



**BAPRAS**

British Association of Plastic  
Reconstructive and Aesthetic Surgeons

The Voice of Plastic Surgery

# Your Guide to breast reduction



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# Foreword



Patients seeking breast reduction have many physical symptoms because of the size and weight of their breasts, leading to significant restrictions in their day-to-day activities and psychological wellbeing. Breast reduction can change a patient's life, and should not be just thought of as cosmetic surgery.

This booklet explains to patients who are thinking about reduction surgery what the treatment involves, including the recovery time, what benefits it brings, and what risks there are. It will help patients choose their surgeon, and to decide about having the operation when talking to their surgeon beforehand.

**David Ward**

**President, BAPRAS**

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# Introduction

## About this booklet

This information booklet will help you and your family to understand breast reduction surgery and what to expect before and after the surgery.

## Why consider breast reduction surgery?

Some women have great difficulty with their large breasts, especially if they are out of proportion to their overall figure. The symptoms and problems women may suffer from include:

- ▶ Pain in the back, neck, shoulder and breast
- ▶ Grooving of the shoulders caused by bra straps
- ▶ Inflamed reddened skin under the breast
- ▶ Difficulty finding a suitable bra that fits and supports the breast correctly
- ▶ Difficulty finding clothes that fit – often needing much larger size tops compared to bottoms
- ▶ Difficulty undertaking exercise owing to pain and discomfort caused by the movement of their heavy breasts
- ▶ A loss of confidence in their appearance and feeling people are staring at their bust.

Breast reduction surgery may help control these symptoms, if large breasts are the main cause. For example, back pain may be due to other causes.

## Are there alternatives to surgery?

All surgery involves some risk. Weight loss may reduce breast size and, having reduced weight (a guideline body mass index is 27 or less), some women may find they do not need surgery. Correctly fitting underwear and clothing can improve comfort and appearance. Cognitive behavioural therapy can be effective for body image problems.

## Your consultation

Ensure your consultation is with an accredited plastic surgeon who is on the GMC specialist register for plastic surgery, or a breast surgeon who has been certified in breast reduction surgery by the Royal College of Surgeons of England in its certification scheme due to be introduced in 2017.

Expect your surgeon to ask you about your general health, what symptoms you suffer from and what concerns you have about the size and shape of your bust. The surgeon will need to examine your bust and your overall figure to assess your proportions.

If, after careful assessment, you are suitable for breast reduction surgery expect to discuss the type of surgery, principles of the operation, likely outcomes and potential risks of surgery.

You may have more than one consultation. It is very difficult to take on board all the

information at just one consultation, and it is important that you have time to think about the information you have heard and a chance to ask any questions.

Key points to discuss include:

- ▶ Your expectations and the expected outcomes of surgery
- ▶ The benefits to you of the surgery
- ▶ Any risks, complications or limitations – please see page 9
- ▶ Any family history of breast cancer.

# About the operation

## Before your surgery

Most patients are seen in the pre-assessment clinic. This assessment may include:

- ▶ Assessing your general health and fitness before surgery by carrying out various tests and investigations. These may include blood tests and if indicated an ECG (electrocardiogram – heart tracing) and chest x-ray. Photographs will provide a record for your notes to allow a comparison of your breasts before and after surgery.
- ▶ Discussing your current medication, any allergies you may have and information on your planned treatment and hospital services.

It is important that you are completely satisfied that you have been given all the information you need and that you fully understand the risks and benefits of your surgery before you sign your consent form.

### **You can change your mind at any time before surgery.**

On the day of the surgery your surgeon will make careful drawings on your bust to define exactly what breast tissue is to be removed and the new position of the nipple and areola (the brown area around the nipple).

## The operation

This is most commonly undertaken under a general anaesthetic.

The operation usually takes two to three hours to complete.

