



Information about breast reduction surgery

Part 1 of 3

This leaflet explains breast reduction surgery. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the risks and complications of breast reduction surgery, and care after a breast reduction, see parts 2 and 3.

What is breast reduction surgery?

Breast reduction surgery is an operation to make the breasts smaller, by taking away fat, breast tissue and skin. The nipples are lifted and the breasts are reshaped to form smaller breasts.

Why have a breast reduction?

People have this surgery to make their breasts smaller and improve their shape.

Some women have larger breasts than they would like. Big breasts can cause problems like back or neck pain, shoulder grooves in the shoulders from bra straps, and rashes underneath the breasts. Women are sometimes self-conscious about their large breasts and feel that they attract unwanted attention. Also, it can be difficult to wear some clothes or enjoy sports, particularly when it is hot.

If you are unhappy with the shape, weight or droop of your breasts, having them reduced can make them smaller and higher. If one breast is larger than the other, this can also be evened out. You may find that after a breast reduction you are more comfortable socially and personally.

What will happen before my operation?

You will meet your surgeon to talk about why you want surgery and what you want. The surgeon will make a note of any illnesses you have or have had in the past. They will also make a record of any medication you are on, including herbal remedies and medicines that are not prescribed by your doctor.

Your surgeon will examine your breasts, and may take some photographs for your medical records. They will ask you if you want to have someone with you during the examination, and ask you to sign a consent form for taking, storing and using the photographs.

The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, pregnant or planning to become pregnant, your surgeon may suggest delaying your operation.

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Please bring this form with you on the day of surgery.

You can get further information and copies of this form from the website at www.baaps.org.uk

Your initials:





How is the surgery performed?

The operation involves first lifting the nipple into a new position, keeping it attached, and so alive, on a 'stalk' of tissue (pedicle). Extra skin and breast tissue is then cut away. The skin and tissue that is left is reshaped into a smaller, higher breast and the nipple is put back in place.

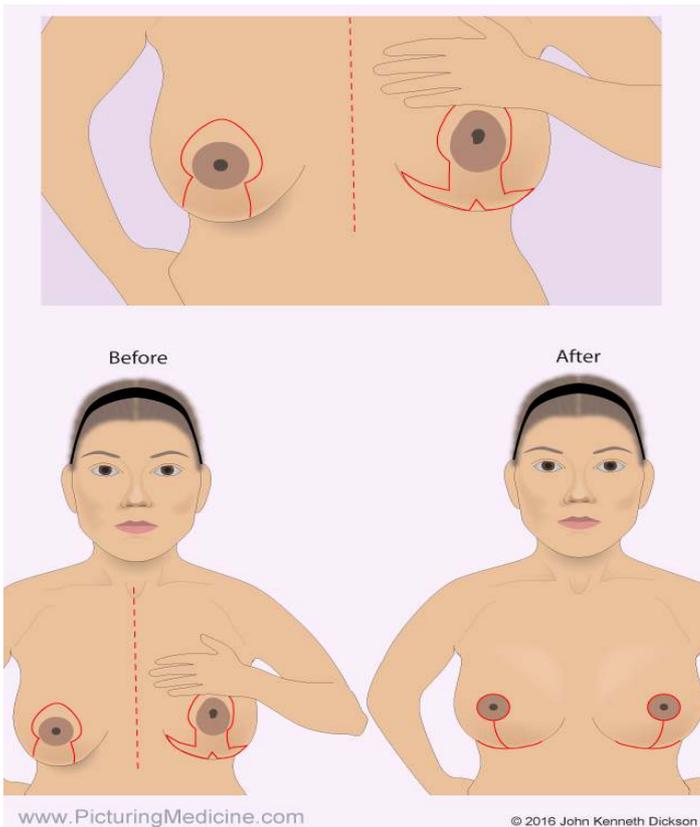
There are different types of reduction. The best type for you depends on the size of your breasts and how much of a reduction you want. The different types make different scars on the breasts. Whichever type of reduction you have, the scars should not be visible when you wear normal clothing, bras and bikini tops.

