

Patient Information for Consent

RESTORE

PLASTIC SURGERY

CM07 Cosmetic Breast Reduction

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What is a breast reduction?

A breast reduction (mammoplasty) is an operation to make your breasts smaller and improve their shape.

Your surgeon will assess you and tell you if a breast reduction is suitable for you. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. However, you can still change your mind at any point.

Is a breast reduction suitable for me?

You are most likely to benefit from a breast reduction if one or more of the following conditions apply to you.

- Your back and neck ache because of the weight of your breasts.
- You have large breasts with rashes underneath them.
- You are getting grooves in your shoulders from your bra straps.
- You are finding it difficult to stand or sit up in a good position (bad posture).
- You are self-conscious about the size of your breasts. Their size may also stop you from exercising.

Your surgeon will carry out a detailed assessment before deciding if surgery is suitable for you. They will examine your breasts and ask you questions about your medical history. This may include taking photos for your medical records. Photos help your surgeon plan and assess the outcome of your operation and you will be asked to sign a consent form before any photos are taken. You can say no to photos being taken.

Your surgeon will also ask you if you are planning to lose a lot of weight. It is better to lose weight before having surgery.

Let your surgeon know if you are pregnant or planning to become pregnant in the future. Pregnancy can change the size and shape of your breasts and may affect the long-term results of surgery.

A breast reduction may make it impossible to breast feed. It is important to think through when the best timing would be for you and your family.

What new breast size should I be?

It is usually difficult to reduce a large breast to less than a C or D cup. Any smaller and there is a risk of getting less-well-shaped breasts or noticeable differences between your breasts.

It is important to discuss the size you would like your breasts to be with your surgeon. The cup size and final shape cannot be guaranteed.

What are the benefits of surgery?

Your breasts should be smaller and have a more defined shape.

Most people who have a breast reduction are more comfortable with their appearance and are able to wear better fitting clothing, even if they have had minor problems after surgery.

Are there any alternatives to surgery?

If you are overweight, you may be able to reduce the size of your breasts by losing weight.

You may find it easier to cope with large breasts by trying different styles of bra, being professionally fitted for a bra or by wearing a custom-made bra or corset.

Liposuction (using a thin, hollow tube to remove fat from under your skin) may be appropriate for some people to reduce breast volume in targeted areas, but this is usually not enough for a meaningful reduction.

What will happen if I decide not to have the operation or the operation is delayed?

Your surgeon may be able to recommend an alternative to reduce breast volume. Your healthcare team may recommend underwear fitting which may help with your body image.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes around 3 hours. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will draw some lines on your breasts and often take measurements just before you go to the operating theatre. These show where the cuts in your skin will be made. They will leave you with a cut on the edge of the areola (the dark skin around your nipple) and often a vertical cut underneath your areola. Your surgeon will also confirm your consent for the operation and for taking any pictures.

Your surgeon may also need to make a cut on the crease under your breast (inframammary fold). This will leave an anchor or J-shaped scar.

They will remove some of your excess breast tissue, fat and skin. Your surgeon will then reshape your breast and reposition your nipple so it is in a higher position.

If your breasts are large or droopy, your surgeon may need to completely detach your nipple and areola and reattach them at a higher position (this is known as a nipple graft).

Your surgeon may insert drains (tubes) in the breasts to help your wounds to heal. They will usually close the cuts with dissolvable stitches. The cuts may be covered with glue, tape or special dressings.

To give your breasts support, your surgeon may wrap your breasts in bandages or fit you into a supportive bra.

What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice. This includes all blood-thinning and hormone medication as well as herbal and complementary

remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke or use nicotine products, stopping smoking at least 6 weeks before and for 6 weeks after surgery may reduce your risk of developing complications and will improve your long-term health. Many surgeons will not perform surgery if you are still smoking or using nicotine products.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise social distancing and hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or soon after the operation (risk: 2 to 3 in 100). It is common for the breasts to be bruised. Rarely, you will need a blood transfusion or another operation.
- Infection of the surgical site (wound). It is usually safe to shower after 1 to 2 days but you should check with the healthcare team. Once you are at home, let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. Minor infections are common because the lower part of a vertical cut where it meets the cut made on the inframammary fold are often slow to heal. A serious infection might need special dressings, usually needs treatment with antibiotics or another operation. A serious infection can also make a scar more noticeable. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, special stockings or special shoes to wear. A DVT may cause pain and swelling in your legs, usually starting a few days after the operation. Let the healthcare team know straight away if you think you might have a DVT once you are at home.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your

bloodstream to your lungs. This usually happens once you are at home. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

