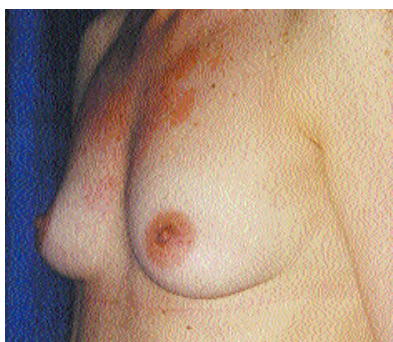


# ENHANCING *Ageing Breasts*

Sophie Gordon asks Sydney plastic surgeon **DR MARK KOHOUT** about alternatives available to a woman wanting firmer breasts.



BEFORE

The major problems associated with ageing breasts are drooping and sagging. Typically with age, the position of the nipple changes relative to the rest of the breast. It becomes lower positioned than it was in youth and can fall under the level of the breast fold. The other problem is shrinking away (involution) of actual breast milk producing tissue. This results in a scooped out appearance of the upper part of the breast.

A misconception exists that breastfeeding is the major cause of breast sagging. According to Dr Mark Kohout, a Sydney plastic surgeon who has treated hundreds of older breasts, breast-feeding is not to blame. Pregnancy is the number one cause of flattening breasts.

“During pregnancy, engorgement of the breast occurs and hormonal changes soften connective tissue, including the ligaments that hold up the breast”.

So what procedures are available to the woman wanting to restore perkiness in her breasts?

“Individual assessment is important and the procedure that is selected



AFTER breast surgery by Dr Kohout

depends on the overall configuration of the breast,” advises Dr Kohout. “In the case of the breast that has simply gone flat and lost its volume with just mild to moderate drooping, the most appropriate correction would be to insert a breast implant.”

“Individual assessment is important and the selected procedure depends on the breast.”

The breast augmentation does two things. It replaces any volume that has been lost with ageing and elevates and rotates the nipple to a more youthful position.

An augmentation will only help a breast where the nipple is above the level of the breast fold. For an extremely droopy breast, the simplest procedure is a mastopexy (breast lift). In that procedure two things happen: the nipple is elevated to a higher position on the chest and the breast envelope is decreased. Some skin is

removed, resulting in a firmer and perky post-operative breast.

“As a rule, the breast augmentation is a less invasive procedure with just a pocket being made and a prosthesis being inserted,” says Dr Kohout. “In mastopexy there is always some tissue excision (removal of skin and breast tissue) and the scars tend to be longer.”

Most breast augmentation patients will be back at work within a week of their procedure and some within a few days. A mastopexy may take a week or two to recover from, depending on how much tissue has actually been removed.

What are the risks involved? The biggest potential risk of a mastopexy is unfavorable scarring. The initial risks of a breast augmentation are infection and bleeding during or immediately after the procedure. “Further down the track there is a potential risk of asymmetry between each breast and a capsular contraction (where scar tissue actually squeezes the implant out of shape),” acknowledges Dr Kohout.

Providing it is not too large (out of aesthetic proportion with the rest of the body) an implant should last indefinitely, sometimes for life. The results of a mastopexy should last for a number of years but the ageing process will begin again and eventually some droopiness will reoccur.

For the woman who wants perkier, firmer breasts, augmentation alone or combined with a mastopexy, depending on the degree of droop, can be successful options. **ACSM**