

Breast Reduction

Introduction

Breast reduction surgery aims not only to reduce the size of the breasts, but also to lift them and enhance their shape. Therefore, breast reduction surgery can be thought of as both functional (relief of back, neck and shoulder pain, irritation in the breast fold and affecting ability to exercise for example) and aesthetic (improvement in the appearance of the breasts). There are a variety of techniques of breast reduction which are described below, and the technique used should be tailored to you individually.

What should I think about prior to my consultation?

Before coming for your consultation, you should think about what you are hoping to achieve from a breast reduction.

Points to consider can include:

- Why do I want a breast reduction? What symptoms (if any) am I experiencing from my breasts?
- Are there any particular aspects of the appearance of my breasts that I am unhappy with?
- Are there significant differences in size and shape between my breasts that I am unhappy with?
- How much of a breast reduction am I hoping to achieve?
- Is my weight steady or am I continuing to lose weight as part of a diet or weight loss programme? If so, it is better to postpone surgery until you have reached your goal weight and your weight has been steady for around 6 months.
- Am I considering having future pregnancies and breast feeding? While not an absolute reason not to have a breast reduction if you are considering having children soon, it may be best to postpone a breast reduction until afterwards. The hormonal changes of pregnancy and breastfeeding affect the size and shape of your breasts and can stretch the breast tissue again.
- Why am I thinking of having the surgery at this time in my life? (You should not consider having cosmetic surgery if you are going through any instability in your personal circumstances.)

What are the limitations of a breast reduction?

The outcome of your breast reduction will be partly determined by the size, weight and shape of your breasts before surgery and the quality of your skin and breast tissues:

- If you have very broad breasts to start with, you are likely to have relatively broad breasts afterwards. This is an important consideration when deciding on how much of a reduction you would like, as too much of a reduction may leave a less aesthetic shape
- If your breasts are widely spaced apart to start with, they are likely to remain widely spaced (although you will be able to move your breasts inwards with a bra to create a cleavage).
- If your nipples point in very different directions beforehand, there can be residual differences in nipple positions after surgery.
- If the creases below each breast are at different levels, a difference may remain after surgery.
- If you have excess fatty fullness around the sides of your breasts, going under your arms, a standard breast reduction may not satisfactorily address this. Additional liposuction or excision of tissue at the sides may be needed to achieve the best result possible.
- Breast reduction often affects nipple sensation (for more detail please see below). If this is a problem for you, please think twice about having a breast reduction.
- Breast reduction surgery always results in scars. If scars on your breasts are a problem for you, you should not have a breast reduction.
- Although breast feeding may be possible after a breast reduction, there is a chance that the operation may affect your ability to breast feed. Therefore, if this is of concern to you, it may be better to wait until you have completed your family before having a breast reduction.
- We can never promise a size that will be achieved after surgery but will endeavour to do our best to aim for the size you desire. Should your expectations not be met and further surgery is required, this usually incurs additional costs.

What types of breast reduction are there?

Breast reduction techniques can be considered in terms of the scars or incisions used. Several different incisions (which will result in the final scars) may be used. The choice of incision is usually dependant on the size of your breasts, their shape and the degree of breast laxity and sagging that you have as well as the amount of lift needed. Usually, the

breast reduction will involve some or all the following: repositioning of your nipple on a tube or section of your breast tissue to keep its blood supply, removal of excess skin from your breast and reshaping of the breast tissue itself. Reshaping of your breast tissue usually involves moving your nipple upwards and wrapping the remaining breast tissue to recreate a rounded breast shape after the reduction.

Inverted T scar (Wise pattern, anchor scar) breast reduction

This is the most common way of performing a breast reduction and leaves a scar around the areola (the pigmented area around the nipple), vertically down from the areola to the breast crease and then a final scar along the breast crease. It is particularly suitable for large reductions in size and for breasts with a lot of lax skin but is also used for other situations. It allows more reshaping of the breast and more reduction of lax skin compared to shorter scar techniques.

Circumvertical breast reduction with short transverse scar

This is like the inverted T scar but with a shorter transverse breast crease scar.

