

MASTOPEXY TECHNIQUE FOLLOWING EXPLANTATION UTILIZING A UNIQUE LATERAL DERMOGLANDULAR FLAP FOR BREAST RESHAPING

NARGES L HORRIAT MD¹, BRITTANY CORDER BS¹, PAMELA BROWNLEE DO², JARED DAVIS, MD¹, STEPHEN DAVIDSON MD³

¹ University of Mississippi Medical Center, Division of Plastic and Reconstructive Surgery, Jackson MS

² North Texas Plastic Surgery, Dallas TX

³ Plastic and Hand Associates, Face and Body Center, Flowood MS

NARGES L HORRIAT, MD

SESPRS MEETING

JUNE 11-15, B 2022



The Face & Body Center
of PLASTIC AND HAND SURGERY ASSOCIATES

DISCLOSURES

- **I have no personal or financial disclosures or conflicts of interest**
- **Patient consent has been obtained for use of all photographs and videos**



BACKGROUND

- **Increased awareness of Breast Implant Illness (BII)**
- **Explantation is becoming increasingly popular**
- **Most women with BII desire explantation with complete capsulectomy**
- **May leave the breast deflated, with excess skin and thin atrophic breast tissue**



BACKGROUND

- **The main goal in aesthetic breast surgery is a well-shaped, conical breast**
- **Mastopexy is the main technique for addressing skin excess and nipple position**
- **Auto-augmentation and fat grafting are adjuncts for creating shape and adding volume, respectively**



AIM

We describe our surgical approach to explantation and breast reshaping and present a step-by-step outline of our mastopexy technique



IMPORTANT PRINCIPLES

- **Repositioning of the nipple-areolar complex**
- **Repurposing of the lateral breast tissue as a medialized dermoglandular flap for improved contour**
- **Redefining the lateral breast and inframammary fold**

