

Breast reduction

Patient information leaflet

Plastic Surgery

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What is the goal of breast reduction?

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 for example) and aesthetic (improvement in the appearance of the breasts). There are a variety of techniques of breast reduction, each of which is described below, and the technique used should be tailored to you individually.

What should I think about prior to my consultation?

Before coming to see Miss Kelemen, you should think about what you are hoping to achieve from a breast reduction.

Points to consider may include:

- Why do I want a breast reduction?
- What symptoms (if any) am I experiencing from my breasts?
- Are there any aspects of the appearance of my breasts I am unhappy with?
- Are there significant differences in size and shape between my breasts that I am unhappy with?
- How much of a reduction am I hoping to achieve?
- Is there a specific target I am aiming for?
- 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 your weight has plateaued 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 in the near future, it may be best to postpone a breast reduction until afterwards. The hormonal changes of pregnancy and breast feeding will affect the size and shape of your breasts and can stretch the breast tissue again.
- Why am I thinking of having a breast reduction 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 clothes would I like to wear after my breast reduction and how would they look?
- What are the limitations of breast reduction? The outcome of your operation will be partly determined by the shape and size of your breasts and the quality of your skin and tissues before surgery: 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

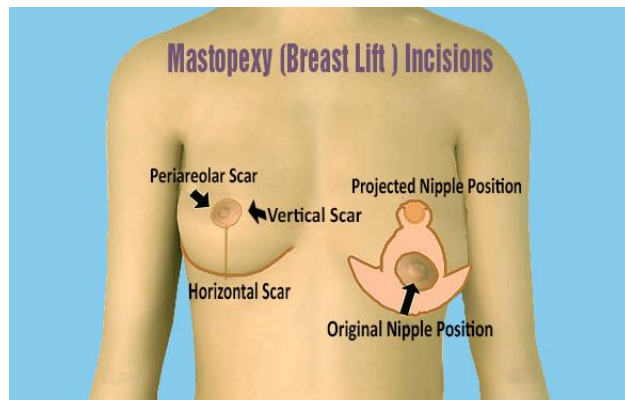
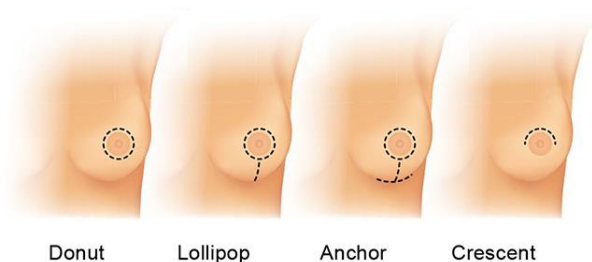
much of a reduction may leave a less aesthetic shape. If you have excess fatty fullness round the sides of your breasts, going under your arms, a standard breast reduction may not satisfactorily address this. Additional liposuction may be needed to achieve the best result possible. This will be discussed with you during your consultation.

- Breast reduction invariably will affect 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 is usually at extra cost.

What types of breast reduction are there?

Breast reductions may be broadly thought of according to the scars they leave behind:

Breast Lift Scars



Circum-areolar (“Benelli”) breast reduction

This technique leaves a scar around the areola (the pigmented part around the nipple). It is suitable for small reductions in those people with good skin quality. It is not commonly performed nowadays.

Vertical scar/ circum-vertical breast reduction (“lollipop reduction”)

This type of breast reduction leaves a scar around the areola and vertically down from the areola to the breast crease. It is more frequently used when you have good skin quality

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(as assessed by Miss Kelemen) and not too much skin excess (so, for example, it may not be suitable if you have lost a great deal of weight and have very loose skin). In the vertical scar techniques of breast reduction, there is often a degree of wrinkling of the skin below the nipple, which lasts for several weeks after surgery. This is intentional and helps the breasts to achieve a good long-term shape. Therefore, if you are undergoing a vertical scar breast reduction, please do not worry if you notice this wrinkling – it is meant to be there. It usually disappears by 2 months after surgery.

