

Information leaflet for people who are considering undergoing a breast lift.

Bey By Bergman Clinics – April 2022

In this leaflet, you will read information about breast lifts: why and when to undergo the procedure, the consultation, the preparation, the surgery, the period after the procedure, the result, and lastly, the complications and risks that may arise. Your personal situation and options for treatment can only be discussed during a personal conversation. This leaflet serves as preparation and/or addition to your conversation with the plastic surgeon.

Why and when

Pregnancy, weight loss and the natural ageing process can cause breasts to sag and droop. There is often no or insufficient volume in the upper part of the breasts. The nipples often droop too. All this can result in you no longer feeling satisfied with the external appearance of your breasts in relation to the rest of your body. In addition, the weight of the sagging breasts can cause physical discomfort, such as neck and back pain. If you are experiencing any of the problems listed above and if they bother you, you may have good reason to consider treatment. A breast lift may be a good option for you.

During a breast lift, the excess skin is removed, the nipple is moved upwards, and the breast tissue is remodelled. This returns the breast to its original firm shape. The top part of the breast does not increase in volume after a breast lift. A breast lift can also be combined with breast augmentation surgery to make smaller breasts look fuller. In such cases, a breast prosthesis (implant) is inserted in the breast. It is almost always possible to lift and enlarge your breasts simultaneously, but if you want, the augmentation surgery can be performed at a later stage.

Consultation

During a non-binding consultation with the plastic surgeon, you will have the opportunity to discuss your wishes and complaints. The doctor will examine your breasts and discuss with you whether a breast lift will sufficiently resolve your problem. Next, all your questions will be answered and you will receive the most detailed possible information about the preparation, the procedure, the expected result and the possible complications. After all, you may be disappointed with the result if you go into the procedure with the wrong idea. If the surgeon is not convinced that your problem can be adequately resolved, he/she will discuss this with you, as well. Where possible, the doctor will suggest a different solution (for example performing a lift in combination with internal reinforcement, or performing a breast lift procedure first, followed by breast augmentation surgery at a later stage). If you wish, the doctor can refer you to a colleague for a second opinion.

Please be aware that cosmetic surgery is not covered by health insurance. Whether or not the costs of medically necessary surgery are covered by your health insurance company depends on the criteria set by the insurance company for this particular procedure. For more information on these criteria, consult your health insurance company and/or the terms and conditions specified in your policy documents. Please note that the specialist cannot deviate from these criteria. Rules regarding what is and is not covered by health insurance are subject to change.

Your own responsibilities prior to your surgery:

You should observe a number of preparations in the period prior to your surgery, such as:

- **Stopping blood thinners (anticoagulants):**

You may need to stop taking your blood-thinning medication prior to the surgery. The plastic surgeon will inform you about this. In addition, you will attend a pre-operative screening with the anaesthesiology assistant several weeks prior to your surgery, in which your health and the medication policy will be discussed. This included a discussion of which blood-thinning medication you need to stop using (temporarily). If your prescribing physician does not approve the temporary discontinuation of blood-thinning medication, then the scheduled surgery cannot take place at Bey by Bergman Clinics.

- **Submit your general medication overview (GMO):**

If you are using medication, this overview can be obtained from your pharmacy. You can also give us permission to share your medication details via the National Exchange Point.

- **Submit the signed Informed Consent Form:**

You will receive this form once your surgery has been scheduled.

- **Pay the invoice according to the terms of payment*.**

ALCOHOL POLICY:

- No alcohol for 48 hours before surgery and 2 weeks after surgery.

SMOKING POLICY:

- Smoking has a negative effect on wound healing.
- No smoking for 4 weeks before surgery and 4 weeks after surgery.

NAIL VARNISH POLICY:

- There is no need to remove nail varnish, gel nails or acrylic nails prior to the surgery.

DRUGS POLICY:

- Use of drugs like XTC, methamphetamine, heroin or cocaine must be stopped at least 1 week before surgery. This can otherwise cause severe heart rhythm disorders during the operation or reduce the effect of anaesthetics. This does not apply to prescription amphetamine use for AD(H)D.
- The same rules as for smoking apply to cannabis.

FASTING POLICY:

- Please refer to the anaesthesiology leaflet for the fasting policy.