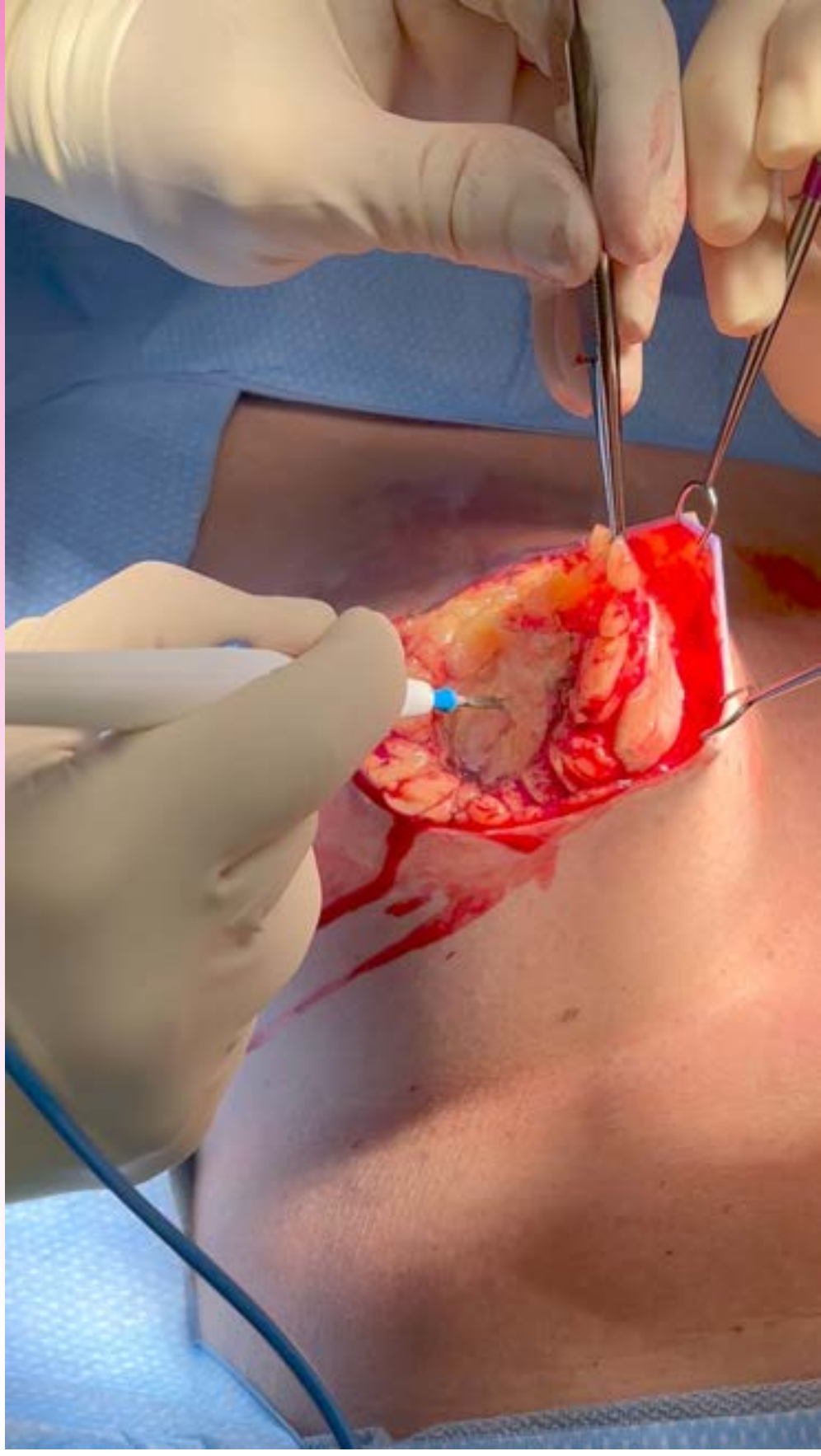


SURGICAL STEPS

- 1. Mark the new nipple position**
- 2. De-epithelialize and develop superior medial pedicle**
- 3. Determine inferior/lateral tissue excess and mark it with a lazy S vertico-lateral incision**
- 4. De-epithelialize the marked flap and dissect down to the implant**
- 5. Elevate the inferior edge of the pectoralis muscle for subpectoral implants**
- 6. Dissect out implant/implant capsule and remove implants with with complete capsulectomy**
- 7. Place drain in the pocked and close the lateral breast gutter with 2-0 Nurolon**
- 8. Sweep and advance the lateral dermoglandular flap and inset medially**
- 9. Redefine the IMF with 2-0 Nurolon**



SURGICAL STEPS



SURGICAL STEPS



RESULTS

- **62 women between 2019 and 2021**
- **Retained lateral breast shape and volume**
- **Improved medial fullness**
- **Lifted nipple areolar complex**
- **Complications: 2 hematomas, 1 seroma, 2 Nurolon suture extrusion**
- **Overall, all patients reported satisfaction with the size and shape of their breasts after explantation and mastopexy using this technique**



CASE PRESENTATION

- 47 yo female, BMI 25
- Saline implants placed subpectoral 15 years prior to presentation
- Exchanged for silicone implants 3 years later
- Second exchange for textured silicone implants placed in subglandular plane with mastopexy 9 years later
- Presented complaining of BII symptoms