Your surgeon will use the marks made before your operation as a guide them in excising blocks of skin, fat and breast tissue. Techniques for breast reduction vary, but the most common procedure involves a keyhole-shaped incision that circles the areola, extends downwards and follows the natural curve of the crease beneath the breast (see diagram on page 7).

The glandular tissue, fat and skin is removed and the nipple and areola are moved into their 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. Usually the blood supply to the nipple and areola is preserved on a stalk of tissue (a 'pedicle') so it can be moved into its new position higher on the chest wall. If the breast is very long the nipple may be removed completely and replaced as a 'graft'. The nipple then has to take up its blood supply again from the underlying breast tissue and dermis.

The breast tissue and skin is stitched together, usually with dissolvable stitches. The resulting scars are usually in the shape

of an anchor shape with a circle around the areola, vertically down to the fold under the breast and extending, horizontally along the fold under the breast.

## Recovery

Most patients will be awake within half an hour of the operation finishing. Pain is controlled with medication.

It is likely you will be ready to go home the next day.

Expect to have a quiet time at home for the first week with no heavy lifting or strenuous work. It is likely you will need two to three weeks off work, and during the first two weeks you will need help with shopping, housework and care of small children and pets. You will not be able to drive for at least the first week, and possibly into the second, and then only for short journeys.

While the breasts and chest will be uncomfortable you should not be in extreme pain.

An elasticated bra with no underwiring, such as a sports bra, may make the breasts more comfortable.

You will need to see your surgical team about one week after surgery, and you should ensure you are able to see them regularly for the first few weeks, as it is common to need some regular dressings

on the wounds during this time. Once all the wounds are healed it is likely the surgeon will want to see you at about three to six months after your surgery.

Light recreational activities such as walking and light exercise can usually be started after two to three weeks, gradually building up to more strenuous workouts after four to six weeks.

You should be able to return to work after two to three weeks depending upon how strenuous your work is.

Breast reduction is a big operation and when returning to work it is very common to feel tired. This can continue for up to three months.

The initial swelling of the breasts after the operation usually goes within about three months. This usually allows the initial high position of the breast on the chest to come down into a natural position.

# The surgery and recovery

## What can I expect before my operation?

An anaesthetist will visit you and examine you on the ward and explain the anaesthetic procedure. You must have nothing to eat for a minimum of four to six hours and nothing to drink for a minimum of two hours before your surgery. This is for your safety, to prevent any problems during your anaesthetic.

The surgeon will see you and ask for your consent to proceed with your surgery. Pre-operative photographs may be taken. The surgeon will mark the new position for the nipple in a position higher than the old, reducing the size of the areola around the nipple as well as marking the area of skin and breast tissue to be removed. It is vital that you do not wash these marks off. Please ask questions if there is anything that you are not sure about.

## The surgery

The procedure usually takes about two to three hours. Techniques for breast reduction vary, but the most common procedure uses an anchor-shaped incision that circles the areola, extends downwards and follows the natural curve of the crease beneath the breast. The glandular tissue, fat and skin are removed, and the nipple and areola are moved into their new positions. The skin is brought down from both sides of the breast and around the

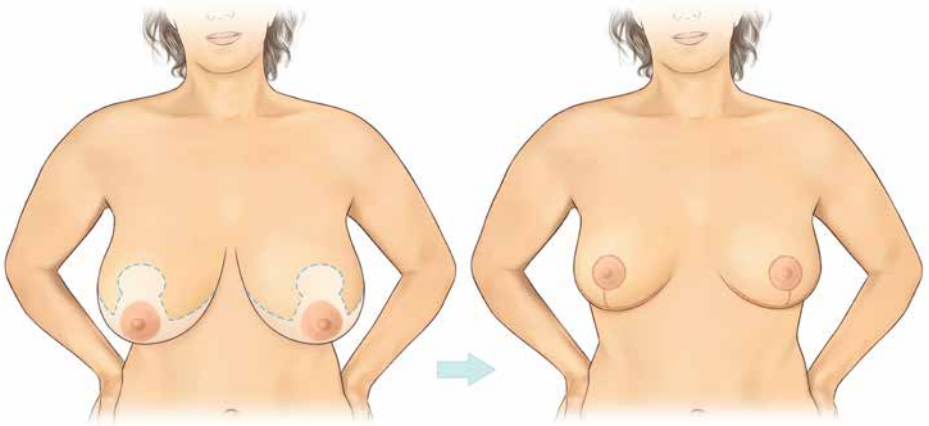
areola, shaping the new curve of the breast. Sutures dissolve under the skin and do not need removing.

