

## **GENERAL INFORMATION ABOUT BREAST REDUCTION SURGERY**

### **(ALSO SOME INFORMATION ABOUT BREAST LIFT PROCEDURES)**

#### **INTRODUCTION**

VARIOUS NAMES ARE GIVEN TO THE OPERATION OF MAKING BREASTS SMALLER, BUT THE COMMON ONES ARE **REDUCTION MAMMOPLASTY OR BREAST REDUCTION**. **BILATERAL** MEANS THAT THE OPERATION IS DONE ON BOTH SIDES. **UNILATERAL** MEANS AN OPERATION ON ONE SIDE ONLY.

**BREASTS** ARE MADE SMALLER BY SURGERY FOR ALL KINDS OF REASONS. THEY MAY BE TOO BIG AND HEAVY AND GET IN THE WAY. ONE BREAST MAY BE LARGER THAN THE OTHER, OR ONE MAY NEED TO BE MADE SMALLER TO MATCH THE OTHER WHICH IS BEING RECONSTRUCTED AFTER MASTECTOMY. ANOTHER REASON MAY BE THE DISPROPORTION PROBLEM OF A SLIGHTLY BUILT WOMAN WITH VERY LARGE BREASTS.

THE USUAL WAY OF ACHIEVING BREAST REDUCTION IS TO MAKE A CUT ON THE UNDER SIDE OF THE BREAST. SOMETIMES IF THE BREAST IS VERY FATTY, IT CAN BE ACHIEVED BY SUCKING OUT THE FAT, BUT THIS IS STILL LARGELY EXPERIMENTAL AS A TECHNIQUE.

IN THE VAST MAJORITY OF CASES ONE MUST CUT AWAY QUITE A LOT OF SKIN AS WELL AS BREAST FLESH. THIS AUTOMATICALLY RESULTS IN A SCAR IN THE SKIN ON THE LOWER HALF OF THE BREAST, IN THE GROOVE WHERE THE BREAST MEETS THE CHEST AND A SCAR AROUND THE NIPPLE AREA.

MANY WOMEN FIND THE THOUGHT OF SCARS ON THE BREAST VERY DISTRESSING, AND IT MAY BE HARD TO COME TO TERMS WITH THIS. THE QUALITY OF THE SCARRING VARIES ENORMOUSLY. IN SOME WOMEN ONE CAN MINIMISE THE EXTENT OF THE SCARS AND THEY CAN ALSO FADE VERY QUICKLY IF ONE IS LUCKY. HOWEVER, FOR SOME WOMEN WHOSE BREASTS ARE ENORMOUS THE SCARS WILL BE MUCH LONGER AND MAY REMAIN VERY OBVIOUS FOR UP TO 2 TO 3 YEARS AFTERWARDS. THE GOOD THING HOWEVER, IS THAT THE SCARS FADE IN EVERYONE EVENTUALLY.

#### **BREAST LIFT PROCEDURES**

A BREAST LIFT OPERATION HAS VARIOUS NAMES; MASTOPEXY, BREAST LIFT, PTOSIS CORRECTION, BREAST HITCH-UP, ETC. BREASTS CAN DROOP A GREAT DEAL EITHER FROM THEIR NATURAL LARGE SIZE OR FROM THE SIZE THEY ACQUIRE IN PREGNANCY. THIS SOMETIMES HAPPENS WHEN THE WOMAN IS IN HER 20'S BUT MORE OFTEN IN HER 30'S. IT CAN BE DISTRESSING AT ANY AGE BECAUSE THE BREASTS LOSE THEIR SEXUALLY APPEALING SHAPE. ALSO BECAUSE A WOMAN HAS TO WEAR A BRA WHEN SHE MIGHT OTHERWISE PREFER NOT TO, FOR EXAMPLE, WHEN WEARING A T-SHIRT. A BREAST LIFT OPERATION RESTORES THE YOUNGER SHAPE TO THE BREAST BY TAKING AWAY SKIN FROM THE UNDERSIDE.

