

**Plastic Surgery  
Department  
Breast Reduction**

This leaflet is about your forthcoming operation. Please read it carefully as it will help to give you an idea of what to expect during your hospital stay and afterwards. It also identifies some of the possible complications, although it is not a comprehensive list.

Breast Reduction is an operation to help control the symptoms caused by very large breasts. It may reduce tenderness, back pain, shoulder grooving (from bra straps), intertrigo (inflamed, moist skin) below the breast and breast discomfort – but only if these symptoms are actually caused by large breasts. For example, back pain due to other causes will not be helped.

### **The Operation**

This is performed under general anaesthetic. The anaesthetist will see you before your operation. Discuss any queries you have about the anaesthetic with your anaesthetist. If you have had any difficulties during a general anaesthetic in the past make sure that both the anaesthetist and the ward doctor know about it.

During the operation a large quantity of tissue is removed from the breast. It is not possible to do this without creating long scars. Your scar will go around the nipple, down the centre of the breast below the nipple and along the crease below the breast. The part of the scar below the breast extends to the side towards the armpit and may be visible in some swimsuits. The scars will never completely disappear and may even stretch (widen) as the years go by. The scars start off red and noticeable. Over a period of time they will tend to fade – it will take about 18 months for this process to occur. Some people's scars fade better than others. If you scar badly there will be only slight fading and you will be left with red, thickened scars that remain noticeable.

### **Possible Complications**

Removing tissue from the breast interferes with the blood and nerve supply of the nipple. This could result in an alteration in the nipple sensation. Some women find a decrease in sensation with a degree of numbness and others an increase in sensation with a degree of tenderness.

Interfering with the blood supply to the nipple may occasionally result in small areas of breakdown of the nipple or areola. These areas will be slow to heal but will heal leaving an area of scarring on the nipple or areola. It is possible to lose all or most of the nipple and areola on one or both sides. This is a more serious complication and would require further surgery to reconstruct the nipple. Fortunately this more serious complication does not occur frequently.

Removing tissue damages the milk ducts of the breast. More often than not breast feeding is no longer possible after a breast reduction operation. You must be satisfied in your own mind that you will not want to breast feed in the future. If you are unsure about this you should delay your breast reduction operation until you have completed your family.

Sometimes the fat tissue in the breast forms hard tender lumps after surgery. This is called fat necrosis. These lumps usually settle on their own over a period of time (which may be several months). Occasionally further surgery is required to remove particularly troublesome areas.

Any operation can give problems with infection or bleeding and breast operations are no exception. Simple infections will settle on a course of antibiotics. Some infections will require treatment in theatre. If you notice increasing redness of your wound and it is painful, make sure you are reviewed by a doctor as soon as possible – infections caught early are easier to settle. Bleeding after your operation can result in a collection called a haematoma. Haematomas are not very common but if they occur they often require a return to theatre to resolve it.

We try to size your breasts in proportion to your general shape but will take into account whether you prefer to be 'bigger' or 'smaller'. If you look at you breasts before your operation you will notice there is some asymmetry (difference between them). This is seldom noticeable to other people.

Sometimes there are little folds at the ends of the scars. These are called 'dog ears'. If they do not settle over a period of about 6 months they can be removed as a small operation under local anaesthetic.

### **What to expect when you come back from theatre**

On the evening after your general anaesthetic you will feel rather tired and sleepy and should warn your visitors not to expect you to be very good company!

**A Drip** - this usually stays in until you are eating and drinking normally, usually overnight.

**Dressings** – a firm dressing will be applied to support the breast after the operation. Often, a PICO dressing is used. This is a single-use dressing connected to a small pocket sized pump which manages exudate (wound fluid) and promotes wound healing. This usually stays on till after you go home and will be removed in due course by the nurses in the dressing clinic. You may find it comfortable to wear a soft (non-underwired) but supportive bra over your dressings once you are up and about.

**Anticoagulant** – lying in bed increases the chance of your veins in your legs clotting. To counteract this you will have small injections once or twice daily until you are up and about. You will also need to wear firm stockings on your legs until you go home.

**Home** – You will stay in hospital overnight and go home the next day once you are safe to do so.

### **What to expect after you go home**

At first you will feel rather tired and should spend the first week or so taking it easy. Thereafter you will be able to work up slowly to doing your usual activities. A breast reduction is a big operation which does take time to get over. Expect to feel more tired than usual for up to 3 months.

You will be able to start driving once you feel up to it. For most people this will take about two weeks. Do not drive if you are not well, alert and able to take emergency action. It is advisable to check with your insurance company before you start driving. You will be able to start work again once you feel up to it – if your job involves a lot of lifting or heavy work this will take longer. Most women get back to work after about a month.

Before you leave the ward arrangements will be made to see you in the dressing clinic. Any stitches needing removal will be seen to in the dressing clinic. Your wound will be checked and your dressings changed if needed. You will be given an out-patient clinic appointment with your consultant for about 4-6 months after your operation.