Circumvertical breast reduction (vertical scar)

This is a technique that avoids the scar in the breast crease completely. We use this approach when your skin is of reasonably good quality, there is very little skin redundancy or laxity, and the breast needs to be narrowed as well as lifted (i.e. less lifting and reshaping is needed). It is also better for small to medium breast size reductions rather than large breast reductions. This type of breast reduction leaves a scar around the areola and vertically down from the areola to the breast crease. In vertical scar breast reduction techniques, there is often a degree of wrinkling of the skin below the nipple, which lasts for several weeks after surgery. If you are undergoing a vertical scar breast reduction, please be patient if you notice this wrinkling. It usually disappears by 3 months after surgery. Occasionally, a dog ear (puckering of the skin) at the lower end of the scar persists and may need to be corrected under a local anaesthetic at a future date.

Periareolar (circumareolar, “Benelli”) breast reduction

This technique results in a scar around the areola only. It is only used when very small size reduction and minor adjustment of nipple position are needed but there is very little skin excess or breast reshaping needed. It is suitable for patients requiring a minor adjustment only and is not commonly performed nowadays.

Free nipple grafts

Normally, as described below, part of the breast reduction operation involves moving the nipple up to a new position, whilst keeping it attached to the body on a finger of tissue,

called a pedicle. This pedicle acts as a channel for blood to get to and from the nipple, to keep it alive. In some people with extremely large breasts (“gigantomastia”) the pedicle would be too long to reliably keep the nipple alive. In this circumstance, it may be advisable to remove your nipples during the operation (effectively as skin grafts) and replace them at the end of the operation at their correct position.

Liposuction-only breast reduction

In certain patients who have particularly fatty breasts (and who have been pre-operatively screened by mammography) it may be possible to perform liposuction alone to reduce the size of their breasts. Size and shape changes are limited with this technique, and results depend on how much fatty tissue is in your breasts, the amount of sagging you have and the quality of your breast skin. This is not commonly performed but has a role in selected patients.

Can liposuction be performed at the same time?

If you have excess fatty tissue at the sides of your breasts that runs towards your armpit, liposuction can be used to address this. In some people, it can make the difference between a good result and very good result. Liposuction aims to empty out the fat pockets and then allow the skin to shrink down at the side of the chest to help produce a more pleasing breast and chest shape. However, it is not always recommended, and your plastic surgeon will discuss with you whether they feel you will benefit from additional liposuction or not.

THE CONSULTATION

During your consultation, we will endeavour to put you at ease and start by finding out about your motivation(s) for seeking breast surgery. In addition to clearly establishing the various areas of your breasts that you may be unhappy with, we will take a thorough medical history, including any history of high blood pressure, diabetes, other medical conditions, smoking or nicotine use and records of any medication you may be taking and any allergies you may have.

What measurements will be made during my consultation?

A female chaperone is always available for your examination. We will make several breast measurements and observations including some or all of the following:

- Distance from the bottom of your neck to your nipple
- Distance from your nipple to the breast crease
- Width of your breast

- Distance between your breasts
- Your general shape and skin quality
- The size, weight and fullness of your breasts
- Laxity and elasticity of the skin of your breast
- The amount of lift your nipples will require for your breast reduction
- Breast shape
- Breast asymmetries
- Your chest wall circumference
- Your weight

No-one has two breasts that are exactly the same. We will assess any degree of asymmetry between your breasts as part of your examination. Mild asymmetries may not need any specific adjustments, but more significant asymmetries may need to be addressed as part of the planned surgery. It is important to be aware that some differences between your breasts will remain after surgery. So if, for example, one breast is slightly larger than the other or a different shape before the surgery, there may still be a difference after the surgery, although as part of the breast reduction operation, adjustments in size and shape may be possible to minimise this difference.

Photography

We always take pre-operative photographs from a variety of standardised positions. These can be referred to with you during your consultation to point out various attributes of your breasts, as well as forming an essential part of your medical records. Your face will not appear in any of the photographs, and your consent for the photographs will be obtained.

THE BREAST REDUCTION PROCEDURE ITSELF

Before surgery

We will arrange an appointment with our specialist nurses to help prepare you for surgery. They will discuss how to prepare beforehand, what to expect afterwards and how to look after yourself in the early recovery. You will be fitted for a post-surgery bra. If your surgery is under general anaesthesia (usually the case for breast reduction), you will also have a preassessment with the hospital where your surgery is planned or combined with your specialist nurse appointment if your surgery is at Purity Bridge. We will also send you surgery consent forms to complete.

