

# BREAST REDUCTION

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## ARE YOU THINKING ABOUT BREAST REDUCTION?

If you are considering surgery, your plastic surgeon wants you to be thoroughly informed about this procedure. Reading this information is the first step. However, a personal consultation with a qualified plastic surgeon is the best way to obtain any additional information you need.

### What is breast reduction?

A breast reduction is an operation aimed at removing excessive breast tissue and fatty tissue in order to leave the remaining breast in proportion with the rest of the body. The nipple is usually elevated and the shape of the breast improved.

Women with large, heavy breasts may experience several health concerns related to their breasts such as back pain, neck pain, grooves in the shoulders from bra straps, pain in the breasts and rashes under the breasts. Women with arthritis of the spine and shoulders may have more symptoms than usual because of the added weight of heavy breasts. Some women are bothered by the psychological embarrassment of large breasts. In other situations, athletic, active women and women who are trying to lose weight are inhibited by the size of their breasts. Often, it is difficult and expensive to find clothes that fit.

Breast reduction can minimise or eliminate these problems. During the procedure, excess skin and breast tissue are removed and the breasts reshaped to be smaller and more attractive.

### Is breast reduction for me?

Any of the following conditions may make you a candidate for breast reduction [surgery](#):

- Breasts that are too large in proportion to your body frame
- Heavy, pendulous breasts with nipples and areolas that point downward
- One breast that is much larger than the other
- Back, neck or shoulder pain caused by the weight of your breasts
- Skin irritation or infections beneath your breasts
- Indentations in your shoulders from tight bra straps
- Restriction of physical activity due to the size and weight of your breasts
- Dissatisfaction or self-consciousness about the largeness of your breasts

## INITIAL CONSULTATION

During the initial consultation, you may be asked to point out exactly what you would like to see improved. This will help your plastic surgeon to understand your expectations and determine whether they can be realistically achieved.

You will be asked about your medical history including previous operations, past and present medical conditions and current medications. In order to provide you with the best information and safest options, it is important that you give your surgeon complete information. The medical conditions that may increase risks of surgery include high blood pressure, thyroid problems, diabetes and bleeding problems.

Preoperative photographs may be taken during your initial consultation or a subsequent visit. Your surgeon will discuss with you the details of the operation and the possible risks and complications associated with the procedure.

Breast reduction can be performed at any age after breast development has stopped. Childbirth and breast-feeding may have significant and unpredictable effects on the size and shape of your breasts. If you plan to breast-feed in the future, you should discuss this with your plastic surgeon as breast reduction surgery has a significant effect on your subsequent ability to breast feed.

You should tell your plastic surgeon if you plan to lose a significant amount of weight, particularly if you have noticed that your breasts become smaller with weight loss. Your surgeon may recommend that you stabilise your weight before having surgery.

During the consultation, you will be asked about your desired breast size as well as anything else about your breasts that you would like to see improved. Your plastic surgeon will examine your breasts and take measurements. The size and shape of your breasts, the quality of your skin, and the placement of the nipples and [areolas](#) will be carefully evaluated.

### Preparation for surgery

The goal of your plastic surgeon and the staff is to make your surgical experience as easy and comfortable for you as possible.

It is a good idea to lose weight prior to surgery to a level you would like to keep long-term, since weight loss after the operation will affect the shape and size of your breasts.

Smokers will be asked to stop smoking 3 weeks before surgery as nicotine in cigarette smoke interferes with blood circulation. Aspirin and some anti-inflammatory drugs used for the treatment of arthritis can cause increased bleeding, so you should avoid taking these medications for 2 weeks before surgery. Breast reduction [surgery](#) is usually performed on an inpatient basis and you should expect to stay in hospital for 3-5 days.

Depending on your age, or if you have a history of breast cancer in your family, your plastic surgeon may recommend a baseline [mammogram](#) before surgery and another [mammographic](#) examination some months after surgery. This will help to detect any future changes in your breast tissue. Following breast reduction, you will still be able to perform breast self-examination. Breast reduction surgery will not increase your risk of developing breast cancer

### The day of surgery

Your surgeon will mark your skin before the operation and if you have not already done so, you will need to sign the consent form for your operation. Also, if this has not happened yet, preoperative photographs will be taken.