Each nipple remains attached to the breast and its blood vessels by a stalk, known as a 'pedicle'. The direction of the pedicle may vary, such as superior or inferior, but both ways preserve the blood supply to the nipple and areola.

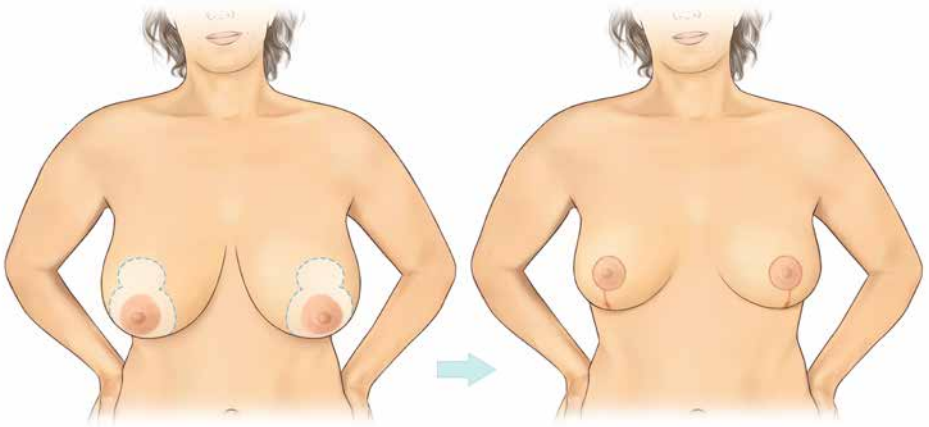
In a small number of patients the nipples and areolas are removed completely and then grafted into a higher position. This is done if the breasts are very droopy with the nipples extremely low. It causes a permanent loss of sensation in the nipple and areola.

In some patients with good quality skin, the horizontal part of the scar may be avoided with a vertical scar breast reduction pattern, but this results in small pleats at the lower end of the vertical scar which may take some months to settle.





**Figure 1:** Anchor-shaped Scar pattern



**Figure 2:** Vertical Scar pattern

# The surgery and recovery

## What can I expect after the operation?

### What should I look out for?

Breast firmness and tenderness before any surgery are common in women, and can relate to your monthly periods. When your breasts have healed after reduction surgery these symptoms may return. It may also take some months for scar tissue in the breasts to settle, and at first the scars may feel lumpy and tender. It is advisable to become 'breast aware' – by getting to know what your breasts look and feel like so you know what is normal for you.

When you are at home after surgery, it is important to check your wounds. If they become red, swollen, and painful, or if there is a discharge, please contact your hospital.

### When should I return to the hospital for a follow-up appointment?

When you are discharged from hospital you will be given an appointment to be seen by the surgeon or nurse.

## What should I do when I am at home?

**Following** your operation you should be able to return to most of your normal activities within two to four weeks, although this will vary from person to person. You can start with a small amount of housework and gradually build up to hoovering and ironing.

**Returning to work** – Depending on the type of work that you do, you may be able to return to work within two to three weeks. You may feel quite tired at first. This is quite normal.

