

Skin only / Minimal tissue excision using superomedial pedicle in larger breast mastopexy

Presented at the American Academy of Cosmetic Surgery meeting, Las Vegas, February 2022

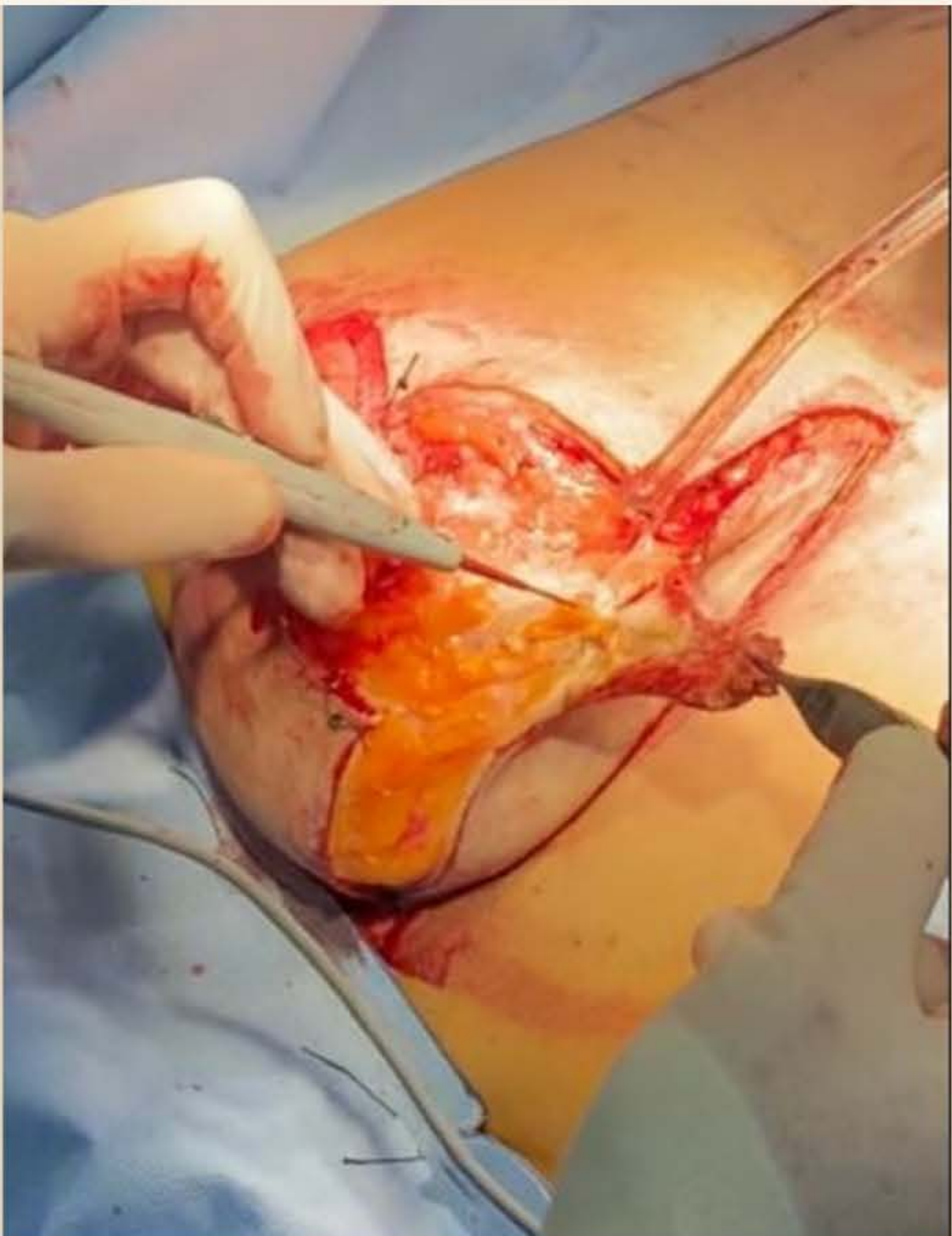
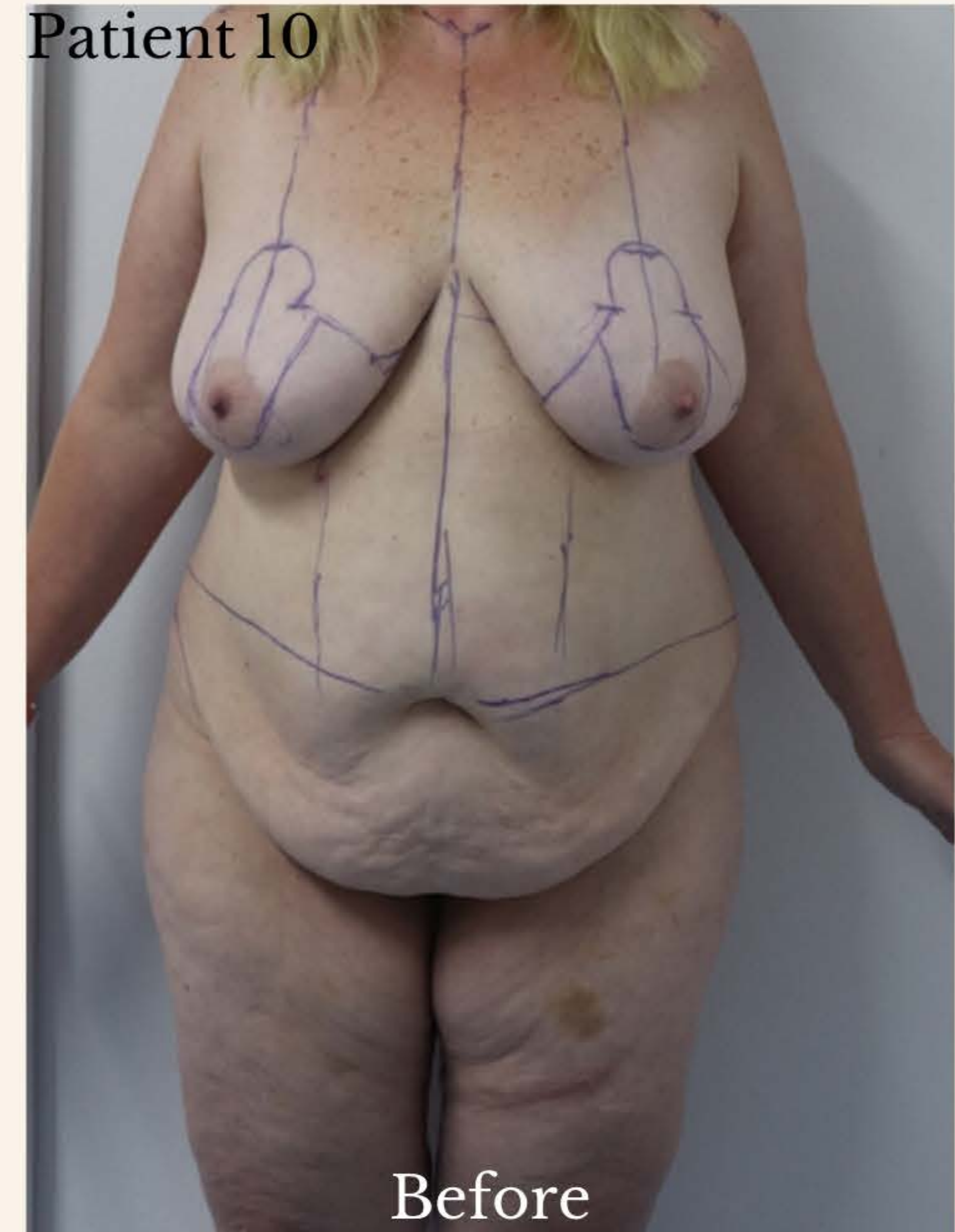
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We demonstrate a selection of cases exhibiting minimal tissue excision mastopexy where the aim in the mastopexy is to conserve breast tissue to maintain volume whilst still achieving significant elevation of the nipple areolar complex.

