

ObesityHelp.com  
Since 1998—now over 170,000 members

# ObesityHelp™

MAGAZINE

OCTOBER 2003

Your gateway to the weight loss surgery community



**Morbidly Obese &  
Morbidly Miserable**

## Teens

**New Frontiers in  
Plastic Surgery**

**MASTOPEXY:  
An Uplifting Experience**

**Tips on Getting  
Insurance Approval**

**Those Darn Plateaus!**

**It's Not Always  
a Bed of Roses**

**Decision of a Lifetime**

**Weight Loss Surgery  
Before and After Photos**

**Don't Stop Believing**

# Mastopexy: An Uplifting Experience

by John LoMonaco, M.D., F.A.C.S

## A Learning Experience

I recently had a delightful patient inform me of a new condition in plastic surgery I was unaware of. "Doc," she told me, "I have Furniture Syndrome." I quickly reviewed my medical database mentally, hoping I had not forgotten about some rare breast condition. Before I had the chance to plead ignorance, she said "Doc, my chest has gone down into my drawers." With that was born a new phrase in our office. My patient's description was not only entertaining, it was also accurate. Needless to say, she was a great candidate for a breast lift, and after surgery was delighted with her new size and shape.

**"Doc," she told me,  
"I have Furniture  
Syndrome."**

## An Uplifting Experience

The breast is composed of fat, glandular tissue covered by a skin "envelope." Weight loss, pregnancy, and the natural aging process can all result in relaxation and sagging of these tissues. As a result, the breast "bottoms out" as the tissues move lower on the chest wall. The natural, rounded shape of the breast gives way to a flatter shape, and the breast nipples move lower down on the breast. The skin fold beneath the breast also becomes longer, which can result in skin irritation for some women.

Many women are actually satisfied with the amount of breast tissue that they have, they are just concerned about its location.



**This patient desired an improvement in the long fold beneath the breast, and more fullness at the top of the breast. She also desired only a slight reduction in size. After surgery, she was very happy with the more rounded, natural shape. Her scarring was minimal. She also had a mini-tummy tuck at the same time.**

Others may feel that they have always been too large, and desire a new, smaller size in addition to a nicer shape. Mastopexy, or breast lift, can accomplish the dual goals of removing excess tissue plus providing a nicer shape. By relocating the breast tissue from the bottom of the breast to the top, a pleasing fullness in the upper portion of the breast can also be achieved.

## The Long and Short of Scarring

Nearly all plastic surgeons in the U.S. were trained to reduce breast size using the

traditional "anchor" incision. This technique provides a reliable reduction in the amount of breast tissue, and is still a useful technique for women with very large breasts. Many plastic surgeons, though, were dissatisfied with the amount of scarring and the inability of the technique to produce a rounded, natural breast shape. Various short-scar techniques were developed in Europe and South America with excellent results, and it is these techniques that I offer whenever possible to my patients.

The lack of the horizontal scar limits the overall scar size

## ObesityHelp Factoid:

**Is there anything one can do exercise-wise to help get rid of or tighten up the resulting loose skin post-surgery?**

Exercise will help with the toning, however the final determinant of excess skin will be your age and genetics.



## Questions about your surgery?

Wondering if your experiences are normal?

Not sure if you should ask your doctor about something?

Find the answers from a clinical expert online:

**ObesityHelp.com now hosts regular chats with clinicians who can help answer your questions.**

### SAMPLE ONLINE CHAT:

ST: I had open RNY. Everything has been smooth sailing but I just feel that I am losing weight too slowly. I have lost 41 pounds in three months. I am exercising two days a week and I struggle with getting all the necessary protein. Why do you think I am losing so slow?

Dr. John Feng: You need to be exercising/walking 45 minutes a day for 5-6 days a week. What is your caloric intake, and grams of protein, carb, fat intake?

ST: Caloric, not sure. Fat grams: 20. Protein: Struggling to get 50. Carbs: Not sure.

Dr. John Feng: You need to focus on eating protein first in your diet in order to stay healthy and that will help you minimize your carbs (less than 40 grams/day) and your fat (less than 30 grams a day). Drink lots of liquids—64 ounces in-between meals. This will aid in your metabolism and weight loss. Of course, increase your activity.

Please check our chat schedule for a time convenient for you

- Bariatric Nurses
- Bariatric surgeons
- Psychologists
- Plastic surgeons
- Dieticians

by about 60%, and the resulting shape of the breast is very natural. I have observed better preservation of nipple sensation, and fewer problems with healing. I have found that if women are given a chance to see numerous results from other patients who resemble themselves, they are able to make an informed decision. I have found that this approach ensures the highest chance of a satisfied patient.

### Be Smart About Looking Good

As with any plastic surgery, choosing your surgeon is your first and also most important step in ensuring a safe surgery and a reliable result.

With the Internet, it is relatively

easy to check the credentials and training of nearly any surgeon. Surgeons certified by the American Board of Plastic Surgery have undergone training only at accredited institutions, and have received formal training in all aspects of cosmetic and reconstructive breast surgery.

For more insight into plastic surgery options, see the online plastic surgery forum at [ObesityHelp.com](http://ObesityHelp.com).



*John LoMonaco, M.D., F.A.C.S., is*

*a board certified plastic surgeon from Houston, Texas. He specializes in breast and body contouring surgery. Please visit [www.drlomonaco.com](http://www.drlomonaco.com).*

I have observed better preservation of nipple sensation, and fewer problems with healing. I have found that if women are given a chance to see numerous results from other patients who resemble themselves, they are able to make an informed decision.

### From Our Q&A Library

#### Question

"I have met all the criteria for a breast reduction, and am scheduled to have it soon along with my TT. But Aetna is requiring the surgeon to remove at least 700 grams of tissue from each breast! I won't have any when she's done, so I probably will not have the surgery. What do you think?" - K.P.

#### Answers

"A woman in my office just had breast reduction and she had 2 lbs. removed from each breast. She out right asked her surgeon what size she'd be in the end and he said a C cup and she said OK do it! So I'd ask your surgeon what size you'd end up after removing your 700 grams. He'll know." - N.J.

"Just FYI,... I am still pre-op but I did have a breast reduction/lift in February and he removed 900 grams from my right breast and 870 from my left. I was a large D cup before and now I am a large C. Boobs are heavy!" - H.I.