ONE CAN COMBINE BREAST LIFT AND BREAST REDUCTION IN THE SAME OPERATION, AND THE PLACEMENT OF THE CUTS IN THE SKIN IS USUALLY VERY SIMILAR FOR BOTH TYPES OF OPERATION. THE AMOUNT OF LIFT OR REDUCTION CAN BE VARIED BY THE SURGEON TO SUIT THE PATIENT'S WISHES.

SOME WOMEN THINK NAIVELY THAT IT WOULD BE A SIMPLE MATTER TO JUST CUT AWAY SOME OF THE LOOSE SKIN FROM THE UPPER FRONT PART OF EACH BREAST BECAUSE, WHEN THEY PINCH THE SKIN BETWEEN THEIR FINGERS WHEN STANDING IN FRONT OF A MIRROR, THEY CAN SEE THE BREAST LIFT UP. HOWEVER, UNFORTUNATELY, THIS SIMPLE IDEA WOULD LEAD TO HORRENDOUS SCARRING ON THE UPPER PART OF THE BREASTS AND THE RESULT WOULD BE TOTALLY UNACCEPTABLE.

## **WHAT A BREAST REDUCTION WILL OR WILL NOT DO**

BREAST REDUCTION SHOULD TAKE THE WEIGHT OFF THE SHOULDERS AND STOP THE BRA STRAPS FROM CUTTING INTO THE SHOULDERS. IT SHOULD STOP THE BREASTS FLOPPING ABOUT IN BED AND DRAGGING ON THE CHEST SKIN. IT SHOULD ELIMINATE THE PROBLEM OF "INTERTRIGO" WHICH IS THE UNPLEASANT SMELLY WEEPING DISCHARGE IN THE FOLD UNDERNEATH THE BREAST WHICH SOME WOMEN SUFFER FROM. IT SHOULD MAKE IT POSSIBLE TO BUY STANDARD SIZE CLOTHES AND ALSO TO TAKE PART IN SPORTS.

IT MAY HELP WOMEN WHO SUFFER FROM PAIN IN THE BREASTS. BREAST PAIN IS CAUSED BY VARIOUS CONDITIONS AND MOST ARE CURED BY MEDICATION OF ONE TYPE OR ANOTHER BUT THERE ARE A FEW WOMEN, ESPECIALLY IN THEIR 30'S AND 40'S, WHO SUFFER FROM MASTITIS OR MASTALGIA WHICH IS UNRELATED TO THEIR PERIODS AND IN WHOM THE BREASTS ARE CONSTANTLY TENDER.

BREAST REDUCTION MAY HELP SUCH WOMEN BY TAKING AWAY SOME OF THE BREAST WHICH IS SO TENDER AND BY REDUCING THE PULL OF THE REMAINING BREASTS ON THE CHEST WALL.

THERE ARE A FEW WOMEN WHO NEED TO HAVE ALL THE BREAST TISSUE REMOVED EITHER FOR CRIPPLING BREAST PAIN OR BECAUSE THEY ARE AT EXCEPTIONALLY HIGH RISK OF DEVELOPING CANCER OF THE BREAST. THIS OPERATION IS CALLED SUBCUTANEOUS MASTECTOMY. THE SKIN AND NIPPLE OF THE BREASTS ARE PRESERVED BUT ALL THE BREAST TISSUE INSIDE IS REMOVED. THE BREASTS ARE RESTORED IN THEIR SHAPE AND SIZE BY PROSTHESES PLACED INTERNALLY. THIS SHOULD ELIMINATE PAIN AND THE RISK OF CANCER, BUT THE SHAPE AND FEEL OF THE BREASTS IS SELDOM COMPLETELY SATISFACTORY.

## **THE PROBLEMS OF BREAST REDUCTION**

THE OPERATION MAY, BUT SELDOM DOES, CAUSE A LOT OF PAIN OR DISCOMFORT DURING THE FIRST FEW DAYS OR WEEKS AFTER SURGERY. IT CAN RESULT IN A LOSS OF FEELING IN THE SKIN OF THE LOWER HALF OF THE BREAST AND FROM THE NIPPLE. THE NIPPLE MAY LOSE ITS SEXUAL AROUSAL. FOR SOME WOMEN THIS MAY NOT BE SIGNIFICANT BUT FOR OTHERS IT MAY BE VERY UPSETTING INDEED. ABOUT ONE IN TEN BREASTS LOSE THEIR SEXUAL FEELING, BUT I HAVE NEVER KNOWN A CASE WHERE BOTH NIPPLES ARE MADE TOTALLY NUMB, UNLESS THE NIPPLE HAS BEEN PHYSICALLY DETACHED FROM THE BREASTS AND RE-ATTACHED AS A SKIN GRAFT. (SEE "FREE NIPPLE GRAFT").