**Sport** – Most sport can be resumed after two weeks. If the sport involves strenuous upper body movements – for example aerobics, running, golf, swimming and any racquet sports – then it is advisable not to return to these activities until about a month after surgery. It is essential to wear a good quality sports bra, and if possible an elasticated crop top such as Lycra® or Spandex® as well, to prevent the breasts from moving up and down, and to maintain the results from surgery.

# Risks and complications

## What are the risks?

All surgery and anaesthesia carries some uncertainty and risk. The following list gives you information about the most common or significant problems that can occur following this type of surgery.

**Pain** – The pain from this operation is not usually severe. Different people require varying amounts of painkillers (analgesia). You may feel some pain for the first few days especially as you move around and cough. There may be further discomfort for a week or more. Your surgeon or anaesthetist will prescribe regular painkillers to lessen the pain. If you are in constant pain, telephone the hospital and speak to the nursing staff. In the long term your breasts should not be painful as a result of the operation, but if you suffer from breast pain before the operation it is unlikely to be cured by the surgery.

**Deep vein thrombosis** – This is a blood clot in the veins in the legs and is a potential complication following surgery and bed rest. People taking the oral contraceptive pill or hormone replacement therapy, and those who smoke, are at the greatest risk. Occasionally clots can break off and pass to the lungs, known as a pulmonary embolus. All patients are given compression socks to try to prevent this problem. Preoperative assessment may also result in the need for heparin injections to reduce this risk.

**Blood transfusion** – It is not common to require a blood transfusion after this operation, but it may occasionally be required. If you have strong views or religious beliefs about this, discuss this with your surgeon before surgery. If you are found to have a low blood count (anaemia) after your operation, a course of iron tablets will be prescribed.

**Haematoma** – This is a collection of blood underneath the skin which may occur after surgery. To try to prevent this a small drainage tube may be placed in each breast to allow any blood and fluid to drain into a vacuumed bottle. Even with this care, occasionally blood collects, causing the breast to become painful and swollen. A second operation may then be necessary to remove the haematoma.

**Drains** – A wound drain may be inserted into each breast during the operation to allow any blood and fluid to drain away. The drainage tube is attached to a vacuumed bottle where the fluid is collected and measured. The nurses will remove the tube on the doctor's instructions, usually after 24–48 hours, depending on the amount and colour of the fluid drained. After the drain has been removed a small amount of leakage from the wound is common. A light gauze pad can absorb this.

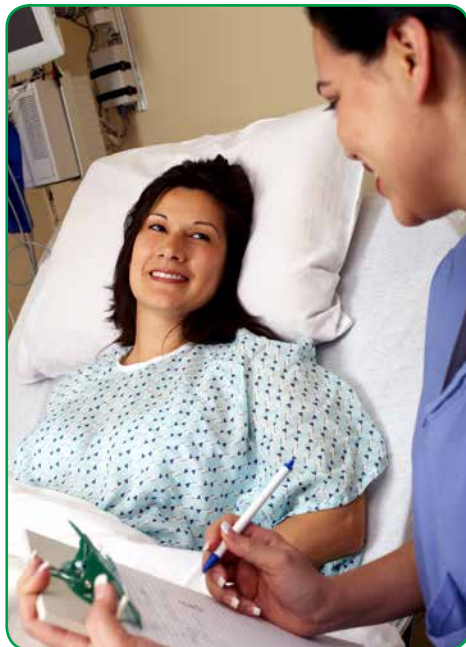
# Risks and complications

**Infection** – A wound infection can occur after any surgical procedure. If this happens it may be treated with antibiotics and, if necessary, further dressings. After an infection the scars may not be quite as neat. Any major operation with a general anaesthetic carries a small risk of a chest infection, particularly among people who smoke. This would be treated by antibiotics.

**Nipples** – Breast reduction surgery always involves changing the position of your nipples. This causes loss of normal sensation in the nipple and areola which can be permanent. Rarely, the nipples may become over-sensitive.

