



AMERICAN SOCIETY OF PLASTIC SURGEONS



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Breast lift with fat grafting can be beneficial for mothers after breastfeeding

Cindy Wu, MD | **Cary, NC** Tuesday, August 20, 2019



Mothers often come to me considering breast surgery due to sagging breast tissue and low nipple position. After breastfeeding their children and losing the baby weight, the top part of their breasts now appear flat, and they are no longer perky. They don't want implants but want to fill the bra cup without it "gapping" at the top.

How can plastic surgery improve sagging breasts and restore the breast shape without implants?

Breast lift and fat grafting as an alternative to breast implants

When it comes to breastfeeding, the combination of time, gravity and weight changes can cause the breast tissue and nipple position to sag, resulting in a shape that is more elliptical than round. There can be a loss of volume at the upper portion of the breast, accumulation of breast tissue in the outer and lower breast quadrants and down-turning of the nipple position.

A breast lift is a procedure that lifts the nipple position higher on the breast as well as lifting the sagging breast tissue, resulting in a rounder, perkier breast that sits higher on the chest wall.

Adding fat grafting to a breast lift

A breast lift may be performed in conjunction with fat grafting, or as a standalone procedure. Fat grafting involves liposuction of either the abdomen, thighs, flanks or bra line to remove fat, which is then processed and transferred to the breast. Fat grafting can provide a subtle increase in breast volume and can round out the upper portion of the breast, an area that frequently is "deflated" postpartum.

Some patients also want to include some liposuction to eliminate unwanted fat around the back and underarm bra line, to enhance the silhouette of the upper body.

Undergoing a breast lift procedure

There are three types of incisions for a breast lift, depending on the degree of lift needed. The periareolar incision is for small lifts, and the scar is at the edge of the areola. The circumvertical ("lollipop") incision is for medium lifts, and the scar is around the areola and vertical to the bottom of the breast. The inverted T incision ("anchor") is for larger lifts, and the scar is around the areola, vertical and in the breast crease.

With all three incision types, the nipple and areola remain attached to the underlying breast tissue, remaining connected to the milk ducts and nerve endings. There may be a temporary loss of nipple and areolar sensation as the small nerves around the areola are regenerating. The majority of patients can expect to maintain long-term nipple sensation and lactational ability.

Next steps on your breast lift journey

When you are ready to schedule your consultation, make sure you choose a board-certified plastic surgeon on the [ASPS Plastic Surgeon Match service](#).

Board-certified plastic surgeons undergo a rigorous training process and are vetted by their peers through both a written and oral board examination process. Each and every ASPS member surgeon is board certified in plastic surgery, making them the most qualified plastic surgeons to perform your

procedure.

The views expressed in this blog are those of the author and do not necessarily reflect the opinions of the American Society of Plastic Surgeons.