

Breast Reduction

What is Breast Reduction?

Breast reduction or 'reduction mammoplasty' is available for women who would like to have smaller breasts. This removes the extra weight of heavy breasts and improves the quality of life for women who are troubled by large breasts.

How would I be helped by breast reduction?

You may find that your breasts are too big. This could be for reasons of body image perhaps if you have a slight or slim figure which is out of keeping with the size of the breasts. Regardless of your overall body shape, large and heavy breasts can cause pains around the neck and shoulders, affect posture or cause rubbing and discomfort from bra straps. The breast crease can be sweaty and even develop rashes or sores.

If you are sporty you may find that a big bust interferes with your activities. From time to time women have jobs or pastimes which may be difficult due to physical requirements or special clothing. Other patients find that large breasts are a source of unwanted attention and comment.

All of these problems can be successfully addressed by breast reduction; women typically have high rates of satisfaction following breast reduction surgery and this is supported by medical research into quality of life after this procedure.

Do I get an Uplift of the breasts at the same time?

The operation is designed to re-proportion the breasts by moving the nipples up and taking away excess, heavy skin and tissue from the lower part of the breasts. Breast reduction therefore 'uplifts' the breasts at the same time as reducing the size.

Are there any limitations to this operation?

The 'texture' or 'elasticity' of the breast is determined by the quality and thickness of collagen and elastin structural fibres in the skin and deeper tissues of the breast. These fibres become 'softer' and 'stretchier' with increasing age, hormonal changes, smoking, UV-sun exposure and additional stretching from milk production. The operation does NOT alter the quality of these fibres. This means that, although the shape and proportion and size of the breast will be improved, the texture of the breast will be much the same as it was before surgery (once the post surgical swelling has settled).

The operation will reduce the size of the breasts and improve the shape and proportion but it is important to note that the operation cannot move the base of the breast (i.e. the zone where the breast is attached to the chest wall) upwards. It is not usually effective at filling the upper part of the breast.

If you have very wide breasts or skin folds which pass into the armpit or onto the back it can be difficult to get a good breast shape especially if you want to make the breasts very small.

It is impossible to exactly predict the final size and shape of the breasts. The objective in most cases is to make the breasts smaller whilst still maintaining a natural and feminine characteristic.

How is the operation done?

Breast Reduction is a general anaesthetic operation. Measurements and markings are made immediately before surgery. During the operation, skin and breast tissue are removed from the underneath of the breast and from around the nipple. The remaining skin and breast tissue are reshaped around the nipple.

Scars are sited around the nipple pad, another scar is sited from the nipple pad vertically down to the breast crease and a further scar runs side-to-side in the breast crease. You end up with a circular scar around the nipple-pad and an upside-down 'T' shape dropped down from the nipple-pad.

How long does the operation take?

It is a general anaesthetic surgery which takes approximately 3-4 hours and you will be in the operating zone of the hospital for longer than this because of time taken to give anaesthetic and for 'coming-round' afterwards. Usually you will remain in hospital overnight and return home the day after operation.

How long is the recovery time?

Most patients report that their surgery was much less painful than they expected. It is usual to have moderate pain for a few days. Normal pain-medication and rest should be all that is necessary to tolerate this. There will be swelling and bruising and some tightness. It is not unusual for patients to experience a bit more pain/swelling/bruising on one side than the other.

Into your second post-op week, things will typically be much more comfortable but you may continue to get some pains and 'twinges' which can persist for longer.

Shower-proof dressings are used and a soft supportive bandage or bra will be put on you in the operating theatre or on the following day in most cases. Return to gentle daily activities (e.g washing, dressing, preparing and eating food, child care) the next day if you feel ready and comfortable to do so.

Dressings should be left intact until your first check-up 1 week after surgery. You can have a

brief shower or strip-wash but bathing and swimming should be avoided for at least 2 weeks or until all wounds are sealed and dry. The bra should be worn continuously (except for washing) for 6 weeks after surgery.

Avoid strenuous exercise / activity / jobs for 6 weeks. Patients may feel able drive the car and return to a calm office environment within a few days. If you have a more active job, you may prefer to plan 2 or more weeks off and if you have young children you should plan to have some support available until you are comfortable and confident enough to cope.

Bruising and much of the swelling will resolve in 2 – 3 weeks. The breasts will initially be larger and firmer than they will finally be - it will take approximately 3 months (sometimes longer) for the texture, size and shape of the breast to completely soften and settle.

