Breast Lift, Implant Safe Together

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A combined mastopexy and augmentation -– preferred by many women seeking breast plastic surgery -- is as safe as doing the two procedures separately, according to a retrospective, single-center analysis.

The overall re-operation rate was 23.2%, including 13.3% for tissue-related and 9.9% for implant-related reasons, according to Michael Bradley Calobrace, MD, and colleagues at Calobrace Plastic Surgery Center in Louisville, Ky.

The tissue-related re-operation rate was similar to the 10.2% seen in a series of patients who had just a breast lift, Calobrace and colleagues reported in the January issue of *Plastic and Reconstructive Surgery.*

The simultaneous procedure is preferred by many women because it is cheaper than two separate operations and has fewer risks, the researchers noted.

But they added that the double procedure is technically more challenging, and some critics have suggested it increases the risks while decreasing certainty about the final result.

To help clarify the issue, they analyzed 430 consecutive mastopexy operations performed in their center over 5 years, including 332 that included a simultaneous augmentation.

The 98 mastopexy-alone cases were evaluated for comparison.

Among the 332 simultaneous operations, they reported:

- 235 were primary cases and 97 were secondary cases.
- The overall complication rate was 22.9%, including 20.4% in the primary cases and 28.9% in the secondary cases.
- Tissue- and implant-related complication rates were 15.1% and 7.8%, respectively.
- The most common complications were capsular contracture, poor scarring, and recurrent ptosis seen in 13, 11, and 11 patients, respectively. They were also the most common indications for re-operation, at 11 for each one.
- There were no deaths, pulmonary embolisms, deep venous thromboses, or major tissue losses of any type.

Of the 98 mastopexy-only procedures, 75 were primary cases and 23 were secondary, Calobrace and colleagues reported. The complication and re-operation rates were 12.2% and 10.2%, respectively – roughly comparable to the tissue-related rates in the simultaneous procedures.

The researchers noted that re-operation rates for implant-related reasons, published by two major implant suppliers, were between 19% and 24%, higher than 9.6% seen in the 332 simultaneous procedures they carried out.

Taken together, the data suggest, they argued, that "the re-operation rate of combining the two procedures is not more than additive when compared with published values."

In addition, they noted, staging the two procedures creates an immediate 100% re-operation rate, in addition to the rates for each procedure separately.

"With appropriate patient selection and a carefully planned operative approach," they concluded, "our data demonstrates a one-stage procedure can be safely performed with acceptable complication and re-operation rates."

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