The anchor-type or inverted-T reduction (diagram 1)

This is the most common type of reduction. The cut starts around the nipple, travels straight down and then along the crease under the breast.

If your breasts are very large or droopy, your nipple might need to be completely removed and then stitched back on in a new position. Your nipple will not feel normal after this.

Diagram 1: anchor-type or inverted-T reduction



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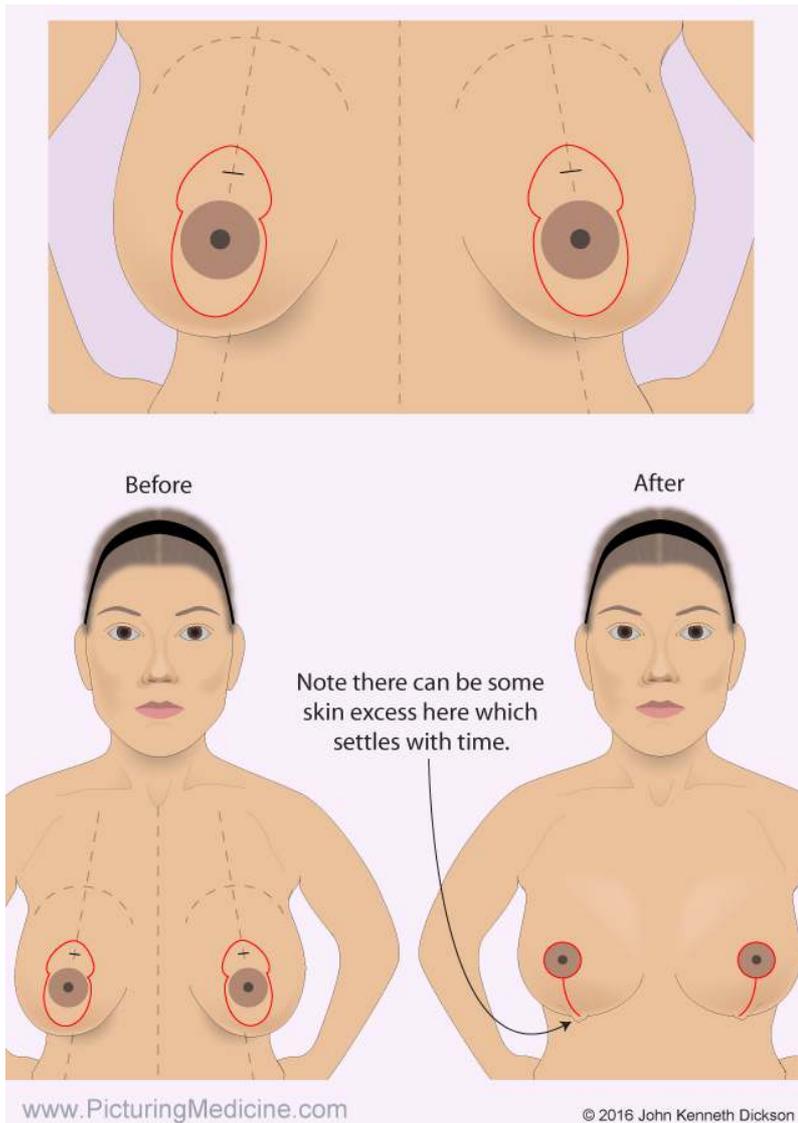




The vertical-pattern reduction (diagram 2)

The cut is made around the nipple and travels straight down, but with no cut underneath the breast. Though the scar is smaller with this type of reduction, the skin around it can look puckered. The vertical-pattern reduction is not suitable for very large breasts.