Approximately 10% of patients will have a small section of the scar which will be a bit slower to heal - usually at the T-junction in the breast crease. Sometimes there is some blistering along the wound edges from the adhesive dressings.

Dissolving, buried stitches are used but these can emerge at the surface - they will eventually disappear but they can be picked out in clinic if they are unduly bothersome

What are scars like?

Scars are disguised by placing them around the edge of the nipple-pad, in the breast crease and vertically down from the nipple-pad to the crease.

Scars become quite pink for several months and then start to settle. It takes approximately 12 months for scars to fade and they can sometimes become and itchy before fading.

They mature well in almost all cases but it is impossible to make them completely invisible.

Patients can also experience more generalised itchiness and redness on the underside of the breasts for several weeks.

What about the results of Breast Reduction?

The breast size is reduced by taking away breast tissue and the proportion is improved by moving the nipple upwards and removing skin from the underside of the breast. Most patients are pleased to have the excess weight of heavy breasts taken away and will be aware of this benefit from an early stage.

Ultimately the physical results depend on your own tissues and the way they heal because of

- the pre-existing shape and texture of your own breasts
- the elasticity of the collagen in the skin and breast tissue
- scar and wound healing

It is important to have reasonable expectations about what can be achieved. It is impossible to exactly simulate or predict the final appearance, size and texture of the breast and it is also impossible to exactly calculate how much tissue to remove in surgery; so patients may occasionally be disappointed with the outcome despite a technically sound and appropriate operation.

Symmetry and dog-ears

Prior to surgery, most women have differences in the size and shape of each breast, the position / size of the nipple complex, level of breast fold and the shape of the ribcage and there will be differences after your operation as well.

The aim of surgery is to closely match the breasts for size and shape but it is impossible for surgery to achieve perfect symmetry in the breasts and nipple complexes.

Due to skin elasticity and variability of wound/scar healing, some degree of asymmetry will be present after surgery. It is also rarely possible to match the size and shape of the nipple pads exactly. There may be differences in scars as well.

Swelling of the breasts in the immediate weeks after surgery may differ on each side so you should not be concerned if there is some apparent asymmetry during this period as long as this is not excessive, painful or tight.

A secondary fold can develop at the ends of the breast scar and this is known as a 'dog-ear'. Every effort is made to avoid this but it may not always be possible.

Because healing processes are not entirely predictable, costs for further cosmetic adjustments are not covered by your surgical fee.

What happens if I have children?

You must not be pregnant or breastfeeding at the time of surgery. It is advisable not to become pregnant for 12 months after breast surgery in order to allow the breast to fully settle. Pregnancy itself causes no problem in the long term but ability to breastfeed after breast reduction is not guaranteed. It should be remembered that some women with un-operated breasts are unable to breast feed.

How long do results of breast reduction last?

The breast will change in shape and fullness during your natural life, usually getting slightly smaller with time. However, Approximately 1 woman in 5 will have some increase in breast size after menopause.

Some other hormonal changes and medications could cause breast size to increase.

If you have further pregnancies or fluctuation in weight, it is impossible to predict whether these events will alter the size and shape of your breasts.

Occasionally breasts can continue to enlarge despite breast reduction - these patients tend to be young (teens or 20's) who have developed very large breasts rapidly during puberty and may well still be developing at the time of surgery.

Should I be concerned about breast cancer and breast reduction surgery?

This depends on your age and any family history of breast cancer. Breast reduction surgery is not linked with breast cancer. Your surgeon will examine your breasts for lumps when you attend for your consultation.

Current guidelines advise that women aged 40 years and above should have a mammogram in advance of having breast reduction or other cosmetic breast operations.

If you are over 30 yrs old at the time of surgery Breast tissue from your surgery will be routinely sent for sampling; studies indicate that there is less than 1% chance of detecting breast cancer.

Studies indicate that women who have breast reduction may be less likely to develop breast cancer in future.

What happens to nipples in breast reduction?

Usually the nipple complex (nipple and areola) stays attached to a 'pedicle' breast tissue. This is designed to allow the nipple complex to be moved to its new position. Usually the design reduces the size of the areola.

A network of tiny blood vessels maintains blood supply that keeps the nipple complex alive. Occasionally this blood supply can be insufficient and, if this happens, part or all of the nipple complex can fail to survive. It may be possible to 'rescue' such a situation if this becomes apparent during or soon after operation.

