

BREAST REDUCTION

Spire Tunbridge Wells Consultant Anita Hazari, MBBS, MD, FRCS (Plast),
talks about the process of breast reduction



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.

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 neck ache. 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.

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

What if I want the surgery but am still smoking?

Smoking reduces the blood flow to surgical sites. Smoking can result in wound break-down and also increase the risk of bleeding, haematoma (collection of blood in the surgical cavity), and infection. Most importantly, smoking will increase the risk of nipple necrosis (when parts of the nipple blacken and die). It is advisable to stop smoking at least four weeks before your surgery.

What are the risks?

All surgery and anaesthesia carries some uncertainty and risks. In addition to risks which can occur in all types of surgery such as bleeding, haematoma (collection of blood), infection, specific risks in breast reduction surgery are discussed below.

Scars – Breast reduction surgery will always leave a scar around the nipple areola, a vertical scar and in the anchor pattern, a further horizontal scar in the crease under the breast. Scars will look red, slightly lumpy and raised for several months after surgery and may take up to two years

to fade. Some people may be prone to the development of keloid or hypertrophic scars which are raised, itchy, and red.

Nipples – Breast reduction surgery always involves changing the position of your nipples. The loss of normal sensation is common to the nipple and areola. 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. 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.

Fat necrosis – This is an uncommon, benign condition where fat cells within the breast may become damaged and delay wound healing. Occasionally the breast becomes red and painful, and liquid fat in the form of a greasy fluid may drain to the skin surface. The remaining tissue may become hard. If this occurs, you may require dressings until the area is healed. It is very rare that further surgery is required.

Breast-feeding – If you are keen to breast-feed at any time in the future, you should consider postponing the surgery until you have completed your family, as this operation will interfere with the ability to breast-feed.

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 your surgeon.

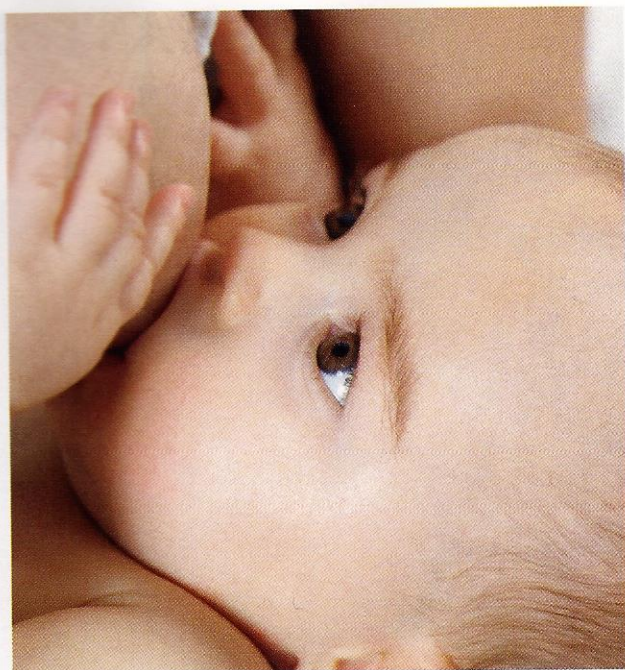
Dog-ears – Occasionally there is an area of excess fatty tissue at the end of the scar. This is completely harmless, but may be irritating as it 'catches' when moving your arm and is known as a 'dog ear'. Most 'dog-ears' settle by six months following surgery, but if these do not, then they are easily revised under local anaesthetic.

The operation

After pre-operative photographs, your surgeon will mark the new position for the 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. 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.

Glandular tissue, fat and skin is removed, and the nipple with areola is moved into its 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.

The hospital stay is normally 1-2 days. 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.

Post-operative Bra – You will need to wear a good, supportive, non-wired support bra, as advised by your surgeon, for 6-8 weeks. This is to help support the underlying tissue and suture lines while healing. After surgery there will be swelling, and your breasts will seem high and firm, which may seem unnatural to you. However, the swelling will reduce and become more comfortable and, after a while, the breasts will look a more natural shape.

It is essential to wear a good-quality sports bra and, if possible, a lycra crop top too, to prevent the breasts from moving up/down and to maintain the results from surgery.

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