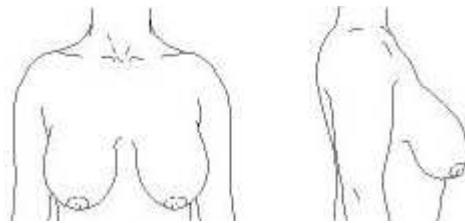




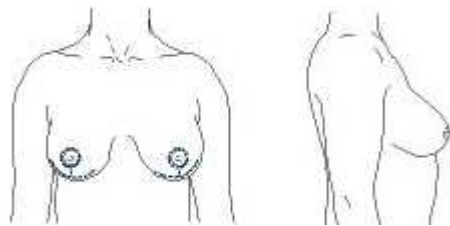
## Breast Reduction

### Reduction Mammoplasty (breast reduction)

The size of women's breasts may be determined by several factors, such as inherited genes, body weight and hormonal influences. They can, therefore, be a problem to some women early in adolescence or may not become uncomfortable until middle age following the menopause or the use of HRT. The problem of large breasts, however, may cause similar problems at all ages and these are chiefly backache, neck pain, grooves in the shoulders from bra straps, rashes under the breasts and the feeling of self-consciousness. Because of the sexual nature of breasts the undue prominence may attract unwanted attention from the opposite sex, comments and sexual innuendoes. These can cause psychological distress to many women. One of the commonest complaints of women with large breasts is that it is very difficult to wear fashionable clothes and indulge in active sports, particularly in the summer months.



*Before the operation*



*After the operation, showing the scar lines around areola of the breasts in a 'T' shape*

### What can be done?

Reduction mammoplasty is an operation which removes the excess fat and skin from the breasts, which are reshaped and the nipples repositioned to form newer smaller breasts. This should result in more attractive breasts and reduce many of the problems outlined above. There are several different surgical designs to reshape the breasts and are illustrated opposite. All of them will involve a scar around the areola of the breast. Each method will use different scars and will have advantages and disadvantages and your surgeon may select with your approval the best technique in your particular case. Reduction mammoplasty may be used to correct asymmetry of the breast, where one breast is very much larger than the other and where it is considered to be the least normal of the two.

### What are the consequences?

Apart from the change of shape and reduction in size the most obvious consequences are the **scars**. These are designed to be invisible whilst wearing normal clothing and as far as possible are designed to lie under the average bra or bikini top. Over the months following surgery the scars will fade from being **red, possibly thick and uncomfortable**, to becoming much more pale and less obvious. However, they will always be present and visible when clothing is not worn and the **scars will vary** from one woman to another. In some they may be very thin, in others they may stretch and become quite red and possibly ugly. In the vast majority of women, however, the scars are acceptable and a small trade off for the benefit of dealing with the problems of large breasts. Very few women are able to breast feed following breast reduction surgery as the nipples are separated from the underlying milk ducts and at the time of pregnancy the milk supply will gradually dry up, sometimes with the assistance of hormone treatment. Breast reduction is no contra indication to pregnancy but young women may well wish to take the fact that they are unable to breast feed into account before

embarking on this procedure.

The nipples are likely to be very much **less sensitive following surgery** due to the nature of the cuts and the nerve supply and it is quite possible that **numbness** will extend over part of the breast as well.

## Will the improvement last?

Unless your operation is done at an age when your breasts are still growing, they should not regrow afterwards. They will, however, increase in size if you either **put on weight** or become **pregnant** and decrease in size if you **lose weight**. Even normal breasts have a tendency to droop with time and you can expect some change in shape to occur after a reduction mammoplasty. You can delay this tendency by supporting your breasts in well-fitting bras.

## What are the limitations?

It is very important that you discuss thoroughly with your surgeon beforehand the size of breasts you wish to achieve. Many women wish for a very radical reduction but in order to achieve this the shape and aesthetic quality of the breasts may be compromised. It is also possible that there may be a degree of **asymmetry**. This is often less than existed before the surgery. In women with very large breasts the benefits of a significant reduction may outweigh the potential imperfections of poor shape and loss of nipple function and sensitivity. However, in women with breasts which are only slightly larger than normal very careful thought must be given to the scarring and the potential shape and size as the outcome of the surgery may not be as aesthetically pleasing as a normal breast appearance.

## What are the risks?

Any major operation with a general anaesthetic carries a small risk of chest infection particularly among people who **smoke** and there is also a small risk of **thrombosis** in the veins of the leg, particularly for patients who are taking the **contraceptive pill**.

Occasionally, heavy **bleeding** can occur after the operation is finished which may need a further operation and a blood transfusion.

Occasionally, **infection** from germs harbouring in the ducts of the breast can be troublesome. Infection can be treated with antibiotics but it will delay the healing process, scars are likely to be worse to start with and there may be a need to restitch them at a later date. If you have a discharge from your nipple, it is most important to tell your surgeon about it before your operation.

Occasionally, skin can become **sloughy** and form a scab which gradually separates to leave a broad scar. The nipple disc and the skin where the scar meets underneath the breast are parts **most likely** to be affected. People who smoke are at greater risk of this happening. Usually the scars settle well to end up as white lines but they will always be noticeable. However, some people have an inborn tendency for scars to stretch and sometimes they can stay thick, red and irritable for a **long time**.

When reducing large breasts it may occasionally be necessary to **adjust the folds** of skin at the end of the scar, both between the breasts and at the sides. This can simply be carried out under local anaesthetic several months later.

There is no evidence that reduction mammoplasty causes **breast cancer**. Nor does it prevent your breast from being examined for cancer in the usual way.

## What you should do before your operation?

Your surgeon is likely to recommend that you reduce **weight** if you are overweight and to make alternative arrangements if you are on the contraceptive **pill**. **Smoking** does seriously effect the healing of the breast wounds and should be discouraged and attempts to give it up made.

## What can you expect at the time of the operation?

This procedure is carried out under a **general anaesthetic** and when you wake at the end of the operation there will be some discomfort which will last for two or three days. You will be given suitable pain killing injections or tablets. **Drainage tubes** are frequently used and will be removed within a short period of time. You may need to remain in hospital for three to four days. The stitches will normally be removed between ten to fourteen days and you will be tired and require help at home for a period of time, from two to six weeks depending on your age and general fitness. A **well-fitting bra** will need to be worn following surgery but because of the post-operative swelling the final size of your breasts may not be obvious for several weeks. There is likely to be some tenderness and lumpiness of the breasts for several weeks or even months following surgery but there is no reason why you cannot sunbathe and go swimming once the scars have fully healed.

Cosmetic Surgery is carried out by members of several different organisations and, therefore, your general practitioner is the best person to advise you on whom you should see.

**DISCLAIMER:**

This document is designed to supply useful information but is not to be regarded as advice specific to any particular case. It does not replace the need for a thorough consultation and all prospective patients should seek the advice of a suitably qualified medical practitioner. The BAAPS accepts no liability for any decision taken by the reader in respect of the treatment they decide to undertake.