What happens when I get to hospital or clinic?

When you arrive at the hospital or clinic, a nurse will go through the health checks needed on the day of surgery. You will be asked to change into a hospital gown in preparation for surgery. Your anaesthetist will also visit you for an assessment prior to your general anaesthetic (going to sleep for your procedure).

Do I see my plastic surgeon before my operation?

You will always see your plastic surgeon before your operation. We confirm the surgery plan and make sure you have no unanswered questions or concerns. Once you have confirmed you are happy to go ahead, we will ask you to sign a consent form unless you have done so already. We will then carefully draw important markings on your breasts in planning for your surgery. We may also take clinical photographs of your markings for your medical records.

What does the operation involve?

The procedure is performed under a general anaesthetic (with you asleep) usually as a day case procedure but on occasion with an overnight stay in hospital. You will be given a time to arrive at the clinic or hospital, and you should be fasted for at least 6 hours before surgery. This means that you cannot eat or drink anything for 6 hours before your operation. You may, however, drink water during this time up to the specific time that you are instructed to.

Initially, if planned, any liposuction will be performed prior to the breast reduction procedure itself. As outlined above, the breast reduction requires not only the removal of breast tissue, but also the lifting of your nipple and the reshaping of the whole breast. After removing the excess breast tissue, carefully placed internal stitches will be used to reshape your breasts (glanduloplasty). Once the breast has been reshaped, the skin and the nipple are stitched in, using absorbable stitches, over which surgical tape is placed. You will then be placed into your post-surgery bra. Surgical drains are not usually used nowadays but may be used in certain cases. If used, they stay in for around 24 hours.

How long does the surgery take?

The operation itself takes around 2 to 3 hours but varies depending on the extent of breast reduction, lift and reshaping needed. However, the whole process is longer than this, as it takes additional time to prepare for the general anaesthetic as well as prepare the operating theatre for your surgery and for you to wake up comfortably.

Will it be painful?

Most patients describe the feeling after surgery as being achy, which is not unexpected, considering the nature of the surgery. You will be given painkillers to take after the operation, and most people find them helpful to take for a week or so following surgery. If drains are used, the area near your armpits where the drains come out may be uncomfortable for several days following your operation - this is nothing to worry about and settles down on its own. In addition, as your breasts heal, it is normal to experience occasional shooting pains or electric-shock type pains. These are caused by small nerve endings being trapped in scar tissue and are a temporary effect.

What else can I expect after surgery?

You should be able to walk around gently later the same day of surgery. You will also have compression stockings on your legs that will have been fitted prior to surgery - it is vital that you keep these on and continue to wear them for 2 weeks after your operation. They have an important role in minimising the chances of developing blood clots in the legs.

When will I leave the clinic/hospital?

Your breast reduction is usually planned as day case surgery (going home later the same day). If performed alongside more extensive surgery or you have certain medical conditions, an overnight hospital stay may be planned. If used, surgical drainage tubes are usually removed the day after surgery. Clothing tops that zip or tie at the front are easier than tops that need to be pulled on over your head. Your breasts will be checked before discharge and if any additional instructions or aftercare are needed, this will be explained to you.

What should I do when I get home?

Upon leaving the hospital or clinic, a series of outpatient appointments will be made for you with our nurses over the first 2 weeks for suture removal, wound checks and recovery checks. (See example schedule further down) and then with your plastic surgeon at 4 to 6 weeks. We have also put together a list of 'Dos and Don'ts' after breast reduction for you to follow.

Dos and Don'ts after surgery

There are several things that you can do to help speed up your recovery from surgery:

- Once you get home, you need to achieve a balance between taking things easy, but not lying down and doing nothing, as this may increase the risk of some complications. It is recommended that you do light shoulder exercises after the surgery to prevent you from getting stiff. In fact, the best way to start is to gently

wash your own hair the day after the surgery. As you recover, you will be able to increase the amount you do.

