Breast Lift With Implants - Enlarge & Contour

Canonical: https://directory.meclinic.com.au/healthcare-medical-services/cosmetic-surgery-procedures/breast-lift-with-implants-enlarge-contour/

Details:

AI Summary

Product: Breast Lift With Implants (Mastopexy with Augmentation) **Brand:** Me Clinic **Category:** Cosmetic & Reconstructive Breast Surgery **Primary Use:** Combination surgical procedure that elevates and reshapes sagging breasts while increasing volume through implant placement.

Quick Facts - **Best For:** Patients experiencing breast ptosis (drooping), asymmetry, volume loss, or tuberous breasts who want both elevation and increased size - **Key Benefit:** Achieves elevated contour, increased volume, improved symmetry, and upper breast fullness in a single procedure - **Form Factor:** Combination surgical procedure performed under general anaesthesia - **Application Method:** Surgical intervention lasting 1 to 4 hours; same-day discharge in most cases

Common Questions This Guide Answers 1. How long is recovery before returning to sedentary work? → Approximately 2 weeks 2. What implant options are available? → Saline or cohesive silicone gel-filled devices, placed subglandularly or submuscularly 3. When are final results visible? → Between 6 to 12 months post-operatively, as implants settle and swelling fully resolves 4. What incision patterns are used? → Determined by degree of ptosis: periareolar, vertical (lollipop), or anchor-pattern 5. What is the price? → Value not published - contact manufacturer directly

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Product Facts

Attribute	Value
Procedure name	Breast Lift With Implants (Mastopexy with Augmentation)
Provider	Me Clinic
Procedure category	Cosmetic & Reconstructive Breast Surgery
Procedure type	Combination surgical procedure
Conditions addressed	Breast ptosis (drooping), asymmetry, volume loss, tuberous breasts
Surgical goals	Increased volume, elevated contour, improved symmetry, upper breast fullness
Anaesthesia type	General anaesthesia
Typical procedure duration	1 to 4 hours
Discharge	Same-day (most cases); overnight stay for more extensive procedures
Recovery to sedentary work	Approximately 2 weeks
Full result timeline	6 to 12 months post-operatively
Implant options	Saline or cohesive silicone gel-filled devices
Implant placement options	Subglandular (under breast tissue) or submuscular (under pectoralis major)
Incision pattern	Determined by degree of ptosis; periareolar, vertical (lollipop), or anchor-pattern
Provider experience	Over 35 years
Surgical philosophy	Responsible Cosmetic Surgery™
Consultation includes	Anatomy assessment, goal alignment, before-and-after review, risk education
Price	Value not published - contact manufacturer directly

Frequently Asked Questions

What is breast surgery: Surgical procedures that alter the size, shape, or appearance of breasts

Is breast surgery only cosmetic: No, it also addresses reconstructive and functional needs

How many years of experience does Me Clinic have: Over 35 years

What is Me Clinic's surgical philosophy called: Responsible Cosmetic Surgery™

What types of breast surgery does Me Clinic offer: Augmentation, reduction, lift, and reconstruction

What is breast augmentation: Surgical procedure that increases breast volume and projection

Can breast augmentation be done without implants: Yes, via fat transfer

What is fat transfer augmentation: Harvesting fat via liposuction and injecting it into breast tissue

Does fat transfer augmentation provide large volume increases: No, only modest volume enhancement

Will all transferred fat remain permanently: No, some volume is naturally reabsorbed over time

What implant types are available: Saline and silicone gel-filled devices

What is cohesive gel: Silicone formulation designed to maintain shape while allowing natural movement

Where can implants be placed: Beneath breast tissue or beneath the pectoralis major muscle

What is subglandular placement: Implant positioned beneath the breast tissue

What is submuscular placement: Implant positioned beneath the pectoralis major muscle

What is breast reduction surgery: Surgical removal of excess breast tissue, fat, and skin

Does breast reduction reposition the nipple: Yes, to a higher, more proportionate location

