

Breast Reduction: Patient Information

Prepared for the patients of: Mr M A Bisson, FRCS(Plast), Registered Specialist Plastic and Reconstructive Surgeon

Introduction:

Breast reduction is a surgical procedure undertaken to decrease the size of a woman's breasts often reshaping and lifting the breast at the same time. Many women with excessively large breasts (macromastia) suffer a range of symptoms including heaviness of the chest; back, neck and shoulder pain; troublesome rashes beneath the breast tissue and discomfort or inability to undertake certain physical activities. Surgery can alleviate some or all of these symptoms, improve self confidence and body image and allow easier fitting of a wider range of clothing.

Aims:

To decrease the breast size by removing excess breast tissue, fatty tissue and skin.

To lift and reshape the remaining breast tissue to an attractive position and shape on the chest wall, restoring normal proportions.

Limitations:

Surgery cannot create younger skin or eliminate all stretch marks. It does not address significant personal or psychological issues and should not be used as a solution to them.

Surgery is an invasive procedure with potential risks and complications (outlined below). Asymmetry can be present after surgery and there will be limits to the amount of tissue that can be safely removed and limits to the subsequent improvement in shape based on the patient's original size and shape.

These limitations must be understood, otherwise goals may only be partially met causing disappointment. There should be adequate discussion between patient and surgeon pre operatively so that the surgeon understands patient goals and ensures the patient has realistic expectations.

Method:

The breast is marked prior to surgery with a pattern based around key land marks such as the ideal future nipple position. The breast and fatty tissue is then removed whilst preserving the nipple on a strap of remaining breast tissue. This allows the nipple to be repositioned and the remaining breast tissue and skin is redraped around this to provide a pleasing shape. The areola (dark skin surrounding the nipple) can be reduced in diameter if it has become stretched.

The position and extent of scars depends on the original pattern of incisions. The most usual pattern, particularly with very large breasts, is a "W" shape resulting in an anchor shaped scar. (fig 1) In some patients undergoing smaller reductions a "vertical scar" pattern can be used which avoids the long scar under the breast. The compromise however is a "ruffled" initial scar from the areola to the crease under the breast which takes several weeks to settle. (fig 2)

MBBrRedMay11

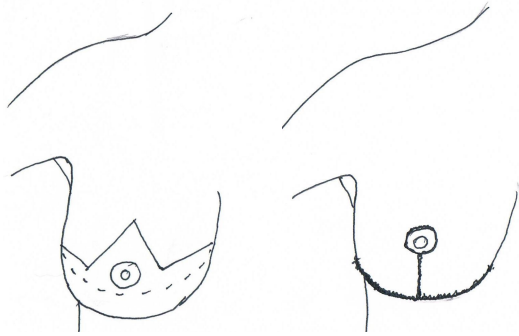


Fig 1: "W" Pattern

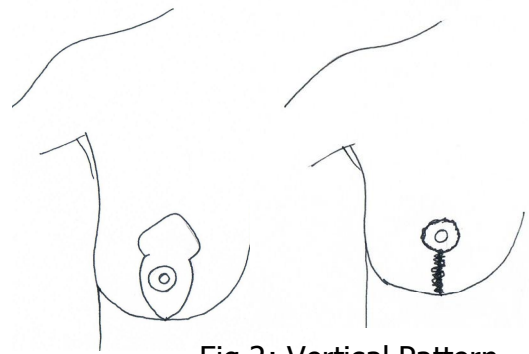


Fig 2: Vertical Pattern

After Surgery:

The surgery is usually performed with an overnight stay in hospital. Drains are often placed within the breast wounds and stay in for between 1 and 3 days. Stitches are absorbable and the wounds are dressed with steristrips and waterproof dressings. Patients are encouraged to wear a sports bra or supportive soft bra as early as possible within the first few days avoiding underwired bras for up to 3 months.

There is often some post operative pain but this is usually well controlled with oral pain killers. Pain subsides over the first few days but some discomfort or tenderness can last several months. Swelling and firmness is common early but by 2 weeks it has usually settled enough to allow a proper bra fitting. Moderate activity is limited for the first 3 to 4 weeks with avoidance of excessive lifting or overhead reaching. Light exercise such as swimming can usually begin at about six weeks but heavy gym work should be avoided for 3 months. Many women with non physically demanding jobs are able to return to work at about 2 weeks although driving may still not be possible at this stage due to discomfort.

The wounds are reviewed in Mr Bisson's rooms about a week following the surgery. Light dressings are sometimes required for a further 2 to 3 weeks. After this the scars are covered with paper tape to provide additional support for 3 months. Massaging of the scars with moisturizing cream is begun once the wounds have healed and when tape is changed.