

Your Guide to Breast Reduction

What is a breast reduction?

Breast reduction surgery aims to reduce the size and improve the shape of your breasts to make them more proportional. The nipple will also be re-positioned. This surgery can also be used to correct breasts that are of unequal size. Liposuction, where unwanted fat is removed, may be used in selected women where only a small amount of tissue needs to be removed.

It is important to have a detailed discussion with your surgeon prior to surgery to understand what can and cannot be achieved, the limitations of surgery and the long-term consequences of having breast reduction surgery. Most women undergoing breast reduction are pleased to have been through the surgery due to the impact on their quality of life. However, having surgery is a big decision and there are risks associated with a breast reduction.

How will this guide help me?

This guide aims to give you more information about breast reduction surgery, having had an initial consultation with your surgeon.

It explains:

- **The surgery and the different techniques that can be used**
- **Possible risks and complications**
- **Factors that might increase the risks of surgery and how to improve them**
- **The recovery process and what to expect after the operation**
- **What you can expect in the long term after surgery**

Whilst this guide is detailed, it does not replace a consultation with a surgeon who will explain what surgery is appropriate for you and what you might expect from surgery.

Meeting the surgeon – Your breast surgery consultation

At your consultation, you will be asked what is bothering you about your breasts and about your expectations from the surgery.

If you are intending to lose weight,



it is better to lose weight before undergoing surgery as weight loss may reduce breast size and change the breast shape. You may also be asked to reduce your weight as being overweight can make the surgery more complex and increases the risk of complications.

If you are planning for children in the near future, it is advisable to delay surgery until after your family is complete as the hormonal changes during pregnancy and breast feeding can result in significant changes to the breast even if you have had a breast reduction.

It is important that you share all your medical information with the surgeon. Some medical conditions and medications can affect your healing. Heart or lung conditions are important as the operation is performed under general anaesthetic and it is important to understand that your surgery may be delayed allowing time to get you as fit as possible beforehand. Smoking and vaping can impair healing and increase your risk of wound complications and infection. You will be advised to stop smoking for at least 6 weeks before your operation.

When you see the surgeon, you will be examined and measurements will be taken of your breasts. You may be asked permission for photographs of your breasts to be taken for your medical records.

If you are over 40, a mammogram (X-ray of the breasts) should be performed before surgery to make sure there are no abnormalities in the breast tissue.

You should be told about the approach to surgery including the scars, the expected outcome and possible risks and complications. Following your initial meeting with the surgeon you should be given a 'cooling-off' period of at least 2 weeks before having surgery, and you should be offered a second consultation, before the operation.

Why is there a "cooling-off" period?

Breast reduction is a lifetime commitment, so it is essential that you are making the appropriate choice and understand all the implications of the surgery. The "cooling off" period allows you adequate time to process all of the information provided with regards to the proposed surgery and whether the discussed plan and likely outcome fits in with your expectations. It is crucial that you do not feel rushed into surgery.

Are there any alternatives to surgery?

The alternatives to breast reduction surgery include weight loss for those who are overweight, correctly fitted bras to provide better support

and physiotherapy to help with posture and back pain.

What surgery is available, and what techniques are involved?

Breast reduction surgery can be performed using different incisions/cuts, which will leave scars in different places on the breast and of varying size dependent on which technique is chosen. Your surgeon will fully assess you and explain to you the best options for you at your consultation.

The operation involves keeping the lifted nipple attached to its blood supply on a stalk of tissue. Usually, you will have an anchor-shaped or inverted-T scar around the nipple, down the lower breast below the nipple and across the lower crease of your breast. For a small reduction, a vertical incision or lollipop-shaped scar around the nipple and down below it on the lower breast can be used.

What does the operation involve?

Breast reduction can be performed as a day case procedure, but you may stay in hospital overnight and go home the next day.

The operation is performed under general anaesthetic, and you will have the opportunity to meet the anaesthetist on the day of surgery. You will be prescribed painkillers to take once you are home. You will be given antibiotics during the operation to reduce the risk of infection.

