

Breast reduction surgery

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?

It 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 on the opposite breast as part of breast reconstruction surgery, following removal of cancerous cells, to give a more satisfactory even 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 decide at a later date.

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 or to better balance with your other breast. 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 adds 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 overleaf. 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 rarely be placed in each breast to drain off the blood and fluid that

Compassionate

Aspirational

Resourceful

Excellent

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

Many patients are suitable for discharge on the same day if operating on one breast only. Most patients having both breasts reduced will stay one night in hospital.

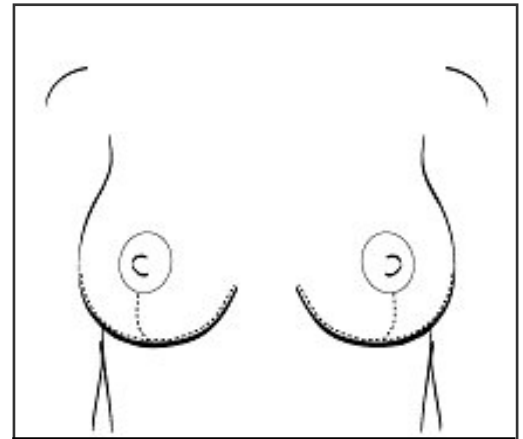


Diagram showing the 'anchor-shaped' cuts most commonly used during breast reduction surgery.

Going home

You will go home with some dressings in place and wearing a soft supportive bra (**no underwiring**). 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 and they may be some small amounts of blood-stained fluid that escapes from the dressings, staining your bra, nightgown or bed sheets. 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 two weeks following the surgery as sexual arousal can cause further swelling of the breasts. Allow only gentle contact with your breasts for about six weeks following surgery.

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 if out of normal working hours, the emergency on-call service, 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 fatty 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%)
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 separates, 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 permanently re-enlarge following 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. This 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 7-14 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 - The American Society for Plastic and Reconstructive Surgery

www.surgery.org - American Society for Aesthetic Plastic Surgery

www.bapras.org.uk - British Association of Plastic, Reconstructive and Aesthetic Surgeons

www.nhs.uk/conditions/breast-reduction/

Contact us

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 matron.

Our Patient Advice and Liaison Team (PALS) can offer you 'on the spot' support and advice as well as practical information at a time when you are feeling confused and anxious. PALS can be contacted on 0118 322 8338, email PALS@royalberkshire.nhs.uk, or ask a member of staff, the receptionists or the switchboard to contact them.

Consultant surgeons

Mr B Smith Consultant Oncoplastic and Reconstructive Breast Surgeon

Miss N Dunne Consultant Oncoplastic and Reconstructive Breast Surgeon

Mr G Cuffolo Consultant Oncoplastic and Reconstructive Breast Surgeon

Trust grade breast surgeons

Mrs S Connolly

Dr E Hyett

Breast nurse specialists: 0118 322 7420

Fiona Ellison Sarah Cleaver

Maxine Halford Vanesa Lobo

The breast care nurses can be contacted on telephone number 0118 322 7420, and please leave a message if you get the answerphone. Or you can email on breastcarenurses@royalberkshire.nhs.uk.

Our clinical teams can be contacted via Clinical Administration Team 3 (CAT 3) on 0118 322 1883, then press the option for 'breast' or email rbb-tr.cat3@nhs.net.

More information

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

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Mr B Smith/Miss N Dunne, RBFT Breast Unit, July 2023

Next review due: July 2025