TITUS ADAMS
PLASTIC SURGEON

Breast Reduction

Large breasts can cause *significant* functional, psychological and social problems for women. Back, neck and shoulder pain, bra strap indentation and soreness under the breast can be debilitating. Infections and soreness can be marked during the summer months. Pain can also be a feature in the arms and can cause carpal tunnel-like syndromes in the wrist and hands. Socially, large breasts can make relationships and sporting activities awkward and clothing can be difficult to find and fit. Psychologically, some women have concerns about undressing in front of others, and many avoid swimming as an example. The causes of enlarged breasts are multifactorial, but usually unknown, and it is not uncommon for there to be a family trait.

The aim of surgery is to reduce the size of the breast and nipple/areola, as well as elevating the nipple to a more youthful position. The scars are positioned in inconspicuous places, designed to be hidden when wearing a bra or bikini. The nipple is left attached to the breast tissue to preserve its blood supply and possible future breast-feeding function if required, although breast-feeding following surgery cannot be guaranteed. If the areolar of the nipple is too large, then this is reduced accordingly at the time of surgery. Although size reduction is discussed carefully, a particular cup size reduction cannot be guaranteed.

There are many different types of breast reduction procedures and the specific type is individualised to the patient. The common types of reduction involve an anchor shaped scar, or a vertical scar to the infra-mammary crease. Occasionally, smaller reductions might be achieved around the areolar alone. There is always a scar running around the nipple/areola area in any of the above techniques. The most suitable reduction technique will be discussed at the initial consultation. Photos will be available for viewing to observe the nature of the reduction and the different types of scars and their placement.

Other useful information:

Pre-operative advice: Breast reduction surgery is performed under a general anaesthetic, and is accompanied by at least one hospital night stay. Smokers and very over-weight women are at greater risk of wound healing problems. Women should be at their desirable weight pre-operatively. Smoking should stop at least two weeks before and after surgery. Smoking can affect both wound healing and the vascular supply to the nipple. Aspirin and related anti-inflammatory medication (ibuprofen, naproxen, diclofenac) should be avoided for a similar period of time to reduce the risk of bleeding. Patients taking the oral contraceptive pill (not HRT) should stop taking this for 4 weeks before surgery, as there is a slight increased risk of thrombosis. Alternative forms of contraception would be required during this time.

What happens before the operation: A pre-assessment well before the surgery date is arranged and any blood tests may be ordered. Patients are admitted on the day of surgery and checked by

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the nursing staff. The anaesthetist will review you at this time. Mr Adams will take photographs, make measurements and put markings on the skin. Consent will be obtained. Leg stockings are worn to reduce the risks of thrombosis and improve the circulation. A suitable, non under-wired, zip- or popper-fronted supportive sports bra should be brought to theatre for fitting at the completion of surgery. These bras can be obtained pre-operatively at M&S or Primark for example. The operation usually takes 2.5 – 3 hours.

What to expect following surgery: On return to the ward, an intravenous fluid drip is used until patients are able to eat and drink. Drainage tubes are often placed into each breast to prevent accumulation of ooze or bleeding in the breast. These drains are removed prior to leaving hospital the next day. Painkillers are provided, but significant pain is not a usual feature following breast surgery. Micropore tape is placed over the scars and the nipples are monitored. Opsite© dressings are used to provide further protection. The supportive sports bra will have been fitted in theatre to help maintain support and shape. Showering is encouraged from 5 days post surgery.

Risks and complications: As with all surgery, complications can occur. There is a very small risk of bleeding on the night of surgery, which can accumulate as a haematoma. This would require evacuation in theatre. The most common (later) complication concerns small areas of wound infection or breakdown along the scar(s). These are usually isolated and not associated with significant infection. Regular cleaning and dressing changes are required until the wounds heal. Occasionally, an antibiotic may be required. Rarely, some part of the wound may breakdown further, requiring secondary surgery and/or prolonged dressings. A change in the nipple sensation may also be noted following surgery but usually returns to normal over a few weeks. Sometimes nipple sensation can be permanently disrupted. Rarely, the vascular supply to the nipple can be permanently disrupted, which can cause partial or full nipple loss. Scars are unpredictable, and whilst they go red initially this settles over 9-18 months. Scars can, however, become lumpy (hypertrophic/keloid) but can be managed following surgery in a number of ways. Breast shape and breast volume asymmetries are also possible and will be discussed with you. There may be some asymmetry of scar placement or appearance. This may be due to the unequal nature of your breasts pre-operatively. Fat necrosis can occur, in which little lumps may emerge within the healing breast as the internal scars heal. These are uncommon and usually resolve by themselves. The skin on the under side of the newly-reduced breast can often go pink-red in colour. This is not uncommon and in the absence of tenderness and a hot skin surface, is an entirely normal phenomenon This settles with time and patience over 3 months.

Follow-up: Patients are seen at one week for a wound check and exchange of dressings. Further dressing changes may be required as necessary. An outpatient appointment is made to see Mr Adams at 6 weeks and 6 months; appointments are sent by email.

What happens when I leave hospital?

Wound care/dressings: Micropore tape is applied to the scars in theatre. Opsite© occlusive dressings are used to cover the tape, and the nipples are exposed for monitoring purposes. Drains may be in place but removed the following day before leaving the hospital. Dressings are required for up to 4 weeks and usually involve micropore tape only, which can be replaced if it comes away.

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Showering can take place from 5 days and the tape can get wet (it is not waterproof) and it will dry on the skin whilst retaining its position and support.

Stitches: All the stitches are dissolving. At one week nurse follow-up, trimming of stitches may be required.

Supportive bra and clothing: The sports bra (no underwire) should be worn as much as possible day and night to provide shape and support for up to 6 weeks. Thereafter, a normal bra can be used. Accurate bra sizing can be established at 3 months after swelling has receded.

Pain relief: Severe pain is not a significant feature of breast surgery. Regular analgesics prescribed on discharge from hospital are normally all that is required for 2 weeks, and intermittently required thereafter.

Appearance: Initially the breasts will appear firm and pert and even high on the chest. This is more pronounced with short, vertical scar techniques, with wrinkling of the skin noted towards the lower breast fold. Over the first few weeks, the breast skin envelope will relax and the breast will take up a more natural shape, but will take 6 months to normalise.

What to expect: The breast will feel firm for 2-3 weeks and then soften. Some bruising and swelling is to be expected. A degree of numbness over the lower skin of the breast might be found. Lumpiness might be present but resolves over a few weeks. Some disturbance of nipple sensation (up or down) may occur, which might be permanent. Hypersensitivity of the nipple can occur which will require regular massage of both the breast and nipple from 3-4 weeks.

Scar maturation: Scarring can be unpredictable. The scars may go red and lumpy. When healing of the skin is complete at 4 weeks, and after tape removal, massage with Vitamin E containing cream is useful. Occasionally, a steroid treatment to the scar or a silicone gel or sheeting may be required to settle lumpy (hypertrophic) scars. Red scars can take up to 18 months to fully fade.

Causes for concern: Minor wound infections or small areas of delayed healing can occasionally occur but should not cause significant concerns. These wounds respond well to antibiotics or regular dressings or both. A delay in healing may occur. If significant breakdown does occur, occasionally, secondary surgery might be required. If there are any causes for concern, then either contact the hospital or Mr Adams' secretary.

Follow-up: Appointments are made to see the cosmetic nurse at one week post surgery for dressing changes and suture trimming if required. Further dressing clinic appointments can be made. Mr Adams will arrange an outpatient appointment for 6 weeks and 6 months to be sent by email.