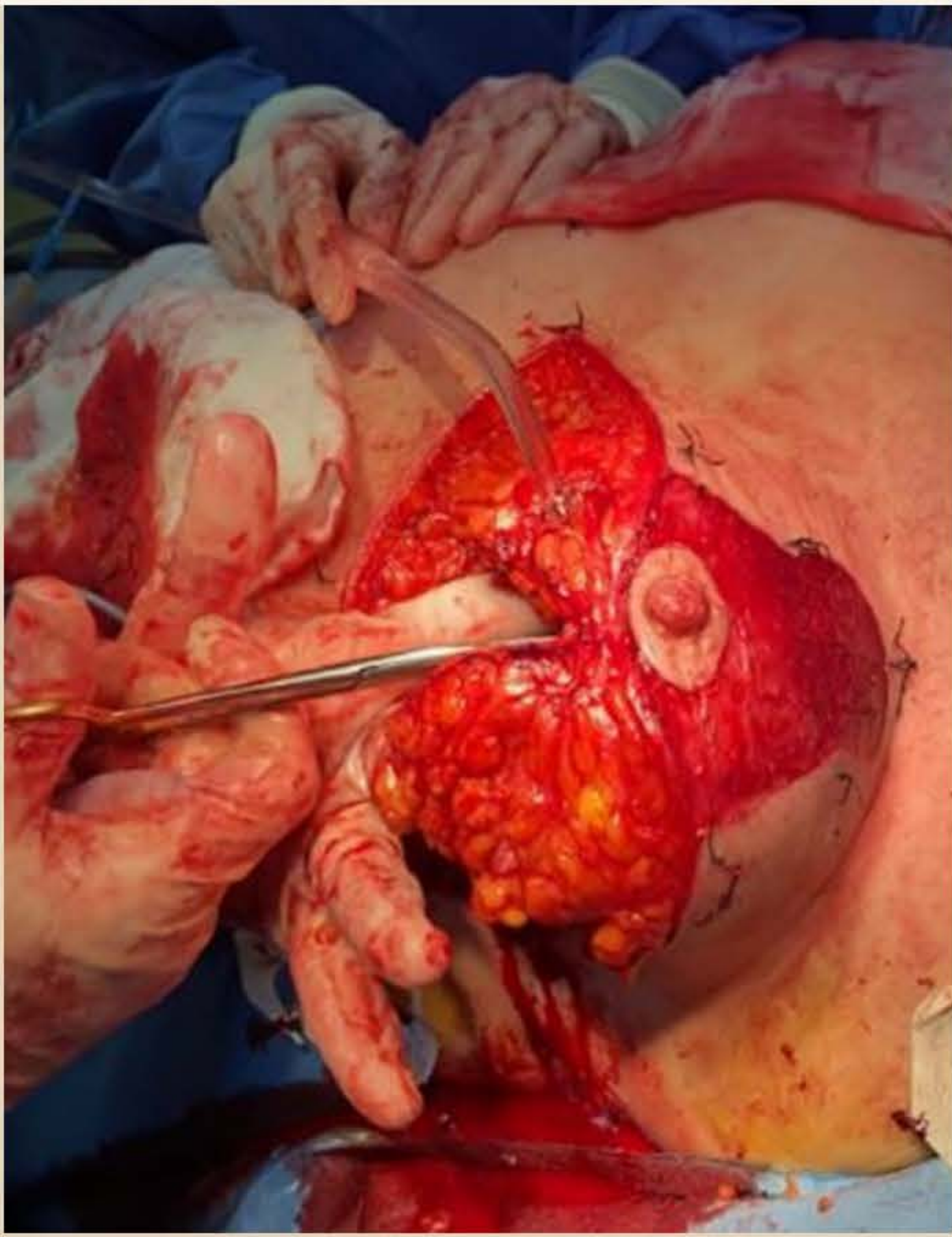
Data of 10 recent superiomedial pedicle mastopexy patients

Name	Age at Operation	Tissue L	Tissue R	Total Tissue	L Base Width	R Base Width	L - SN to NAC	R - SN to NAC	L - N to IMF	R - N to IMF
Patient 1	42yo	270g	150g	420g	270mm	270mm	24cm	24cm	150mm	135mm
Patient 2	36yo	24g	10g	34g	225mm	225mm	26cm	24.5cm	60mm	65mm
Patient 3	52yo	358g	278g	636g	280mm	295mm	29.5cm	28cm	115mm	110mm
Patient 4	50yo	154g	197g	351g	270mm	270mm	28.5 cm	31cm	80mm	80mm
Patient 5	57yo	300g	260g	560g	290mm	300mm	30cm	28cm	130mm	130mm
Patient 6	40yo	180g	222g	402g	250mm	250mm	31cm	33cm	100mm	100mm