You will also be seen by the anaesthetist, who will go through your medical history with you again and will explain the anaesthetic procedure to you.

Medications are administered for your comfort during the surgical procedure. During the anaesthetic, various monitors are used to check your heart, blood pressure, pulse and the amount of oxygen circulating in your blood.

### YOUR OPERATION

Because of individual factors, not everyone will achieve the same results from [breast reduction](#) surgery. Your plastic surgeon will select the surgical technique that he or she feels will obtain the best outcome for you.

Individual factors and personal preferences will determine the specific technique selected to reduce the size of your breasts.

### Where do the incisions go?

There are several different techniques of breast reduction and many of them use different incisions.

1. The most common method of reducing the breasts involves three incisions. One incision is made around the [areola](#). Another runs vertically from the bottom edge of the [areola](#) to the

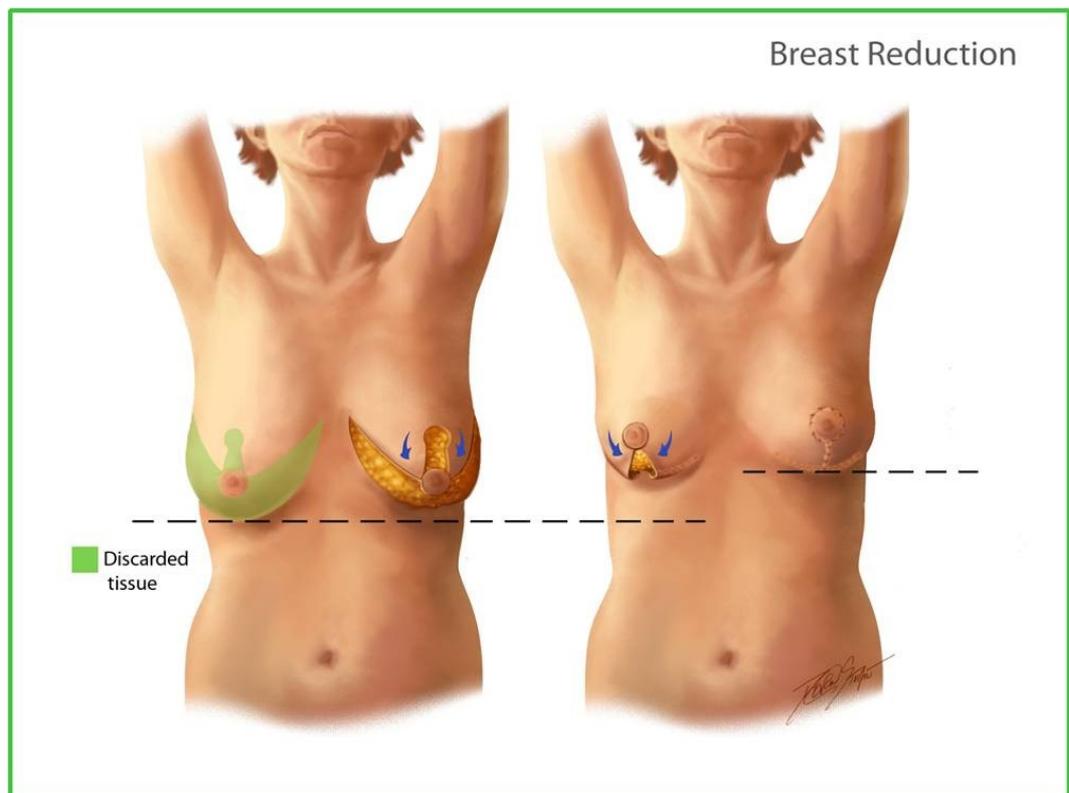
crease underneath the breast. The third incision is horizontal beneath the breast and follows the natural curve of the breast crease.