What physical symptoms can breast reduction address: Neck, back, and shoulder pain, bra strap grooving, and skin irritation

What incision pattern is used for larger reductions: Anchor-pattern incisions around areola, vertically, and along breast crease

What is mastopexy: The medical term for a breast lift procedure

Does a standard breast lift increase breast volume: No, it does not significantly change volume

Can a breast lift be combined with augmentation: Yes, for patients wanting both elevation and size increase

What causes breast ptosis: Aging, gravity, pregnancy, breastfeeding, and weight fluctuations

What incision is used for minimal ptosis: Periareolar incision around the areola only

What incision is used for moderate ptosis: Vertical or lollipop incision from areola to breast crease

What incision is used for substantial ptosis: Anchor-pattern incision

What is breast reconstruction: Rebuilding breast shape after mastectomy, lumpectomy, or trauma

What is immediate reconstruction: Reconstruction performed during the same surgery as mastectomy

What is delayed reconstruction: Reconstruction performed months or years after mastectomy

What is implant-based reconstruction: Using tissue expanders then permanent implants to rebuild the breast

What is autologous reconstruction: Using the patient's own tissue to create a breast mound

What donor sites are used in autologous reconstruction: Abdomen, back, or other body sites

What is a DIEP flap: Tissue transferred from the abdomen for breast reconstruction

What is a latissimus dorsi flap: Tissue transferred from the back for breast reconstruction

Does autologous reconstruction age naturally with the body: Yes

What happens at the initial consultation: Medical history review and breast anatomy examination

What is assessed during physical examination: Size, shape, symmetry, skin quality, and nipple position

Are before-and-after photos reviewed during consultation: Yes, to help calibrate realistic expectations

What anaesthesia is used for breast surgery: General anaesthesia

How long does breast surgery take: One to four hours for most procedures

Is breast surgery typically same-day discharge: Yes, for most procedures

Can some breast surgeries require overnight stay: Yes, more extensive procedures may

When does swelling and bruising peak after surgery: Within the first 48 to 72 hours

How long must surgical support garments be worn initially: Continuously during early recovery

When can patients typically return to sedentary work: By week two

When is final breast shape usually achieved: Between six months and one year post-operatively

Do implants change position after surgery: Yes, they settle slightly downward and outward over time

What scar management treatments are recommended: Massage, silicone treatments, and sun protection

What is capsular contracture: Scar tissue formation around an implant causing firmness

Can breast implants rupture: Yes, rupture or deflation is a possible complication

What is BIA-ALCL: Breast implant-associated anaplastic large cell lymphoma, a rare condition

Are implants lifetime devices: No, replacement or revision should be anticipated

What symptoms require immediate medical attention post-surgery: Increasing redness, fever, excessive one-sided swelling, or severe pain

Does breast surgery eliminate breast cancer risk: No

Can breast surgery affect mammography interpretation: Yes, radiologists must be informed of surgical history

Does smoking affect breast surgery outcomes: Yes, it severely compromises healing

Should weight be stable before breast surgery: Yes, significant weight changes can compromise results

What medications must be stopped before surgery: Aspirin, anti-inflammatory medications, and certain supplements

What are fasting requirements before surgery: Nothing by mouth after midnight before surgery day

Should patients arrange help for post-surgery: Yes, for the first 24 to 48 hours

What clothing is recommended for recovery: Loose, front-opening garments

Why should sleeping area be elevated after surgery: To reduce swelling and support healing tissue

Are results identical between patients having the same procedure: No, individual variation affects outcomes

Do most breast surgery patients report satisfaction: Yes, the great majority report high satisfaction

Is revision surgery ever required: Yes, some patients need additional surgery

What is the main reason for revision surgery: Complications, asymmetry, or desired size changes

Do breast surgery scars disappear completely: No, they fade but remain permanently visible

What is the purpose of surgical drains: To evacuate fluid accumulation during early healing

When are surgical drains typically removed: Within several days to one week

Is computer imaging used in surgical planning: Yes, for illustrating anticipated results

