Breast Reduction / Mastopexy (Uplift)

This information booklet will support what you have heard in the consultation. It may help answer any questions you have, and give you and your family some understanding of the operation and what to expect after the surgery.

It is important to discuss:

- your expectations
- the benefits to you of the surgery
- any risks, complications or limitations
- family history of breast cancer
- the need for a mammogram if you are 35 yrs or over

We ask you to consider seriously the advice given to you, as many women have different views of what is a desirable size and shape for breasts. It is not possible to guarantee breast size when having breast reduction surgery as bra sizes differ dependant on various manufacturers. You will be able to discuss the things that may affect the procedure, such as your age, general health, body weight, the size and shape of your breasts and the condition of your skin. It is also important that you discuss the amount of tissue that will be removed and where the nipple and the darker area of skin, known as the areola will be positioned, as they will be re-sited during the procedure.

Are there alternatives to surgery?

Breast reduction is never an essential operation. Weight loss may reduce breast size and, having lowered your BMI, you may find you do not need surgery. Correctly fitting underwear and clothing can improve comfort and appearance. Cognitive Behavioural Therapy can be effective in body image problems.

What if I want the surgery but am still smoking?

Smoking can reduce the blood flow to surgical sites. Smoking has an adverse effect on the healing of all surgical wounds and can result in wound break-down. Smoking also increases the risk of bleeding, haematoma (collection of blood in the surgical cavity), and infection. The same applies for the use of nicotine replacement therapy as, although this will reduce the craving for a cigarette, the nicotine will also reduce the ability of the blood to carry enough oxygen to the tissues. Most importantly, smoking will increase the risk of nipple necrosis (when parts of the nipple blacken and die). We advise you to stop smoking at least **four weeks** before your surgery. We advise you **not** to use nicotine replacement therapy for the **four weeks** before your surgery or whilst in hospital.

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What other arrangements do I need to make?
The hospital stay is normally 1-2 days. You should arrange help with shopping, housework and care of small children and pets, as you will not be able to manage these on your own for at least two weeks after surgery. It will be necessary to organise two to three weeks time off from work. If your job involves heavy lifting longer time may be needed.

You will not be able to drive immediately after your operation. You should only consider doing so when sufficient healing has taken place to allow you to wear a seat belt without pain. Before driving, check with your insurance company that you have appropriate cover since some companies ban driving for a specific period following surgery.

If you are taking the oral contraceptive pill or hormone replacement therapy, do not stop taking this medication. Always seek medical advice.

Pre-assessment Clinic:
Most patients are seen in the Pre-assessment Clinic and, if you are asked to attend, a letter will be sent to you giving the date and time of your appointment.

The pre-admission assessment can include:

- Assessing your general health and fitness before surgery by carrying out various tests and investigations. These include blood tests and if indicated an ECG (electrocardiogram - heart tracing) and chest x-ray. Photographs will provide a record for your notes to allow a comparison of your breasts before and after surgery and these are done by Miss Hazari on the day of surgery.

- Discussing your current medication, any allergies you may have and information on your planned treatment and hospital services.

If you have any further questions, write them down and discuss them with the doctors or nurses.

It is important that you are completely satisfied that you have been given all the information you need and that you fully understand the risks and benefits of your surgery, before you sign your consent form. You can change your mind at any time before surgery.

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The benefits of surgery:
A breast reduction operation will reduce the size of your breasts. The aim of the surgery is to give you smaller, better-shaped breasts that are in proportion to the rest of your body and relieve the severity of symptoms from large breasts such as backache and neckache. The procedure removes fat, glandular tissue and skin from the breasts making them smaller, lighter and firmer. It can also reduce the darker skin surrounding the nipple, known as the areola.

What are the risks?
All surgery and anaesthesia carries some uncertainty and risks. The following list gives you information on the most common or most significant problems that can occur following this type of surgery.

Pain - The pain from this sort of surgery is not usually severe. Different people require varying amounts of pain killers (analgesia). You may feel some pain for the first few days especially as you move around and cough. There may be further discomfort for a week or more. Your surgeon or anaesthetist will prescribe regular medication to lessen the pain. If you are in constant pain, let the nursing staff know. In the long term your breasts should not be painful, however if you already suffer from breast pain, it is unlikely that the surgery will cure this.

