Breast Reduction Surgery

Reduction Mammaplasty | Patient Information

Background

Large breasts can be a serious functional and psychological burden. They can result in back and neck pain, poor posture, skin rashes, difficulty buying clothing and unwanted attention. Some people develop large breasts as they go through puberty. Other people notice an increase in breast size as they age, especially as they enter the menopause. The developing shape of the breast is determined by our genetic makeup and influenced by hormonal and other metabolic processes. Over time, the breast will undergo changes influenced by life events. With weight gain and loss, the breast may increase and decrease in size as body fat changes. The associated skin may stretch and then slacken. During pregnancy, the breast volume will increase with a growth in glandular and fatty tissue. The breast will become fuller as the body prepares for lactation. During lactation, there is an increase in the size of these glandular elements. After pregnancy and lactation, the breast tissue will involute and consequently, the breast will often appear under-filled. The skin of the breast may become looser, and as the suspension ligaments of the breast become stretched, the breast may become droopier (ptotic). As you progress towards menopause, the breast loses its glandular elements and becomes fattier. The consequence of this is that the firmness and fullness of the breast decreases, and breasts may become slightly larger. For many women, breast reduction surgery is a fantastic way to improve selfconfidence and achieve the breasts they've always wanted. Breast reduction surgery is a highly effective treatment that can reduce the volume and weight of the breasts, whilst lifting and remodelling them into a more attractive shape.

What are the principles of breast aesthetics?

The breast should be harmonious with the overall body shape. It should complement the female form and balance the figure. The size of the breast may reflect a person's character and if such a thing ever exists, perfect breasts should be symmetrical, rounded with upper pole fullness and a very slight concavity in this area. The nipple should be situated slightly above the mid-point of the breast.

What is breast reduction surgery?

Breast reduction surgery, also known as mammoplasty, is a procedure to reduce the volume and weight of large breasts, resulting in smaller, uplifted breasts that are more proportionate and balanced.

Is the procedure right for me?

A detailed consultation with your consultant plastic surgeon is essential prior to undergoing any surgical procedure. During the consultation, your surgeon will discuss your area/s of concern, desired improvements, options available (including no treatment at all) and expected outcomes. Your surgeon will examine you and may take some photographs for your medical records. They will ask you if you want to have someone with you during the examination in addition to the chaperone and ask you to sign a consent form for taking, storing, and using the photographs. The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, your surgeon may suggest delaying your operation. If you decide to proceed with surgery, you will be given a 'cooling-off' period of at least 2 weeks between initial consultation and the date of your operation to ensure you have ample time to reflect on all aspects of the procedure before proceeding (although please bear in mind the waiting lists for our surgeons mean this period is invariably significantly longer).

How is the procedure carried out?

Should a breast reduction be agreed upon as the most suitable treatment, the procedure will be carried out by your surgeon in our state-of-the-art operating theatre.

Prior to surgery the breasts are carefully examined and marked, with any obvious asymmetry being noted. Breast reduction surgery is performed under a general anaesthetic and takes around two and a half hours to complete.

There are many different techniques used to reduce breast size, depending on what is required of the surgery. The nipple is moved to its new position without removing it from the breast. Breast tissue and excess skin are removed to restore symmetry and achieve the desired size reduction.

The skin incisions are carefully closed using dissolving stitches and light dressings applied.



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Recovery and aftercare

Following surgery, the chest will be swollen and bruised for a while, and it can be difficult to assess the full effect of the operation. It is common for the surgical site/s to ooze a little, this is usually associated with the local anaesthetic discharging but can look a little pink. Swelling at the treatment site should be expected for at least 3 weeks. To help reduce swelling, patients should wear the provided garment continuously for 6 weeks. It is advisable to refrain from exercise for around 4 weeks and, in general, it takes about 6 weeks before one can return to completely normal activities.

Risks and Complications

All surgical procedures are associated with risks. Your surgeon will explain these in detail during initial consultation, enabling you to reach an informed decision on whether you wish to proceed. Serious complications are uncommon, however patients should be aware of the following complications prior to undergoing breast reduction. Specific complications may include inadequate removal of breast tissue, an uneven contour to the chest or reduced nipple sensation. If an excision has been performed, rather than liposuction, then a blood clot can form that may need to be drained at a second operation. More general risks of surgery include-

- Anaesthesia risks
- Bleeding
- Infection
- Poor scarring of skin
- Fluid accumulation (seroma)
- Pain, which may persist
- Possibility of revisional surgery

Results

The results of breast reduction surgery are not immediately visible as swelling can take a long time to settle you may not see the full benefit of the operation for up to six months. Over time, post-surgical swelling will subside, and incision lines will fade. Satisfaction with your new image should continue to grow as you fully recover from surgery. To achieve optimal results, it is important that you follow your surgeon's post-operative instructions and follow-up visits.

