Information Sheet for Patients Undergoing Breast Reduction

Breast reduction surgery is becoming more common as women realise that they do not have to put up with having breasts that they perceive as overly large for whatever reason. However, it is also important to point out that breast reduction does not prevent breast pain or eradicate it once it exists. Also, breast reduction does not always rectify painful shoulders or an arched back although often it significantly improves it.

Why do women request breast reduction?

There are a multitude of reasons that women quote, and there is no answer that is right or wrong. Whatever the reason, it is individual you, the person making the request. I have seen women with quite moderate size breasts request reduction, and that is OK if there is benefit to be had and a good reason behind such a request.

1. Breasts considered too large and heavy and they interfere with the ability to carry out normal activities like sport, running, swimming or even work without discomfort.
2. The large breast size means that women are unable to find clothes to fit well. Large mismatch between dress sizes between the upper half and lower half of the body. Expensive unattractive bras.
3. The woman considers her large breasts cosmetically unattractive affecting body image and self-esteem. Sometimes experiences unwanted staring at her breasts, or unwanted personal comments.
4. The heavy breasts are causing the shoulders to drop leading to a stooping posture, back pain and painful marks from breast straps cutting into flesh. May get recurrent redness under the breasts (intertrigo).
5. One breast is a different size leading to cosmetic and practical problems.
6. Because they just want smaller breasts.
7. Large breasts often sag readily and this produces an unattractive appearance. Breast uplift is done at the time of the reduction surgery to reshape the breasts.

What will breast reduction not prevent?

1. Breast pain – because breast tissue is responsive to hormonal changes and after breast reduction there is still plenty of breast tissue, you should not rely on the operation to cure breast pain.
2. Breast cancer – whilst there is some evidence that reducing breast size may decrease the risk of breast cancer it should be remembered that all women have at least a 1:8 life time risk of breast cancer regardless of the size of their breasts.
3. An arching back or stooping shoulders. Unfortunately, once the back has taken a different shape and the shoulders have dropped although the breast reduction will be more comfortable, it will not always rectify the new adopted posture. You may want to seek Physiotherapy to help though.

How do I get referred for breast reduction?

Most patients self-refer to Mr Turton by contacting his secretary: Victoria.Short@Nuffieldhealth.com, or completing the on-line enquiry form on his web site.

Breast reduction can be bilateral (both sides) or unilateral (one side), so any woman with very large breasts or unevenness may be a suitable candidate. We realise that breast size is relative and there is always an element of subjective body image perception. We therefore strive to achieve what you want rather than any preconceived idea of perfection. However, good medical practice dictates that your GP is kept informed of any treatments you have or refers you for such treatments and Mr Turton will always write to your GP to keep them informed, unless you specifically request that not to happen. Breast reduction Surgery is performed by Specialist Breast Surgeons with General Surgery Training, Cosmetic Breast Surgery training and often Breast reconstruction training.

Preoperative Assessment

You may review photographs of the procedure and the results on Mr Turton's web site in the 'images' section. There are several different methods of performing a breast reduction, but by far the commonest method results in a scar around the nipple-areola, combined with an upside down "T" type scar (also referred to as the anchor scar, as it looks like the shape of an anchor). But if it is a very small change required, occasionally it would involve other methods such as a scar around the nipple. Your surgeon will discuss which method is appropriate for you and the possible advantages/disadvantages.

If you wish you may also discuss breast surgery afterwards with our breast care nurse. You will have the opportunity to fully discuss the operation, its effects and the after care and recovery period.

After examination of your breasts a preoperative mammogram may be required depending upon your age and other risk factors that your surgeon will discuss with you.

You will need to discuss with the surgeon, the amount of breast tissue you want removed and the estimated reduction in bra size. It is not possible to guarantee the final cup size but it is important to clarify whether you wish predominately for the breast to be re-shaped with the nipple raised with only a little reduction in size (this is more of a mastopexy procedure) or whether you wish a significant removal of tissue. For most large breasted women, Mr Turton can give his guidance, and the majority of women leave it to Mr Turton to recreate the smaller breast size using his judgement. Mr Turton can use software to show you how much he is going to reshape you. He does this in clinic by first taking a 3D scan of your body, and then using very sophisticated software that will demonstrate the way the surgery will reshape the breasts. This produces an image that he can then work to during surgery.

Following the initial consultation you will be given at least a 2 week "cooling off" period during which time you can make a final decision, consider dates and then

book in for your free of charge discussion where final questions can be addressed, and consent forms completed.