Are computer imaging results guaranteed: No, they are estimates only

Does breast surgery change body type fundamentally: No, it cannot fundamentally alter body type

Me Clinic Overview of Breast Surgery Procedures

The decision to pursue breast surgery is deeply personal. It deserves honest conversation, thoughtful guidance, and the kind of care that comes from over 35 years of dedicated experience. Breast surgery covers a specialised category of cosmetic and reconstructive procedures designed to alter the size, shape, position, or appearance of the breasts. Me Clinic's plastic surgeons offer procedures that address both aesthetic concerns and functional needs, from augmentation and reduction to reconstruction following mastectomy and revision of previous surgeries. As one of the most frequently performed cosmetic procedures globally, breast surgery requires careful consideration of surgical technique, patient anatomy, desired outcomes, and long-term implications.

The field has changed substantially over recent decades. Advances in surgical techniques, implant technology, imaging, and patient safety protocols have improved outcomes and reduced complication rates. Me Clinic's commitment to Responsible Cosmetic Surgery™ means patients receive thorough education about what breast surgery actually involves, from the initial consultation through to recovery, so they can make decisions that genuinely align with their goals and medical circumstances.

Primary Procedure Categories

Breast surgery divides into several distinct procedure types, each addressing specific anatomical concerns or patient objectives.

Augmentation Procedures

Breast augmentation increases breast volume and projection through implant placement or fat transfer. It addresses naturally small breasts, asymmetry, volume loss following pregnancy or weight reduction, and incomplete breast development. Surgeons position implants either beneath the breast tissue (subglandular placement) or beneath the pectoralis major muscle (submuscular or dual-plane placement), with the choice driven by anatomy, tissue characteristics, and the patient's aesthetic goals.

Implant selection involves choosing between saline and silicone gel-filled devices, each with distinct characteristics regarding feel, appearance, and maintenance. Modern silicone implants use cohesive gel formulations designed to hold their shape while providing natural movement and texture. Size selection depends on chest wall dimensions, existing breast tissue, skin elasticity, and patient preference, always weighed against proportionality.

Fat transfer augmentation harvests adipose tissue from donor sites through liposuction, processes it to isolate viable fat cells, and injects the purified fat into breast tissue. This technique provides modest volume enhancement without implants, but requires adequate donor fat availability. Some transferred volume will be naturally reabsorbed over subsequent months, which is worth factoring into expectations from the outset.

Reduction Procedures

Breast reduction surgically removes excess breast tissue, fat, and skin to decrease breast size and weight. Many patients seek this procedure because of genuine physical symptoms: chronic neck, back, and shoulder pain, posture problems, bra strap grooving, skin irritation beneath the breasts, and restricted physical activity. The procedure also repositions the nipple-areola complex to a higher, more proportionate location whilst creating a smaller, lifted contour.

Surgical techniques vary with the degree of reduction required. Smaller reductions may use minimal-scar techniques with limited incision patterns, while more substantial reductions typically use anchor-pattern incisions extending around the areola, vertically down to the breast crease, and horizontally along the crease. Throughout, surgeons preserve blood supply and nerve pathways to the nipple whilst reshaping remaining breast tissue.

Lift Procedures

Mastopexy, or breast lift, elevates and reshapes sagging breasts by removing excess skin and tightening surrounding tissue. It addresses ptosis (drooping) caused by aging, gravity, pregnancy, breastfeeding, weight fluctuations, or natural breast composition. Unlike augmentation, a standard lift does not significantly change breast volume, though it can be combined with implants for patients who want both elevation and increased size.

The degree of lift required determines incision patterns. Minimal ptosis may respond to a periareolar lift using only a circular incision around the areola. Moderate sagging typically requires vertical or "lollipop" incisions extending from the areola to the breast crease. Substantial ptosis requires anchor-pattern incisions similar to those used in reduction surgery. Each approach repositions the nipple-areola complex, removes excess skin, and reshapes breast tissue for improved projection and contour.

