

Breast Reduction

Introduction

What may be the reasons for having a breast reduction?

The operation of breast reduction is obviously designed to make the breasts smaller and more shapely. The reason for having a breast reduction may differ from patient to patient. Most patients with heavy breasts have one or more of the following problems:

- 1) Back, neck, shoulder or breast pain
- 2) A rash under the breasts especially during the summer months
- 3) Difficulties with exercise
- 4) Difficulty with clothing and supporting the breasts
- 5) A feeling of embarrassment and/or depression
- 6) There may be a marked difference in the size of the breasts (asymmetry)

How long should I wait after pregnancy and breast-feeding?

You should wait six months to a year after pregnancy and breast-feeding before considering a breast reduction, as during this time the gland will be getting smaller (involuting) and there is a danger if you have a breast reduction too soon after a pregnancy, that ultimately your breasts will end up too small.

How is it done?

There are many different methods used in breast reduction. All the methods have in common the fact that the nipple is lifted to a higher position, usually remaining attached to the underlying glandular tissue. There will therefore have to be a scar around the nipple areolar disc and a further vertical scar from this to the sub-mammary fold. In most cases these are the only scars that are required and the operation is called a vertical scar mammoplasty and is an operation that we have particular expertise in. In larger breasts or where there is a large amount of thin skin, then a further scar is required horizontally in the sub-mammary fold. In extremely large breasts the nipple areolar is removed completely from the breasts and re-positioned as a free graft. Obviously if this were the

case, there will be no sensation in the nipple and you would not be able to breast-feed post operatively.

What precautions should I take before surgery?

Pre-operatively no Aspirin or medicine containing Aspirin should be taken for three weeks. If you smoke you should cut down one week before surgery and stop completely three days before surgery to try and minimise postoperative complications which are more common in smokers.

How bad will the scarring be?

Scars are an individual response to surgery and vary from person to person and from one part of the body to another. In general scars fade and soften over a period of one year. However they will never disappear and it is unlikely that you would want to sunbathe topless after a breast reduction. Occasionally in very young and/or darker skinned patients the scars can thicken, become raised and itchy after surgery (scar hypertrophy) and in severe cases become keloidal. This is very rare and can be helped should it develop.

How long does the operation take?

The operation takes approximately two hours and is performed under general anaesthetic. Usually you will stay in hospital for one night and you will be fit to leave hospital the following morning once the drains have been removed.

When should I stop eating or drinking before surgery?

If your operation is in the morning you will be asked to have nothing to eat or drink from midnight the night before. If it is in the afternoon then you should have nothing to eat or drink from 7am and you should have somebody to drive you to the hospital.

How will I look after surgery?

Following surgery your breasts will be covered with a dressing which will be covered with Elastoplast making a supporting brassiere. It is sometimes a good idea to bring one of your old bras with you to support these dressings in the postoperative period. Nothing further should be required until you reattend the hospital after ten days, when all the dressings will be removed and the wounds inspected. We use dissolving stitches and therefore their removal is not necessary.

Are there any complications that I should be looking out for?

In general the postoperative period is usually smooth and with surprising lack of pain. Mild painkillers such as Paracetamol are all that are usually required. Please be very careful to avoid Aspirin or any medications that contain Aspirin. If you should notice that one breast becomes swollen particularly if it is tender or red, inflamed and/or you feel hot and fluey, then you should immediately contact a member of staff of The Stamford Hospital.

What about exercise and when will I return to normal activities?

During the first six weeks care must be taken to avoid stretching the scars and so only moderate activity is advisable and any exercise undertaken should exclude shoulder movements and arm movements. You will need someone to help you at home for the first 48 hours. A two to three week convalescence is usually sufficient to allow you to return to work. A return to sporting activity is possible after six weeks.

What sort of complications are possible with breast reduction?

As with any surgical operation there is a possibility of complications, which are fortunately rare with the newer techniques of breast reduction. Occasionally a collection of blood (haematoma) can occur. If this is significant it happens within 24 hours and so you are still in hospital and in the very occasional case it may require a small second general anaesthetic to evacuate the blood and find the bleeding blood vessel. Blood transfusion is never required after breast reduction.

One in ten patients will lose some feeling in their nipples. In the first three months after surgery this is much higher and is also higher in patients with very large breasts. Often such patients have poor sensation before surgery. More importantly the nipple may not like being elevated to its new position and sometimes this results in scabbing of the surface of part of the nipple which may result in a discolouration. Very very rarely the nipple may perish (in the last three years we have had an extremely low rate of this complication).

Fat necrosis on the other hand is more common. If the breast is very fatty, then when it is incised some areas of fat may lose their blood supply and die. This will become evident in the postoperative period with hardness of the breast and usually no specific treatment is required. It resolves over a period of three to six months and nothing further is required. Occasionally there may be problems in wound healing and this varies with the type of operation undertaken. If there is a lot of tension around the vertical scar then there may be a minor wound healing problem where the vertical scar meets the infra-mammary scar.

With the vertical scar mammoplasty, a very early postoperative problem is skin wrinkling which takes up to twelve weeks to resolve (rather like the skin contracture following

pregnancy). I would advise you to wear a sports bra for the first twelve weeks to help mould the breast tissue and achieve quick skin contracture.

What may be a late complication of surgery?

Apart from the appearance of the scars there may be minor asymmetry in size volume or shape between the two breasts and in particular in the shape of the nipple areolar complex. It is always a matter of judgement and very occasionally patients do require an adjustment of one breast or the other.

What size will I be?

Provided our discussions are thorough before surgery, it is usual to produce a satisfactory size of breast reduction for the patient. You must take into account that what is a B or a C cup for one lady is different for another. Initially there is swelling in the breast and therefore a final judgement on the new size of the breast should not be made for at least six months and this will be influenced also by how much weight you lose or gain in this period. It is obviously easier to further reduce the breast rather than to try and make it larger.

Will my breasts grow again after surgery?

Your breast size is determined by the amount of fat in the breast and this is influenced by your general shape and size as to whether you are fat or thin. If you gain weight after surgery, which on the whole is rare, then your breasts will increase in size. The breasts also consist of glandular tissue and there are some patients who are very sensitive to the circulating oestrogen and progesterone and their breasts go on growing. In particular young girls who have a breast reduction in their early years may find that with or without pregnancy their breasts carry on growing. Occasionally therefore we do have to undertake a second breast reduction. In some patients the supporting ligaments of the breast are permanently damaged by stretching. Whilst the breasts are reduced in size, the overall shape apparent after surgery slowly changes and the breasts take up a more droopy (ptosed) but natural shape.

Will I be happy with my surgery?

We now have very good evidence that the vast majority of patients are extremely happy with the results. A few patients who develop bad scars are obviously less so. The majority of patients are relieved of their back and shoulder pain, some patients are relieved of pain in their breasts. Many patients are able to enjoy a completely new lifestyle such that they lose weight and gain great psychological support and inner confidence from this operation.

If there are any problems or anxieties post-operatively, please get in touch with The HealthXchange Clinic on 736699 or out of office hours Dr J G Curran 265797 or mobile 07781 165797.