Preoperative Management

You will be admitted to our private surgical ward. You will be seen by Mr Turton before the operation and a final check of any per-operative tests or questions will be made. Mr Turton will need to draw on the breasts with a marker pen, so please do not apply moisturiser to the skin either the day before or the day of surgery. A Consultant anaesthetist will see you and check that you are fit for surgery, and tell you about the anaesthetic technique. You will be kept Nil by Mouth (the fasting instructions) before surgery, and should received the last time to eat and during on your admission instructions. In general nothing can be taken by mouth at all for 6-hours before surgery, with the only modern exception to this rule being clear water, which is now usually allowed up until 2-hours before surgery. On the morning of the operation you can take a bath or shower, as normal. Once at the hospital, you will be given an operation gown, paper knickers, TED stockings and a tubigrip will be measured which is put on you after surgery. The nurse looking after you will complete a routine checklist.

Mr Turton will see you to confirm consent to “mark up” the breasts with the measurements for the reduction. A photograph is normally taken once the measurements have been marked (this excludes your face to protect your anonymity).

If you are very anxious, a pre-med tablet may be given to you if you wish an hour or so before the operation to help relax you, although over 95% of patients do not require this. Antibiotics are given during the procedure so it is important to highlight any allergies. If you are a smoker you should refrain completely from 6 weeks pre-surgery until healing has occurred 6-weeks later, as this reduces the risk of complications particularly with wound healing, or of losing the nipple areola tissue due to poor blood supply.

Post Operative

You will wake up in the recovery room, usually feeling very comfortable and quite relaxed. As local anaesthetic is injected into the breast tissue during surgery, patients often only feel a slight tenderness. You will have an infusion (drip) in your hand until your are able to eat and drink. There will usually be a drain in each breast, unless the surgery was just on one side (unilateral reduction) and these are normally in place overnight. We need you to wear the elasticated support dressing (tubigrip) for the first 2-3 weeks after which you can use a sports bra. These should be worn day and night for support and comfort in total for at least 6-weeks. Obviously it can be removed for washing etc.

You are encouraged to move your arms just gently, but to try to keep your elbows by the side of your body. If you stretch too much, you can cause a problem with wound healing, or even set off tissue bleeding. This is particularly important during the first few days after the surgery. When leaving the hospital, get your partner/friend to carry your bags, to open and close car doors, and to fix your seat belt in the car. Back at home, do not reach up into cupboards, or try to

dry your own hair after showering. Do not do anything forceful with your arms during this early stage- examples that have caused problems- grating cheese, trying to uncork a wine bottle!

You will have padded dressings over the wound/wounds which are less bulky than bandages but do mean you can sometimes see some of the wound. Small amounts of blood will seep into the white pad, and change the colour as it dries. It will remain sterile as long as the dressings are in place. Only if you ooze a lot of blood into the dressing so that it becomes saturated (like a wet nappy) would we want to change it early, to protect the wound and for your comfort.
The dressings stay in place otherwise for 2-3 weeks, with planned dressing changes. You can take a shallow bath with these dressings in place, but please keep the water off them otherwise they will come off.

Complications/Side Effects
Breast reduction surgery involves a general anaesthetic and takes several hours. This is a very safe operation in the hands of your expert team! The usual risks of any such long operation are obviously still present, but they are small. These include both chest infection and thromboembolic problems (a clots in the legs that could pass to the lungs – pulmonary emboli. Whilst this is very rare (has never happened in Mr Turton's cosmetic surgery patients in over 15 years) it is a serious complication if it were to occur. Therefore if there is any family or past history of blood clots please inform your surgeon. Steps are taken to reduce the risks and these include the use of compression stockings, and flowtrons (pneumatic compression of your lower legs), as well as becoming mobile again early after your operation. Back at home during the day time ensure you walk around every hour for at least 5minutes. Wear the compression stockings back at home for the first 2-weeks. Smokers should make every effort to give up. If anyone is regarded as high risk for DVT or PE fractionated heparin injections are arranged.
There is usually no significant blood loss during this operation. If you get a problem with a post-operative haematoma, even then it is very unlikely it amounts to any significant amount that would require a blood transfusion. However, sometimes it is necessary to return to theatre to remove a haematoma.

Nipple Sensation: Nipple sensation can either be lost completely or there may be some loss or indeed increased sensation. Permanent loss of sensation occurs in about 30% of cases but can take up to 12-months to improve in all cases.

Nipple Necrosis: There is also a small possibility that the nipple may lose its blood supply and become necrotic in the days after surgery (the skin may become non-viable and heal by scarring with loss of pigmentation) or you may lose the full thickness of the nipple in extreme cases. Fortunately, this does not happen very often, with a risk overall of 1 in 500. This is one reason why patients must give up smoking or the use of any nicotine products at least 6-weeks pre-op.