MOST TECHNIQUES OF BREAST REDUCTION INVOLVE CUTTING THE MINUTE CHANNELS WHICH TAKE THE MILK TO THE NIPPLES. THESE BROKEN CHANNELS OR DUCTS NEVER JOIN UP AGAIN AND SIMPLY BLOCK OFF. AS A RESULT OF THIS A WOMAN WILL NOT BE ABLE TO BREAST FEED. IF SHE BECOMES PREGNANT THE BREASTS WILL SWELL AS USUAL BUT VERY LITTLE MILK WILL APPEAR AT THE NIPPLE.

THERE ARE A FEW SPECIAL TECHNIQUES OF BREAST REDUCTION WHICH PRESERVE THE ABILITY OF A WOMAN TO BREAST FEED, BUT THESE ARE TECHNICALLY LESS SAFE AND OFTEN LIMIT THE AMOUNT OF BREAST TISSUE ONE CAN REMOVE FROM THE BREASTS.

## **HOW TO ARRANGE FOR A BREAST REDUCTION**

INITIALLY, YOU SHOULD GO AND DISCUSS THE PROBLEM WITH YOUR GENERAL PRACTITIONER WHO WILL ADVISE YOU AND PROBABLY REFER YOU TO A CONSULTANT PLASTIC SURGEON OF YOUR MUTUAL CHOICE. IT IS PREFERABLE TO SEE A SURGEON WHO CAN OFFER YOU THE SURGERY, BOTH UNDER THE NATIONAL HEALTH SERVICE AND

PRIVATELY. OBVIOUSLY, THIS ENABLES YOU TO VIEW THE SITUATION FROM BOTH ANGLES. YOU WILL THEN BE OFFERED AN APPOINTMENT FOR A CONSULTATION. IT IS ADVISABLE TO WRITE DOWN A LIST OF QUESTIONS ABOUT THE THINGS WHICH CONCERN YOU MOST.

I BELIEVE IT IS ALWAYS RESPONSIBLE TO HAVE 2 CONSULTATIONS SEPARATED BY A WEEK OR SO TO GIVE YOU TIME TO CONSIDER IT ALL AND TO GIVE YOU THE OPPORTUNITY TO ASK ANY QUESTIONS YOU MAY HAVE FORGOTTEN TO ASK IN THE FIRST CONSULTATION. THIS ALSO ENABLES YOU TO ESTABLISH A GOOD RAPPORT AND UNDERSTANDING WITH THE SURGEON.

### **SOME QUESTIONS THE SURGEON MAY ASK YOU**

HE WILL ALMOST CERTAINLY ASK YOU WHY YOU WANT A BREAST REDUCTION AND WHAT YOUR HUSBAND, BOYFRIEND OR FAMILY THINK ABOUT IT. HE MAY ASK IN WHAT WAYS YOUR OVER LARGE OR DROOPY BREASTS AFFECT THE WAY YOU DRESS YOURSELF OR HOW YOU BEHAVE AND ALSO ABOUT THE RELATIONSHIPS YOU HAVE WITH OTHER PEOPLE. HE WILL ASK ABOUT YOUR GENERAL HEALTH AND WHAT OPERATIONS AND ILLNESSES YOU MAY HAVE HAD IN THE PAST, PARTICULARLY ANY OPERATIONS YOU MAY HAVE HAD ON YOUR BREASTS. HE WILL NEED TO KNOW WHETHER YOU HAVE ANY ALLERGIES, WHETHER YOU SMOKE, WHETHER YOU HAVE EVER HAD A HISTORY OF THROMBOSIS OR WHETHER YOU TAKE THE CONTRACEPTIVE PILL.