Cost

Prices for breast reduction surgery can vary. Costs may include-

- Anaesthesia fees
- Hospital or surgical facility costs
- Medical tests
- Post-surgery garments
- Prescriptions for medication
- Surgeon's fee

After consultation and if you are planning to proceed with surgery, you will be given a written quotation regarding the cost of the planned procedure.

Alternative treatments

Reduction mammaplasty is an elective surgical operation. Depending on your specific needs and concerns, alternative non-surgical alternatives to breast reduction surgery may be considered. Alternative treatment physical therapy to treat pain complaints, or wearing undergarments to support large breasts. In selected patients, liposuction has been used to reduce the size of large breasts. Risks and potential complications are associated with alternative surgical forms of treatment.

If you experience any problems or have concerns following surgery, please do not hesitate to call our direct patient line for assistance on 07908 891059.



Breast Reduction Surgery

Reduction Mammaplasty | Patient Pre & Post-Operative Care Guide

Pre-Operative Preparations

6 week period before surgery-

Patients requiring twilight or general anaesthesia should not travel long haul for the 6 week period before and 6 week period after surgery.

4 weeks before surgery-

Preferably, stop taking the contraceptive pill and HRT 4 weeks before surgery.

2 weeks before surgery (if desired)-

We would recommend that you start taking Arnica antibruising tablets, three times a day, two weeks prior to and two weeks after surgery. These are available from several health and wellbeing stores, including Holland & Barratt.

1 week before surgery-

Avoid Aspirin, Ibuprofen, Nurofen and other similar painkillers one week before and two weeks after surgery. Paracetamol is the safest painkiller to take, if necessary.

Stop taking Vitamin E and its compounds (such as evening primrose oil, fish oils, garlic and garlic capsules) one week before surgery and two weeks after surgery. Taking Vitamin E in any form can cause bleeding and post-operative complications.

1 day before and on the day of surgery-

Shower with Hibiscrub antiseptic liquid soap (provided on prescription from Coppergate Clinic) the day before and morning of your surgery before coming into the clinic. Do not apply moisturiser after showering.

Day of surgery-

You must avoid eating solid food and milky drinks for 6 hours prior to your appointment for sedation. Water, clear drinks, black tea and black coffee can be consumed for up to 2 hours before your sedation/general anaesthetic.

You must take your routine medicines at the usual time, unless advised otherwise and bring them with you (including inhalers).

At least one nail must be free from acrylic or pail polish nails as a monitor will be placed on a finger.

Post-Operative Instructions

Average length of stay-

The surgery will be performed as a day case under a general anaesthetic or twilight anaesthesia unless your surgeon

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advised otherwise during consultation. If you live further than 1 hours drive from the clinic, it is mandatory to stay in the vicinity until the following day.

6 week period after surgery-

Patients requiring twilight or general anaesthesia should not travel long haul for the 6 week period before and 6 week period after surgery.

0-2 weeks after surgery

- It is essential to ensure activity is kept to a minimum and to rest as much as possible
- Wear the provided TED stockings day and night, except for when showering
- Shower if you wish, but please be as quick as possible and do not linger. Dressings should be gently patted dry before the compression garment is put back on. At your follow up appointment, your surgeon will guide you on when leisurely showers and baths may resume
- Upper body activities should be kept to a minimum
- Paracetamol can be taken as required

0-6 weeks after surgery

- Wear the provided compression garment day and night, except for when showering

2 weeks after surgery

- Gentle activity may resume (for example driving) but do listen to your body- it will tell you if you are overdoing things

6-12 weeks after surgery

- Swimming and more strenuous exercise may resume, as advised by your surgeon

12 weeks after surgery

- Underwired bras can be worn if preferred
- The scar and surrounding breast skin can be moisturised daily

General Scar Care

Scars should be supported by micropore tape for the first 2 weeks post-surgery. During this period, tape should be left on during baths and showers and simply patted dry afterwards. After 2 weeks, as soon as the tape naturally starts to become loose, it may be gently removed and discarded.

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