Patient 7	51yo	476g	524g	1000g	300mm	290mm	32cm	32cm	135mm	135mm
Patient 8	44yo	90g	81g	171g	240mm	240mm	27cm	28cm	80mm	80mm
Patient 9	49yo	525g	400g	925g	280mm	290mm	34.5cm	33.5cm	150mm	140mm
Patient 10	47yo	90g	150g	240g	280mm	285mm	32cm	31.5cm	130mm	130mm

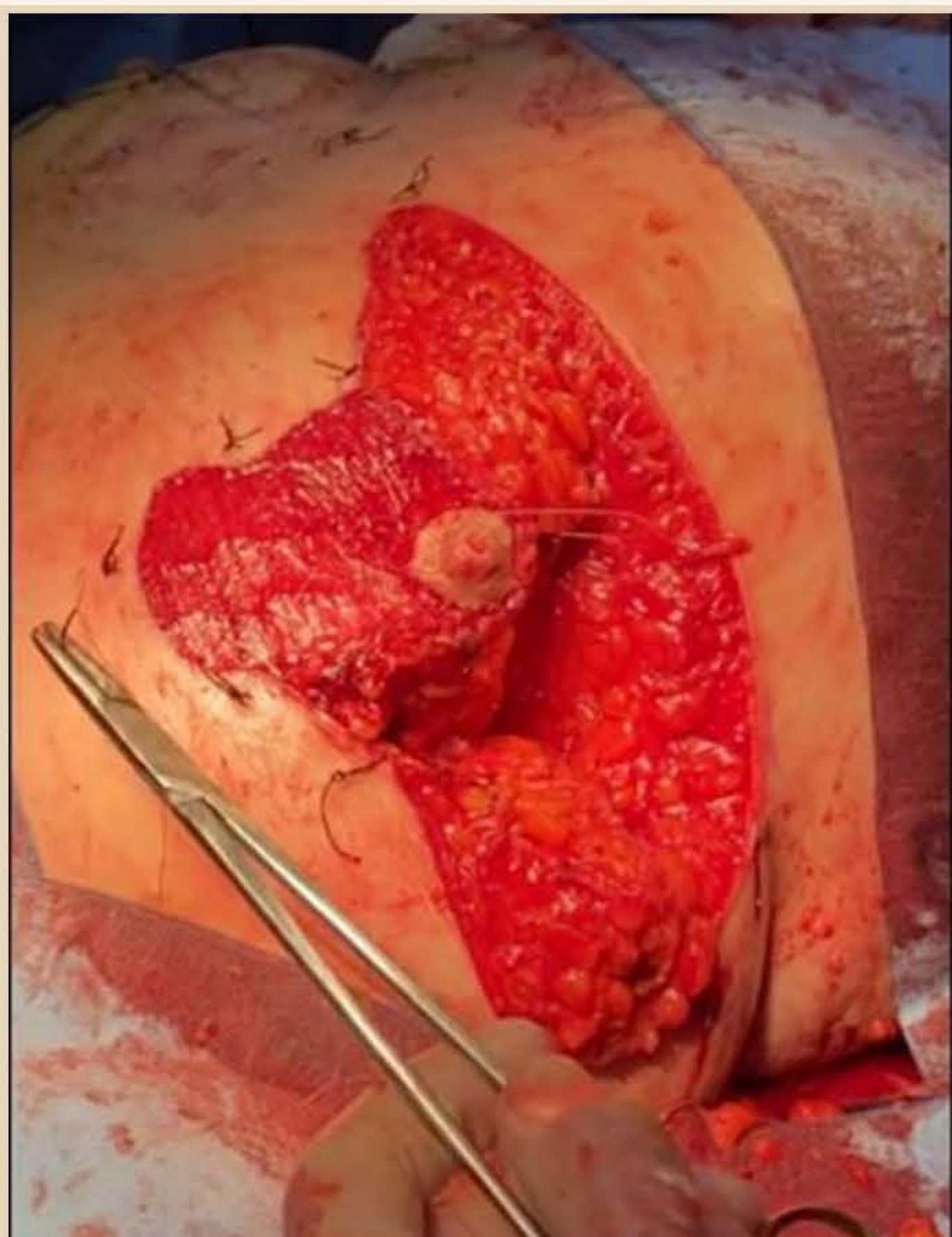
Large Sternal notch-NAC distances can be accommodated in this technique. In cases 4, 6, 8 and 10, the distances are around 30cm. Larger volume resections can also be resected which are demonstrated in the table as required in the superiomedial pedicle technique, where the emphasis is on attempting to conserve as much tissue as possible, or reducing cup size.



