

BREAST LIFT FREQUENTLY ASKED QUESTIONS



1. Breast lift vs breast augmentation: How to tell which is needed?

The purpose of a breast augmentation is to enlarge or improve the breast. To bring the breasts back into the "normal" position, a breast lift is done. The breasts can be lifted and made larger by performing one or more of the procedures separately or in combination.

A breast augmentation would be the ideal option if the breast is in a normal position, with the majority of the breast tissue above the base/ inframammary crease and the nipple not below the base. A breast lift is the best choice, though, if there is a lot of laxity in the breast skin and the nipple rests low on the breast.

2. Can breast lift with implants provide symmetrical breasts?

The goal of a breast lift is to produce symmetrical breasts. A breast lift by itself or in conjunction with an augmentation can frequently produce a highly even and symmetrical breast shape if there was asymmetry before surgery.

3. What kind of breast lift leaves minimal scars?

A Doughnut Lift or Concentric Mastopexy is the name given to the Breast Lift that leaves the least scar. A surgical scar is left around the areola, or outside region, of the nipple as a result of the surgery.

Nevertheless, a tiny scar that runs vertically from the nipple to the base of the breast or in the crease beneath the breast is typically also present after a breast lift.

4. Can breast lift and breast augmentation procedures be performed on the same surgery?

Surgery for breast augmentation and lift is frequently combined. Patients in need of a Breast Lift frequently have a noticeable decrease of volume, giving the breasts a "droopy" appearance.

When an implant and lift are combined, the result might be a more naturally fuller breast. Based on Dr. Vigo's observations, the combination surgery yields a considerably more durable outcome than a Breast Lift performed alone.

5. Is it possible to breastfeed after breast lift surgery?

Many of Dr. Vigo's patients had breast lifts done before becoming pregnant or breastfeeding babies. Not many problems have arisen. Breast lifts should at most slightly modify the possibility to breastfeed following pregnancy, while this is not a given for anybody.

6. Should I wait until after pregnancy to get a breast lift?

Although the size and shape of the breasts do vary during pregnancy, the time of surgery should depend on how severe the prenatal changes were. It seems obvious that the best, longest-lasting outcome would come from minimising breast alterations, such as pregnancy and weight fluctuations.

Many of the people we've seen would rather have the improvement than wait until they get pregnant. Make sure you and Dr. Vigo have a thorough discussion about all those matters.

7. What questions should I ask my doctor before a breast lift?

Asking any query is a good idea while thinking about cosmetic breast surgery. Verify whether your physician is board-certified. Find out the number of Breast Lift treatments the doctor has completed. Request to see before and after pictures. Make sure to enquire about any hazards, difficulties, and physical restrictions.

8. What is the recovery time from a breast lift surgery?

Following a breast lift either by itself or in conjunction with an augmentation, recovery takes time. The most difficult period is the first 24 to 48 hours, during which pain medication will be required.

Patients frequently take four to seven days off from work. You might want to avoid heavy lifting or intense exercise for four to five weeks. Most patients can go back to driving in two to three days.

9. What is the difference between a crescent breast lift and a vertical lift?

A tiny semicircular incision is made above the areola or coloured area of the nipple during a crescent lift. This can be done in conjunction with a breast augmentation to realign a nipple that has limited skin laxity and is somewhat low.

A vertical incision to the base of the breast and an incision around the areola may be part of a vertical lift. Patients who have more severe skin laxity and breast and nipple droop are candidates for this surgery.

10. Can I combine breast lift and areola reduction in one surgery?

Areola reduction is frequently a part of the Breast Lift treatment. Pregnancy, breastfeeding, or weight fluctuations can cause the areola to expand and alter position.

Asymmetry of the areola from one breast to the other is also common. Asymmetry correction and shrinking of the expanded size results in a far more appealing and natural final product.



11. Will a breast lift without implants make breasts look smaller or larger?

The breasts will frequently appear slightly smaller after a breast lift without implants. But the new shape and placement ought to make such a big difference in the appearance that the smaller size becomes insignificant.

As previously mentioned, combining an implant with a breast lift will frequently enhance the outcome and offer a more durable improvement.

12. How do breast uplifts work?

Breast tissue and the nipple are raised from beneath the inframammary fold to above it during a breast lift treatment. The nipple's blood and nerve supplies are maintained by a "flap" of skin that separates the upper portion of the breast from the nipple.

Before the remaining breast tissue is moulded, extra skin and breast tissue are removed. Better-proportioned, perkier breasts are the end result.



A BRIEF NOTE FROM DR MATTEO VIGO



I decided to become a doctor at early age but I was not aware of the world of Plastic Surgery. Once I have discovered it I fell in love with the whole concept behind and how this field of Medicine can be helpful for many people.

I passionately believe that, in order to improve the physical aspect of a patient, the plastic surgeon needs to combine the principles of art and science, adopting a global approach to understanding the individual desires.

Plastic Surgery is a truly fascinating, dynamic, constantly evolving field of medicine and I believe that the role of a Cosmetic Surgeon is unique and highly privileged.

My main goal is to understand the needs of a patient and try to transform their desires into reality. The role of a plastic surgeon is not only merely surgical but also supportive in the decision process of the best treatment to help patients finding theirselves and their wellbeing.

All these steps are taken into consideration once a person walks in my office and the service I am offering them is always at the top.

I am combining experience, quality and professionality to evaluate each single case and offer the best solution for my patients.

"Because you deserve the best" is my motto and I want always to put the patient at the centre of what I am doing.

You have to feel pampered, understood, listened, loved once in my office and the feedback of this feelings from my patient is my best satisfaction.

Dr Matteo Vigo

Often regarded as the Best Plastic Surgeon in Dubai, Dr. Matteo Vigo graduated in Milan in 2004 and started his residency period in the Plastic Surgery and Burn Unit in Verona in 2005.

He worked in the Breast Unit where he developed his skills in breast reconstructive and aesthetic surgery together with the full spectrum of plastic surgery procedure. His Speciality degree was achieved with a work on "Total Breast reconstruction with Fat in patient with breast implants" with the votation fo 70/70 cum laude in 2009.

He started then working in the Aesthetic Surgery field, developing great experience in breast surgery, liposuction and body contouring techniques. He has been the main trainer for all Europe and Middle East for Celution and Pure Graft systems by Cytori, lecturing in different important congresses around the world. He started working in Dubai in 2012 and he has been Chief of Surgery and Chief Medical Officer at American Academy of Cosmetic Surgery Hospital until march 2017.

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LECTURER IN BREAST SURGICAL TECHNIQUES IN EUROPE

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