Ultimately this means elasticity of skin. Some skin will stay exactly as tight as it is designed to be at the end of surgery, while some skin will re-loosen after surgery, in spite of everyone’s best efforts. This is not something that is preventable, but an experienced surgeon will make their best effort to place skin to the appropriate tightness based on your own tissue characteristics.

Any time there is a return to the operating room for a bleeding problem (1-3% of cases) or infection issue (<1% of cases), the subsequent healing and scarring can be more problematic.

Diabetes and other systemic conditions that affect major organ systems can also affect wound healing. Also, using nicotine as smoked tobacco or in any other form can be very problematic for the critical processes of incision healing and skin graft take.

Of course, surgeon skill is one of the critical variables that determine a good result. Like any procedure surgeons who have a high volume of reliable results will continue to be the most reliable.

In spite of the most perfect incision closures, some patients will get thicker, ropy scars that are called ‘hypertrophic scars’ which might need steroid injections to get them to calm down. Very rarely, keloid scars can occur which are scars that actually invade the surrounding healthy tissue with scar tissue to some degree.

A person’s inherent symmetry of their chest contour or breast volume and shape, as well as the presence of excess fat in the trunk from obesity or lots of excess skin from weight loss, can all affect surgery results and make the process of planning incisions more challenging for the surgeon.

Believe it or not, it’s absolutely possible for a patient to ruin their otherwise great result by ignoring their doctor’s instructions. This might be activity limitations close to surgery, or limiting skin stretch by not having your elbows at or above your shoulders for 6 months after surgery.