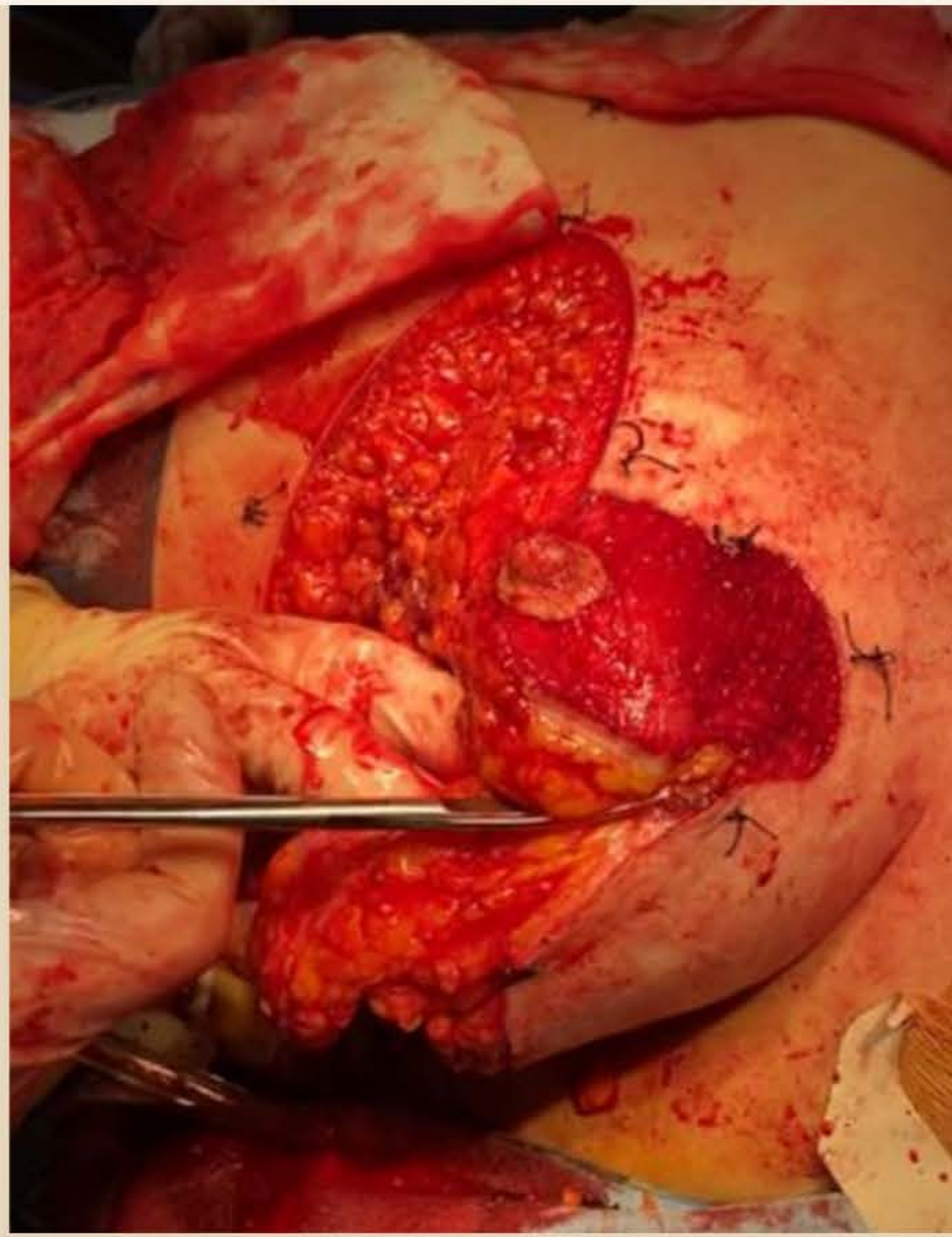
The technique - Wise pattern skin only resection superiomedial pedicle shown in a similar patient.



