

COSMETIC SURGERY

Alexandra Breast Lift

After a pregnancy, breastfeeding and weight loss or as a result of age-related changes in the skin, most women will experience that their skin loses its elasticity. This causes their breasts to lose their natural shape and firmness, and they begin to sag – more in some women than in others.

By supporting the breast with a mesh placed under the skin as a kind of hammock, the breast will keep its shape for considerably longer. Skin is only removed around the nipple, thus avoiding an 'anchor-shaped' scar.

The procedure is only suitable for implant sizes of up to around 300 ml. If you want breast augmentation surgery in connection with a breast lift, the Alexandra Breast Lift is a well-suited procedure for a more durable result.



Preliminary examination

Before deciding on a breast lift with insertion of a mesh, you will attend a preliminary examination by one of our plastic surgeons.

We recommend that you read this guide before the consultation and that you write down your questions so that you remember to ask them at the preliminary examination.

It may be a good idea to bring a friend or family member with you to the preliminary examination, as there is much information for you to keep track of. It is important that you feel secure.

At the preliminary examination, we will discuss your wishes, and the plastic surgeon will examine you. Based on this, the plastic surgeon will explain your options to you, and we will decide together whether an Alexandra Breast Lift is the right choice for you.

You will be thoroughly informed about the procedure, the expected postoperative course as well as possible adverse effects and complications.

Mammography

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

Expectations

The result of cosmetic surgery is not permanent. The natural aging process of the body continues and will change the result over time. How quickly the body ages varies from individual to individual and depends on hereditary factors, smoking and sun exposure etc. It is also important to bear in mind that the surgery is connected with a certain risk of complications (see the end of this leaflet) and that the final result cannot always meet your and the plastic surgeon's expectations and wishes.

If you are highly overweight/underweight, there is an increased risk of complications in connection with anaesthesia and surgical wound healing. If your BMI (Body Mass Index) is above 30, it is therefore not certain that we can offer you surgery.

Booking of surgery

The preliminary examination with the plastic surgeon is obviously non-binding. This means that you may change your mind, and that you can go home and consider the situation before deciding whether you want to have surgery. In accordance with the Danish Act on Cosmetic Treatments, you cannot undergo surgery until one week after the preliminary examination.

Preparation

Before your surgery, we recommend that you have read this leaflet and the leaflet 'General guide in connection with your surgery'.

Fasting

You will be under full anaesthesia during the surgery, and you must therefore be fasting when you arrive for the surgery.

Discontinuation of usual medication

See the leaflet 'General guide in connection with your surgery' or 'Usual medication in connection with your surgery' and consult the surgeon on this.

The skin

Whole and well-cared for skin before the surgery ensures faster and better healing of the skin postoperatively. Moisturizing creams can, for example, contribute to this.

Surgery

You are under full anaesthesia during the surgery, which lasts 4-5 hours. The excess skin around the nipple is removed in connection with the surgery. The surgery will consequently not leave an anchor-shaped scar. An implant is inserted, most often under the breast muscles. The skin is undermined over the glandular tissue, and the mesh is sutured on top of the glandular tissue, under the skin. A hole is cut in the mesh for the future nipple location. The skin is sutured together as a 'tobacco pouch' and is closed to the mesh in depth. This ensures that the scar around the nipple does not become very wide. Two drains are inserted on each side.

Local anaesthesia is given in the surgical wounds at the end of the surgery, and the wounds are sutured with dissolvable stitches. Finally, the wounds are taped, and a bandage may also be applied.

After the surgery

After the surgery, you will talk to the plastic surgeon and the nurse, who will inform you about postoperative precautions and answer any questions.

Recovery

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 the surgery. You should not lie in bed, but walk around nice and easy, with occasional periods of rest.

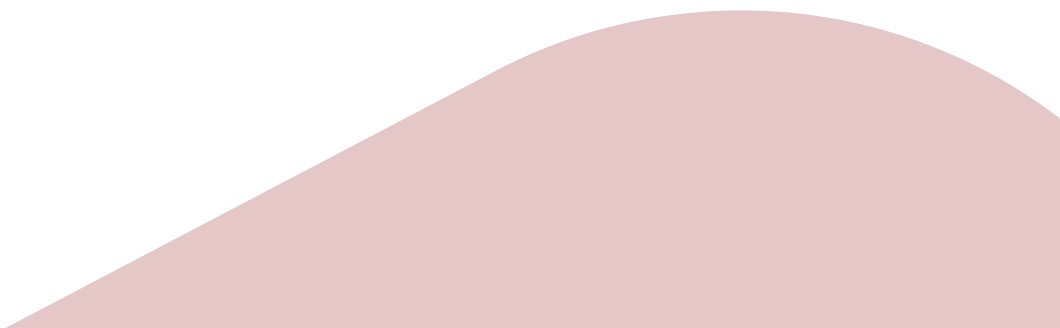
Pain

You may feel pain immediately after the surgery, and you may therefore need analgesics.

Oozing and bandaging

There may be slight oozing from the wounds. This is completely normal and does not require treatment. You will agree with the plastic surgeon how long the bandage is to remain in place.

The drains are most often removed before you go home, but you may have to keep them for a few days and then visit the outpatient clinic to have them removed.



After discharge

Pain

You may experience pain in your breasts for 1-2 weeks, with decreasing intensity from the day of the surgery. You may therefore need analgesics.

Bra

To support the scars, you should wear the dispensed bra both during the day and at night for three weeks after the surgery. Followed by another three weeks during the day. You may take off the bra when you take a bath or shower and when it needs washing. You must avoid using an underwire bra for three months.

