PROCEDURE

Breast lift

A breast lift is surgery that reshapes and raises breasts by removing excess skin.

PURPOSE
Raise and reshape breasts affected by sagging

PROCEDURE TYPE
Therapeutic surgical procedure

WHERE IT IS DONE
Operating theatre

ANAESTHESIA
General

HOW LONG IT TAKES
About two to three hours

PREPARATION
Fasting, medication review, nicotine avoidance, and arranging transport

RECOVERY
Same day or overnight; arrange a driver home

MAIN RISKS
Bleeding, infection, scarring, sensation changes

RESULTS
Visible immediately; final shape develops over several months

Overview

A breast lift is an operation that raises and reshapes the breasts. Its medical name is mastopexy. The surgeon removes excess skin, tightens and reshapes breast tissue, and moves the nipple and the darker skin around it, called the areola, to a higher position.

A lift does not usually add much volume or make the breasts significantly smaller. If you want more fullness, particularly in the upper breast, a lift may be combined with breast implants or fat transfer. If you want smaller, lighter breasts, breast reduction may be more suitable.

Breast lift surgery leaves permanent scars. Their location and length depend on how much lifting is needed and which surgical technique is used.

Why the procedure is performed

Breasts can change after pregnancy, breastfeeding, weight changes, ageing, or the effects of gravity. A breast lift may be considered when you are concerned about:

This is usually an elective cosmetic operation. It does not treat breast cancer or prevent future breast disease. The decision should be based on your own goals rather than pressure from another person.

- Breasts that have lost firmness or sit lower than before
- Nipples that point downward or fall below the breast crease
- Stretched skin or enlarged areolas
- One breast sitting lower than the other
- Difficulty finding clothing or bras that fit as you would like

Who should and should not have it

A breast lift may be an option if your breasts have finished developing, your weight is reasonably stable, and you understand the likely results and scars. Your surgeon will ask what changes matter to you and whether a lift alone can achieve them.

Future pregnancy or major weight loss can stretch the breasts again. You can still have surgery before these events, but delaying it may help the result last longer.

Surgery may be avoided or delayed if you:

Smoking, vaping nicotine, and other nicotine products reduce blood flow to healing skin. This can increase wound problems and damage to the nipple or areola. Be honest about nicotine use so your surgical team can plan safely.

- Are pregnant, recently gave birth, or are still breastfeeding
- Have an active breast or skin infection
- Have a health condition that makes anaesthesia or wound healing unsafe
- Have an unexplained breast lump or breast imaging that needs assessment
- Use nicotine and cannot stop around the time of surgery
- Have major weight changes planned
- Expect a scar-free result or a large increase in breast size from lifting alone

How to prepare

Your surgeon will examine your breasts, discuss incision options, and may take clinical photographs. Tell the team about previous breast surgery, pregnancy plans, medical conditions, allergies, and all medicines, vitamins, and supplements you use.

You may need breast imaging, such as a mammogram, based on your age, breast history, symptoms, and local screening program. Imaging does not replace an examination of a new lump or other breast change.

Your team may ask you to stop nicotine and adjust medicines that increase bleeding risk. Do not stop a prescribed blood thinner or other medicine unless the clinician responsible for it gives you a plan.

You will usually need to stop eating and drinking before general anaesthesia. Arrange for an adult to take you home and, if possible, stay with you during the first night. Prepare loose clothing that opens at the front and collect any recommended dressings or support bra.

The treating facility's own instructions take priority because fasting, medicines, arrival times, and aftercare plans may differ.

What happens during the procedure

You will usually be asleep under general anaesthesia. The team monitors your breathing, heart rate, blood pressure, and oxygen level throughout the operation.

The incision pattern is planned according to your breast shape and how much skin must be removed. Incisions may be placed:

The surgeon reshapes the breast tissue, removes excess skin, and places the nipple and areola higher. A stretched areola may also be made smaller. The nipple normally remains connected to underlying tissue to preserve its blood supply, although sensation and breastfeeding ability can still change.

The incisions are closed with stitches. Dressings and a surgical or support bra are applied. Small drainage tubes are sometimes used to remove fluid, but they are not needed for everyone.

- Around the edge of the areola
- Around the areola and vertically down to the breast crease
- Around the areola, vertically downward, and along the breast crease

Recovery and what to expect afterward

Pain: Your breasts will probably feel sore, tight, swollen, and bruised. Prescribed or recommended pain relief should make this manageable. Swelling can make the breasts look high, firm, or uneven at first.

Eating: You can usually drink and then eat after you are awake and any nausea has settled. Start with light food if your stomach feels unsettled.