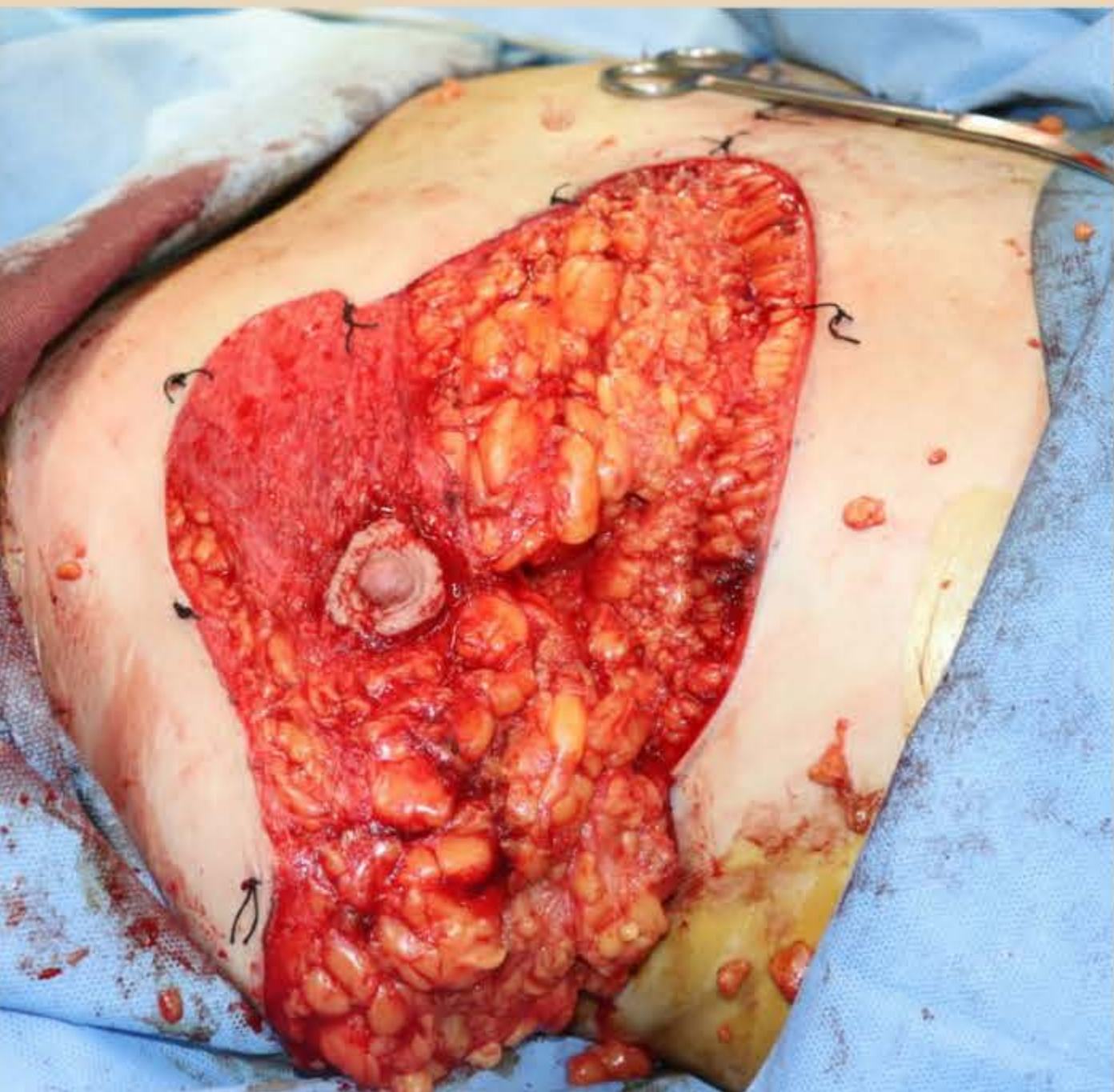
Keel type dissection, undermining whole breast bluntly. Incise keel producing medial and lateral poles.