After the surgeon has removed excess breast tissue, fat and skin, the nipple and **areola** are shifted to a higher position. The **areola**, which has usually been stretched in large breasts, is also reduced in size. Skin that was formerly located above the nipple is brought down and together to reshape the breast. Liposuction may be used to improve the contour under the arm.

Usually, the nipples and **areolas** remain attached to underlying mounds of tissue, and this allows for the preservation of sensation and blood supply to the breast.

This method results in what is known as an “inverted-T” scar.

2. Another popular method of breast reduction, the “Lejour technique”, dispenses with the horizontal scar along the breast crease. The resultant scars run only around the areola and then vertically down from the areola to the breast crease. However, this method is only suitable for moderately large breasts.



### Variations on the common breast reduction techniques.

Rarely, if your breasts are extremely large, the nipples and **areolas** may need to be completely detached before they are shifted to a higher level. In such a case, you will need to have made the decision to sacrifice sensation and the possibility of breast-feeding in order to achieve your desired breast size.

### How long does the operation take?

The operation takes about 3 hours, depending on the amount of tissue to be removed and on the method used.

### After Surgery

When surgery is completed, your incisions will be dressed and you will be taken into a recovery area where you will continue to be closely monitored. You may also have elastic bandages or

garments around your breasts. You will have surgical drains on both sides: these tubes drain away any fluid that may accumulate in the breasts after surgery.

### How will I look and feel?

It is important to realise that the amount of time it takes for recovery varies greatly among individuals.

The day after surgery, you will be encouraged to get out of bed for short periods of time and your mobilisation will be rapidly increased. After several days, you will be able to move about more comfortably. Straining, bending and lifting must be avoided, however, since these activities might cause increased swelling or even bleeding. You may be instructed to sleep on your back to avoid pressure on your breasts.

Any surgical drains will be removed a day or two after surgery, at which time your dressings may also be changed. You will be instructed to wear a support bra for a few weeks, until the swelling and discolouration of your breasts diminishes. Generally, stitches will be removed within one week after surgery.

You may notice that you feel less sensation in the nipple and **areola** areas. This usually is temporary. However, it may take months or even more than a year before sensation returns to normal. Your breasts will take some time to assume a more natural shape: you will notice the breasts changing slightly for up to 12 months. Incisions will initially be red or pink in **colour and** they will remain this way for many months following surgery. Eventually, the scars will become lighter and they will assume the colour of your surrounding skin until they become barely visible.

### When can I start my normal activities?

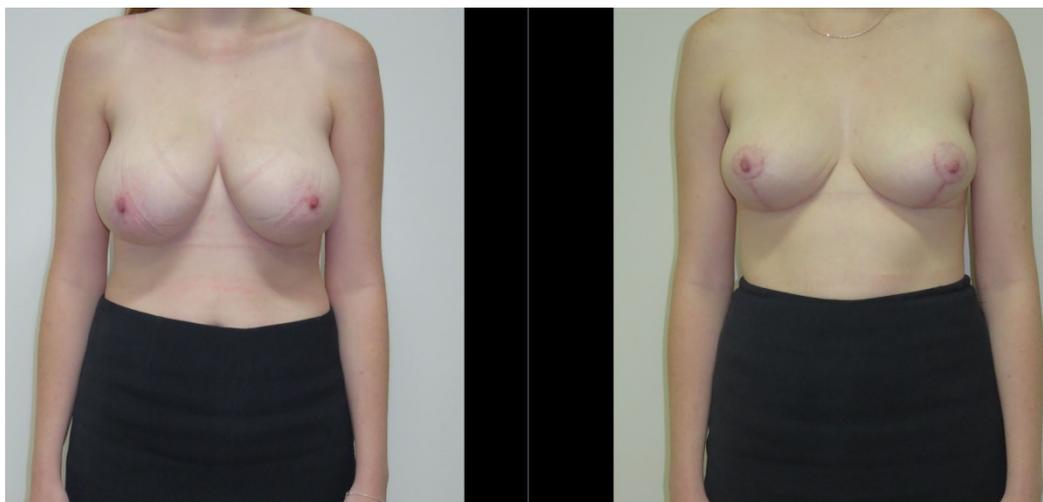
It is often possible to return to work within two weeks, depending on your job. In many instances, you can resume most of your normal activities, including some form of mild exercise, after several weeks. You may continue to experience some mild, periodic discomfort during this time, but such feelings are normal. It is important not to do any strenuous exercise of the upper body and chest. This increases the chances of bleeding. Severe pain should be reported to your doctor.