Diagram 2: vertical-pattern reduction



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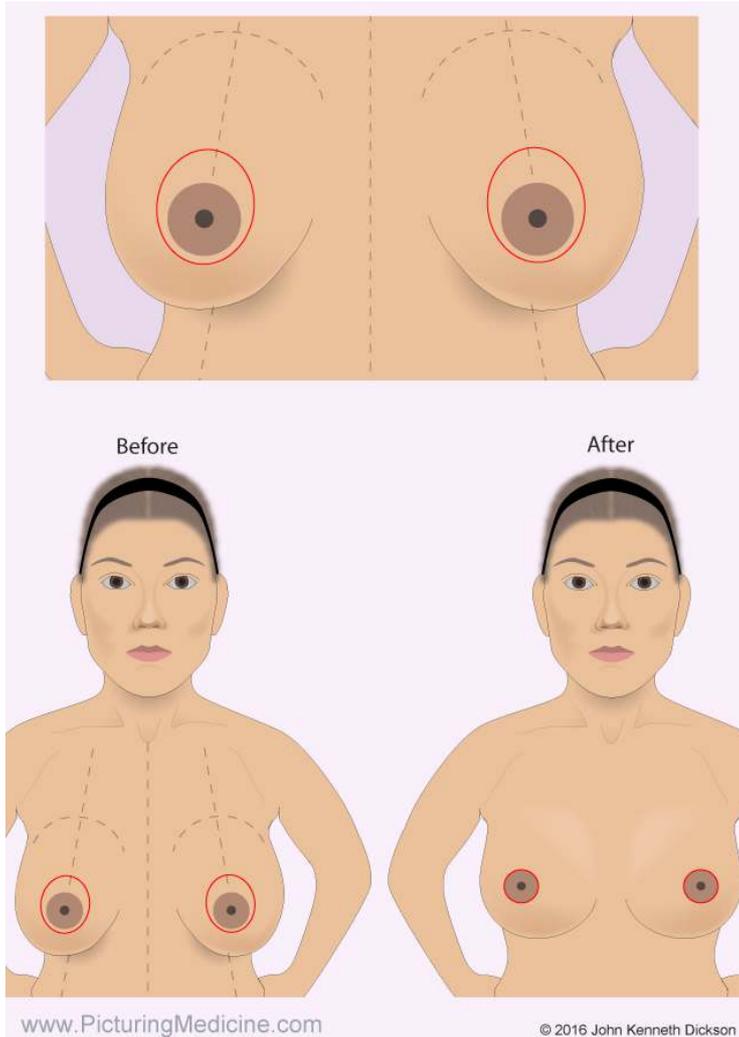


The circumareolar reduction (diagram 3)

With a circumareolar reduction, also known as a periareolar reduction, the only scar is around the areola (the darker skin around the nipple).

This type of reduction only works when just a small amount of tissue needs to be removed. It can also be good when only one breast needs to be made smaller to match the other one.

Diagram 3: circumareolar breast reduction



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Choosing a surgeon

If you decide to have a breast reduction, only go to a surgeon who is properly trained and on the specialist register held by the General Medical Council. They will talk to you about what is possible for you or might give the best results. Members of several different organisations do cosmetic surgery, so your general practitioner (GP) is the best person to advise you on who to see.

You should talk to your surgeon before your operation about when and how to pay.

Nobody needs an urgent breast reduction. If you are not given time to think about it, you should look elsewhere.

How can I help my operation be a success?

Be as healthy as possible. It is important to keep your weight steady with a good diet and regular exercise. Your GP can give you advice on this.

If you smoke, stopping at least six weeks before the operation will help to reduce the risk of complications.

Do not worry about removing hair near where cuts will be made, but do have a bath or shower during the 24 hours before your operation to make sure that the area is as clean as possible.

To find out more, visit the websites below.

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**The British Association of
Aesthetic Plastic Surgeons**



BAPRAS British Association of Plastic
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Information on cosmetic surgery

www.baaps.org.uk/safety-in-surgery

www.bapras.org.uk/public/patient-information/cosmetic-surgery/considering-cosmetic-surgery

www.gov.uk/government/news/recommendations-to-protect-people-who-choose-cosmetic-surgery

General Medical Council (GMC) plastic surgery specialist register

www.gmc-uk.org/doctors/register/LRMP.asp

Anaesthetics

www.rcoa.ac.uk/patientinfo

Disclaimer

This document is designed to give you useful information. It is not advice on your specific needs and circumstances. It does not replace the need for you to have a thorough consultation, so you should get advice from a suitably qualified medical practitioner. We – The BAAPS and BAPRAS – have no liability for any decision you make about the surgery you decide to have.

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