YOU MUST BE PREPARED TO STATE WHETHER YOU HAVE ANY OBJECTION TO RECEIVING A BLOOD TRANSFUSION AND, MOST IMPORTANTLY, YOU WILL WANT TO GIVE AN INDICATION OF WHAT SIZE YOU WANT TO BE AFTER THE OPERATION. IT IS ALSO IMPORTANT TO KNOW YOUR WEIGHT AND WHAT YOUR NORMAL WEIGHT SHOULD BE, WHETHER YOU INTEND TO HAVE ANY MORE CHILDREN AND WHETHER YOU WANT TO BREAST FEED IN THE FUTURE.

### **THE PRE-OPERATIVE TESTS**

MANY SURGEONS INSIST ON PHOTOGRAPHS OF THE BREASTS BEFORE SURGERY BUT THESE DO NOT INCLUDE YOUR FACE SO YOUR ANONYMITY WILL BE PRESERVED. HOWEVER, THEY ARE A VERY USEFUL RECORD FOR FUTURE COMPARISON AND CAN ALSO BE USEFUL DURING AN OPERATION. THEY OCCASIONALLY HELP THE SURGEON TO PLAN THE SURGERY AND ALSO TO WARN YOU ABOUT ANY PROBLEMS HE MIGHT ENCOUNTER.

SOME SURGEONS MAKE VERY PRECISE MEASUREMENTS OF THE BREASTS AND RECORD THESE IN THEIR NOTES. THIS IS NOT MY USUAL PRACTICE BECAUSE I ALWAYS MARK AND MEASURE THE BREASTS VERY PRECISELY IMMEDIATELY PRIOR TO SURGERY.

IT IS ESSENTIAL TO CHECK THE HAEMOGLOBIN LEVEL OF YOUR BLOOD A FEW DAYS PRIOR TO SURGERY. IN THE UNLIKELY EVENT OF YOU BEING ANAEMIC, THE OPERATION MAY HAVE TO BE DELAYED UNTIL THE ANAEMIA HAS BEEN TREATED.

IF YOU LOSE MORE THAN 2 PINTS OF BLOOD DURING THE OPERATION, YOU MAY REQUIRE A BLOOD TRANSFUSION, SO YOUR BLOOD MUST BE CROSS-MATCHED PREOPERATIVELY. IF YOU HAVE A STRONG OBJECTION TO A BLOOD TRANSFUSION, THE ANAESTHETIST MAY REFUSE TO ANAESTHETISE YOU. THIS BEING THE CASE, YOU COULD INSIST THAT ONLY ONE BREAST IS OPERATED UPON AT ANY ONE TIME.

IT IS ALWAYS GOOD POLICY FOR THE SURGEON TO MINIMISE BLOOD LOSS DURING SURGERY AND YOU CAN HELP IN 2 WAYS. FIRSTLY, DON'T TAKE ANY ASPIRIN OR DRUGS CONTAINING ASPIRIN FOR AT LEAST 3 WEEKS PRIOR TO THE OPERATION. SECONDLY, TRY TO ARRANGE THE OPERATION TO AVOID YOUR MENSTRUAL PERIOD, ESPECIALLY IF YOU SUFFER FROM HEAVY PERIODS.

### **WHAT HAPPENS ON THE DAY OF SURGERY**

WHEN YOU ARRIVE AT THE HOSPITAL, YOUR PARTICULARS WILL BE NOTED BY THE CLERK OR RECEPTIONIST AND ANY FINANCIAL ARRANGEMENTS SORTED OUT (PRIVATE PATIENTS). YOU WILL BE SHOWN TO YOUR ROOM AND THE NURSE WILL ASK YOU GENERAL QUESTIONS ABOUT YOUR HEALTH. SHE WILL TAKE YOUR BLOOD PRESSURE, TEMPERATURE AND PULSE AND WILL PROBABLY ASK YOUR WEIGHT AND WHETHER YOU HAVE ANY ALLERGIES. PLEASE BRING ANY PILLS WITH YOU WHICH YOU MAY BE TAKING AT THE TIME, EVEN THE NON-PRESCRIBED ONES LIKE SIMPLE PAINKILLERS.