Stitches and follow-up

After 10-14 days, you will attend a follow-up visit with a nurse in the outpatient clinic. The tape is removed, and we check the wounds/scars. Your stitches will not be removed, as the wounds have been sutured with dissolvable stitches. A couple of knot ends from the stitches may be cut off. We will talk about how you should act in future in relation to the scars, any pain etc.

You will be offered a follow-up appointment with the plastic surgeon 3-6 months after the surgery. You must yourself call to book an appointment. If you experience any problems before then, you are obviously always welcome to contact us.

Showering and hair washing

You are allowed to take a shower and wash your hair the day after the surgery (24

hours) unless you still have drains inserted or if it causes pain. However, you must not raise your elbows above shoulder height for the first two weeks after the surgery. You keep the tape on, and it will still have an adhesive effect after showering.

Tape (micropore)

You will wear tape after the surgery. It must remain on until you arrive for a follow-up visit with the nurse after 10-14 days.

We then recommend that you use tape over the scars for the first three months after the surgery. You only need to change the tape once a week or every second week. You will receive tape on discharge or when you return for a follow-up visit. You can buy more tape at a pharmacy.

Cream

You are only allowed to use cream when the wound is dry and without crusts. While you are using tape, the cream must have been absorbed by your skin before you apply the tape.

Sunlight

To have as nice scars as possible, it is important to protect the scars from sunlight and solarium for the first 12 months after surgery. We recommend protection of the scars with tape, a top or a sunscreen with min. sun protection factor 15.

Work

You may resume sedentary work after a week. You must not use your arms a lot

for the first six weeks. Remember to move your shoulders to avoid stiffness.

Driving

You must not drive until you can react normally in any given situation. You must no longer be using strong analgesics. You must always wear a seat belt regardless of whether you are driving or a passenger.

Walking and cycling

You may go for walks whenever you like. Cycling is allowed after six weeks.

Swimming

You may swim approximately 4-6 weeks after the surgery, but only when there are no visible wound crusts.

Running, aerobics, gymnastics and sports

We recommend that you wait until six weeks after the surgery.

Lifting/carrying

We recommend that you lift max. the equivalent of two litres of milk in each arm for the first six weeks after the surgery. You should not raise your elbows above shoulder height for the first six weeks after the surgery.

Sleeping positions

We recommend that you do not lie on your stomach for approximately four weeks after the surgery. It must not hurt. You may lie slightly on your side. Use a pillow against your back for support, if necessary.

Expectations for the first weeks after the surgery

- You may have difficulty getting into and out of bed for the first couple of days. It would therefore be nice for you to have someone to help you.
- There may be swelling and discolouration (ecchymosis) in the area. This is to be expected and will disappear again.
- You may experience itching and prickling as well as possibly stinging in the scars.
- You may experience sensory disturbances in the area.
- You may experience brief 'shooting pain' in your breasts.

Possible adverse effects and complications

Asymmetry

Many women have asymmetric breasts by nature. In some cases, this asymmetry may be reduced in connection with breast lift surgery, while the asymmetry remains unchanged in other cases. Even without prior asymmetry, there is a small risk of an uneven result. However, it is rare for such an occurred asymmetry to require correction.

Scars

The surgical scars will typically be red and swollen, but this will decrease within 6-12 months. Over time, the scars will often become narrow and bright, but, in some women, the scars may become wide and dark pigmented.

Nipple sensitivity

There may be reduced nipple sensitivity after the surgery, but the sensitivity will often be regained after a few months. However, the reduced sensitivity will be permanent in some women.

Breastfeeding
It is not certain that you will be able to breastfeed after the surgery. If you have lost sensitivity of your nipples in connection with the surgery, one of the effects may be that you cannot breastfeed.

Postoperative bleeding

In rare cases (less than 1%), postoperative bleeding may occur. This may require new surgery. Postoperative bleeding often results in discolouration in the following



weeks, but it does not ruin the permanent result. We cover all costs connected with this.

Infection

All surgery entails a risk of infection, and although this is rare in connection with a breast lift (less than 1%), it may occur. It requires antibiotic treatment.

Signs of infection are redness, heat, swelling, throbbing pain, general affection and possibly fever.

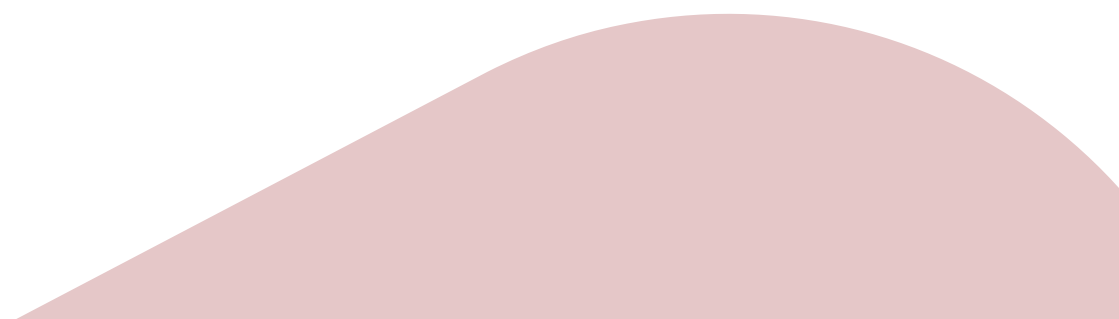
If you are a smoker or overweight, the risk of infection is greater.

Tissue necrosis

Postoperative tissue necrosis is rare, but may occur. Tissue necrosis means that the skin loses its blood supply and dies. If this

concerns superficial parts of the skin, it may often heal through good wound care, but, in case of deeper tissue damage, the dead tissue must be cut off. Tissue necrosis most often occur among overweight women and smokers.

In rare cases, tissue necrosis may affect the nipple and the coloured part around the nipple. In these cases, we can recreate the nipple with a reconstruction, which will, however, be visible and permanent.





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