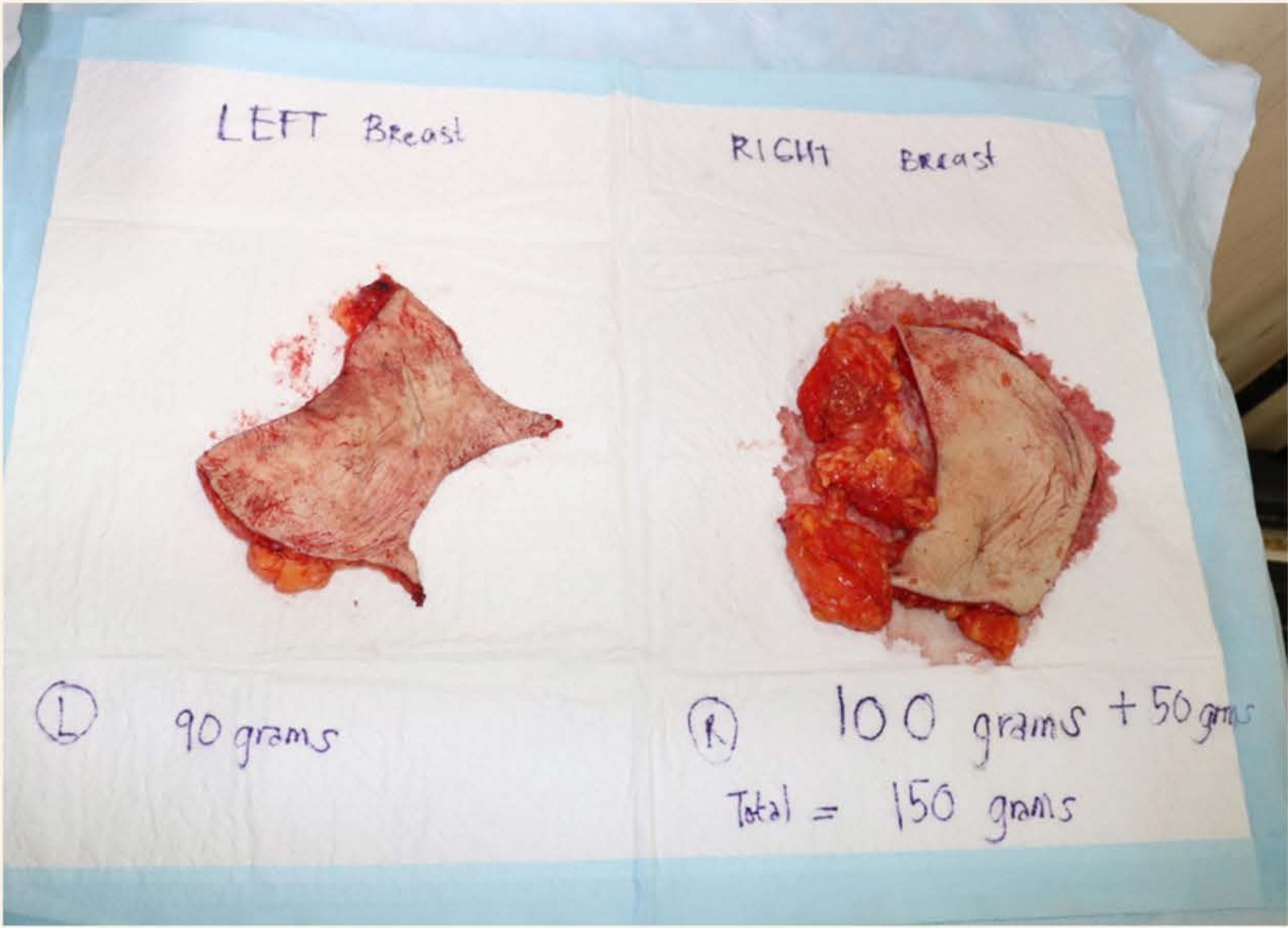
Continue the keel incision laterally and superiorly around superomedial pedicle, up to 12 o'clock position if necessary in order to mobilise NAC.



Appose the medial and lateral elements and rotate the NAC into position using tension sutures to approximate. At this stage, excess tissue can be resected if required or the extension of the keel excision around the peri areolar NAC /pedicle can be extended (as seen above) to enable rotation of the pedicle.



Patient number 10 has had a concomitant radical abdominoplasty ,breast closure seen left ,above and right.



Note that essentially in this case that there has been a skin only resection with 90 grams resected in the left breast and 150 grams in the right breast to give a mastopexy with minimal tissue excision.

