

Breast reduction

Breast reconstruction



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The logo for Yeovil Hospital Healthcare, featuring a stylized 'Y' inside a circle with a rainbow-colored border.

Yeovil Hospital
Healthcare

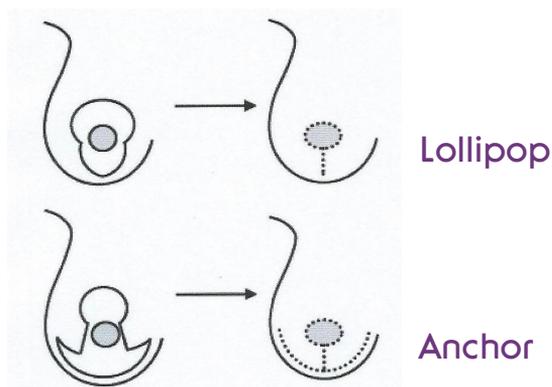
Introduction

This information is intended to help you understand the operation and the aftercare that will be necessary to achieve the best possible result.

Breast reduction surgery is the removal of skin, fat and breast tissue from a breast to reduce its size and improve the nipple position. It is usually performed to relieve backache or skin problems associated with large breasts.

Often, the surgery is carried out on both breasts. It can also be undertaken on one side only to improve the symmetry between breasts of different sizes, which may occur naturally or as a result of breast reconstruction to one side. You will be left with noticeable scars after breast reduction surgery.

There are several different techniques for breast reduction surgery but most commonly, there will be a scar running around the nipple, another in the skin crease beneath the breast and one running vertically from the nipple to the skin crease. Your surgeon will explain where your scars will be before the operation.



Before your procedure

If you need to lose weight, it is a good idea to do this before your operation because the breasts will change shape if you lose weight afterwards.

You will be assessed and given information in the outpatient clinic appointment with your consultant. After this you will be requested to attend a pre-assessment clinic for a full check of your general health and home circumstances. Any further questions about the operation or the anesthetic can be answered at this appointment. You will be informed of your date of surgery in due course.

On admission to hospital your surgeon will mark your skin with a marker pen to guide the surgical incisions.

During your procedure

This operation will be carried out under a general anesthetic. The operation takes approximately two to three hours to perform. During the operation, the nipples will be repositioned on the breast as appropriate for your height and size.

You may have a "drain" or plastic tube inserted into each breast wound. This acts to drain away any further oozing of blood and prevents large bruises or blood clots building up around the wound. The drains are removed on the ward, once the amount of fluid being drained is minimal.

After your procedure

For most patients the length of stay is for one to three days after the operation when the drains are removed and you are able to go home. An appointment will be given to you to have the stitches trimmed or removed, approximately ten days after surgery.

You may also need to attend the clinic for further dressings. Your wounds should be kept covered by dressings until the stitches are trimmed or removed. Another appointment, for review by a doctor in an outpatient clinic, will be made within three months of surgery. You will be offered painkillers both in hospital and to take home.

You will be advised to wear a support bra (all day and preferably all night) for approximately six weeks following the surgery. This will help to support your breasts while the wounds are healing. You should avoid wearing an underwired bra until your wounds have healed.

Return to work will depend on occupation. Light duties can usually be restarted within three to four weeks. You may start light exercise after three to four weeks. Heavy lifting and strenuous exercise should be avoided for six weeks. Driving should be avoided until your wounds have healed and you can comfortably wear a safety belt. This may take several weeks.

Any specific instructions for you will be explained before your discharge from hospital.

Consequences and risks of this procedure

Most patients will experience few, if any, complications but it is important to be aware of possible problems.

Bleeding: Bleeding may occur after surgery (usually within 12 hours of the operation). A very small amount of bleeding is not uncommon but anything more than this may mean that you need another short operation to stop the bleeding (or rarely, a blood transfusion).

Infection: You will usually be given antibiotics at the time of surgery as a precaution against infection. If the wound becomes infected, you may require a further course of antibiotics. If an abscess develops in the breast, you may require a second short operation to drain it.

Failure of blood supply to nipple: Rarely, problems arise with the blood supply to the nipple which could be lost if this occurred. Usually, it would be possible to have further surgery to reconstruct the nipple.

Size and symmetry (balance or proportion of size): You should indicate to your surgeon what breast size you would ideally like

to be. The average size after a breast reduction is a “C” cup but this can vary according to your size before the operation. The final cup size cannot be guaranteed.

The breasts may not be symmetrical following the procedure. One may be slightly larger than the other, or one nipple slightly higher than the other. Fullness of tissue under the arms is not always corrected by this surgery.

As time passes the breasts may change shape, tending to lie lower on the chest wall. This happens as part of the normal ageing process.

Nipple sensitivity: The nipple sensitivity may be affected. It can become less sensitive or, very rarely, more sensitive.

Delayed wound healing: Breasts have very little natural support and the wounds are under tension following this surgery. It is not uncommon for the “T junction” ie. the area where the vertical scar from the nipple meets the curved scar in the crease of the breast, to be slow to heal.

Scars: All scars become red and raised initially and then begin to settle after a 12 month period. Occasionally, the scars can become red and raised permanently and can itch. These are known as hypertrophic, or keloid, scars and are difficult to treat. The scars may also stretch. However, once the skin has healed, massage of the scars with non-perfumed moisturising cream for ten minutes, four times a day, will help the scars to fade.

Fat necrosis: Occasionally you may develop small lumps or nodules within the remaining breast tissue. This happens when the blood supply to a small area of fat is reduced and the fat breaks down into either a fluid collection or scar tissue. It is not harmful to you but all breast lumps should be reported to your doctor to rule out any more serious cause.

Pregnancy and breastfeeding: Pregnancy after this surgery may alter the shape and size of the reduced breasts. You may be advised to have this procedure done when you think that your

family is complete. There is no guarantee that breastfeeding will be possible after this procedure and the probability will depend on the technique used during the operation. You can discuss this with your surgeon.

More information

Contact the breast care nurses

01935 384 352

You can use the following space for any notes or questions you may have

If you would like this leaflet in another format or in a different language, please ask a member of staff.

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