Activity: Gentle walking is encouraged, but avoid heavy lifting, strenuous exercise, and movements that pull on the incisions until your surgeon clears them. You may need to sleep on your back and wear a support bra. Follow your instructions for showering, dressings, stitches, and any drains.

Driving: You cannot drive home after general anaesthesia. Do not drive until you are no longer taking sedating pain medicine, can wear a seat belt comfortably, and can steer and brake suddenly without pain or hesitation.

Work: Many people return to desk-based work within one or two weeks. A physical job may require more time. Your own recovery and the demands of your work determine the timing.

Swelling improves gradually. Temporary numbness, tingling, or extra sensitivity can occur in the breast or nipple. Final settling of the breast shape may take several months.

Risks and possible complications

Every breast lift produces scars. They are usually red or raised at first and then soften and fade, but they do not disappear. Some people develop thick or widened scars.

Other possible complications include:

Breasts are naturally different from one another, and perfect symmetry cannot be guaranteed. Weight changes, pregnancy, ageing, and gravity can also alter the result later.

If implants are added, they bring separate risks and may require future monitoring or surgery. Ask for information about the specific implant before consenting.

- Bleeding or a collection of blood called a hematoma
- Infection
- Fluid collecting under the skin
- Delayed healing or wound opening
- Differences in breast or nipple shape

- Temporary or permanent sensation changes
- Reduced ability to breastfeed
- Loss of skin, fat, nipple, or areola tissue from poor blood supply
- Blood clots or complications related to anaesthesia
- A need for further surgery

Results and follow up

The breast position changes immediately, although swelling and dressings initially hide the final shape. Over the following months, swelling decreases, scars mature, and the breasts settle into a more natural position.

Follow-up visits are used to check healing, remove drains or non-dissolving stitches if needed, and discuss activity. Keep these routine appointments even if recovery seems straightforward.

A breast lift does not stop ageing. Results may last for years, but their duration is affected by skin elasticity, weight changes, pregnancy, and breast size.

Continue routine breast screening recommended for you. Tell the imaging centre that you have had breast surgery because scars and tissue rearrangement can affect how images look.

Alternatives

You do not have to have a breast lift. The main alternatives involve different trade-offs:

Non-surgical skin treatments cannot produce the same lifting effect as surgery.

- No surgery: Avoids scars, anaesthesia, and surgical risks, but does not raise the breast tissue.
- A supportive or professionally fitted bra: Changes appearance under clothing without surgery, but does not permanently change breast position.
- Breast implants or fat transfer: Can add fullness, but do not reliably correct substantial sagging and may make heavy breasts sag further. Implants also have their own long-term risks.
- Breast reduction: Removes breast tissue as well as skin, making breasts smaller and lighter. It trades away volume to reduce size and lift the breasts.

- Combined lift and augmentation: Raises the breast and adds volume in one plan, but is more complex and includes both lift and implant or fat-transfer risks.
- Staged surgery: Performs the lift and augmentation separately. This means two procedures and recovery periods but may allow more controlled adjustment.

When to call your healthcare team

Contact your surgical team promptly if you have increasing redness, warmth, swelling, drainage, fever, worsening pain, a wound that opens, or a nipple or patch of skin that becomes unusually pale, blue, or dark. Sudden swelling of one breast or bleeding that soaks through dressings also needs prompt assessment.

For routine questions, contact the team during normal hours about scar care, support bras, activity limits, mild ongoing swelling, or the timing of work and exercise.

Seek emergency help for trouble breathing, chest pain, fainting, coughing up blood, or sudden severe weakness. These are not expected parts of recovery.

Common questions

Will I be asleep?

Usually, yes. Most breast lifts are performed under general anaesthesia, meaning you are unconscious and do not feel the operation.

Can I drive home?

No. You need an adult to take you home. Driving remains unsafe until anaesthetic effects have passed and you can control the car comfortably without sedating pain medicine.

How painful is it?

Soreness, tightness, and swelling are expected, especially during the first several days. Pain should gradually improve. Pain that becomes worse rather than better should be reported.

When will I know the final result?

You will see a change immediately, but the final shape takes several months to develop as swelling settles and the breast tissue softens.

Will the scars go away?

No. Scars are permanent, although they usually fade over time. Their final appearance is influenced by incision type, healing, genetics, nicotine exposure, and scar care.

Can I breastfeed after a breast lift?

Some people can, but the operation may reduce milk production or change nipple sensation. If future breastfeeding matters to you, discuss this before choosing the surgical technique.

Sources

- Breast lift - Mayo Clinic
- Breast Lift - American Society of Plastic Surgeons
- Breast Lift: What It Is, Procedure and Recovery - Cleveland Clinic
- Breast uplift surgery - MedlinePlus, US National Library of Medicine
- Breast uplift, or mastopexy - British Association of Aesthetic Plastic Surgeons