For very large or elongated breasts, the risk of nipple complex failure is higher and a better approach may be to remove and reattach the nipple complexes as 'grafts' but, here again, there is a risk of failure.

There is also a network of tiny nerves which supply sense and erectility to the nipple. It is impossible to guarantee that these will function well after breast reduction; many patients will find that sensation and erectility is not retained and/or takes a long time to return. (Often, patients with large breasts report quite limited nipple sensation before operation)

What is 'Fat Necrosis'?

This sounds rather terrifying but it is not - if there is a zone of internal breast tissue which fails to have sufficient blood supply from its vessel network, it can become firm and may be uncomfortable. You might notice this as irregular lumpiness within a few weeks of operation. This will settle and soften but it may take a couple of years to do so.

What is 'Skin Necrosis'?

Skin necrosis is failure of circulation to the skin and if this happens, an area of the skin will become a wound. It is possible but very unusual for large areas of skin necrosis to occur; small areas adjacent to the wound edges, especially at the T-Junctions are seen more often. These are typically treated with ongoing woundcare until healed.

What are the risks of Breast Reduction Surgery?

It is impossible to eradicate all the risks associated with surgery. However, Breast Reduction is a safe procedure if performed by a fully qualified and trained Plastic Surgeon in Hospitals with a high standard of care. The majority of patients have a straightforward recovery and are pleased with the results in the short and the longer term.

Risks include:

Dangerous or urgent (but rare):

Life threatening or life changing complications from surgery (stroke, pneumonia, punctured lung, heart failure, severe allergy, severe infection, hypoxia)

Dangerous blood clots ('DVT', 'PE')

Bleeding inside the breast (approx 1-2%)

May affect cosmetic result - may settle with time or may lead to further investigations, treatment or surgery

Asymmetry (often pre-existent) of breast

Asymmetry of areola shape / size

Seroma (collection of fluid)

Development or worsening of psychological / psychiatric problems associated with body image

Failure to meet expectations

Long term pain

Failure of circulation to nipple resulting in poor healing or sometimes necrosis of nipple

Widening or contracture of scars

Poor / Slow healing especially at T-junction areas

'Dog-ears' - secondary folds at the ends of scars

Swelling, bruising, pain

Numb Nipple

Hypersensitive Nipple

Not able to breastfeed

Numb breast skin

Fat necrosis

Skin necrosis

Scar healing abnormality: 'hypertrophy'; 'keloid'

Minor wound infection or stitch problem

Allergy to dressings / antiseptics / stitches

Smoking and Vaping

These may add some risk to all operations because they make general anaesthetic less safe, and they reduce the body's ability to combat infection and heal wounds. You are strongly advised to cease smoking for at least one month before and a further month after operation.

Travel and other commitments before and after surgery?

Surgery and Long-haul air travel each carry some risk for blood clots ('DVT' or 'PE') so it is inadvisable to travel long-haul for 6 weeks each side of your operation.

You usually are required to attend the hospital 2-3 weeks before operation for pre-op health checks and tests so you should check on the likely dates for these if you are planning to be away immediately prior to your intended operation date.

Whilst this is routine surgery, problems can occur and these could be disruptive if further hospital visits or treatment become necessary. Travel plans, work and other important commitments (e.g. weddings) could be disrupted with loss or expense incurred if you develop a problem (e.g. infection, wound failure, excessive pain or swelling) in the weeks that follow surgery or if a problem were to emerge or whilst you are abroad.

The longer you can leave between surgery and travel / commitments the better. If you reach 6 weeks post-op without problem, it is most unlikely that you would run into difficulties.

For very important commitments, it is preferable to plan for several months gap after operation.

No responsibility can be accepted for expenses or losses relating to missed employment, transactions or events, curtailed travel or holiday plans, travel to receive medical care, care received at other hospitals in UK or overseas.

Swimming is not advised until scabs and crusts on the wound have separated (usually by 3 weeks).

What appointments will I have after operation?

Usually you will have a nurse appointment scheduled approximately 1 week after operation and appointments with Mr Harley approximately 3 weeks, 3 months and 1 year post op. If you have any queries or difficulties you can be seen at other times by hospital duty staff and/or Mr Harley. There are no additional charges for clinic calls or visits during the first year after operation.

You should contact the hospital directly if you have an emergency or urgent problem as there are duty doctors and nurses available at all times. If it is less urgent, please contact Mr Harley's office.