IT IS A GOOD IDEA TO TAKE A BATH OR SHOWER BEFORE YOU COME TO THE HOSPITAL. THE ANAESTHETIST WILL COME TO SEE YOU AND ASK QUESTIONS TO MAKE SURE THAT YOU ARE FIT FOR A GENERAL ANAESTHETIC. HE MAY RE-CHECK YOUR BLOOD PRESSURE AND LISTEN TO YOUR CHEST WITH A STETHOSCOPE. HE MAY ALSO DISCUSS WHETHER OR NOT YOU MAY REQUIRE A PRE-MEDICATION DRUG TO SETTLE YOU. AFTER THIS, THE SURGEON WILL COME AND CHAT WITH YOU ABOUT THE OPERATION. I ALWAYS LIKE TO MAKE MARKS ON THE BREAST AT THIS STAGE WITH THE PERSON SITTING ON THE EDGE OF THE BED. THIS ENSURES THAT THE CORRECT CUTS ARE MADE AND ALSO MAKES IT MUCH EASIER TO ASSESS THE DIFFERENCE BETWEEN THE BREASTS.

IT IS ABSOLUTELY IMPERATIVE NOT TO WASH OR TAKE A SHOWER AFTER THESE MARKS HAVE BEEN MADE BECAUSE EVEN INDELIBLE INK WASHES OFF QUITE QUICKLY FROM THE BREASTS. AFTER THIS YOU WILL BE TAKEN TO THE OPERATING THEATRE ON YOUR BED. THE ANAESTHETIST WILL PUT YOU TO SLEEP AND YOU WILL WAKE UP 2 OR 3 HOURS LATER.

### **WHAT TO EXPECT WHEN YOU WAKE UP**

SOME PEOPLE WAKE UP QUICKLY AFTER AN ANAESTHETIC BUT OTHERS TAKE MUCH LONGER. THE ANAESTHETIST WILL PROBABLY HAVE GIVEN YOU AN INJECTION AGAINST PAIN BEFORE YOU WAKE UP, SO YOU MAY NOT EXPERIENCE ANY PAIN AT ALL WHEN YOU COME ROUND. HOWEVER, PAIN THRESHOLDS VARY ENORMOUSLY AND YOU MAY REQUIRE MORE PAIN KILLERS SOON AFTER YOU WAKE UP.

YOU WILL UNDOUBTEDLY HAVE A "DRIP" IN YOUR ARM OR LEG WHICH NEEDS TO STAY IN UNTIL THE MEDICAL STAFF ARE SATISFIED THAT YOU DON'T NEED IT AND THAT YOU CAN DRINK ENOUGH TO RESTORE YOUR FLUID BALANCE WITHOUT BEING SICK. IF YOU REQUIRE ANY SPECIAL MEDICINES WHICH ARE DIFFICULT TO GIVE BY MOUTH THEN IT IS SENSIBLE TO LEAVE THE DRIP IN A LITTLE LONGER.

AFTER THE OPERATION, YOU WILL SPEND THE FIRST 10 TO 20 MINUTES IN THE RECOVERY ROOM WHERE YOU WILL STAY UNTIL YOU ARE STABLE ENOUGH TO RETURN TO YOUR OWN ROOM.

YOU CAN USUALLY TAKE SIPS OF WATER ONCE YOU ARE BACK IN YOUR OWN ROOM, BUT YOU SHOULDN'T EXPECT TO TAKE LARGE MOUTHFULS OF FLUID. IT IS PERMITTED FOR YOU TO HAVE A CLOSE RELATIVE WITH YOU AT THIS STAGE, BUT IT IS ADVISABLE FOR YOU TO SLEEP FOR SEVERAL HOURS WHILE THE DRUGS WORK THEIR WAY OUT OF YOUR SYSTEM.

YOU WILL PROBABLY BE FEELING A LOT BETTER 4 TO 6 HOURS LATER AND MAY WANT TO TALK TO SOMEONE FOR A FEW MINUTES, BUT IT IS ADVISABLE NOT TO SEE ORDINARY VISITORS UNTIL THE NEXT DAY.