- You must continue to wear the post-surgery bra day and night for 6 weeks, taking it off for half an hour to one hour per day for showering.
- After surgery the wound will have been dressed with surgical tape. This is splash-proof and shower-proof (but not bath-proof). You will be able to shower from the day after surgery facing away from the shower hose (so as not to soak the tapes directly), and pat the tapes dry with a clean towel, kitchen towel and then allow to air dry or you can use a hairdryer on a cold setting to dry them.
- You should take short walks, ideally accompanied by someone, in case you feel unwell at any time.
- Sleep on your back, ideally elevated with an extra pillow or two. A triangular pillow can be helpful for this.
- Avoid smoking, alcohol and stress, as these will all hinder the healing process.
- Analgesia or pain relief is often required at the beginning to manage the discomfort - initially with codeine-based medicines, and then paracetamol. Please follow our instructions regarding painkiller usage.
- It is important to drink plenty of fluids and eat a balanced healthy diet.
- Avoid aspirin, as this can increase your bruising and bleeding into the tissues.
- If sleeping is difficult after surgery, please let our specialist nurses or your plastic surgeon know so we can help and advise you about this.
- Generally, visible swelling and/or bruising is present for about 2 weeks. The swelling increases over the first 48 to 72 hours following surgery, stabilises, then generally subsides slowly, but can take up to 3 to 6 weeks to settle to discrete levels. The swelling and bruising drifts down from the breast and may appear just below or to the side over the first 2 weeks and often one breast can be more bruised and swollen than the other. You need to be patient and give yourself time to heal.
- In addition, most patients experience a roller coaster of emotions, with good days and low days. It is quite normal to have the occasional day where you think: “what have I done?” and experience feelings of guilt and low self-esteem. It can often take some time coming to terms with the “new you”. Fortunately, this passes quickly, especially once you resume your normal daily activities and start going out a bit more.

Over the first week you will start to feel much more comfortable, and the pain will continue to subside.

How to wear your bra

Your post-surgery bra should be firm and supportive without being tight. When putting your bra on, you should try and rotate your breasts towards the middle of your chest, so the bra helps to support them in a position that pushes them together slightly. This aims to minimise the tension on the skin in the central chest area, to avoid a tenting effect of the skin being pulled up between your breasts. Wearing your bra correctly will help to give you the best cleavage possible.

What is the recovery period?

You will be able to return to sedentary activity (i.e. an office job or light duties) at 1 or 2 weeks after surgery, depending on how you are feeling. You should not feel reluctant to take the painkillers that you have been sent home with if you have pain – there is no need for you to be in significant discomfort.

Occasionally, there may be an area of delayed wound healing, often where a dissolvable stitch has not dissolved quite as quickly as it should. These stitches may “spit” out of the wound (much in the same way as a splinter may start to work its way out of your finger after it has been there for a few days). This can be dealt with easily, and if necessary, your plastic surgeon can remove any spitting stitch in the outpatient clinic.

How long before daily activities may be resumed?

You should avoid all heavy physical activity and contact sports for 6 weeks following the surgery to prevent damage to your new breasts. Driving should be avoided for 2 to 3 weeks. Light exercise, such as gentle sessions on an exercise bike can be started around 4 weeks. Starting any earlier than this may result in more swelling to the area around your breasts.

How can I achieve the best possible scars?

At around 2 or 3 weeks after your operation, regular daily moisturising and massaging of the scars is important to help the scars to soften and mature as quickly as possible. This should be done twice a day or more once your tapes have been removed, until any redness disappears from the scar (which may take up to a year in some people). There are several creams and oils that may be used e.g. vitamin E cream but the most important thing is to use an unperfumed product initially to avoid irritation of the scar.

In addition, silicone products (gels and tapes), which are available at Purity Bridge and most pharmacies, are an excellent additional means of ensuring good scars. These products are applied directly onto the scars and should be used for as near to 24 hours a day as possible. They will need to be used for several months to have a good effect.

Time for shape to settle

It can take around six months (sometimes longer) for shape to fully settle after a breast reduction. Your breast tissue will be settling into its final position over this time. Most patients have more fullness in the upper part of their breasts (sometimes slightly excessively so) in the early stages as we expect a degree of tissue adaptation and relaxation after this type of surgery. Some types of breast reduction take longer than others to reach their final position.