You may have dressings in place and some surgeons use small

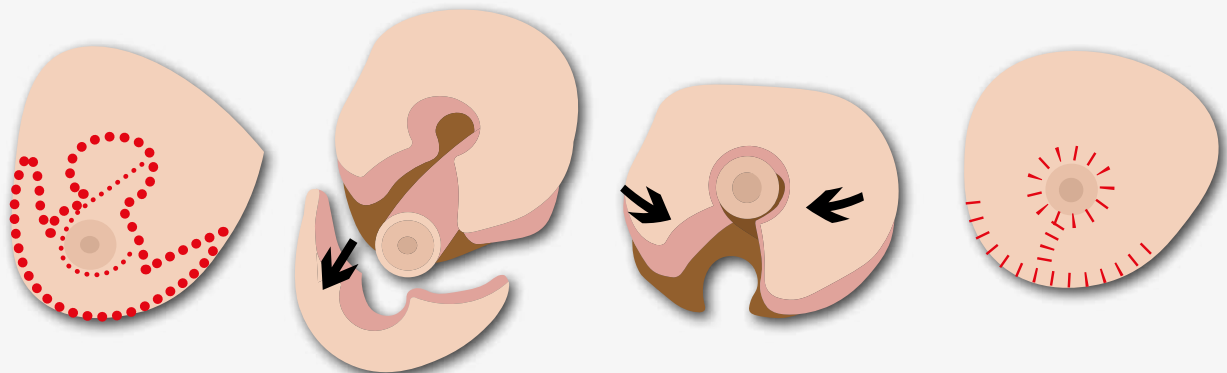
plastic tubes to drain off any excess fluids from the wounds after your surgery. Most surgeons use dissolvable stitches, which do not need to be removed after the operation.

You will be advised to wear a supportive sports or post-surgical bra after your operation for a few weeks to support the breasts and provide comfort. You will also be given recovery advice, but in general terms, you will need to avoid heavy lifting and strenuous activities for 4-6 weeks after the operation. Recovery varies but general advice is to avoid driving for 2-4 weeks. Time off work may be advised by your surgeon depending on the nature of work. You will also be provided with an information leaflet on shoulder exercises to undertake after surgery to ensure full recovery.

It can take about 3 months for the swelling to settle and the final result to appear. The follow-up arrangement will be explained by the surgeon with at least one review in the first couple of weeks to check on wound healing.

The breast tissue removed during this operation is commonly sent to a laboratory to be examined under the microscope for pathology assessment. Occasionally abnormal cells or even an unexpected breast cancer may be found. Your surgeon will discuss these results with you in the clinic after the operation. You should ask your surgeon whether the tissue will be sent for analysis in your case.

What a breast reduction operation involves



Excess breast tissue, fat and skin are removed

The breast is reshaped and the nipple is lifted

An anchor-shaped scar

What size will I be?

It is not possible to guarantee a breast cup size and shape and it is difficult to reduce a large breast to less than a C or D cup. It is important to discuss this with your surgeon and have realistic expectations from the surgery.

What complications can occur?

Surgery is usually safe and effective, but all operations are associated with risks. It is important to weigh them up against the potential benefit of the surgery.

Short term effects

You are likely to have some swelling, hardness, bruising, and discomfort for a few weeks. Any pain is usually manageable with routine painkillers. You may also experience changes in nipple and breast sensitivity and restricted arm movement. The symptoms may be different in each breast.

Nipple sensations

You may experience hypersensitivity/changes in sensation, pain or total numbness, which can last for 6 months to a year. Nipple sensation may never return or have a different intensity or quality when it does return. Nipple projection may also be affected.

Nipple Loss (about 1 in a 100 cases)

During surgery the nipple and areola (the special skin around the nipple) will be moved to a new position along with its blood supply. Very rarely, the nipple and areola may not survive being moved and you may lose the nipple/areola. This is called necrosis and can be partial or full. If this occurs, the healing usually occurs by scarring which can take weeks or months. You may then choose to have nipple reconstruction performed at a later date – or have a nipple areolar tattoo, to create the semblance of a nipple and areolar.

