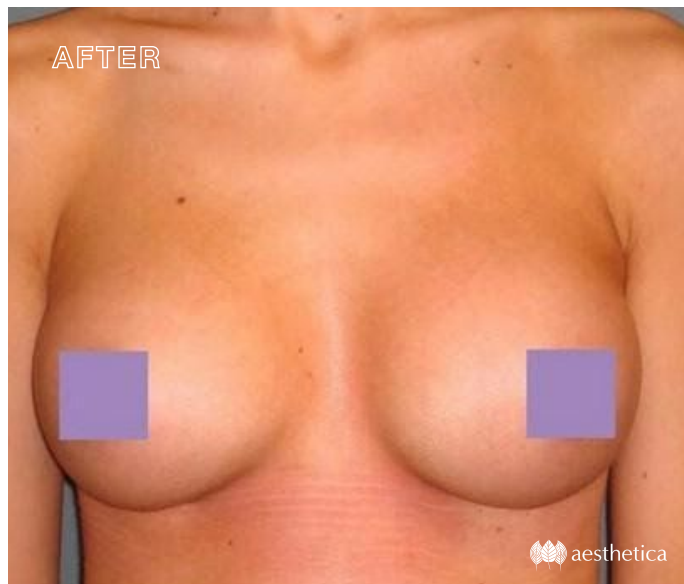
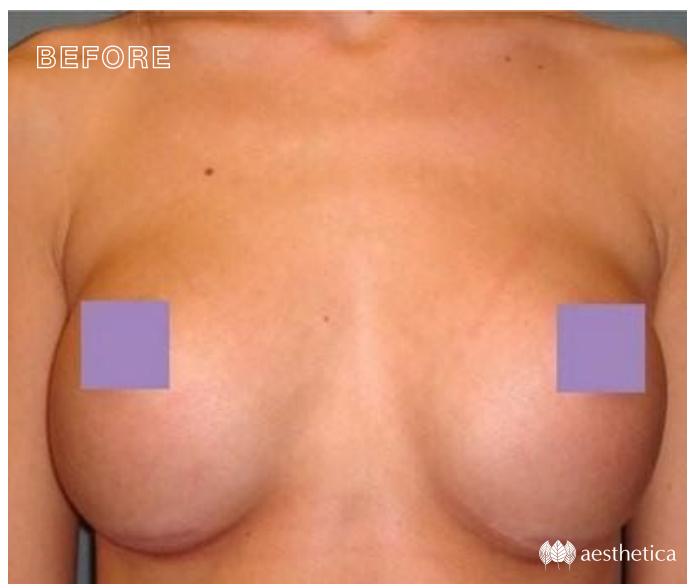


Breast Implant Ptosis

Breast implant ptosis, or “bottoming out,” typically happens because the patient’s tissues are not strong enough to support the weight of the implant over time. It is more commonly seen in thin patients, and with implants placed in the subglandular position; however, it can randomly occur with any augmentation patient. It is also true that over dissection of the breast pocket at the time of surgery can lead to implant ptosis, but this is generally not a common cause of bottoming out. Over dissection is readily recognized when, immediately postoperatively, the implant is noted to be positioned too low on the chest.



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Breast Implant Ptosis

PROCEDURE: Correction of implant ptosis can be difficult, and may require multiple surgeries. Capsulorrhaphy, also known as pocket reduction, is the suturing of the capsule to reconstruct the implant pocket, and is the gold standard for treating implant ptosis. If pocket reduction by itself is ineffective, then a tissue matrix or scaffold is used to support the tissue and hold the breast pocket in the desired location. Using a tissue matrix, or scaffold, is generally very effective, but can be expensive. Occasionally, removal of the implant and capsule altogether is required. The patient can go back to surgery four to six months after healing, and start over with a new augmentation procedure. These procedures can take anywhere from one to seven hours, depending upon the complexity of the condition.

It is a difficult problem to address surgically. Patients should remember larger implants are heavier, and patients with thinner skin are more likely to bottom out, leading to this challenging complication.

RECOVERY: Patients should be able to resume normal activity six to eight weeks after surgery. Patients will need to refrain from any activity that will put downward pressure on the implant - such as running or lifting - for six to eight weeks following the procedure to allow the internal pocket repair to fully heal.

COMPLICATIONS: Some potential complications and risks with surgery are infection, bleeding, delayed wound healing, wound dehiscence, infection, hematoma, seroma, asymmetry, unsatisfactory scarring, sensation alteration, loss of sensation, persistent pain, recurrent implant ptosis, rippling, nerve changes, vascular and/or lymphatic changes.

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