Deep vein thrombosis - A blood clot in the legs. This is a potential complication following surgery and bed rest. People who are taking the oral contraceptive pill or hormone replacement therapy and those who smoke are at the greatest risk. Occasionally clots can break off and pass to the lungs, known as a pulmonary embolus. All patients are given compression socks to try to prevent this problem. Pre-operative assessment may also result in the need for Heparin injections to reduce this risk.

Blood transfusion - It is not common to require a blood transfusion after this operation, however, this may occasionally be required. If you have strong views or religious beliefs about this, discuss any issues with your surgeon before surgery. If you are found to have a low blood count (anaemia) after your operation, a course of iron tablets will be prescribed.

Drains - Wound drains are inserted into the breasts at the time of surgery to allow any blood and fluid to drain away. The drainage tube is attached to a vacuumed bottle where the fluid is measured. The nurses will remove the tube on the doctor's instructions, usually after 24 - 48 hours, depending on the amount and colour of the fluid drained. Following removal, a small amount of leakage from the wound is common; a light gauze pad can absorb this.

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Haematoma – Is a collection of blood underneath the skin, which may occur after surgery. We try to prevent this by placing small drainage tubes in the wound area to allow the blood and fluid to drain into vacuumed bottles. Even with this care, occasionally blood collects and the breast may become painful and swollen. A second operation may be necessary to remove the haematoma.

Infection- A wound infection can occur after any surgical procedure. If this happens it may be treated with antibiotics and, if necessary, further dressings. After an infection the scars may not be quite as neat. Any major operation with a general anaesthetic carries a small risk of a chest infection, particularly among people who smoke.

Nipples - Breast reduction surgery always involves changing the position of your nipples. The loss of normal sensation is common to the nipple and areola. Rarely, the nipples may become over sensitive. Part of the nipple may die due to poor blood supply. *Smoking increases the risk of this as smoking can reduce the flow to one or both nipples*. Dressings are required until new skin has formed. The nipple will have a scarred appearance in the affected area. Complete nipple loss is rare, but it does happen. If it does occur, it is often necessary to have a second operation. Further surgery to improve the look of the nipple may be required at a later date.

Wound breakdown – Wound healing may sometimes be delayed. This may be because of poor blood supply to the area, poor nutritional status and/or infection. Occasionally the wound may break down, resulting in a longer hospital stay, wound dressings and, possibly, further surgery. Smoking increases the risk of this as smoking can have an adverse effect on the healing of all surgical wounds. Wound problems can occur at the T-junction of the anchor scar and the junction with the scar around the nipple-areola.

Scars - Any operation will leave a permanent scar. Infection can cause a wound to re-open; this may lead to problems with scar formation such as stretching or thickening. At first, even without any healing problem, the scar will look red, slightly lumpy and raised. Regular massage of the scar using with Bio-Oil or a light non-perfumed moisturising cream and using sensible sun protection measures such as a factor 30 sun block, should help it to settle in time and fade over some months. This may take up to two years. Some people may be prone to the development of keloid or hypertrophic scars which are raised, itchy, and red. If you have a tendency to produce scars like these then please discuss this with the surgeon. In the majority of cases, scars settle to become less noticeable.

Breast-feeding - If you are keen to be able to breast-feed after the surgery at any time in the future, we recommend you consider postponing the surgery until you have completed your family.

Symmetry - Although every effort will be made to make your breasts equal in size and shape, you may find that there is a small difference between the two breasts. This is quite normal, but if you have any concerns or questions please talk to the surgeon. Occasionally there is an area of excess breast tissue on the outer part of your breast. This is completely harmless, but may be irritating as it 'catches' when moving your arm and is known as a 'dog ear'. Most 'dog-ears' settle by 6m following surgery, but if these do not, then they are easily revised under local anaesthetic.

Fat necrosis – This is an uncommon, benign condition where fat cells within the breast may become damaged and delay wound healing. It is usually painless and the body repairs the tissue over a period of weeks. Occasionally the fatty tissue swells and the breast becomes red and painful. The fat cells may die and their contents form a collection of greasy fluid which will drain to the skin surface. The remaining tissue may become hard. In severe cases the skin may die. If this occurs, you may require dressings until the area is healed. It is very rare that further surgery is required.

Psychological aspects – The majority of patients are pleased with the results of their surgery. Occasionally women feel very anxious about their treatment or have difficulty coming to terms with their new look because their breasts are not as they had imagined they would be or as a result of a complication.

