

# Breast reduction surgery

## Introduction

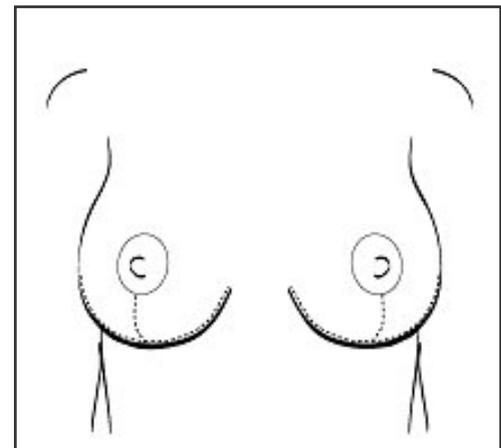
This information is for women undergoing breast reduction and explains what happens during the operation, outlining the benefits, alternatives and risks of surgery. If there is anything you do not understand or you have further questions or concerns, please speak to one of the Breast Care Nurses. Their telephone numbers are listed at the end of this document.

## What is a breast reduction and what are the benefits?

This is an operation to reduce the size of your breasts by removing both skin and breast tissue. The surgery can relieve discomfort caused by large breasts, including back and neck pain, grooving from bra straps and rashes beneath the breasts. Many women feel less self-conscious and happier about the way they look following the operation. The operation may also be performed as part of breast reconstruction surgery, following removal of cancerous cells, to give a more satisfactory result.

## Are there any alternatives to breast reduction?

The alternative to this surgery is to decide not to have surgery. Wearing a correct-fitting, supportive bra and keeping the skin underneath your breasts clean and dry to avoid skin problems can help. In addition a partial prosthesis can be worn for patients who have asymmetry (uneven breast size) as a result of previous cancer surgery. You may want to take time to consider whether you wish to proceed. You can at a later date.



*Diagram showing the 'anchor-shaped' cuts most commonly used during breast reduction*

## Before the operation

If necessary, blood tests may be arranged together with a chest X-ray and/or ECG. The operating surgeon and anaesthetist will see you on the day of your operation. The surgeon will make some markings on your breasts and we will arrange for you to have photographs taken prior to the operation. You are advised to bring in a soft supportive bra plus a bra strap extender to wear following the surgery. The surgeon will reduce your breast size to be more in proportion with your body shape. You will be asked how small or large you would like to be but a specific cup size cannot be guaranteed.

Smoking or being overweight significantly add to any risks of surgery. Losing weight and stopping smoking will reduce your risk of complications. Speak to your GP for advice on giving up smoking and losing weight before your surgery.

## The operation

The most common procedure is performed using an anchor-shaped cut leaving scars as shown in the diagram on the right. Excess skin and breast tissue is removed and the nipple is repositioned to suit your new breast size. The skin and breast tissue is then reshaped and closed with stitches. A tube drain may be placed in each breast to drain off the blood and fluid that collects during the healing process. If a drain is used, it is usually left in place for a period of 12 to 48 hours.

## After surgery

You will need to take regular painkillers following surgery. We will encourage you to get up and move around the following day. If you have a drain, it will be removed when the fluid from the wound lessens, usually the day following surgery

Most patients will need to stay in hospital for one night.

## Going home

You will go home with some dressings in place and wearing a soft supportive bra (no under-wiring). This helps prevent the weight of the breasts pulling on the wounds and affecting the healing process. There may be some slight discharge from the wounds. You should wear the supportive bra for four to six weeks, only taking it off to shower.

You are advised to avoid strenuous exercise for a minimum of six weeks. The length of time you need to take off work depends on the nature of your job but you will need at least to plan for two to four weeks. You may experience some shooting pains in the breasts - these will ease over the next few months. The breasts will be swollen and your nipple sensation may be altered. The swelling and bruising subside in a few weeks but can take 6-12 months for the scars and shape of the breasts to settle.

You are advised not to have sex for the week following the surgery as sexual arousal can cause further swelling of the breasts. Allow only gentle contact with your breasts for about six weeks.

If you feel unwell with a temperature, vomiting or notice significant redness of the skin on or around the breasts you should either contact your GP or emergency on-call service, if out of normal working hours, as you may have an infection and will need antibiotics. If you notice some pink tinge to the skin but feel well, this is likely to be mild fat necrosis (damaged or dead tissue), which will settle in a few months but you will not necessarily need antibiotics.

## Risks and complications

All surgery carries some element of risk. Common side-effects can include nausea and vomiting following general anaesthesia. As mentioned earlier, the breasts will be painful, swollen and bruised for a few weeks following your operation.

