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GUIDES · BREAST AUGMENTATION

Breast Lift (Mastopexy)

A breast lift reshapes the breast tissue and raises the nipple to a more youthful position, with or without an implant. The scars run around the areola and often vertically below it; looking after them in the first weeks gives the best long-term result.



1 At a glance

PROCEDURE TIME	ANAESTHESIA	GOING HOME	GARMENT / DRESSING
About 2–3 hours	General anaesthesia	Home the same day or next morning	Surgical support bra 24/7 for 6 weeks

STITCHES	BACK TO WORK	EXERCISE
Mostly dissolvable; some may be trimmed at 2 weeks	2 weeks (desk work)	Walking from day 1; full exercise after 6 weeks

2 Before your surgery

Specific to this procedure

- Buy two front-fastening surgical support bras in the size we advise.
- If you are over 40 or have a family history of breast cancer, a recent breast scan may be needed first.
- If you are planning pregnancy or major weight loss, tell us — both can change the result.

Preparing for surgery

2–4 WEEKS BEFORE

- Stop smoking and all nicotine — cigarettes, vapes, shisha, patches and gum — at least 4 weeks before and 4 weeks after surgery. Nicotine narrows the small blood vessels that heal your wounds and is the commonest cause of wound breakdown.
- Complete the blood tests, ECG or other checks we request, and bring any recent results you already have.
- Tell us about every medicine, supplement and herbal product you take, any allergies, and any previous anaesthetic problems.
- If you take the contraceptive pill, hormone therapy, or weight-loss injections (such as Ozempic, Wegovy or Mounjaro), tell us early — some need to be paused before anaesthesia, and we will tell you exactly when.
- Arrange time off work and help at home for the first days, especially if you look after young children.

10 DAYS BEFORE

- Stop aspirin, ibuprofen and other anti-inflammatory painkillers, and supplements that thin the blood: fish oil / omega-3, vitamin E, ginkgo, garlic, ginseng and turmeric. Paracetamol is fine.
- Do not stop any prescribed blood thinner (warfarin, apixaban, clopidogrel and similar) on your own — we will plan this with you and your doctor.
- Avoid alcohol from one week before surgery.
- Let us know straight away if you develop a cold, fever, cough, cold sore or any skin infection — surgery may need to move to keep you safe.

THE DAY BEFORE

- Nothing to eat for 6 hours before your admission time. You may drink plain water until 2 hours before, unless we give you different times.
- Take your usual morning medicines with a sip of water only if we have told you to.
- Prepare your recovery space: extra pillows, loose front-opening clothes, water bottle, phone charger within reach.
- Arrange an adult to drive you home and stay with you for the first 24 hours. You must not drive or take a taxi alone after anaesthesia or sedation.

ON THE DAY

- Shower and wash your hair. Do not apply body lotion, make-up, false lashes, nail polish, fake tan, perfume or deodorant.
- Remove jewellery and piercings; leave valuables at home. Wear glasses rather than contact lenses.
- Wear loose, comfortable clothes that open at the front and flat shoes.
- Bring your ID, your list of medicines, and your compression garment if we asked you to buy one.

3 After your surgery

Your medicines

- Augmentin (antibiotic): 1 tablet twice a day, with food, for 7 days. Finish the full course even if you feel well. Tell us before surgery if you are allergic to penicillin.
- Reparil (for swelling and bruising): 2 tablets three times a day for 7–14 days, as we tell you.
- Brufen (painkiller): take it only when you need it, with food. If you cannot take anti-inflammatory painkillers — for example because of stomach ulcers, kidney problems or asthma — tell us and we will give you an alternative.
- Fusidic acid cream (antibiotic cream): apply a thin layer on the wounds twice a day, after showering, until they have healed.

First week

- Rest with your back raised and sleep on your back for 4–6 weeks.
- Walk gently around the house every couple of hours.
- Keep your arms below shoulder height and lift nothing heavier than 2–3 kg.
- If you have drains, record what they collect; they are usually removed within a few days.

Wounds and the bra

- Wear the support bra day and night for 6 weeks, removing it only to shower.

- Shower from 48 hours (or after drains are out); leave tapes in place and pat dry.
- Small areas of slow healing where the scars meet under the breast are common — keep them clean and dry and we will dress them.
- No baths, pools or saunas for 4 weeks.

Scars

- Once the wounds have fully healed (usually around 3 weeks), start silicone scar tapes. Wear them day and night, taking them off only to wash, for at least 3 months.

- Scars are pink and firm at first, then soften and fade gradually over 12–18 months.
- Keep scars out of the sun for at least a year — sun makes them darker. Cover them, or use SPF 50 once they have healed.

What to expect

- Some asymmetry is normal. No two breasts are exactly the same, before or after surgery, and small differences in size, shape or nipple position can remain.
- Swelling often settles unevenly, so one side may look different from the other in the first weeks. Wait 3–6 months before judging the final shape.
- Nipple sensation may be reduced, increased or different on each side for several months. It usually improves with time, but in some cases the change can be permanent.

4 Your recovery, week by week

Day 1–3
Tightness and soreness; drains (if any) removed in the first days.

Week 1–2
Checks and dressing changes. Back to desk work at about 2 weeks.

Week 6
Bra can be relaxed; return to the gym.

Months 3–12
Breasts settle; scars fade from pink to pale over a year.

5 Follow-up visits

- 4 days after your procedure
- 2 weeks after your procedure
- 4 weeks after your procedure
- 6 weeks after your procedure

Call us straight away if you notice

- A nipple or areola turning dark blue or black.
- One breast becoming much larger, harder or more painful than the other.
- A temperature of 38 °C or higher, shivering, or feeling generally unwell.
- Bleeding that soaks through the dressing, or does not stop after 10 minutes of firm pressure.
- Swelling that is sudden, tense and painful, or clearly larger on one side than the other.
- Redness that is spreading, increasing heat, pus, or a bad smell from a wound.
- Pain that is getting worse rather than better, or not controlled by the medicine we gave you.
- Pain, swelling or redness in a calf, or new breathlessness or chest pain — call 998 first.

Chest pain, difficulty breathing, or heavy bleeding that will not stop: call 998 (ambulance) or go to the nearest emergency department, then let us know.

Questions while you recover — Message or call the clinic any time — no question is too small, and it is always better to ask early. **+971 50 108 8378** (WhatsApp) · info@eyas.doctor

This guide gives general advice. Dr. Eyas may give you instructions made just for you — at your consultation or when you go home after surgery. If his instructions are different from this guide, follow his instructions. If you are not sure, message us. Last reviewed: November 2026.