The nipple and areola, or part of them, may die due to poor blood supply. Smoking increases the risk of this by reducing the flow of blood to them. Dressings are required until new skin has formed. The nipple and areola will have a scarred appearance in the affected area. Complete loss of the nipple and areola is rare, but if it does happen it is often necessary to have a second operation, and further surgery to improve the look of the nipple and areola may be required at a later date.

**Wound breakdown** – Wound healing may sometimes be delayed. This may be because of poor blood supply to the area, poor nutritional status and/or infection. Occasionally the wound may break down, resulting in a longer hospital stay, wound dressings and possibly further surgery.



Smoking increases the risk of this in any surgical wound. Wound breakdown can also occur at the T-junction of the anchor scar at the bottom of the breast, and at the junction of the vertical scar with the scar around the nipple and areola.

**Scars** – Any operation leaves a permanent scar. Infection can cause a wound to re-open, which may lead to problems with scar formation such as stretching or thickening. At first, even without any healing problem, the scars will look red, slightly lumpy and

raised. Regular massage of the scar using a light, non-perfumed moisturising cream and using sun protection measures such as a factor 30 sunblock should help it to settle and fade in time. This may take up to two years. Some people develop keloid or hypertrophic scars which are raised, itchy and red. If you already have a tendency to produce scars like these then please discuss this with your surgeon. In most patients the scars soften and flatten to become less noticeable.

**Breastfeeding** – It is likely that you may not be able to breastfeed after this operation, so if you are keen to be do so at any time in the future after the surgery, you should consider postponing the operation until you have completed your family.

**Symmetry** – Although the surgeon will try hard to make your breasts equal in size and shape, there may be a small difference between the two breasts. This is quite normal, but if you have any concerns or questions please talk to your surgeon. If necessary, revision surgery can be done to improve the look of the breasts.

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

**Fat necrosis** – This is an uncommon, benign condition where fat cells within the breast become damaged and delay wound healing. It is usually painless and the body repairs the tissue over a period of weeks. Sometimes however the fatty tissue swells and the breast becomes red and painful. The fat cells may die and their contents form a collection of greasy fluid which may drain to the skin surface and be mistaken for pus. The remaining tissue may become hard. In severe cases the skin may die. If this occurs, you may require dressings until the area is healed. It is very rare that further surgery is required.

**Psychological aspects** – Most patients are pleased with the results of their surgery. Occasionally, women feel very anxious about their treatment or have difficulty coming to terms with their new look because their breasts may not be as they had imagined they would be, or as a result of a complication during surgery.

**Bra** – You will need to wear a good, supportive, non-wired support bra, as advised by your surgeon, for six to eight 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.

# Further information

## Further information

### **BAPRAS' cosmetic surgery checklist**

Visit the patient information section of the BAPRAS website: [www.bapras.org.uk](http://www.bapras.org.uk)

### **Department of Health – Cosmetic surgery**

[www.gov.uk/government/news/recommendations-to-protect-people-who-choose-cosmetic-surgery](http://www.gov.uk/government/news/recommendations-to-protect-people-who-choose-cosmetic-surgery)

### **BAAPS - British Association of Aesthetic Plastic Surgeons**

<http://baaps.org.uk/>

### **GMC plastic surgery specialist register**

<http://www.gmc-uk.org/doctors/register/LRMP.asp>

### **Authors:**

#### **Anita Hazari**

Consultant Plastic Surgeon, East Grinstead

#### **Richard Haywood**

Consultant Plastic Surgeon, Norwich

### **Updated 2017:**

David Ward, Emeritus Consultant Plastic Surgeon, Leicester

**BAPRAS** The Royal College of Surgeons of England, 35-43 Lincoln's  
Inn Fields, London WC2A 3PE Tel: 020 7831 5161 Fax: 020 7831 4041  
Email: [secretariat@bapras.org.uk](mailto:secretariat@bapras.org.uk) [www.bapras.org.uk](http://www.bapras.org.uk)

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