



SECONDARY MAMMOPLASTY: HOW TO APPROACH THE SURGERY AND WHAT TO EXPECT FROM IT

Dr. Matteo Vigo

Amwaj Polyclinic, United Arab Emirates

Abstract:

Secondary mammoplasty is a revisional surgical procedure on the breast after one or more previous attempts to enhance its shape with implants. The type of surgery patients are requiring are Implant substitution, Implant removal, Implant substitution with breast lifting and Breast reduction with implant removal.

Usually patients are coming for review and assessment of the breast implant (after breast augmentation or lifting with augmentation) with a variable interval period from the first surgery (6 months – 20 years).

The main goal of the patients is the improvement of the aesthetic result. In my statistics only 10% of the patients who enquire for a check up on implants have a suspicious implant rupture, but actually less than 2% have reported a real rupture. 15% of the patients presented with capsular contracture at different stages.

I have also noticed an increasing number of requests of implant removal without replacement (BII). Breast Implant Illness is a growing phenomenon especially in the young generations and needs to be carefully assessed by the surgeon before proceeding with any treatment. Different options must be presented to the patients in order to take a joint decision on the best procedure to perform.

It is very important to obtain a detailed history of the patient (pregnancies, breast feeding, series of surgeries on the breast, traumas, etc) and if possible, assess the pre and post pictures of the previous surgeries. During the consultation it is fundamental to analyse the breast tissue and skin elasticity especially in cases of bottoming out and/or ptosis.

The surgery must be planned in details including the decision of a capsulectomy or capsulotomy, tissue and/or nipple lifting and rearrangement, size change, etc.

In case of implant exchange, I have a personal preference for round implants since it will reduce the risk of rotation



and the emptiness in the upper pole. A combined lifting is often needed or a increase in size could avoid the mastopexy. I usually recommend the use of drains especially if there is a capsulectomy planned, to avoid seromas after the surgery.

Complications can include hematoma, infection, asymmetries, recurrence of the ptosis, nipple necrosis in case of lifting, bottoming out.

Biography:

Dr. Matteo Vigo graduated in Milan in 2004 and started his residency period in Ospedale Maggiore Borgo Trento in Verona, Plastic Surgery and Burn Unit in 2005. During the years he worked in the Breast Unit Centre in Verona, he developed his skills in breast reconstructive and aesthetic surgery, together with the full spectrum of plastic surgery procedure. His Specialty degree was achieved with a work on “Total Breast reconstruction with Fat in the patient with breast implants”, with the vocation for 70/70 cum laude in 2009. Shortly after receiving his specialty degree he started working in the Aesthetic Surgery field, developing great experience especially in breast surgery, but also liposuction, face and body contouring techniques

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