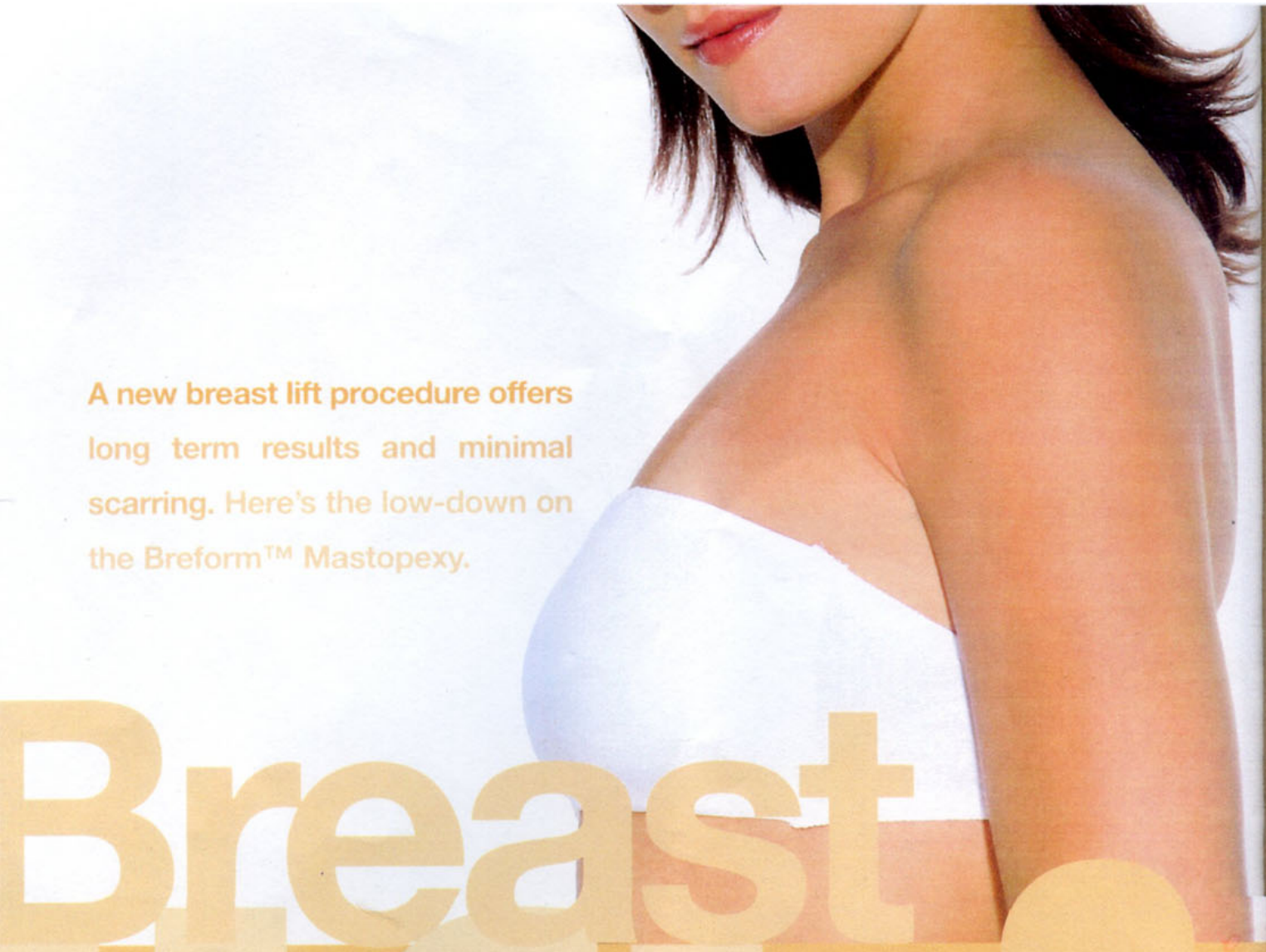

A new breast lift procedure offers long term results and minimal scarring. Here's the low-down on the Breform™ Mastopexy.

Breast Lift Technology

Cape Town plastic and reconstructive surgeon Dr Peet Van Deventer speaks to ASM about the Breform™ breast elevation technique.

The droopy breast is a problem that has faced the breast surgeon since the beginning of the last century. Dehner in 1908, and Giriard in 1910, used catgut sutures to suspend the breast to the chest wall and Johnson in 1981 used Marlex mesh strips for the same purpose. However their operations did not stand the test of time, because the anatomy responsible for maintaining the normal breast shape was unknown at that stage.

However, later research by an Austrian plastic surgeon, Dr E Würinger, opened the door to treat sagging breasts effectively. She discovered that in addition to the Cooper's ligaments, there is also a hammock type of ligamentous suspension responsible for maintaining the normal breast shape, and which helps to prevent the drooping of the breast.

A South African company, Breform™ Limited, has done extensive research in the design of prostheses to fulfil the function of a failed ligamentous suspension. The idea was that if one of these prostheses could be installed in the drooping breast it would effectively and permanently correct the sagging.

The task of developing a suitable technique for doing this fell to a Bellville-based plastic surgeon and anatomist, Dr Peet van Deventer, who did extensive research on the blood supply of the breast and who had a thorough knowledge of the anatomy of the breast.

His research was done under the supervision of the Ethics Committee of the University of Stellenbosch and following cadaver studies, the protocol began at the beginning of 2004 with a number of women participating in a clinical trial to test the surgical technique, which aimed to correct sagging breasts to their normal youthful shape, with minimal scarring. That trial was successful, leading to the use of Breform™ prostheses today.

The Breform™ prosthesis is a mesh made of equal amounts of biocompatible polyglactin and polypropylene. Polyglactin is absorbed by the body and replaced with connective tissue to form a new ligamentous support for the breast, while polypropylene is a non-absorbable material that remains in the breast permanently after the procedure and helps to sustain its long-term results.

Depending on the breast size and shape, three different techniques can be used to insert the prosthesis, and the surgeon will discuss these with each patient individually.