T-shape/ anchor/ Wise pattern breast reduction

This is the most common form of breast reduction performed, and involves a scar around the areola, a scar vertically down to the breast crease as well as a scar along the breast crease itself. It is suitable for large reductions, with a large amount of skin excess.

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 like a motorway 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 the breasts. 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 is an excellent way to address this. In certain people, it can make the difference between a good result and an excellent 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 Miss Kelemen will discuss with you.

What does Miss Kelemen examine for during the consultation?

A female chaperone is always present during your examination. Miss Kelemen will ask you to take your top clothes off and remain standing to examine you. She will make the following assessments of your breasts:

- Your general shape and skin quality
- The size, weight and fullness of your breasts
- The degree of asymmetry between your breasts (no-one has identical breasts, but some people are more asymmetric than others) – breasts are “sisters, not twins”
- The amount of lift your nipples will require for your breast reduction
- The best technique that will suit your breasts

She will also make the following measurements:

- From the bottom of your neck to your nipples
- From your nipples to the breast crease (inframammary crease or IMC)
- Your breast width

Photography

Miss Kelemen will 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.

Post-operative bras

Following breast reduction surgery, it is highly recommended that you wear a supportive non-underwired sports bra for as much of the day and night as possible, ideally only removing it for showering. This helps to support the breasts in their new shape. The surgical bra is usually worn for about 6 weeks following surgery.

Post-surgical bras may be purchased from M&S website:

<https://www.marksandspencer.com/l/goodmove/women/fs5/bras>

How do I know what size bra to buy?

The surgical bras we stock come in back sizes and have stretchy cups that are specifically designed to support a range of breast sizes. This means that there is no need to worry about finding a fitting a specific cup size. In addition, the bras are front fastening, which

makes getting in and out of them easier after surgery. The bras are also useful in the future to wear when exercising, as they offer excellent breast support.

What happens when I get to hospital?

When you arrive at the hospital you will be shown to your room on the ward and a nurse will go through a detailed questionnaire assessing your health, your allergies and other relevant details (much of which will have been covered before with Miss Kelemen). You will be asked to change into a hospital gown in preparation for surgery. Your anaesthetist will visit you to assess you prior to the planned general anaesthetic.

You will always see Miss Kelemen before your operation. She will spend some time reviewing everything you have discussed before and make sure you have no unanswered questions. Once you have confirmed you are happy to go ahead, she will ask you to sign a consent form if you have not already done so. She will then draw important markings on your breasts in planning for your surgery. In addition, she will 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 with an overnight stay in hospital. You will be asked to arrive at the hospital around 2 hours before your operation and you should be fasting 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 up to 3 hours beforehand. 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. Miss Kelemen will use the planned markings that she has drawn on your breasts to guide the surgery. After removing the excess breast tissue, she will place internal stitches to reshape your breasts (glanduloplasty stitches). Once the breast has been reshaped, the skin and the nipple are stitched in, using absorbable stitches. The wounds are dressed with surgical tapes, which stay on for around 2 weeks following surgery. A surgical drain may be placed in each breast to draw off any wound fluid produced. If used, the drains usually come out the following day.

How long does the surgery take?

The operation itself takes around 2-3 hours, however, you will be away from your hospital room for longer than this, as it takes additional time for the general anaesthetic, preparation in theatres for your operation and for you to wake up comfortably.

Will it be painful?

Most patients describe a feeling of being achy in the initial post-operative period rather than pain, but this rapidly improves. If you have had liposuction, there may be a dull ache and bruising in the areas of treatment. Usually, any discomfort is easily controlled with tablet painkillers, a supply of which will be given to you on your discharge from hospital. 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 only a temporary effect.

What else can I expect after surgery?

You should be able to get out of bed later on the same day or evening of surgery. If used the drains can be uncomfortable, but do not stay in for very long. Miss Kelemen will put you into a supportive garment following your surgery. You will 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 hospital?

