MD AESTHETICS

# Breast Reduction

**What is a Breast Reduction?**

Breast reduction, or a reduction mammoplasty as it is alternatively known, is an operation to make your breasts smaller and lighter through the removal of breast tissue, and more 'pert' through lifting and reshaping.

**Women that may benefit from a Breast reduction are those who:**

1. have large breasts causing any/all of the following;
    a. back &/or neck pain
    b. shoulder pain
    c. bra straps cut in to the shoulders leaving near permanent grooves
    d. sweat rash &/or infection develops on the skin beneath the breasts
    e. impair the ability to exercise
2. wish to create a more proportionate figure
3. wish to try to improve any asymmetry in breast size
4. are not happy with the large size and shape of their breasts
5. just want smaller breasts
6. want to improve self-image and esteem

**What size will my breasts be?**

This is a difficult question to answer, but Mr Davis will be guided by your personal goals – limitations do apply in that it is sometimes not possible to reduce to a very small breast from very large breasts as enough tissue needs to remain in order to shape a breast from. Mr Davis aims to leave a breast in proportion to your frame.

**Breast Screening**

When you are required to have a mammogram as part of the national breast cancer screening program, or for any other reason, please notify the radiographer that you have had breast reduction surgery – fat necrosis can result in calcification within the breast that can mimic breast tumours – experienced Radiologists can recognise and distinguish that caused by fat necrosis. There is no evidence that having a breast reduction reduces the ability to detect breast cancer.

## How is the operation performed?

The operation is carried out under a General Anaesthetic (you are asleep) and takes around three hours to complete. Several different 'designs' of incision can be made in order to reduce the size of your breasts – this will be dependent upon multiple factors including the size and shape of your breasts, the amount of tissue to be removed and the size of breasts you are aiming to have after surgery. Scars can be either:

- ***Periareolar*** **-** around the Nipple-Areolar Complex (the pigmented area around your nipple)
- ***Vertical*** **-** around the nipple and straight down to your breast crease (Lollipop scar)
- ***Wise Pattern –*** anchor shaped scar around the nipple, vertically down to and along the breast crease

The technique employed to give you the best results will be discussed with you by Mr Davis in clinic.

It is not uncommon that you can go home the same day as the surgery, but occasionally a single night in hospital is advised depending upon multiple factors such as your overall medical health, distance to home from the hospital, who is at home with you etc. – this will again be discussed and agreed upon in clinic when you consult with Mr Davis.

## What happens after surgery?

You will be required to wear a non-underwired support post-surgical bra (Mr Davis advocates LipoElastic® garments) for a period of six to twelve weeks. You will be encouraged to shower twenty-four to forty-eight hours after surgery, however you are to dab your breasts dry, let them dry naturally or to use your hairdryer on a cool setting to blow them dry – you are **NOT** to rub your breasts for one month after surgery.

After two weeks you will be asked to apply moisturiser over your scar on a daily basis for a period of three months.

You will come for a wound check one week after your surgery and routinely return to see Mr Davis in clinic between four and six weeks after surgery, and again after three months. Further follow-ups will be arranged as necessary.

## Potential risks (see end of information sheet for explanations of each one)

- *Bleeding & Haematoma*
  Bleeding can occur at any time in the first 10 days or so after the surgery so you should therefore avoid any trauma to your breast area and avoid strenuous exercise or anything that is causing your breasts to be moving vigorously in any direction. Where possible, arm movements should be limited in the first week.
  Your breast will usually become swollen and tender with a bleed and may develop bruising – if this occurs you should return for review as you may require a return to the operating theatre to explore and stop any bleeding vessel(s)and remove any blood.

- *Seroma*
  This is a collection of clear/pale yellow fluid that essentially leaks and collects from the tissues as part of the normal reaction to surgery/injury. This nearly always resorbs over a period of weeks, but is occasionally large enough to warrant it being aspirated with a needle and syringe in clinic.