Summary of typical timeline following operation

Follow up and recovery timeline

We have put together an example timeline below of recovery milestones and follow up appointments after breast reduction surgery. Your individual schedule can vary from this, but it will give you a good idea of what to expect in the early recovery.

Day of surgery	Review in Purity Bridge or the hospital by your plastic surgeon for surgical planning and surgery itself
Day 1 after surgery (if staying overnight)	Review in hospital by your plastic surgeon and discharge home Surgical drains removed if used Gentle shower and hair wash with care of tapes
Day 2 after surgery	Start gentle shoulder movements
Week 1 after surgery	Nurse appointment to check on wounds and recovery
Week 2	Nurse appointment to check on recovery and removal of stitches if needed May start to drive (usually)
Week 3	Start to moisturise and massage wounds if not already doing so (should be continued until scars fade)
Week 4	Gentle low or no impact exercise may start
Week 4-6	Review with your plastic surgeon
Week 6	Exercise/heavy physical activity may gradually be started May stop wearing post-surgery bra

Beyond 6 weeks

Longer term follow-up appointments will be arranged by your plastic surgeon to ensure you achieve the best possible outcome

OTHER POINTS TO CONSIDER WHEN THINKING ABOUT HAVING A BREAST REDUCTION**Mammograms**

It is still possible to have mammograms after a breast reduction. You will need to tell the radiographer that you have had a breast reduction. Other means of checking your breasts for breast cancer are also available as normal, such as ultrasound and MRI (magnetic resonance imaging).

Breast feeding

Breast feeding following breast reduction may be possible. But as the breast tissue has been operated on and moved around, some people will not be able to breast feed after this surgery.

Antibiotics

Antibiotics are given at the time of surgery. There is no need to be on a course of oral antibiotics after breast reduction surgery - those given at the time of surgery are adequate.

Future pregnancies or significant changes in weight

With any future pregnancies, the same hormonal changes will occur in your breasts as they would have done without any surgery. Therefore, any changes in size and change to your breasts that would normally occur during pregnancy, will continue to happen. After your pregnancy is over, your breasts will again undergo the same changes that they normally would after a pregnancy. This can mean some residual stretched skin and/or a change in the volume of your breast tissue compared to your pre-pregnancy breasts. Likewise with any significant gain or loss of weight, your breasts will gain or lose weight as they would normally do, and this will change the size and shape of your breasts as would have happened before your surgery. Ideally breast reduction should be carried out when your family is complete and/or your weight is steady to avoid some of these changes after surgery, but it is not harmful to your pregnancy if this occurs after surgery.

SIDE EFFECTS AND POTENTIAL COMPLICATIONS

Before you decide to undergo breast reduction surgery, it is important that you are informed of the potential risks, complications and side effects. Complications may occur even with the best surgical care. For this reason, it is crucial that you carefully read and understand the following section.

After a breast reduction, there are side effects that are commonly experienced, as detailed below. In addition, unwanted and unforeseen complications may also happen. These too are discussed below.

Commonly experienced side effects after breast reduction surgery

Swelling

This is normal following a breast reduction and reaches a maximum around 3 days following surgery before starting to settle down. Noticeable swelling usually lasts 2 to 3 weeks (occasionally 6 or 8 weeks in some patients) but it will be reducing gradually after the initial during the first week. Commonly, the swelling subsides at different rates on each side, which is quite normal and nothing to worry about. The final residual swelling can take about six months to fully resolve.

Alteration in skin pigmentation (discolouration and bruising)

Bruising usually comes to the surface within a few days and then gradually resolves over 2 to 3 weeks. Very occasionally extensive bruising can take many weeks to totally resolve. These problems are more often seen in patients with thin, hypo-pigmented and transparent skin. Patients with darker complexions should be aware of the possibility of residual brown pigment being left behind if the bruising takes a long time to settle. Arnica may be helpful to settle bruising quicker.

Loss of or increased sensation

It is usual to have a reduction in skin sensation after a breast reduction surgery. This can include the skin on the breast and the nipple. Feeling over most of the breast will usually return over a period of 3 to 12 months but can take longer. Sometimes the nipples never regain sensation.

Unusual sensations can be experienced while skin sensation is returning. On rare occasions sensation can be increased and sensitive and this will slowly return to normal over a period of weeks to months.