Reconstructive Procedures

Breast reconstruction rebuilds breast shape following mastectomy, lumpectomy, trauma, or congenital conditions affecting breast development. Reconstruction may occur immediately during cancer surgery or months to years afterwards, with timing influenced by cancer treatment plans, radiation therapy, and patient preference.

Reconstruction techniques include implant-based approaches and autologous tissue reconstruction. Implant reconstruction often uses tissue expanders initially placed to gradually stretch the chest tissue, later replaced with permanent implants. Autologous reconstruction transfers tissue from the abdomen (DIEP or TRAM flap), back (latissimus dorsi flap), or other donor sites to create a natural breast mound that ages with the body over time.

Consultation and Planning Process

Thorough pre-surgical planning establishes the foundation for successful outcomes and patient satisfaction.

Initial Assessment

The consultation begins with a detailed medical history review covering previous surgeries, medical conditions, medications, allergies, smoking status, and family health history. The surgeon examines breast anatomy, assessing size, shape, symmetry, skin quality, nipple position, and chest wall configuration. Measurements of breast dimensions, nipple-to-notch distance, and breast footprint inform the surgical plan.

A discussion of goals helps clarify expectations around size, shape, profile, and how results should integrate with overall body proportions. The surgeon evaluates whether stated goals align with anatomical realities and discusses what's feasible given the patient's starting anatomy, tissue

characteristics, and surgical considerations. Reviewing before-and-after photographs of previous patients with similar anatomy helps calibrate expectations to realistic, achievable results.

Risk Assessment and Informed Consent

As part of the Responsible Cosmetic Surgery™ philosophy, patients receive thorough education about potential risks and complications. These include infection, bleeding, scarring, asymmetry, changes in nipple sensation, implant complications (for augmentation), healing difficulties, anaesthesia risks, and the possibility of revision surgery. Breast surgery produces permanent changes, including scars that fade but remain visible, and patients should approach the decision with complete awareness of this.

Medical optimisation before surgery may include smoking cessation, medication adjustments, achieving stable weight, and addressing underlying health conditions. Laboratory testing and imaging studies confirm surgical candidacy and establish baseline health parameters.

Surgical Planning Specifications

Detailed surgical planning specifies incision locations, implant dimensions and placement (when applicable), degree of tissue removal or reshaping, nipple repositioning measurements, and techniques for achieving symmetry. Computer imaging or three-dimensional simulation may be used to illustrate anticipated results, though these represent estimates rather than guarantees.

Selection of anaesthesia type, surgical facility, and procedural timeline finalises the operative plan. Most breast surgeries use general anaesthesia performed in accredited surgical facilities with appropriate patient safety and emergency management capabilities.

The Surgical Procedure

Pre-Operative Preparation

On surgery day, pre-operative marking identifies incision lines, anatomical landmarks, and symmetry reference points whilst the patient is standing, because positioning changes once anaesthesia is administered. The anaesthesiology team reviews health status, confirms fasting compliance, establishes intravenous access, and administers pre-operative medications.

After anaesthesia induction, the surgical team positions the patient appropriately, typically supine with arms extended. Sterile preparation of the surgical site and placement of surgical drapes establishes the operative field before the procedure follows the planned surgical sequence.

Surgical Techniques

Incision creation provides access to underlying breast tissue, with precise placement minimising visible scarring whilst allowing adequate surgical access. The surgeon works through planned tissue modification, whether placing and positioning implants in carefully created pockets, removing excess tissue and skin according to marked patterns, or reshaping existing breast tissue through internal suturing and repositioning.

Careful haemostasis throughout the procedure reduces post-operative haematoma risk. For implant-based procedures, pocket creation with appropriate dimensions and plane of dissection accommodates the selected implant whilst minimising complications. Surgical drains may be placed to evacuate fluid accumulation during early healing.