Skin Necrosis: Very rarely, the blood supply to the skin on the flaps used to close over the reduced breast is inadequate. This is significantly more common in smokers. The involved skin dies (becomes necrotic) and heals by scarring. The site that is more vulnerable is on the areola or across the lower breast. It is extremely rare but it could take a long time to heal, with dressing changes needed for months in such cases, and the dead skin could require surgical removal (very rare). This is one reason why having breast reduction surgery should be performed by a specialist with extensive experience as it minimises the risk of these types of complications.

Infection: Infection is rare. However it is always a possibility with any operation. In breast reduction surgery in Mr Turton's hands if it does occur it is usually very minor in nature and often around little stitches, and requires simple treatment. We are often cautious and prescribe antibiotics even if a low suspicion is present. Anything more extensive is often termed cellulitis, with redness spreading over a larger area of the skin or a puddle of fluid getting infected under the skin flaps. This is actually very uncommon, but it can occur despite the routine administration of antibiotics during the procedure. Any signs of spreading redness, heat, mucky discharge or a raised temperature need to be reported to your Consultant, through the ward from which you were discharged, or other members of your Consultant's team. If possible an earlier appointment to the breast clinic can be made, or a visit to the ward arranged.

Scarring: If you get an infection that opens a wound, the scars can become thicker and the eventual scar you are left with may not be like the one you were shown pre-operatively. Even without infection some women develop thick unsightly scars due to a condition called "keloid and hypertrophic scarring". If you have had problems with such scars before, special dressings or creams may be required to try to reduce it and you should discuss this with Mr Turton. The scars may also become quite broad. Hiding the scars under the breast obviously helps but does not solve the problem. Breast reduction surgery always leaves obvious scars on the breasts. Scars mature over an 18-month period. There are Specialist Silicone gel products that may help reduce scarring and we recommend to use these twice daily for 6-months for the best results, beginning from 3-weeks after surgery. If your scar is stretching, keeping scars supported with a strip of Mepore tape for several months after surgery can help prevent this from worsening– this will be discussed at the post-operative clinic review if there is any sign of that happening, however, Mr Turton use sutures that are only slowly reabsorbed by your body to diminish this form happening.

Skin Sensation: In addition to alteration in the nipple sensation it is normal for the breast skin sensation to change with areas of numbness or tingling. Numbness usually improves over a 12-month period, although you may home areas that remain numb forever usually over the scar lines.
However, it is normal to have fleeting localised sharp feelings/sensations in the breasts for several months after this surgery. This is the normal healing process.

Haematoma (Bruising): Bruising may cause the breast to become a little discoloured and this may spread downwards on to the abdomen. The body will absorb this bruising over a few weeks but if you are worried please contact your surgeon. Rarely an operation is required to drain a haematoma, though this is usually only a risk for the first few days after an operation.

Fat Necrosis: Fat necrosis is a condition that can occur when the breast tissue is remodelled in a breast reduction. It is fairly common and not harmful, affecting only about 5% of patients. It results in a firm lump within an area of the breast that does not have a very good blood supply, usually around the nipple. It can be worrying for the patient. The condition is benign and does not carry any risk of cancer. However, all lumps if they occur later should be investigated by a breast surgeon regardless of whether a reduction has been performed or not.

Recurrent sag/large breasts

Please maintain your body weight in the normal BMI range to reduce the risk of putting more weight back on your breasts or for further dag. If you are very young when you have a reduction it is inevitable that as the years past you will get age related changes, and this may include further sag, bottoming out, or even larger breasts again. Re-do reduction surgery is usually possible, but it is better to seek the service of the same surgeon.

Returning Home

Once discharged home, you can bath or shower carefully, but keep the water off the tubigrip and dressings. The stitches in your wound will dissolve, and are all internal- this takes 6-months. The ones around the areola are occasionally different and will be removed if a non-absorbable type have been used. The dressings are changed only when necessary, but in the early period usually at the end of the first and second week.

Care is needed not to bang or knock the breasts. Mild pain-killers will be required after your operation until you feel that you no longer require them. We advise paracetamol and ibuprofen only, if you tolerate them usually.

An appointment will be made for you to come back to clinic in about 3-4 weeks after discharge to see Mr Turton. You can expect light bruising and for your breast/breasts to be slightly swollen. This will last approximately six weeks and therefore, although you will immediately feel the reduction's benefit, you will not begin to see the total benefits of the reduction in size until such time and the final effect may take several months to become apparent. Often one breast is slightly more swollen than the other for several weeks, a reflection of the subtle differences between the two breasts and quite normal on its own. Mr Turton will review you in person at three weeks. You will be given information on when it is possible to dispense with a sports bra or support, and care of your scars.

Note: This information is for general guidance only and represents the views and opinions of Mr Turton, Consultant Breast Surgeon. It should in no way be regarded as either definitive or representing the views of any other institution