Complications

Early complications (within the first week of surgery)

Bleeding (haematoma)

Although extreme care is taken to minimise bleeding, occasionally a blood vessel will start to bleed after the operation producing a swelling or collection of blood (haematoma). The haematoma is usually noticed within the first 24-48 hours after surgery and usually requires further surgical exploration to drain the collection of blood and stop the bleeding. Untreated, a significant sized haematoma can affect healing or damage the overlying skin and affect the quality of your result. Disclosure of all medications and supplements to us before surgery is important as some can increase bleeding and bruising after surgery. If there is any suggestion that bleeding or a haematoma into one of your breasts has occurred after surgery, you will need to go back to the operating theatre to have the bleeding stopped and your breast washed out to evacuate the collected blood. Signs that a haematoma is developing include swelling of one of your breasts, pain on one side and the development of severe bruising around the breast. If you have drains, the filling up of your drain bottle with blood may indicate a haematoma, but this does not always happen with a haematoma.

Infection

Infection rates in breast reduction are low but if an infection develops it must be taken seriously. Most infections are treated with antibiotics and dressings, but surgery can sometimes be needed. In severe infections, more than one procedure may be needed as well as the use of specialised dressings and breast tissue may be lost.

Blood clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) may occur after breast reduction surgery, which is why important preventative measures are considered and tailored to your individual situation (e.g. compression stockings, pneumatic calf pumps and blood thinning injections while in hospital). You should continue to wear the calf compression stockings for 2 weeks after discharge from hospital. If a DVT does develop, you will need investigations and treatment as appropriate. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious (at times, fatal), and again, appropriate investigations and treatment are instigated should this be suspected after your operation.

Nipple problems

Nipples need to be repositioned/lifted during breast reduction surgery, and especially in some women having big lifts, this can mean they need to be moved a long way. If there is

any problem with the blood supply to the nipple, this may affect the healing and even the survival of the nipples. Use of nicotine or medical conditions such as diabetes and some medications can also increase this risk. If this happens, there are treatments that we undertake to improve the blood flow such as use of medicated patches and pastes, release of sutures and use of various medications. In the worst-case scenario (which is fortunately very rare) the entire nipple may die. Otherwise, part of the nipple may form a scab, which will eventually heal underneath. If you are unlucky enough for this to happen, you may require further operations to enable the area to heal, and in due course revision surgery in the future to address poor scarring or to reconstruct a new nipple for you.

Intermediate complications (within 6 weeks of surgery)

Delayed wound healing

Uncommonly, in some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches, from overdoing it straight after surgery, some medical conditions or medications, poor nutrition or for no specific reason other than human variation. Normally this is a minor inconvenience, which can be managed with dressings as an outpatient. Occasionally it can lead to a more severe infection developing as described above. If underlying fat necrosis is the cause (see below) then more surgery might be required.

Suture spitting

As described above, stitches (sutures) that are designed to dissolve sometimes do not dissolve as quickly as they are meant to. In these situations, there is a chance that they can work their way out of the wound and appear as sharp prickly filaments, occasionally with a surrounding area of redness. Should this occur, it is nothing to worry about - any sutures that are spitting out of the wound can be removed in the clinic, and the wounds should then heal over these areas uneventfully.

Nipple sensation

For similar reasons that the blood supply to the nipple may be affected, so too might the nerve supply. This means that there is a chance that your nipples are less sensitive (or even completely numb) following a breast reduction. In some cases, nipples may actually be more sensitive. This is important to understand prior to undergoing a breast reduction, as the change in sensation can be permanent.

Fat necrosis

In the same way as there may be some trouble with the blood getting to the nipple to keep it alive, occasionally the same may happen to the fat in the breast. If this happens a pocket of fat may die – this is known as fat necrosis. If this happens to a small degree, it may just present as firm lumps in the breast. These will usually settle with time and massage. If you have more significant fat necrosis, you may produce an oily discharge from the wound. Depending on the degree of fat necrosis, this may either be managed with dressings and wound washouts in the outpatient setting, or if it is more severe, it may require a further surgery to washout the breast and can affect final shape and volume. In this worst-case scenario, several operations might be required to get your breast healed.