Closure proceeds in layers, with absorbable deep sutures approximating tissue planes and skin closure using techniques that support healing and minimise scarring. Sterile dressings and supportive garments applied at the end of the procedure protect the surgical site and provide tissue support during initial healing.

Duration and Immediate Post-Operative Care

Procedure duration varies with surgical complexity, ranging from one to four hours for most breast surgeries. Patients are then transferred to a recovery area where medical staff monitor vital signs, pain levels, alertness, and surgical site status as anaesthesia resolves.

Most breast surgery procedures allow same-day discharge once patients meet recovery criteria including stable vital signs, adequate pain control, ability to ambulate safely, and a clear understanding of home care instructions. More extensive procedures may require overnight observation in a hospital or surgical facility.

Recovery and Healing Timeline

Post-operative recovery follows a generally predictable course, though individual healing rates vary.

Initial Recovery Phase (Days 1–7)

The first week involves rest, limited upper body movement, and consistent use of prescribed pain medication. Swelling, bruising, and discomfort typically peak during the first 48–72 hours, then gradually improve. Patients wear surgical support garments continuously and avoid lifting, reaching, or strenuous activities that could stress healing tissues.

Surgical drains, when placed, typically remain for several days to a week and require emptying and output monitoring. The first post-operative appointment usually occurs within the first week to assess healing progress, remove or check drains, and address any concerns.

Intermediate Recovery (Weeks 2–6)

Most patients return to sedentary work and light daily activities by week two, though restrictions on lifting, exercise, and overhead reaching continue. Swelling keeps diminishing, and early result contours begin to emerge, even though final positioning and shape haven't yet fully stabilised.

Suture removal or absorption occurs during this period, and transition to less restrictive support garments may be permitted. Gentle range-of-motion exercises may be introduced to prevent shoulder stiffness whilst avoiding strain on healing breast tissues.

Long-Term Healing (Months 3–12)

Breast shape, position, and softness continue changing for months after surgery. Implants settle into their final position, typically dropping slightly and expanding outward. Swelling fully resolves, scars fade and mature, and sensation changes stabilise. Most patients reach their final result appearance by six months to one year post-operatively.

Scar management during this period includes massage, silicone treatments, and sun protection to optimise scar appearance. Follow-up appointments at regular intervals allow monitoring of healing progress and address any concerns as they arise.

Safety Considerations and Potential Complications

Breast surgery is generally safe when performed by qualified surgeons in appropriate facilities, but understanding potential complications is an essential part of making an informed decision.

Common Post-Operative Concerns

Expected post-operative experiences include swelling, bruising, temporary numbness or hypersensitivity, and asymmetry during healing. These typically resolve without intervention as healing progresses. Some minor differences between breasts naturally exist and may persist, which is a normal part of outcomes that surgeons discuss honestly with patients before surgery.

Complications Requiring Medical Attention

Certain symptoms warrant immediate medical evaluation: signs of infection including increasing redness, warmth, purulent drainage, or fever; excessive swelling on one side suggesting haematoma or seroma formation; implant malposition or displacement; wound separation; or severe, uncontrolled pain. Early intervention for complications significantly improves outcomes and reduces long-term consequences.

Implant-Specific Considerations

For augmentation patients, implant-related considerations include capsular contracture (scar tissue formation causing firmness), implant rupture or deflation, rippling or visible implant edges, and the rare condition breast implant-associated anaplastic large cell lymphoma (BIA-ALCL). Regular monitoring through clinical examination and, for silicone implants, imaging surveillance helps detect concerns early.

Implants are not lifetime devices. Revision surgery for implant replacement, removal, or complication management should be anticipated at some point, potentially multiple times over a patient's lifetime.

Long-Term Health Monitoring

Patients should maintain ongoing breast health monitoring with their surgical team or primary care providers, including regular breast examinations and appropriate imaging. Breast surgery does not eliminate breast cancer risk, making continued screening important. Certain surgical techniques may affect mammography interpretation, so radiologists should always be informed of a patient's surgical history.

