

## Breast Reduction

### What is a breast reduction?

It is an operation to reduce the breasts to a more manageable size for you. It inherently uplifts the breasts as well

### Who would benefit?

It is particularly helpful for those women suffering physical difficulties with over sized breasts. These problems often include backache and neckache, difficulty with running and physical exercise, awkward fitting of bras and clothing, sweating, infections and rashes under the breasts, occasionally tingling in the little fingers and often, considerable social and psychological embarrassment.

Some 97% of women undergoing breast reduction are pleased to have done so, but it should be considered a functional, practical operation rather than cosmetic, mainly because of the scarring involved.

### How is the operation performed?

The operation is carried out with you is asleep (general anaesthetic) and normally takes about 2-3 hours for the two breasts together.

Although there are many different techniques of breast reduction the basic idea is the same. It involves moving the nipple to a new position higher up the breast and removing the lower portion of the breast to reduce its size. The different techniques leave different patterns of scars, the commonest I use is the anchor shaped one, with the scar running round the nipple, then vertically down below it under the breast to meet a horizontal scar in the underneath fold of the breast. I use dissolving stitches and may use drains. The operation site is dressed with surgical tape.

### What should you expect postoperatively?

You should expect to stay in hospital for 1-2 days.

The drains are usually removed the next day. Pain will be controlled adequately. You will be fitted with a support bra after the operation to wear for 4-6 weeks. I recommend you avoid underwired bras for some six weeks, until the scars have settled. Chaffing of the scars by the bra can cause it to become red and inflamed.

You should be able to take a shower the next day and when comfortable and confident enough you will be able to leave the hospital.

You may feel tired for some two weeks following the operation, but thereafter should improve rapidly and in 4-6 weeks should be back to hopefully a healthier you.

Dissolving stitches occasionally reach the surface like the ends of prickly bits of fishing line. They eventually disappear or can be removed.

There may be minor asymmetries of size, shape and areolae as no two breasts are same.

### What are the possible complications?

1. The scars usually settle well over eighteen to twenty four months after the operation and often end up as pale lines. Occasionally, they become stretched or red and lumpy for many months before settling down (hypertrophic scars) or, rarely, persistently red and lumpy and unsightly (keloid scars).
2. Bleeding (haematoma) can occur in 2-3% of patients and will require a return to theatre to remove the blood usually in the first 24 hours after your operation.
3. Infection is uncommon and usually superficial if it occurs. It resolves with antibiotics and dressings. Healing may be delayed for a few weeks.

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4. Where the two scar lines meet "T" junction breakdown can occur. This may take a few weeks to completely heal with regular change of dressings (either at the hospital dressing clinic or at home).
5. Nipple sensation is often low in women with large breasts and can be reduced further with the operation. Occasionally it can be improved, but this is unusual.
6. Occasionally, there is obvious correctable asymmetry of shape, volume or areolae. Also, occasionally there are little skin folds left at the ends of the wounds (dog ears). It is best to leave everything to settle for several months before considering any revisional surgery.
7. Loss of the nipple areolar and underlying breast tissue. Sometimes there is not enough blood flowing to the nipple and it can lose height, colour or even die. This is uncommon (less than 1 in 200), but if it does happen it may mean several further procedures to get an acceptable result and it prolongs healing time.
8. Firm lumps resulting from areas of fat with inadequate blood supply (fat necrosis) can occur following breast reduction. Rarely, these lumps of fat can liquefy and leak through the wound as an oily material. These lumps usually soften and disappear over time. They may need to be differentiated from cancer especially if they persist.

### *Did you know!*

1. Breast reduction may reduce the risk of breast cancer by removing some of the breast tissue. Although the breast tissue removed is sent for histological examination, it may be wise to have a mammogram done before the operation in older women.
2. Breastfeeding is feasible in approximately 25-30% of women after the operation, depending on the technique used.
3. Some women have large folds underneath the arms. With the breasts made smaller, these folds may appear proportionally larger. These are not part of the breast and may require separate treatment if they are causing concerns.
4. Occasionally the breast is so long and droopy that it is doubtful the blood supply to nipple will be adequate. In this situation it may be safer to remove the nipple and areolar from the breast and replace it in its new site as a graft. It will usually pick up fresh blood supply at its new site, but sometimes the graft will not survive or there will be a loss of nipple height or colour. Furthermore, sensation is unlikely to return, and the ability to breast feed is lost as there is no connection between the milk ducts and nipple.

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