Fat necrosis

Fat necrosis can occur if the fatty tissue of the breast is injured and dies. This forms hard, calcified lumps within the breast tissue, which can be seen on mammograms (X-Rays of the breast). They are not dangerous. The lumps may soften with time, although it is not uncommon for the lumps to remain. The larger



the amount of breast reduction the more likely this is to occur.

Scarring

There will be inevitable, permanent scars from the surgery in the exact positions where the incisions were made. Most scars heal as fine white lines and in most patients the scars soften and fade over a period of 12 to 18 months. Scars can be unpredictable and, in some cases, may end up being more prominent than the incisions. If you tend to scar prominently, it is important to discuss this with your surgeon before the operation.

Allergic reactions/retained stitches

Rarely local reactions to tape, stitch materials or other preparations used in surgery have been reported. Please ensure you inform the surgeon of any known allergies. Sometimes the dissolvable stitches used to close wounds work their way to the surface. They may cause small wounds to occur called "suture abscesses" which can need some dressings and any stitch material removed until they fully heal. This may occur 3 weeks to 3 months after surgery.

Wound healing/delayed healing

Healing of wounds varies from patient to patient and is a gradual process. It is not uncommon for the "T" part of the wound to have

slow healing. Rarely poor healing may lead to the scar needing to be removed or excised. This may mean a prolonged period of wound management and additional visits to the outpatient clinic or hospital.

'Dog ears'

As a consequence of breast reduction, what are known as a "dog ears" (an excess fold of skin) may occur at the ends of the scar under the breast.

General risks and complications of surgery

Pain

Patients may experience shooting pains, a burning sensation and itching. These are symptoms of nerve bruising and will usually resolve within the first month. In certain cases, pain due to nerve damage (neuropathic pain) can take longer to resolve and very rarely, may be permanent.

Bleeding

It is common for the breasts and sides of your breasts to be bruised. The risk of bleeding where there is a collection of blood (haematoma) inside the breast is 1 in 20. If it happens the breast becomes very swollen and tight. This usually happens immediately after, or soon after, surgery. If this happens you are likely to need to go back to theatre to have the blood collection

removed. You may need to spend an extra night in hospital, but things should settle down in time.

Infection

A wound infection can occur after any surgical procedure. If this happens it may be treated with antibiotics and, if necessary, further prolonged dressings. Rarely, a further procedure or operation is required to drain an abscess or collection of fluid. This can affect the final result of the surgery.

Deep vein thrombosis/pulmonary embolism (DVT/PE)

This is a rare but serious complication of surgery and anaesthesia, where a blood clot forms in the veins, and can move to the lungs interfering with their usual function. You will be given stockings to wear to reduce this risk. After surgery; avoid dehydration, remain mobile and follow any other guidance given. If you experience sudden chest pain or breathlessness seek urgent medical advice without delay. Please note it is advised that you should not fly short haul for 2 weeks after surgery and for 6 weeks if long haul.

Asymmetry/Difference in breasts

It is normal to have some asymmetry between your breasts. Perfect symmetry is not an achievable goal. Asymmetry can be of the breast or nipple, and can be that of size, shape and position. Although your surgeon will try hard to make your breasts equal in size and shape, there may be a small difference between the two breasts. It is important that you have realistic expectations. Revisional additional surgery can be done to improve this, although this is not commonly required.

Breastfeeding

It is likely that you will not be able to breastfeed after breast reduction surgery, so if you are keen to do so at any time in the future, you should consider postponing the operation until you have completed your family. Most surgeons delay surgery for 6 to 12 months after you finish breastfeeding for the breasts to settle back to their original shape. Pregnancy and breastfeeding will affect the shape and size of the breasts after a breast reduction operation.

Sagging and "bottoming out"

All breasts sag with time and gravity and therefore even a breast reduced in size, will sag. Occasionally the breasts may settle with more of the breast below the nipple than above. This is called "bottoming out".

Subjectivity

Patients must recognise that although this procedure is performed to help with the symptoms of large breasts, it is also a cosmetic procedure. You may be disappointed with the cosmetic results even if your surgeon seems happy.

Mammograms

Women between 50 and 70 years of age are routinely called for breast screening in the UK. When attending a breast screening session you should inform the mammography service that you have had breast reduction surgery.

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