Specific complications of this operation

- Developing a collection of blood (haematoma) inside a breast (risk: 1 in 100). You may need another operation to remove the blood or fluid.
- Developing a hard lump in a breast caused by damaged fat tissue (fat necrosis). If this happens let your surgeon know. This is quite common and does not mean you have breast cancer. The lump usually gets smaller with time but may not disappear completely.
- Changes to the sensation in your breast. If your surgeon had to detach then reattach your nipple and areola during the operation (a graft) you will lose sensation in your nipple permanently.
- Loss or change in the sensation of your nipple and reaction to cold or touch. This usually settles but the change may be permanent.
- Loss of skin or wound breakdown (necrosis), including the areola and nipple, because the operation can damage the blood supply, causing areas of skin to die. The risk is much higher if you smoke, are overweight, have large or droopy breasts, or have other medical problems such as diabetes.
- Stiff shoulder. The healthcare team will give you exercises and it is important that you do them to keep your shoulder moving. Take painkillers as you are told if you need to relieve the pain.
- Reduced ability to breastfeed, if your surgeon divided the milk ducts in your breast, the sensation in your nipple has been affected or your nipple has been grafted.

- Cosmetic problems. It is difficult to predict exactly how your breasts will look after the operation. Most breasts are a different shape and size to begin with (asymmetry). Sometimes a breast reduction can make this difference more noticeable. It may be possible to have another operation to correct any difference in size and shape. Minor wrinkles and folds in the creases of your breasts are common and usually settle with time. It may be possible to have these corrected by a small procedure under a local anaesthetic. Your breasts will droop over time. If you become pregnant or change weight, the size and shape of your breasts will change. It is not possible to guarantee the results of the operation.

Consequences of this procedure

- Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. Moving your arms can be uncomfortable for 2 to 3 weeks.
- Scarring of your skin, which can be unsightly. The scars usually settle within a year but can take up to 2 years. If you have darker skin your scars can sometimes stay thick and red. Your surgeon will try to make the cuts in areas that are difficult to notice even in a swimming costume. Follow the instructions your surgeon gives you about how to care for your wounds.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. Your breasts may look bruised and will feel firm and swollen.

You should be able to go home the same day or the day after the procedure. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings, drink plenty of fluids and take frequent short walks as soon as you are comfortable.

You should be able to return to most normal activities after 2 to 3 weeks.

Your healthcare team will advise you when the dressings can be removed. Wear a supportive bra that fits comfortably. Do not wear a sports bra that is too tight or an underwired bra. You may be advised to wear a supportive bra day and night for a few weeks afterwards.

You should be able to return to work after 1 to 2 weeks, depending on your type of work.

Do not lift anything heavy or do strenuous exercise, such as vacuuming or ironing, for 3 weeks. You should be able to do a limited amount of activity, such as lifting young children, after about 2 weeks.

Be gentle with your breasts during sexual activity for at least 2 months.

Regular exercise should help you to return to normal activities as soon as possible. Build your activity up slowly and keep your breasts well supported. Before you start exercising, ask the healthcare team for advice.

Do not drive until you can control your vehicle, including in an emergency, and you are

comfortable wearing a seat belt. Always check your insurance policy and with the healthcare team.

The future

The healthcare team will arrange for you to come back to the clinic to check on your progress.

The results of a breast reduction improve gradually over time. Your breasts should become softer and more natural, and the scars should fade.

If you put on a lot of weight or become pregnant, your breasts may get larger. However, they should not get as large as they were before the operation.

A breast reduction should not interfere with a mammogram (breast x-ray used to detect breast cancer). It is rare for the scar tissue to be mistaken for cancer, but let your healthcare team know that you have had a breast reduction.

Summary

A breast reduction is an operation to make your breasts smaller. It is not suitable for everyone and your surgeon will discuss this with you. You should consider the options carefully and have realistic expectations about the results. Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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