Good idea to purchase before the surgery:

- Paracetamol 500 mg, 2 tablets 4x daily
- Naproxen (Aleve) 250 mg 2x daily, if necessary (reduce this pain medication before paracetamol)
- Pantoprazole (gastric protector) 20 mg 1x daily (with use of Naproxen)
- Cotton sanitary pads
- Non-sterile gauze

The surgery

- The plastic surgeon often marks the area of skin on your breasts that needs to be removed just before surgery.
- You will then be placed under general anaesthesia and the surgical field will be disinfected and covered with sterile drapes.
- The procedure can be performed in various ways. This depends on the size of your breasts. You will have received extensive information about the most suitable option for you prior to the surgery.

- For small amounts of excess skin, the nipple and areola will be partially detached. This ensures that a good blood supply is maintained. Next, only the skin along the margin of the areola is removed. The nipple can remain in position. The wound is sutured.
- For large amounts of excess skin, the nipple and areola will also first be partially detached. Next, the skin surrounding the areola and along the underside of the breast will be removed. The remaining tissue will be remodelled to form a 'new' breast. The nipple will be moved up in the process and the wound will be sutured.

Any existing difference in size between the left and right breast can be corrected to the maximum extent possible by removing more breast tissue from the larger breast, or by enlarging the smaller breast with an implant (prosthesis). Alternatively, both breasts can also be augmented with implants if they lack volume. Sometimes a drain is left behind in the breast(s) during the surgery. This is a tube attached to a vacuum bottle, to suction off any excess blood or wound exudate. The removed breast tissue is sent to the pathologist for examination, to check for any abnormalities. Once you are allowed to go home, somebody must accompany you home. You must not drive a vehicle yourself. We also recommend that you do not spend the first 24 hours after the procedure alone.

After the procedure

You will experience some pain after any procedure. This is normal. The breasts will feel painful and swollen on days 2 and 3, meaning that the pain will be most severe on these days. You can take the prescribed pain medication for this pain.

Recovery period

Starting from the day after the surgery, you may:

- Sleep on your back or side.
- Shower on a daily basis at home.
- Use sanitary pads or non-sterile gauze for any oozing of the wound. Please contact the clinic if prostheses have been implanted.
- Mobilise according to the pain, listen to your body.
- Increase your activities further each day
- You can start driving and cycling 2 weeks after surgery (this depends on your healthcare insurance company)
- Sauna, bath, swimming pool and exercise after 6 weeks.

You will be fitted with a sports bra after the surgery.

You should wear these:

- Day and night during the first 2 weeks
- During the day in weeks 3 and 4
- As required in weeks 5 and 6, you can also wear an underwire/push-up bra then

You will need to use SPF 30 sun cream to protect the scars against the sun during the first year. Ask your specialist about any restrictions in your travel plans after your procedure.

You will visit the nurses and the specialist for check-ups after the surgery. We want to remind you that it is important for you to attend these follow-up appointments. This allows the nurse and the medical specialist to monitor the progress of your recovery. They can also offer advice if you have any questions regarding the information provided above.

The result

Sometimes the breasts do not achieve their final shape immediately. The tissue needs time to heal properly and achieve their final shape. The final result of the breast lift can by and large be evaluated after twelve weeks. A breast lift often results in a smaller cup size. The breast volume usually remains the same, because sagging breasts often result in a larger bra size.

After the breast lift, you will have scars that will always remain visible. These scars will become less visible over time. The location and the size of the scars depend on the shape of your breasts and the amount of excess skin that has been removed. In general, the following applies:

- A small amount of skin has been removed: the scar runs along the margin of the areola (circular scar).
- A bit more skin has been removed: the scar runs around the areola and under the nipple, down towards the fold below the breast (vertical and circular scar).
- A large amount of skin has been removed: the scar runs around the areola, vertical under the nipple, and ends horizontally in the fold below the breast (anchor-shaped scar).
- It is impossible to predict how the scars will heal. The scars will initially be fiery and red. The scars will fade over time. The final state of the scars depends – among other factors – on your skin and your predisposition to forming scar tissue.

A breast lift does not make it harder to examine your breasts using X-rays (mammogram) or by physical examination for (possible) lumps in the breast. The surgery does not increase the risk of developing a malignant breast condition. Most women are satisfied with the result of the breast lift. Unfortunately, the result is not always permanent. Pregnancy, weight loss and the natural ageing process can cause breasts to sag again. If this happens, you can consider repeating this procedure. Perhaps you are not satisfied with the result, for example because you had different expectations. Please be sure to mention this.