Skin necrosis

Again, in the same way as there may be some trouble with the blood getting to the nipple to keep it alive, occasionally the same may happen to the skin of the breast. If this happens an area of skin may die – this is known as skin necrosis. If this happens to a small degree, it may just present as a small scab. These will usually settle with time and dressings. If you have more significant skin necrosis, you may need further surgery to heal the breast.

Seroma

Normally wound fluid stops being produced by the body shortly after surgery. Sometimes, however, the body continues to produce this fluid for some time, and the fluid can accumulate in the breasts, known as a seroma. If this happens it may be uncomfortable and there is a chance that the fluid can become infected. Should you develop a seroma, it may be necessary for it to be drained. This involves a fine needle being passed into the breast and the fluid sucked out. The aspiration may need to be repeated on more than one occasion depending upon your situation. This is unusual in breast reduction.

Synmastia

This describes an effect where the cleavage between your breasts becomes webbed, resulting in an unnatural appearance. This is unusual and every care will be taken during your operation to ensure this does not happen. Mild synmastia can be caused by swelling in this area and usually resolves back to your baseline. More severe synmastia may need surgical treatment.

Late complications (more than 6 weeks from surgery)

Asymmetry

Everyone has a degree of breast asymmetry (differences between the breasts). If this is mild, no special steps are taken to address this, and sometimes the differences that were present prior to your surgery will remain after your surgery. Should you have a significant degree of asymmetry between your breasts, how best to address this will be discussed with you, often with the use of a variety of surgical techniques. Sometimes, despite performing the same surgery on both sides or planning surgery to reduce an existing asymmetry, there can be a noticeable difference between your breasts. This may be due to increased swelling on one side, the result of some blood or wound fluid collecting in the wound, or for some other reason such as your underlying original breast anatomy. Should you be in this situation, you will be carefully examined, and the situation will be discussed with you. Further surgery is sometimes needed.

Scarring problems

Breast reduction scars will fade but this can take 1-2 years. Until this time scars may be red and firm. Regular scar massage and moisturising is important to help the scars to mature and settle down as quickly as possible. Rarely stretched, tender or lumpy scars can occur. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. Should these occur, the best ways of treating them will be discussed with you. Small asymmetries in scar level or thickness have to be accepted as part of the normal healing process.

Irregular shape of areolae (pigmented area around nipples)

While every effort will be made to shape your areolae in a round and regular shape, sometimes they heal in a less round or a distorted shape. This may be due to how the scar around them contracts as it heals or due to pressure from the breast tissue or implant underneath. If this is an issue for you, revision surgery can be done to improve the shape. This usually incurs further costs.

Areolar stretch

Stretching of your areolae can happen when there is a lot of tension on the areola after breast reduction surgery. It is much more common after periareolar breast reductions.

Recurrence of loose skin/sagging of breast tissue

As your recovery takes place, your breast tissues gradually soften. This is a normal part of recovery. In some situations, a degree of recurrence of loose skin or breast sagging may

occur. This is more likely in thin or very stretched skin with poor tone or stretch marks or when surgery has taken place after significant weight loss or where you had significant drooping or looseness of your breast tissue before surgery or where your breasts are already large and heavy and cannot support their own weight in the lifted position. The skin tone in stretched skin such as skin with stretch marks is low and can result in a degree of loose skin or irregularities in the areas where the stretch marks remain. If loose skin or sagging occurs after breast reduction, further surgery such as a breast lift (mastopexy) is usually needed to correct this.

Chronic pain

Occasionally patients suffer from chronic pain after breast reduction surgery. This is not always predictable or easily treated. It is more likely to occur if you suffer from severe or complex pain or painful breasts prior to your surgery. Further surgery or referral to a pain specialist may be indicated in this situation although it must be appreciated that there is not always a surgical solution to chronic pain.

The need for further surgery

Some of the complications outlined above will lead to the need for further surgery, either in the short term or long term. For example, surgery to help with an infection in the short term or surgery for recurrent sagging in the long term. As you age over the years, your breasts will change in size and shape and may droop. Over a long time, this can result in a less than optimal shape to your breasts and require further surgery to lift and reshape your breast. Revision surgery may sometimes be indicated to make minor adjustments to areas such as the nipple shape, nipple position, scars position and “dog-ears” (puckering skin that can occur at the end of the scars).

