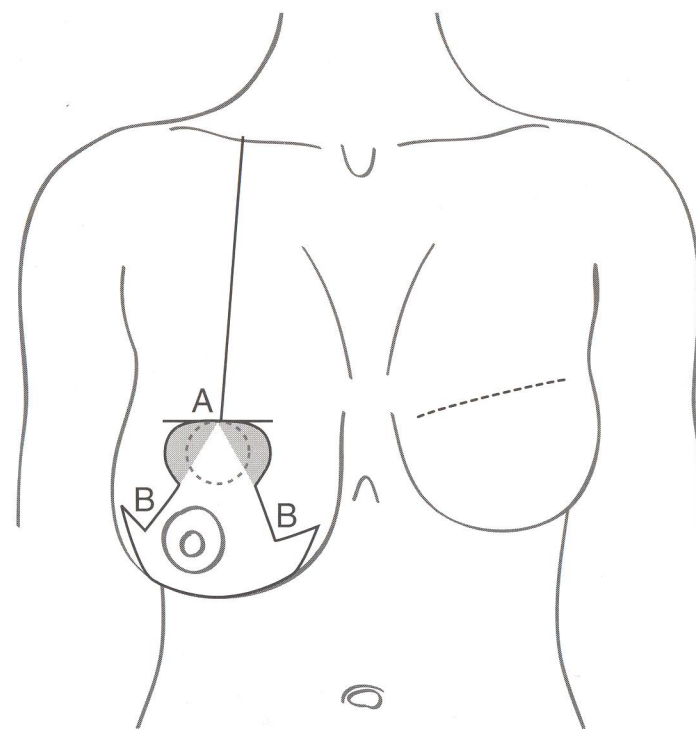


6

Marking the new areolar position

The incision lines AB medially and laterally have been marked, and with the patient again standing, the new areolar position is marked. This usually takes the form of a 5 cm diameter circle (or whatever the desired size is to be) and two semi-circles are transferred onto the incision lines AB. The cut out incision therefore becomes keyhole shaped with a rounded upper part and a vertical lower segment of 5 cm.



7

Marking the inferior resection

With the patient either lying back or in a semi-sitting position, the inferior part of the breast is marked. The point 'B', where the breast meridian crosses the inframammary crease, will join up with the other two points 'B' at the bottom end of the medial and lateral vertical scars. The excess of skin in the inferior part of the breast will be excised to allow all three points to come together. The horizontal excess is excised as two triangles with equal lengths of side, both medially and laterally. Within this area a pedicle is marked for the nipple and areolar complex for subsequent de-epithelialising. This area should have a width of 8-10 cm.