## Specific complications

### 1. Haematoma:

This is bleeding into the tissues following surgery and can occasionally lead to patients returning to theatre to stop the bleeding and remove the blood.

### 2. Wound infection:

This can occur after any type of surgery and may need treatment with antibiotics.

### 3. Deep venous thrombosis:

This can happen after any operation and general anaesthetic. Risks are reduced by wearing preventative stockings and giving an anti-clotting injection.

### 4. Delayed wound healing:

This is most commonly at the point where the vertical scar meets the horizontal scar (the T-junction). The blood supply to this area is at its poorest. The skin may fail to heal, and separate, leaving a raw area. Occasionally, this can be extensive and, if so, will need regular dressings for several months until the wound is fully healed. The incidence of risk of delayed wound healing is 3-5% (between 3 and 5 cases out of every 100).

### 5. Nipple complications:

The operation by its nature partially disrupts the blood supply to the nipple. There is a small but definite risk of nipple loss from this type of surgery, either total or partial (less than 1% - one in 100 cases). Loss of or altered nipple sensation is a more common complication; this may be a temporary or a permanent symptom.

### 6. Asymmetry:

There may be some lasting differences in the size and shape of your breasts following surgery but you will be within the normal limits of size difference.

### 7. Breastfeeding:

Breastfeeding is not usually possible after breast reduction surgery although some women do successfully breastfeed following this type of operation. If you are planning a family and want to breastfeed then you need to consider this possible complication before going ahead with surgery.

8. Pregnancy:

The breasts change shape and may be enlarged during pregnancy so, again, if you are planning a family it may be wiser to postpone surgery.

9. Scarring:

Initially, the scars will be fine, bright red lines; in most cases the scars will usually heal satisfactorily and soften, becoming much paler and less obvious after 12 months or so. Some patients have a tendency to form red and lumpy scars (hypertrophy) or keloid scars, which are broad raised scars. The scarring will be permanent.

10. Fat necrosis:

This is a common complication and in this type of surgery the risk depends on the relative amount of fat and breast tissue within your breasts together with the size of the breast reduction. This usually presents with firm or hard nodular areas within your breasts which may occur several months after surgery. Occasionally, these can become inflamed with reddening of the skin and a burning sensation and discomfort. This usually responds to antibiotics and anti-inflammatories but rarely can necessitate revisional surgery to remove the area of concern. Any breast lumps found should be checked with your GP and/or mentioned at your follow-up appointment.

## Follow-up

You will be given an appointment to return to the hospital 7-10 days following your surgery. During this appointment, the dressings will be removed and your wounds inspected. You can shower normally with the dressings on but try not to get them soaked (so avoid baths).

## Long-term outlook

Breast reduction surgery is usually successful. Self-confidence may be increased and symptoms relieved. Most women are pleased with the results of their surgery. The shape of your breasts will change with time, particularly with pregnancy, changes in body weight and ageing and the results of surgery therefore will alter as you get older.

## Further information

[www.plasticsurgery.org](http://www.plasticsurgery.org) - The American Society for Plastic and Reconstructive Surgery

[www.surgery.org](http://www.surgery.org) - American Society for Aesthetic Plastic Surgery

[www.bapras.org.uk](http://www.bapras.org.uk) - British Association of Plastic, Reconstructive and Aesthetic Surgeons

[www.nhs.uk/conditions/breast-reduction/](http://www.nhs.uk/conditions/breast-reduction/)

## Contact us

Breast Nurse Specialists: 0118 322 7420

Fiona Ellison

Sarah Cleaver

Vanesa Lobo

Maxine Halford

Or telephone the Clinical Admin Team (CAT3) on 0118 322 1883.

If you have any problems regarding your care or treatment at this hospital, please *Talk to us*. Your feedback will help us to improve and develop our service. Please speak to a member of staff in the clinic or on the ward or if you would rather talk to a senior member of staff, ask to speak to the ward/departmental manager or sister or matron.

Or speak to the Patient Relations Team can offer you 'on the spot' support and advice as well as practical information at a time when you are feeling confused and anxious. Patient Relations can be contacted on: 0118 322 8338 or email [talktous@royalberkshire.nhs.uk](mailto:talktous@royalberkshire.nhs.uk)

### More information

If you have any questions about the procedure or this information, please speak to your doctor or nurse.

For more information about the Trust visit our website [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

Royal Berkshire NHS Foundation Trust

London Road

Reading, Berkshire

RG1 5AN

0118 322 5111

[www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

This document can be made available in other languages and formats upon request.

Mr B Smith/Miss N Dunne, February 2018

Review due: February 2020