Miss Kelemen will see you later on the day of your surgery and again the following morning. She will check your breasts are soft and not tender, as well as assess the amount of fluid in the drains if present. Normally the drains are removed 24 hours after surgery, and you will go home the day after surgery. Some people produce more fluid than others into their drains. If you are producing a lot of fluid into your drains, Miss Kelemen may discharge you from hospital with your drains still in, with a plan to take them out in another day or 2 days. Should this be necessary, how to look after your drains at home will be carefully explained to you.

What should I do when I get home?

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 certain complications. You should take short gentle walks and make sure you drink plenty of fluids - these will both reduce the risks of developing deep venous thrombosis (DVT) in the legs. Your wounds will have been dressed with surgical tapes, which are shower proof. You should therefore shower every day but ensure the shower hose is not directed towards the main wound (as this may encourage the tapes to come off too early). The easiest thing is to face away from the shower for most of your showering. All wounds/tapes may be dried by gently

patting with a clean towel or kitchen towel, or alternatively a hair dryer may be used on a cold setting.

What about wearing my bra?

Ideally your bra should be worn day and night for the first 6 weeks after surgery. However, everyone is different, and some people vary the length of time they wear it for. It is important that your bra is not too tight - it should be firm but comfortable.

What is the recovery period?

Most people will be able to return to sedentary activity (i.e. an office job or light duties) at around 2 weeks, depending upon how they feel. Heavier duties, or physical exercise should be postponed for at least 6 weeks after surgery, to allow the breasts to heal properly. 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 extrude from the wound. This is nothing to worry about, and if necessary, your nurse or Miss Kelemen can remove any extruding stitch in the outpatient clinic.

How long before daily activities may be resumed?

As outlined above, you should avoid all heavy physical activity and contact sports for at least 6 weeks following the surgery. Driving should be avoided for between 2 and 4 weeks. Light exercise, such as gentle sessions on an exercise bike can be started at 4 weeks.

How can I get the best scar possible?

There are a number of strategies that can help scars to mature and soften quickly. The first, and most important of these is regular moisturising and massaging of the scar. This can usually be started from around 3 weeks following surgery. A non-perfumed moisturising cream should be used (such as a vitamin E cream), and the scar should be massaged for 5-10 minutes every day. If the scars feel firm, it is important to be firm with your massage. Miss Kelemen will discuss massage with you in more detail at the appropriate post-operative visit. In addition to massage, a number of products are commercially available that help with scarring. The most tried and tested are silicone tape and silicone gel products. In order for these products to work properly, they need to be used on the scar for several months.

Day of surgery	Review in hospital by Miss Kelemen for surgical planning and surgery itself
Day 1 - 2 after surgery	Review in hospital by Miss Kelemen If all well, discharge from hospital
Week 1 after surgery	Hospital appointment for nurse check of your breasts
Week 2-3	Check-up appointment Tapes on wounds removed - further tapes may be applied
Week 4	Start to moisturise and massage wound if not already doing so (to be continued until scars fade after about 1 year) Gentle exercise may start (e.g. light programme on exercise bike) Can drive by now
Week 6	Exercise/heavy physical activity may gradually be started 3 May stop wearing support bra (although some people continue for a further 6 weeks)

What you need to know about the possible effects of surgery and potential complications?

Early complications (within the first week of surgery)

Bleeding (haematoma)

If there is any suggestion that bleeding into the breasts has occurred after surgery, you will need to go back to the operating theatre to have the bleeding stopped and the wound washed out to evacuate the collected blood. Signs that a haematoma is developing include: the filling up of your drain bottle with blood, swelling of the breast, increasing pain, a swollen and purple nipple and the development of severe bruising.