Complications and risks

The plastic surgeon always invests a great deal of time, care and personal attention in your treatment. However, complications do unfortunately occur: no procedure is entirely free of the risk of complications. The normal risks of surgery – such as thrombosis, pulmonary embolism, post-op bleeding and wound infection – also apply to this surgery. Specific complications can also occur:

- The most common complication after a breast lift is post-op bleeding (a risk of 1% to 2%). This will result in extra swelling and pain. A post-op bleed usually occurs within the first hours after the surgery. If a post-op bleed occurs, then you will require further surgery to remove the excess blood and to stop the bleeding.
- Sometimes an infection develops: the breast becomes red and warm to the touch and you will develop a fever. You must contact us if this happens.
- The blood circulation in the wound margins may also be inadequate. Very rarely this can result in the tissue and even (a part of) the nipple dying.
- You may experience temporary reduced sensation in your nipples. This will recover over time, but the recovery is not always complete if the nipple has been moved over a larger distance.
- Due to high tension in the tissue, the wound under the breast can open spontaneously in some places about one or two weeks after the surgery. These wounds will heal spontaneously over the course of four to eight weeks.
- Some of the milk ducts leading to the nipples can be severed during the surgery. As a result, you may not be able to breastfeed after the surgery. The milk production will need to be stopped during any future pregnancy and delivery, in order to prevent congestion of the breasts. Please inform your midwife, GP or gynaecologist of this.
- It is not possible to guarantee that the breasts will be one hundred percent identical (symmetrical).

Always contact us after surgery in the following cases:

- A hole in the wound area with wound exudate leaking out (even without fever). For a breast lift in which implants have also been inserted
- Significantly increased swelling of the wound or the surgical area

- Pain, if the pain medication does not help or the pain even increases
- Redness and swelling of the wound
- Feeling ill and/or a fever, above 38°C (measured via the anus)
- Persistent nausea
- Acute tightness across the chest
- Acute pain in the leg, possibly with swelling
- Being unable to urinate, whilst drinking normal quantities
- Concerns or doubts

We can be contacted for emergencies 24 hours per day, via +31 (0)88 9000 567.

For non-urgent matters, please call +31 (0)88 9000 535 during office hours.

More information

If you have any further questions after reading this leaflet, you can ask your plastic surgeon to answer these questions at any time. You can schedule an appointment for a consultation. You can contact the clinic on telephone number +31 (0)88 9000 535 about this.

Complaints and privacy regulations

Bey by Bergman Clinics has complaints and privacy regulations in place. A copy of these regulations can be obtained from our locations and on our website www.beyclinics.nl.

Cooling-off period

Bey by Bergman Clinics acts according to the guidelines of the NVPC and thus implements a 'cooling-off' period. This is the time between the first consultation in which the treatment is proposed and the decision to continue with the treatment. We implement a cooling-off period of one week for a cosmetic surgical procedure.

Terms and conditions of payment*

The first instalment of 25% of the treatment costs must be paid within 5 days after receipt of the invoice. The remainder of the treatment costs should be received by us no later than 4 weeks prior to the surgery date. Cash payments are only possible following agreement with your consultant.

If your surgery has been approved by your healthcare insurance company, then you are responsible for reading the terms and conditions of your insurance policy to check that they will reimburse 100% of the costs of your surgery.

Cancellation policy

You must cancel your surgery in writing. Cancellation within 3 weeks prior to your surgery will result in costs already incurred to the sum of 25% of the costs of surgery being billed to you. Cancellation within 48 hours prior to the agreed date of surgery is only permitted in the case of absolute and demonstrable force majeure. In all other cases of non-insured care, you will be billed for 100% of the agreed treatment costs. In the case of a treatment that is reimbursed by your healthcare insurance company, your treatment cannot be rescheduled at Bey by Bergman Clinics. The aforementioned cancellation policy also applies if the surgery cannot be performed due to failure on your part to fulfil your responsibilities as listed in this leaflet.

Finally

This leaflet serves as preparation and as a supplement to the conversation with the plastic surgeon and as a 'reference' for the period after the surgery. However, such a description can never apply completely to each individual situation. Plastic and aesthetic surgery is not an exact science; this written information should in no way be construed as a guarantee for the course of events and the result of your procedure.