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**COSMETIC DERMATOLOGY AND HAIR CARE**  
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7<sup>th</sup> International Conference and Expo on

**COSMETOLOGY, TRICHOLOGY & AESTHETIC PRACTICES**

October 26-27, 2017 Paris, France

**Mastopexy with breast implants areola-vertical technique under local anesthesia**

**Angelo Rebelo**  
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There are several techniques to perform breast lift and all have the same basic principles: Preserve anatomy and physiology of the breast, avoid nipple necrosis, maintain sensibility of the nipple, do not interfere with lactation or the ability to breast-feed, have a good shape and size, smaller scars and good final appearance. The author describes a technique with only an areola-vertical final scar with indications in almost all types of ptotic breasts and all grades of ptosis. It's a versatile technique with no conventional measurements or draws. He makes the pre-op marking in the right breast, and one of the key point being the final position of the nipple and the other where finishing the vertical at the inframammary fold. All the other draw/markings are made by the handling of the breast. After marking the right breast by hand, measurements are taken and the other breast is marked to achieve a good symmetry. He performs all the cases under local tumescent anesthesia with oral and IV sedation. One of the advantages of this technique is less risk of hypertrophic or colloid scarring with few limitations in dressing any type of clothes. This technique doesn't interfere with normal breast anatomy and physiology and it's less traumatic, less oedema, less painful and no bleeding. Patients make a quicker recovery and can do many things in few days. Tumescent local anesthesia – about 200 cc of the modified Klein's formula are infiltrated in both breasts. Local anesthesia is performed in the line incision, surgical technique/ procedure - De-epithelization of the area from the upper part of the areola to the lower part of the areola (Schwarmann's maneuver). Creating the pocket for the implant undermining under the gland and above the aponeurosis of the pectoralis major. Placement of cohesive gel silicone implant, round shape, low, medium or high profile according to the type of the breast (Eurosilicone). Closure is made in layers to avoid tension in the final wound. No drain is used routinely and all patients have a complete clinical history, pre-op routine examinations plus mammography and/or mammary echography.

**Biography**

Angelo Rebelo began his educational experience at the Faculty of Medicine of the University of Lisbon where he was graduated in Medicine in 1980, he received his specialty training in Plastic, Reconstructive and Aesthetic Surgery at the São José and Santa Maria Hospitals and he completed in 1990. He is registered in the South Regional Section of the Portuguese Medical Association and possesses the title of Specialist in Plastic, Reconstructive and Aesthetic Surgery, and holds the Professional Certificate Number Twenty-Three Thousand and Five. He has been in private exclusive practice for more than 25 years; in the last 20 years, he's in exclusivity at Clinica Milénio in Lisbon, as Clinic Director and Aesthetic Surgeon. He has been invited to made consultations and aesthetic surgeries in several countries such as: Germany, Spain, Belgium, Netherlands, South Korea, Chine, etc.

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