INTRAOPERATIVE



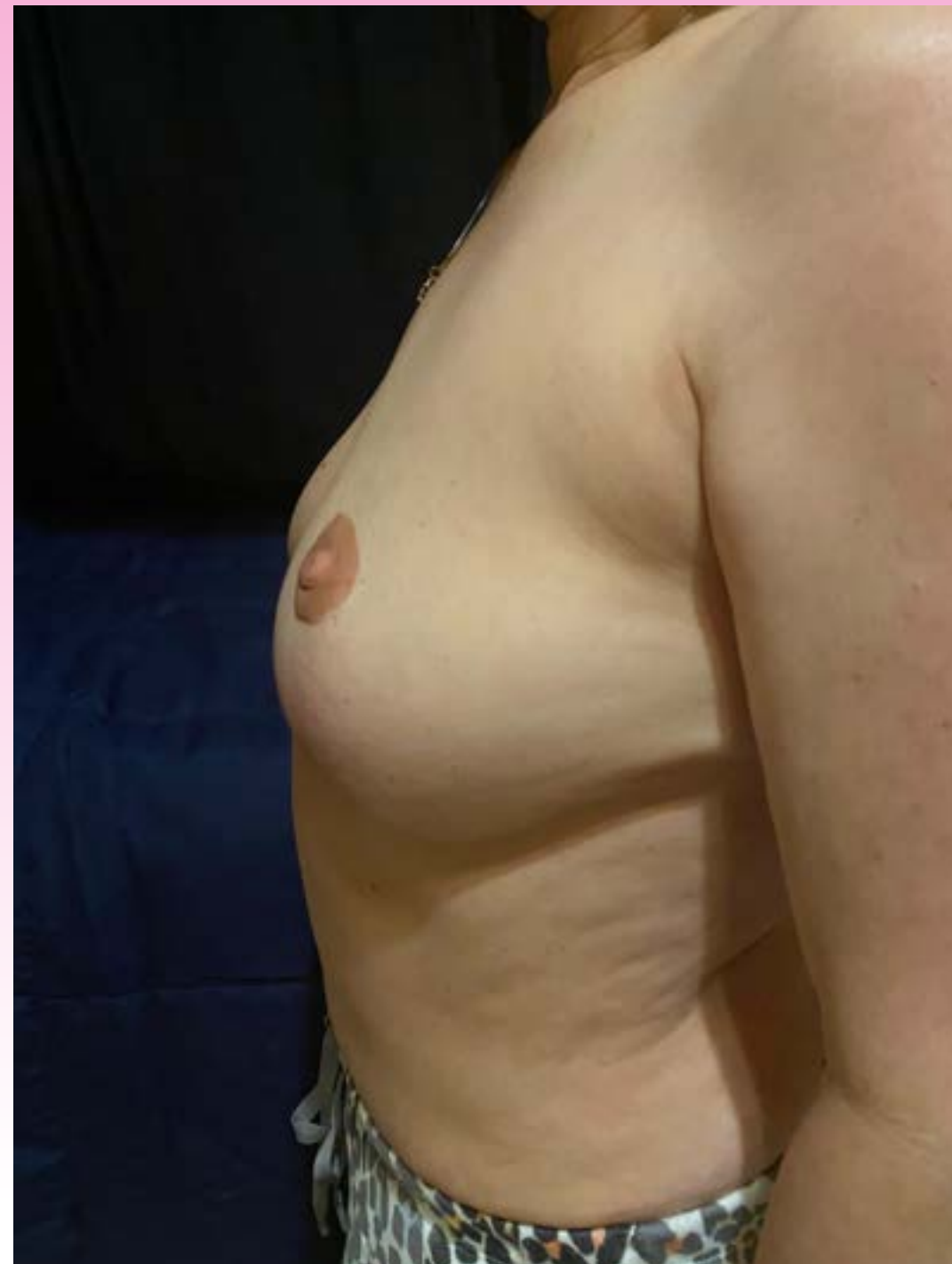
INTRAOPERATIVE



8 MO POSTOPERATIVE FOLLOW UP



3 YR POSTOPERATIVE FOLLOW UP



Preop



**3 yrs
Post op**



CONCLUSIONS

- **Breast reshaping after explantation can be challenging**
- **It is important to achieve a well-shaped, aesthetically pleasing breast**
- **We share our unique experience using this lateral dermoglandular flap and provide a detailed approach to breast reshaping after explantation**
- **Our cases demonstrate this technique, its reproducibility and longevity of the post operative outcomes**



REFERENCES

1. Rohrich RJ, Beran SJ, Restifo RJ, Copit SE. Aesthetic management of the breast following explantation: evaluation and mastopexy options. *Plast Reconstr Surg.* 1998 Mar;101(3):827-37.
2. Calobrace MB, Gabriel A. Mastopexy with Autoaugmentation and Fat Transfer. *Clin Plast Surg.* 2021 Jan;48(1):17-32.
3. Tanna N, Calobrace MB, Clemens MW, Hammond DC, Nahabedian MY, Rohrich RJ, Zhang BH, Bregman D, Perry AD. Not All Breast Explants Are Equal: Contemporary Strategies in Breast Explantation Surgery. *Plast Reconstr Surg.* 2021 Apr 1;147(4):808-818.
4. Schneider MS, Gouverne, ML, MD, Explantation and Mastopexy: The Vertical Mammoplasty Technique to Optimize Breast Shape, *Aesthetic Surgery Journal*, Volume 17, Issue 1, January 1997, p18–21.
5. Borenstein, A, Friedman, O. Combined Breast Implant Explantation and Multilevel Mastopexy Technique, *Plastic and Reconstructive Surgery - Global Open*: September 2019 - Volume 7 - Issue 9 - p e2429
6. Rohrich, RJ.; Bellamy, JL, Alleyne, B. Assessing Long-Term Outcomes in Breast Implant Illness: The Missing Link? A Systematic Review, *Plastic and Reconstructive Surgery*: April 2022 - Volume 149 - Issue 4 - p 638e-645e



THANK YOU



The Face & Body Center
of PLASTIC AND HAND SURGERY ASSOCIATES