AS YOU RECOVER AND START TO TAKE THINGS IN AGAIN, YOU WILL REALISE THAT YOU WILL HAVE "REVERSE DRIPS OR DRAINS" TO ENABLE FLUID TO ESCAPE FROM WITHIN THE BREASTS. THIS FLUID IS USUALLY BLOOD STAINED AT FIRST AS IT RESULTS FROM THE SURGERY TO THE INSIDE OF THE BREASTS. THIS FLUID HAS TO BE DRAINED OFF TO PREVENT A "COLLECTION" FORMING. THIS FLUID IS DRAINED INTO PLASTIC BOTTLES

WHICH ARE TIED TO THE SIDE OF THE BED. THE NURSE WILL CHECK THE BOTTLES AND TUBES REGULARLY AND MAY RECORD THE AMOUNT DRAINED ON YOUR CHART.

THE DRAINS THEMSELVES ARE THIN PLASTIC TUBES WHICH COME OUT OF THE SIDE OF THE CHEST WALL. OCCASIONALLY THEY MAY CAUSE A SLIGHT PRICKING PAIN WITHIN THE BREAST, BUT APART FROM THAT DON'T HURT. THEY WILL NORMALLY BE REMOVED BETWEEN 24 TO 72 HOURS AFTER SURGERY AND THIS PROCEDURE USUALLY ISN'T TOO PAINFUL. MOST PATIENTS ARE VERY RELIEVED TO HAVE THEM REMOVED AS THEY FEEL MUCH FREER.

THE SURGEON WILL PROBABLY COME TO SEE YOU A FEW HOURS AFTER THE OPERATION AND THEREAFTER ONCE OR TWICE DAILY UNTIL YOU LEAVE HOSPITAL. HE MAY WANT TO CHECK YOUR BREASTS FOR BRUISING AND SWELLING OR THE APPEARANCE OF THE NIPPLES. HE MAY INSTRUCT THE NURSE TO CHANGE THE DRESSINGS. THESE NEARLY ALWAYS HAVE A BLOODY OR YELLOWISH GREEN DISCHARGE ON THEM IN THE EARLY STAGES. THE DRESSINGS WILL NORMALLY BE CHANGED EVERY OTHER DAY INITIALLY AND THEN ONCE A WEEK FOR A COUPLE OF WEEKS. IT IS A GOOD IDEA TO CHANGE THE DRESSINGS AFTER YOU HAVE HAD A BATH.

MANY PATIENTS WORRY ABOUT THE REMOVAL OF THE STITCHES, BUT I'M SURE YOU'LL BE PLEASED TO KNOW THAT I USUALLY USE BURIED STITCHES WHICH DISSOLVE AND DON'T NEED TO BE REMOVED. THESE LEAVE NO MARKS AND PRODUCE A BETTER QUALITY SCAR IN MOST CASES. IF EXTERNAL STITCHES ARE USED FOR ANY REASON, IT IS USUAL TO REMOVE THEM BETWEEN 5 AND 10 DAYS AFTER SURGERY.

### **THE RECOVERY DAYS**

THE RECOVERY PERIOD VARIES CONSIDERABLY BETWEEN PATIENTS OF ALL AGE GROUPS. SOME YOUNG WOMEN RECOVER IN 24 TO 48 HOURS AND FEEL WELL ENOUGH TO GO HOME, BUT SOME YOUNG WOMEN AND MOST OF THE OLDER WOMEN TAKE 2 TO 3 DAYS TO RECOVER SUFFICIENTLY BEFORE THEY FEEL WELL ENOUGH TO GO HOME. OCCASIONALLY THEY NEED 3 TO 5 DAYS. THE FIRST 24 HOURS ARE USUALLY SPENT IN BED AND THEN YOU BECOME PROGRESSIVELY MORE MOBILE EACH DAY, FIRST JUST SITTING OUT OF BED AND THEN GRADUALLY GOING TO THE BATHROOM UNTIL THE THIRD DAY WHEN YOU CAN EXPECT TO BE FAIRLY INDEPENDENT.

YOU WILL NEED REGULAR ANTIBIOTICS FOR A TOTAL OF 5 DAYS DURING THIS PERIOD AND ALSO PAINKILLERS AND POSSIBLY ANTI-THROMBOSIS MEDICATION. BY THE TIME YOU LEAVE HOSPITAL, YOUR PAIN LEVEL SHOULD BE CONTROLLED WITH PARACETAMOL ALONE, IF YOU NEED PAINKILLERS AT ALL.