Factors Influencing Surgical Outcomes

Multiple variables affect breast surgery results and patient satisfaction.

Anatomical Considerations

Pre-existing breast characteristics significantly influence achievable outcomes. Chest wall width, rib cage shape, breast base dimensions, existing breast tissue volume and density, skin elasticity and quality, and degree of existing ptosis or asymmetry all shape what's surgically possible. Realistic expectations account for the patient's anatomical starting point rather than an idealised outcome.

Lifestyle and Health Factors

Smoking severely compromises healing through reduced blood flow, significantly increasing complication risks including skin necrosis, infection, and wound healing problems. Weight stability before surgery improves result longevity, as significant weight changes can alter breast appearance over time. Overall health status, including management of conditions like diabetes or autoimmune disorders, also affects healing capacity and complication risk.

Surgeon Expertise and Technique

The qualifications, training, experience, and aesthetic judgment of the surgeon substantially affect outcomes. Me Clinic's plastic surgeons bring over 35 years of collective experience to each procedure, with a commitment to ongoing professional development and ethical practice consistent with the Responsible Cosmetic Surgery™ philosophy. Prospective patients are encouraged to review surgeon credentials, examine before-and-after photographs, and discuss technique and approach during consultation.

Setting Realistic Expectations

Successful breast surgery begins with a shared understanding between patient and surgeon about what's genuinely achievable.

Understanding Limitations

Breast surgery can significantly improve breast appearance and address specific concerns, but it cannot achieve anatomical perfection or fundamentally alter body type. Results should appear natural and proportionate to the patient's frame. Scars are permanent, though they typically fade to thin, fine lines with proper care over time.

Individual Variation in Results

Healing capacity, tissue response, and final aesthetic outcomes vary amongst individuals because of genetics, age, hormonal factors, and tissue characteristics. Two patients undergoing identical procedures may achieve different results based on these factors. Surgeons aim for predictable outcomes whilst acknowledging that biological variation introduces some degree of uncertainty.

Satisfaction and Revision Rates

The great majority of breast surgery patients report high satisfaction with their results and would choose to undergo the procedure again. However, revision rates vary by procedure type, and some patients may require additional surgery to address complications, asymmetry, or a desire for changes in size or position over time. Understanding that revision may be necessary helps patients approach surgery with appropriate expectations and financial planning.

Preparing for Surgery

Preparation makes a meaningful difference to both surgical outcomes and recovery experience.

Pre-Operative Instructions

Patients receive specific instructions regarding medication adjustments. Aspirin, anti-inflammatory medications, and supplements that affect bleeding must be discontinued before surgery. Fasting requirements typically include nothing by mouth after midnight before surgery day. Arranging transportation home and assistance for the first 24–48 hours is important for both safety and comfort during early recovery.

Home Preparation

Setting up the recovery environment in advance helps considerably. This includes arranging the sleeping area with extra pillows for elevation, stocking easy-to-prepare foods, placing frequently needed items within easy reach to avoid overhead reaching, and preparing loose, front-opening clothing for easy dressing.

Mental Preparation

Understanding the recovery timeline, anticipated discomfort levels, temporary appearance during healing, and activity restrictions helps patients prepare for the post-operative period. Breast surgery is a process rather than a single event, encompassing consultation, surgery, recovery, and long-term follow-up. Patients who approach it with that understanding tend to navigate recovery more smoothly and with more realistic expectations throughout.

References

No source documents provided.