The sub-optimal result

Despite a successful breast reduction operation, some patients will feel their breasts are not exactly as they were hoping. This may be due to a number of factors but can be due to unrealistic expectations (for example, some patients are disappointed that they have visible scars, or that they have mild degrees of asymmetry) or that their breasts are not as full as expected or not the size that they expected. It is important to discuss any concerns you have. If further procedures are warranted, there are usually further costs involved and this will be explained. It is crucial that you appreciate what you can expect from a breast reduction prior to undergoing the surgery.

Other points about breast reduction

Size issues

Some people are unhappy with the size of their breasts after breast reduction and wish they were smaller or had not had as much size change. Therefore, if you have any doubts or anxieties about the proposed size of your breasts before a breast reduction, it is vital that you let us know before your surgery. It is not possible to promise a particular cup size ahead of surgery. Cup sizes are not a standard measurement and vary according to chest circumference and between different bra manufacturers. The degree of reduction is agreed more in terms of a small, medium or large reduction rather than a specific amount. It depends on several factors including your breast shape and size, the shape and width of your breast base and chest wall, your overall body proportions and your wish in terms of the extent of reduction performed.

Fullness of the breast (particularly upper breast)

It is important to be realistic about the degree of fullness that can be achieved and maintained in the upper breast following breast reduction surgery. Your breasts will usually be quite full in the upper areas in the early stages, but this will reduce over the recovery period. This is partly due to swelling reducing and partly due to your breast tissue softening and settling into a final position over time. It is not always possible to maintain a very full upper breast (or a full breast in general) particularly if you have very thin, stretched or lax breast tissue. Bear in mind that your breast tissue has needed a lift in the first place because its support ligaments and skin were weak and/or stretched. In some situations, a breast implant or fat transfer (more subtle) may be used to give additional fullness or shape during (augmentation reduction) or afterwards at a second procedure. This carries additional cost over a standard breast reduction whether done at the same time or separately at a later stage.

Bulky or fatty tissue in the under arm area

If you have a significant bulk of tissue in your under arm area or outer chest wall area, it may not all be removed or reduced with a standard breast reduction. Additional liposuction to this area or a longer scar going out to the side under your arm may be needed to reduce the amount of tissue in this area. If this is a concern of yours, it is important to discuss it before your surgery in case the extended surgery (liposuction or extended scar) is needed. In some cases, a separate operation in the future might be indicated to reduce this, such as a lateral chest wall lift. If so, there would be further costs involved.

Breast reduction after significant weight loss or large breast reduction

Breast reduction after significant weight loss or large volume breast reductions can be very rewarding. However, it may not be possible to get as good a breast shape as that which is achievable in someone having a small breast reduction where much less loose skin is present and less tissue removal, reshaping and lifting is needed.

Breast footprint position

The footprint of your breast (where the base of your breast sits on your chest/rib cage) does not significantly change with breast reduction surgery – we are lifting your breast over this rather than moving this upwards. If your ribcage slopes outwards or inwards, this too is not altered and can affect how close or far apart your breasts appear afterwards or what direction they seem to ‘point’ in.

Secondary or revision breast reduction surgery

If you are having a breast reduction after a previous mastopexy or breast reduction, it is crucial that you understand that it is not as straightforward as first time breast reduction in a breast that has not had previous surgery. There will be scar tissue in your breast from the previous surgery and/or problems and your breast tissue may not have the same degree of support in it this time. If it is a long time since the first surgery, you will also have some ageing of your breast tissue which again affects its ability to hold a lift. You may not have the same result as before. Sometimes, there is an increased risk of problems with the blood supply to the nipple, breast tissue and skin which can cause problems with healing especially around the nipple area.

Future ageing

As you age over the years, your breasts will change in size and shape and may droop. This continues at the same rate following breast reduction surgery but from the newer more youthful position of the breast. Over a long time, this can result in a less than optimal shape to your breasts again.

CONCLUSIONS

Overall, most patients are delighted with the results of their surgery. They are usually much more comfortable and find they can wear clothes they may never have been able to wear before and going bra shopping is often a whole new experience! We hope this information has helped you to understand what breast reduction can achieve and what is involved.