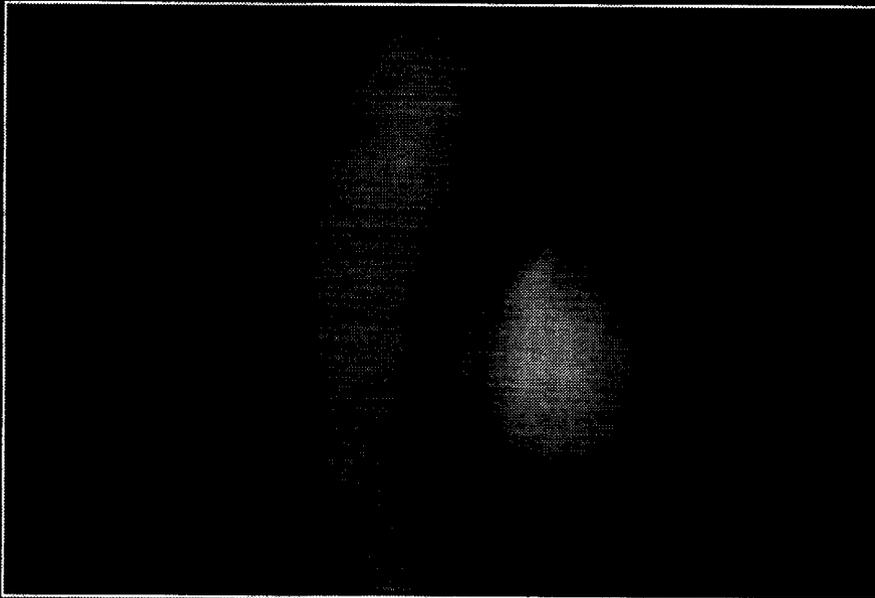


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# Augmentation Mastopexy



# Augmentation Mastopexy





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Thank You!