Any sexual activity should be avoided for a minimum of one week, and your plastic surgeon may advise you to wait longer. After that, care must be taken to be extremely gentle with your breasts for at least the next six weeks.

## RESULTS OF YOUR SURGERY

Breast reduction surgery will make your breasts smaller and firmer. Without the excessive weight of large breasts, you may find greater enjoyment in playing sports and engaging in other physical activity.

Breast reduction often makes a dramatic change in your appearance. It may take some time to adjust to your new body image. Most women, however, eventually become comfortable with their smaller breasts and are very happy with the results of surgery. In fact, the level of patient satisfaction resulting after breast reduction is among the highest of any plastic surgery procedure.



### Are the changes permanent?

The reduction of breast volume is permanent. However it is important to realise that if you gain or lose a significant amount of weight or become pregnant, your breast size and shape will change.

However, the effects of gravity and ageing will eventually alter the size and shape of your breasts. If, after a period of years, you become dissatisfied with the appearance of your breasts, you may choose to undergo a breast "lifting" procedure to restore their more youthful position and contour.

### RISKS AND POSSIBLE COMPLICATIONS OF SURGERY

Fortunately, significant complications from breast reduction surgery are infrequent. Every year, many thousands of operations are performed with no major problems and good results. However, everyone considering surgery should be aware of both the benefits and risks. The subject of risks and potential complications of surgery is best discussed on a personal basis between you and your plastic surgeon.

- **Bleeding:** There is a 2-3% risk of post-operative bleeding which may at worst require return to the operating theatre for drainage.
- **Infection:** If infection occurs it will become evident within one week of surgery and may delay the healing process or result in the development of scar tissue. This may require treatment with antibiotics. In the unlikely event of infection, the ultimate result of the surgery may be adversely affected.
- **Swelling and bruising:** As with all operations, a degree of swelling and bruising will occur usually worst in the first 48 hours post-operatively. This has usually subsided by the end of the second week.
- **Scarring:** Scars are an unavoidable drawback to the procedure, but typically quite acceptable to most patients. The incisions are designed so that the scars will not be visible while wearing normal clothing. The scars will be more obvious in the early months after surgery. These scars will continue to fade over the ensuing 12-18 months. Some patients may have a tendency to form thick or red scars (**hypertrophic** or **keloid** scars). These scars can usually be improved by other measures.
- **Symmetry:** Following reduction, sometimes the breasts may not be perfectly symmetrical or the nipple height may vary slightly. If desired, minor adjustments can be made at a later time.
- **Sensation:** Sensation of the nipple may be changed after your operation. It can be "lost", "decreased", "sore" or it may even be "improved".

- *Blood Supply.* The operation is planned in such a way to ensure that an adequate blood supply is maintained to the remaining parts of the breast, such as skin, fat, breast tissue and nipple. On rare occasions, if the circulation is inadequate, tissue may not survive. This is not common, but is more likely in very large breasts or in patients with poor circulation.

This may result in

- Total or partial *loss of the nipple,*
- *Loss of some of the skin* of the breast or
- *Loss of the breast fat.* This may in turn result in oily discharge from the wounds for up to several weeks after surgery.
- *Mammography:* Breast reduction surgery may produce mammographic changes in the breast which are difficult to distinguish from breast cancer. This may make it difficult in the future to notice X-Ray changes indicative of cancer. If you have a family history of breast cancer, discuss this issue with your surgeon.
- *Anaesthetic:* You will be receiving a general anaesthetic and your anaesthetist will be discussing with you possible discomforts following anaesthesia. Again, anaesthesia today is very safe and no major problems should be concerning you. Any questions you have regarding your anaesthetic would be best answered by your anaesthetist at the time of surgery.