WEARING A LOOSE FITTING BRA OVER THE DRESSINGS MAY PROVIDE COMFORTABLE SUPPORT, SO IT MAY BE AN IDEA TO BUY A CHEAP BRA OF APPROXIMATELY THE CUP SIZE YOU EXPECT TO BE. A SPORTS BRA IS USUALLY A GOOD STYLE BECAUSE OF THE WIDE BAND ON THE UNDERSIDE WHICH PREVENTS THE BRA SHIFTING TOO MUCH.

MOST WOMEN WHO ARE EXCESSIVELY LARGE, I.E. A DD OR E-F CUP SIZE ARE NORMALLY REDUCED TO A C CUP UNLESS THEY SPECIFICALLY STATE WHAT SIZE THEY PREFER TO BE. IF IN DOUBT, IT IS PROBABLY REASONABLE TO BUY A C CUP BRA.

YOUR NUMERICAL CHEST MEASUREMENT WILL NOT ALTER AS A RESULT OF THE OPERATION AS THIS IS DETERMINED BY THE CIRCUMFERENCE OF YOUR CHEST AT THE FOLD OF THE UNDERSIDE OF THE BREAST; YOUR CUP SIZE IS WHAT IS CHANGED.

## **HOME AND BACK TO WORK**

WHEN YOU ARE AT HOME YOU WILL BE ABLE TO CHANGE YOUR OWN DRESSINGS. I USUALLY GIVE PATIENTS SOME SIMPLE EYE OINTMENT TO SMEAR ONTO THE STITCH LINE TO PREVENT INFECTION, CHAFING AND ALSO TO STOP THE DRESSINGS FROM STICKING. THE OINTMENT CONTAINS A POWERFUL ANTIBIOTIC WHICH WE FIND VERY HELPFUL IN GENERAL WOUND CARE. YOU MAY HAVE SITTING BATHS WHEN YOU ARE HOME BUT IT IS ADVISABLE TO KEEP THE BREASTS DRY FOR ABOUT 5 OR 6 DAYS AFTER THE OPERATION. AT 5 DAYS, SHOWERS ARE THE BEST AND CLEANEST WAY OF WASHING. AFTER TAKING A SHOWER IT'S USUALLY EASIEST TO STAND IN FRONT OF THE MIRROR WHILST APPLYING THE CLEAN DRESSINGS. A CLOSE FRIEND OR RELATIVE MAY BE HELPFUL AT FIRST. THE DRESSINGS ARE ONLY NECESSARY TO STOP ANY CHAFING AND TO COLLECT ANY CRUSTING OR WEEPING FROM THE WOUNDS.

MANY VERY YOUNG WOMEN IN THEIR 20'S FEEL WELL ENOUGH TO GO BACK TO WORK WITHIN 10 DAYS OF SURGERY, BUT OLDER WOMEN SHOULD PROBABLY EXPECT TO TAKE 2 TO 3 WEEKS OFF AND SOME MIDDLE AGED OR ELDERLY WOMEN MAY NEED AS LONG AS A MONTH OFF WORK. TO SOME EXTENT THIS DEPENDS UPON THE TYPE OF WORK YOU DO.

ONE OF THE FREQUENT COMMENTS I HAVE HAD FROM MIDDLE AGED LADIES IS THAT THEY FEEL WONDERFULLY RELIEVED OF THE HEAVY WEIGHT OF THEIR BREASTS IMMEDIATELY AND THEY FEEL QUITE ENERGETIC IN THE MORNINGS AFTER THE OPERATION, BUT FEEL TIRED BY LUNCH-TIME. THIS LASTS FOR ABOUT A MONTH AND THEN THEY START TO FEEL COMPLETELY BETTER AND NORMAL AGAIN. SOME WOMEN CAN THEREFORE COPE WITH A MORNING JOB QUITE SOON, BUT FEW CAN RETURN TO A FULL-TIME JOB UNTIL A MONTH HAS PASSED.