Bra

You will need to wear a good, non-wired, support bra continuously following surgery, as this will help with reducing the swelling and help the breasts settle into their new shape. Wear for up to six weeks (including night-time), taking off only for showering/washing. Bra-extenders, such as shown below, will help to increase the girth of the bra if there is chest wall surgical swelling, as your usual bra may feel too tight. After surgery, you can expect to find some swelling and your breasts will seem high and firm which may seem unnatural to you. However, after a while the swelling will reduce and become more comfortable, and the breasts will take on a more natural shape.

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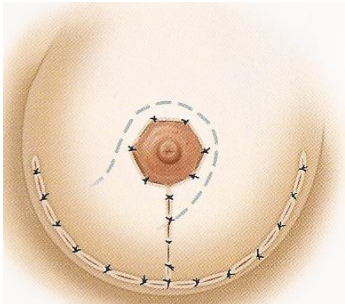
What can I expect before my operation?
An anaesthetist will visit you and examine you on the ward and explain the anaesthetic procedure. Miss Hazari will see you and ask for your consent to proceed with your surgery. Pre-operative photographs are usually done at the same time. She will mark the new position for nipple in a position higher than the old, reducing the size of the nipple as well as marking the area of skin and breast tissue to be removed. It is vital that you do not wash these marks off. Please ask questions if there is anything that you are not sure about. You must have nothing to eat for a minimum of six hours and nothing to drink for a minimum of two hours before your surgery. This is for your safety, to prevent any problems during your anaesthetic.

The surgery
The procedure usually takes about two to three hours.



Techniques for **breast reduction** vary, but the most common procedure involves an anchor shaped incision that circles the areola, extends downwards and follows the natural curve of the crease beneath the breast.
Miss Hazari will remove glandular tissue, fat and skin and will move the nipple and areola into their new position. The skin will be brought down from both sides of the breast and around the areola, shaping the new curve of the breast. The nipples remain attached to the breast and its blood vessels (known as a 'pedicle'). There are several variations of the direction of the pedicle. Miss Hazari often uses the 'supero-medial' or 'superior' pedicle. However, in some cases, the nipples and areola may have to be removed completely and grafted into a higher position, especially if the breasts are very pendulous with the nipples extremely low. This procedure will result in a loss of sensation in the nipple and areola.
In a small group of patients with good quality skin, the horizontal part of the scar can be avoided with vertical scar breast reduction pattern, but will result in small pleats at the lower end of the vertical scar which may take some months to settle.
Sutures are dissolving under the skin and do not require removal.

In **breast mastopexy (uplift)**, the scar pattern will be similar to that of breast reduction, however, breast tissue is either not removed or removed very minimally. The nipple is re-positioned in its new higher position similar to a breast reduction. In addition, however, the lower part of the breast gland with it blood supply may be moved so as to fill the upper part of the breast, improving fullness.

What can I expect after the operation?

Recovery Area - When you wake up after the surgery, you will be in the recovery area. The nursing staff are very experienced and will ensure your recovery is as pain free as possible. Painkillers will be given to you on a regular basis for as long as you need them. The operation does not usually cause much pain afterwards, although some tightness and bruising may cause discomfort.

What should I look out for?

Breast firmness and tenderness is common in women and can relate to your monthly periods. After your breasts have healed, these symptoms may return. It may take some months for the scar tissue to settle and at first the scars may feel lumpy and tender. We advise you to become 'breast aware' – by getting to know what your breasts look and feel like so you know what is normal for you.

When you are at home after surgery, it is important to check your wounds and if they become red, swollen, and painful or there is a discharge please contact any of the following for advice:

When should I return to the hospital for a follow-up appointment?

When you are discharged from hospital you will be given an appointment to see Miss Hazari a week to 10 days following your surgery.

What should I do when I am at home?

Following your surgery you should be able to return to most of your normal activities within two to four weeks, although this will vary from person to person. We would recommend that you start with a small amount of housework and gradually build up to hovering and ironing.

Returning to work - Depending on the type of work that you do, you may be able to return to work within two to three weeks. You may feel quite tired at first. This is quite normal.

Sport - Most sport can be resumed after two weeks. If the sport involves strenuous upper body movements for example aerobics, running, golf,

swimming and any racquet sports then it is probably advisable to gradually return to these activities about 4-6 weeks after surgery. *It is essential to wear a **good quality sports bra** such as a shock-absorber and if possible a lycra crop top too, to prevent the breasts from moving up/down and to maintain the results from surgery.*

Notes……..

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