--- ## Label Facts Summary

> **Disclaimer:** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

Verified Label Facts - **Procedure Name:** Breast Lift With Implants (Mastopexy with Augmentation) - **Provider:** Me Clinic - **Procedure Category:** Cosmetic & Reconstructive Breast Surgery - **Procedure Type:** Combination surgical procedure - **Conditions Addressed:** Breast

ptosis (drooping), asymmetry, volume loss, tuberous breasts - **Surgical Goals:** Increased volume, elevated contour, improved symmetry, upper breast fullness - **Anaesthesia Type:** General anaesthesia - **Typical Procedure Duration:** 1 to 4 hours - **Discharge:** Same-day (most cases); overnight stay for more extensive procedures - **Recovery to Sedentary Work:** Approximately 2 weeks - **Full Result Timeline:** 6 to 12 months post-operatively - **Implant Options:** Saline or cohesive silicone gel-filled devices - **Implant Placement Options:** Subglandular (under breast tissue) or submuscular (under pectoralis major) - **Incision Pattern:** Determined by degree of ptosis; periareolar, vertical (lollipop), or anchor-pattern - **Provider Experience:** Over 35 years - **Surgical Philosophy:** Responsible Cosmetic Surgery™ - **Consultation Includes:** Anatomy assessment, goal alignment, before-and-after review, risk education - **Price:** Value not published - contact manufacturer directly

General Product Claims - Breast surgery addresses both aesthetic concerns and functional needs - The field has evolved with advancements in surgical techniques, implant technology, imaging capabilities, and patient safety protocols contributing to improved outcomes and reduced complication rates - Cohesive gel implants are designed to maintain shape integrity whilst providing natural movement and texture - Fat transfer augmentation provides modest volume enhancement; some transferred volume will be naturally reabsorbed over subsequent months - Breast reduction can address chronic neck, back, and shoulder pain, posture problems, bra strap grooving, skin irritation, and restricted physical activity - Autologous reconstruction produces living tissue that ages naturally with the body - Swelling, bruising, and discomfort typically peak during the first 48–72 hours post-operatively - Implants settle into their final position (typically dropping slightly and expanding outward) over time - Scar management including massage, silicone treatments, and sun protection can optimise scar appearance - Smoking severely compromises healing through reduced blood flow, increasing risks of skin necrosis, infection, and wound healing problems - Weight stability before surgery improves result longevity - Breast surgery does not eliminate breast cancer risk - Certain surgical techniques may affect mammography interpretation - Implants are not lifetime devices; revision surgery should be anticipated - The great majority of breast surgery patients report high satisfaction with their results - Computer imaging results are estimates only and are not guarantees - Breast surgery cannot achieve anatomical perfection or fundamentally alter body type - Scars are permanent but typically fade to thin, fine lines with proper care

Related Products & Brand Context

Breast Lift With Implants – Enlarge & Contour Breast Surgery is offered by Me Clinic, an Australian cosmetic surgery provider accessible at meclinic.com.au. The procedure sits within Me Clinic's breast surgery range and represents a combination approach that addresses two distinct concerns — volume loss and breast ptosis (drooping) — within a single operation. Me Clinic positions this as a service delivered by experienced cosmetic surgeons, with consultations available to assess individual suitability.

Within the category hierarchy, this procedure falls under Healthcare & Medical Services > Cosmetic Surgery Procedures > Breast Surgery. That placement reflects its clinical nature: it is a surgical intervention rather than a non-surgical cosmetic treatment. Within the breast surgery subcategory, a breast lift with implants occupies a specific niche — distinct from a standalone breast augmentation (which adds volume but does not reposition tissue) and from a standalone mastopexy or breast lift (which reshapes without changing size). The combination procedure is typically recommended when a patient presents with both volume deficiency and skin laxity, conditions that neither procedure alone would fully resolve.

Because the workspace knowledge graph returned no sibling or related-product data for this listing, it is not possible to name other Me Clinic procedures from confirmed graph context. However, based on the linked entity description, the procedure is documented as appropriate for droopy breasts, breast asymmetry, and tuberous breasts, suggesting it may share a patient pathway with other corrective breast surgery options that Me Clinic lists on the same domain — though those cannot be named here

without confirmed data.

From a use-case adjacency standpoint, patients consulting for this procedure commonly require pre-operative assessments, anaesthesia services, and post-operative care products such as surgical support garments and scar management treatments. These adjacent needs are typical across the broader cosmetic surgery category, though no specific related products from Me Clinic's range are available in the current knowledge graph to reference directly.