You can help to minimise certain risks by following the advice and instructions of your plastic surgeon, both before and after your surgery.

## COMMONLY ASKED QUESTIONS

### Will I be able to breastfeed after breast reduction?

As a general rule patients having a reduction **mammoplasty** will be able to breast feed. Parts of the breast tissue are separated from the ducts in the nipple and problems may arise, or the milk output may be limited. However, as a note of interest, women with large breasts tend to **have a low milk output so they might have problems** breast feeding anyway. The surgeon may, in reducing enormous breasts, elect to graft the detached nipple higher, making breast feeding totally impossible.

Some patients may experience a permanent inability to breast feed after having the surgery. You should consider these factors seriously before deciding to undergo the procedure and talk them over with **your surgeon**

### Is breast reduction surgery covered by Medicare?

If your breasts cause problems such as neck pain or skin irritation, then Medicare will cover part of the cost of your surgery and anaesthetic.

## MAINTAINING A RELATIONSHIP WITH YOUR PLASTIC SURGEON

Should there be any questions regarding **Surgery**, be sure they are answered in advance. Well meaning friends are not a good source of information. Find out everything before proceeding with the operation - a well informed patient is a happy one.

After surgery, you will return to your plastic surgeon's office for follow-up care at prescribed intervals, at which time your progress can be evaluated. Post-operative photographs will form a part of the evaluation of your result. Once the immediate postoperative follow-up is complete, many surgeons encourage their patients to come back for periodic check-ups to observe and discuss the long-term results of surgery.

Please remember that the relationship with your plastic surgeon does not end when you leave the operating room. If you have questions or concerns during your recovery, or need additional information at a later time, you should contact your surgeon.

# Smoking and Surgery

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## Q: Why should I quit smoking before I have surgery?

A: By quitting smoking, you will not only reduce the likelihood of experiencing surgery-related complications, but also improve your overall health and even add years to your life. The benefits of quitting smoking include:

- Adding six to eight years to your life.
- Reducing your risk of lung cancer and heart disease.
- Saving an average of \$1,400 each year.
- Reducing your loved ones' exposure to second-hand smoke.

## Q: What risks will I face during surgery if I do not quit smoking?

A: Smoking increases both anesthetic risks, as well as risks of complications during surgery and recovery.

Anaesthetic risks:	Surgical and Recovery Risks
<ul style="list-style-type: none"> <li>• More coughing</li> <li>• Developing lung collapse</li> <li>• Developing pneumonia</li> <li>• More risk of postoperative and longterm pain</li> </ul>	<ul style="list-style-type: none"> <li>• Increased infection</li> <li>• Increased risk of bleeding</li> <li>• Poor healing</li> <li>• Wound splitting apart</li> <li>• Poor scars</li> </ul>

## Q: Why is it important to the anaesthetist that I quit smoking before surgery?

A: Anaesthetists are the heart and lung specialists in the operating room, and they are responsible for the total-body health of patients. Therefore, they directly witness the immense toll smoking takes on a person's body and must manage smoking-related complications.

Anaesthetists also witness the tremendous benefits patients experience as a result of not smoking before surgery, and are committed to helping all patients realize these advantages. It is important that your anaesthetist knows about your smoking so he or she can take precautions to reduce your risk of having problems.

## Q: How long before my surgery should I quit smoking?

A: The earlier you quit, the greater your chances are of avoiding surgery-related complications. It is especially important not to smoke on the day of your surgery. Fortunately, the body begins to heal within hours of quitting. Twelve hours after a person quits, his or her heart and lungs already begin to function better as nicotine and carbon monoxide levels drop. It takes less than a day for blood flow to improve, which reduces the likelihood of post-operative complications. **We recommend patients abstain from smoking at least 3 weeks before and after surgery**, but even quitting for a brief period is still beneficial.