- *Infection*
  Whilst not common, should it occur your breasts may be swollen, red, warm/hot and tender – not to be confused with the inflammation of healing. You may also feel unwell in yourself. This is treated with a 5-to-7 day course of oral antibiotics. Very occasionally an infection can result in part(s) of the wound coming apart – this is managed by a regular change of dressings and showering, and will be allowed to heal by itself over the subsequent four-to-six weeks.

- *Swelling &/or bruising*
  Swelling will almost certainly occur naturally and can take months to fully settle down. Bruising can be treated, unless contraindicated, with the use of Arnica or other such products should you wish.

- *DVT/P.E.*
  Very occasionally a blood clot may form in one of the deep blood vessels in the leg (Deep Vein Thrombosis). Blood clots have the potential to break bits off that can travel up to the lungs resulting in a pulmonary embolus. As a way of reducing the risk you will be required to wear compression(TED) stockings on your legs from admission on the day of surgery until 2 weeks after surgery. You will also be encouraged to keep as mobile as is possible and to stay well hydrated.

- *Scars*
  Scars are by definition permanent, so will always be there. Initially scars can be red and with time should fade through pink to ultimately be pale and flat. Occasionally scars can become hypertrophic or keloid whereby they are raised, red, lumpy, itchy and unsightly or can stretch to become wider.

- *Altered nipple sensation – numb or over-sensitive*
  The nerves supplying the nipple areolar complex can be damaged during the surgery resulting in your nipple(s) feeling numb after surgery. This usually recovers with time, however permanent loss of or reduced sensation can happen. Ever so occasionally the nipple can become oversensitive.

- *Inability to breast feed*
  It is not uncommon to be unable to breast feed after a breast uplift as the milk ducts and/or nerve supply to them is interfered with when relocating the breast tissue.

- *Altered breast sensation/numbness*
  As per the nipple, nerve damage can occur to the nerves supplying the skin over the breast. This is usually temporary but can occasionally be permanent, resulting in numb skin.

- *Nipple loss – full or partial*
  Just as the nerves to the nipple can be damaged, so can the blood vessels that supply and keep the nipple areolar complex alive. Damage to these can result in some (partial) or all (full) of the nipple and areolar being lost.

- *Asymmetry*
  No two breasts are ever completely symmetrical – they are "sisters not twins". Despite best efforts to make the breasts as symmetrical as is possible, minor asymmetries will remain after surgery. Very occasionally a notable asymmetry can occur that requires further surgery to adjust volume, shape or nipple position.

- *Fat necrosis &/or lumpiness*
  When the breast tissue is mobilised its blood supply can become compromised, as per the nipple, resulting in some fat and breast tissue dying off (necrosing). This presents itself as a firm lump or lumpiness within the breast, and will usually settle by itself over the subsequent months. Very occasionally the old liquid fat can discharge itself through a hole in the scar/wound, requiring regular dressings until it settle sand heals itself. Very occasionally the fat will calcify requiring further surgery to excise it.

- *Skin necrosis*
  Very rarely the blood supply to the skin of the breast can be compromised resulting in skin dying - this is most common at the T-junction where the vertical element of the scar meets the horizontal aspect of the scar in your breast crease. This is managed, should it occur, with dressings until healed. Very occasionally the scar requires revising.

- *Wound breakdown*
  Very occasionally some of the wound can come apart for a multitude of reasons. This is almost always small enough to manage conservatively with dressings, allowing nature time to heal the area. Should any scar that forms be unsightly or an issue then this can always be revised at a later date, often under a local anaesthetic such as those used by the Dentists if putting your teeth to sleep for a filling etc.

- *'Dog ears'*
  These are little areas of skin and underlying fat/tissue that cause skin at the ends of your scars to sit a little proud. Often these settle with time and massage however occasionally they require removing under a local anaesthetic.

- *future ptosis (droop)*
  Just as the weight of your breasts combined with the help of gravity have caused the skin and ligaments supporting your breasts to stretch and droop down or position themselves lower on your chest before the reduction, these forces are still at work after your reduction with the remaining breast tissues. The best way to combat this and prolong your results is to wear good, strong, well manufactured support bras as much as is possible. I advocate the use of LipoElastic® garments.