Infection

Rates of severe infection in breast reduction are low. However, minor wound infections or inflammation may occur. If you have had a Wise pattern (T-shaped) breast reduction, this is most common at the T-junction of the scars. Minor wound infections are dealt with using special dressings and antibiotics where appropriate. If a major infection develops, it might be necessary to go back to the operating theatre to wash out the wound. In severe cases, more than one return trip to theatre may be required, as well as the use of a specialised dressing, to try and get the wound to heal as quickly as possible.

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 taken (compression stockings, pneumatic calf pumps and blood thinning injections whilst 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 various 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, and again, appropriate investigations and treatment are instigated should this be suspected after your operation.

Intermediate complications (within 6 weeks of surgery)

Suture extrusion

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, and can be dealt with simply in the outpatient clinic. Your nurse or Miss Kelemen can remove any sutures that are extruding from the wound in the clinic, and the wounds should then heal over these areas uneventfully.

Delayed wound healing

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 or from overdoing it straight after surgery. Normally this is a minor inconvenience, which can be managed with special dressings as an outpatient. Occasionally it can lead to a more severe infection developing as described above or sometimes the requirement to go back for the wound to be cleaned in the operating theatre.

Nipple problems

As described above, nipples need to be re-sited during breast reduction surgery, and in some women having large breast reductions, this can mean they need to be moved a long way. If there is any problem with the blood supply to the nipple (possibly because the nipples have had to be moved a long way), this may affect the healing and even the survival of the nipples. 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 revision surgery in the future to address poor scarring or to reconstruct a new nipple for you.

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 assessment of 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 trip to the operating theatre for a formal washout of the breast.

Seroma

Normally the fluid that comes out into the drain bottles 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. Therefore, 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 (in a similar manner to how it previously came out into the drain bottle). Miss Kelemen may inject a small dose of steroid into the seroma cavity after aspirating (sucking out) the seroma as this has been shown to reduce the recurrence of the seroma. The aspiration may need to be repeated on more than one occasion depending upon your situation. Fortunately, this is unusual in breast reduction.

Late complications (after 6 weeks from surgery)

Asymmetry

As described earlier, everyone has a degree of breast asymmetry. Although every effort is taken to achieve the best symmetry possible, there will always be differences between

your breasts. If there is a significant difference between your breasts, Miss Kelemen will discuss this with you and together a plan can be made to address this.

Scarring

The breast reduction scars will fade but this can take 1-2 years. Until this time scars may be red and firm. As described above, regular scar massage and moisturising is important to help the scars to mature and settle down as quickly as possible. 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, Miss Kelemen will discuss with you the best ways of treating them.

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. It is important to understand that if you put weight on after a breast reduction your breasts can enlarge again.

Breast feeding

Breast feeding following breast reduction surgery may be possible and if so, it is safe. As the breast tissue has been operated on and moved around, there is a chance that you will not be able to breast feed after this surgery. However, we would always recommend attempting to breast feed, as it is sometimes possible following a breast reduction.

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). It is important to discuss any concerns you have with Miss Kelemen. If further procedures are warranted, there may be further costs involved and this will be explained. Miss Kelemen will speak to you at your initial consultations to discuss what limitations a breast reduction will have in your specific circumstances. It is crucial that you appreciate what you can expect from a breast reduction prior to undergoing the surgery.

Conclusions

Overall, most patients are delighted with the results of their surgery. They find they can wear clothes they may never have been able to wear before and going bra shopping is often a whole new experience! Miss Kelemen would be happy to discuss any issues that may have arisen from your reading of this information booklet in addition to any other issues you would like to talk about at your consultation.

Further information : www.noemikelemen.com

Thank you for taking the time to read this information leaflet.

Please sign below to confirm that:

- I have read and understood the specific information leaflet provided to me by Miss Kelemen.***
- I understand that this specific leaflet is a detailed guide only, providing useful information and is not replacing a thorough consultation outlining my specific needs and circumstances***
- I understand that I will be required to sign additional consent forms during my treatment course***

I consent and wish to proceed with the breast reduction surgery provided by Miss Kelemen.

Name:

Signature:.....

Date: