

# Simultaneous Mastopexy in Patients Undergoing Nipple-Sparing Mastectomy and Immediate Reconstruction

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## Abstract

**INTRODUCTION:** Although still controversial, there is a renewed interest in preserving the nipple-areolar complex in patients undergoing prophylactic or therapeutic mastectomies. The aesthetic result of immediate reconstruction following nipple-sparing mastectomy is excellent in select patients. In some patients, however, a satisfactory aesthetic result may be limited by breast ptosis that goes uncorrected in the early phase of reconstruction. Most plastic surgeons remain hesitant to perform a mastopexy at the time of a nipple-sparing mastectomy due to concerns with nipple and/or skin flap loss. We present a single-surgeon experience with nipple-sparing mastectomy and immediate implant reconstruction with mastopexy.

**METHODS:** From 1975-2009, 2013 patients underwent nipple-preserving mastectomy at Mayo Clinic. 33 female patients (31 bilateral and 2 unilateral) who underwent nipple-sparing mastectomy with mastopexy and immediate implant-based reconstruction were identified and retrospectively reviewed.

**RESULTS:** Of the 64 mastopexies performed, 25% were donut, and 75% were vertical pedicle. The indications for risk reduction surgery included family history (66.7%), mastodynia (57.6%), and LCIS (6%). Two patients (6%) had invasive ductal cancer in the contralateral breast, and one patient had chronic mastitis due to siliconomas. Wound complications occurred in six patients and seven breasts. Only one patient developed bilateral total nipple loss. Four patients, who underwent vertical pedicle mastopexies, developed unilateral, superficial areolar loss that resolved with conservative treatment. Of the 9 patients who underwent donut mastopexies, only one developed unilateral, isolated partial ischemia of the mastectomy flap that resolved with local wound care. Partial skin and areolar loss did not delay expansion in any of the patients. There was no correlation between preoperative breast size and postoperative complications. None of the patients developed breast cancer. Average follow-up was 11.6 years (0.82-21.1 years).

**CONCLUSION:** With proper technique, immediate mastopexy is a safe procedure in highly select patients undergoing nipple-sparing mastectomy with reconstruction.

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