### Q: Is it worth quitting if I decide to do so right before surgery, such as the day before the procedure?

A: Quitting right before your operation may make you cough more, potentially increasing your risk of post-operative bleeding. Therefore, you are best quitting well before your surgery. If you decide to quit smoking the morning of surgery, it can still reduce the rate of some other surgical complications such as infection and poor wound healing.

### Q: If my surgery is minimally invasive, do I still need to quit smoking?

A: Smoking will impact your body before and after surgery regardless of the type of procedure you have. We recommend that all surgical patients abstain from smoking for as long as possible before and after surgery.

### Q: Before surgery, should I also quit smoking additional substances such as marijuana?

A: It is critical that patients quit smoking all substances before surgery, including marijuana. They can have the same detrimental effects on surgery as nicotine. For example, they can make patients more or less susceptible to anesthetics. The carbon monoxide found in any kind of smoke affects blood pressure, making it more difficult for the blood to carry oxygen.

Please note: Do not be afraid to tell your anaesthetist or your surgeon if you have been smoking or using other substances before surgery. This information will remain confidential and is important to your care.

### Q: How long should I wait after surgery before smoking again?

A: Continuing to smoke after surgery greatly heightens a person's risks of complications, such as infections in the surgical incision. In one study, more than half of patients who continued smoking after surgery developed complications, compared with less than 20 percent of those who quit. Fewer complications means less time in the hospital and a quicker recovery. **We recommend you do not smoke at all during the first 3 weeks after your procedure.**

### Q: What is the best way to quit smoking?

A: When confronted with surgery, many patients decide to take stock of their lives and change their behaviors. This defining moment is a great opportunity to commit to quitting, as it will have a significant impact on your quality of life for years to come.

# MEDICATIONS TO AVOID PRIOR TO SURGERY

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There are several drugs which are very important to avoid prior to your operation. These drugs affect the ability of your blood to clot and thus increase the risk of bleeding during and after your operation.

Please make sure that you check this list carefully and avoid the following medications for 10 days prior to your surgery.

## Warfarin and Related

Coumadin, Coumidin, Dindevan, Elmiron, Fragmin, Heparin, Marevan, Orgaran

## Aspirin containing medications

Alka-Seltzer, Asasantin SR, Aspalgin, Aspro Clear Extra Strength, Aspro Preparations, Astrix 100, Astrix tablets, Bayer Aspirin Extra Strength, Cardiprin 100, Cartia, Codiphen, Codis, Codox, Codral Forte, DBL Aspirin, Disprin, Disprin Forte, Ecotrin, Solprin and Veganin

## Clopidogrel containing medications

Plavix  
Iscover

## Non-steroidal anti-inflammatory medications

Aclin (sulindac)	Iprofen (ibuprofen)
Advil (ibuprofen)	Naprogesic (naproxen)
Aleve (naproxen)	Naprosyn (naproxen)
Anaprox (Anaprox)	Nurofen (ibuprofen)
Arthrexin (indomethacin)	Nurolast (naproxen) Orudis (ketoprofen)
Arthrotec (diclofenac)	Oruvail (ketoprofen)
Brufen (ibuprofen)	Panafen (ibuprofen)
Bugesic (ibuprofen)	Ponstan (mefenamic acid)
Butalgin (ibuprofen)	ProVen (ibuprofen)
Crysanal (naproxen)	Proxen SR (naproxen)
Diclofenac (diclofenac)	Rafen (ibuprofen)
Diclohexal (diclofenac)	Surgam (tiaprofenic acid)
Dinac (diclofenac)	Toradol (ketorolac)
Eazydayz (naproxen)	Tri-Profen (ibuprofen)
Feldene (piroxicam)	Viclofen (diclofenac)
Fenac (diclofenac)	Voltaren (diclofenac)
Indocid (indomethacin)	Voltfast (diclofenac)
Inza (naproxen)	

## Herbal and natural preparations

Garlic tablets  
Ginger  
Ginkgo  
Ginseng  
St. John's Wort

Fish Oil