## **CONTACTING THE DOCTOR**

IF YOU HAVE ANY WORRIES OR CONCERNS WHEN YOU RETURN HOME, TELEPHONE THE PLASTIC SURGERY SECRETARY WHO WILL RELAY YOUR MESSAGE IMMEDIATELY. IF THERE IS NO REPLY FROM THE SECRETARY, YOU MAY TELEPHONE THE SURGEON AT HOME OR AT THE HOSPITAL. IF HE ISN'T IMMEDIATELY AVAILABLE, THERE WILL BE SOMEONE WHO WILL ARRANGE TO BLEEP THE SURGEON AND CONTACT HIM AS QUICKLY AS NECESSARY. IF ALL ELSE FAILS, TELEPHONE THE HOSPITAL AND ASK TO SPEAK TO THE PLASTIC SURGEON ON DUTY WHO CAN GIVE YOU ADVICE IMMEDIATELY AND WHO WILL PROBABLY KNOW WHERE THE SURGEON IS. IF IT IS A CASE OF DIRE EMERGENCY, HE CAN ARRANGE TO SEE YOU IMMEDIATELY AND ADMIT YOU TO THE HOSPITAL.

THE LIKELIHOOD OF YOUR NEEDING ADVICE OR OF ANYTHING GOING SERIOUSLY WRONG AFTER A BREAST REDUCTION AT THIS STAGE IS, IN FACT, VERY SMALL AS COMPARED TO MANY OTHER OPERATIONS.

YOU WILL BE ASKED TO RETURN TO SEE THE SURGEON WITHIN A WEEK OR 2 AFTER YOUR OPERATION SO THAT HE MAY SATISFY HIMSELF, AND YOU, THAT ALL IS GOING WELL AND YOU MAY WANT TO DISCUSS ANY WORRIES THAT YOU HAVE AT THIS STAGE.

## **COMPLICATIONS**

RECENT STUDIES HAVE SHOWN THAT PATIENTS WHO ARE OVERWEIGHT AND/OR WHO SMOKE HAVE A MUCH HIGHER RISK OF DEVELOPING COMPLICATIONS IN THE BREASTS FOLLOWING SURGERY. THE COMMONEST INCREASED RISK IS WOUND INFECTION, CAUSING THE WOUNDS TO BREAK DOWN AND TO TAKE MUCH LONGER TO HEAL THAN USUAL.

**NB:** IT IS ALWAYS BETTER TO GET YOUR WEIGHT DOWN TO A NORMAL LEVEL BEFORE UNDERGOING BREAST REDUCTION SURGERY BECAUSE, IF THE WEIGHT REDUCTION IS ACHIEVED AFTER THE OPERATION, THE BREASTS THEMSELVES MAY SHRINK ALSO AND LOSE SOME OF THE IMPROVED SHAPE AND CONTOUR OF THE NEW BREASTS. IF POSSIBLE, TRY TO LOSE THE WEIGHT BEFORE YOU HAVE THE BREAST REDUCTION SURGERY.

A SERIOUS INFECTION AFTER BREAST REDUCTION IS FORTUNATELY RARE (LESS THAN 2%) BUT MINOR INFECTIONS IN THE STITCH LINE ARE COMMONER (ABOUT 4% TO 5%) A SERIOUS INFECTION USUALLY STARTS TO SHOW ITSELF 4 OR 5 DAYS AFTER THE OPERATION WITH EXTRA PAIN, SWELLING AND TENDERNESS IN THE BREAST OR BREASTS AND THE PERSON MAY FEEL ILL WITH A FEVER. IT IS OFTEN DIFFICULT TO CONTROL SUCH A SEVERE INFECTION WITH ANTIBIOTICS AND SO MANY SURGEONS, INCLUDING MYSELF, MAY PREFER TO HAVE THE PATIENT AN ANTIBIOTIC AT THE TIME OF SURGERY IN THE HOPE OF PREVENTING INFECTION. UNFORTUNATELY, THE EVIDENCE THAT THIS WORKS IS POOR AND WE KNOW THAT SOME UNLUCKY WOMEN STILL DEVELOP INFECTION DESPITE BEING GIVEN ANTIBIOTICS AT THE TIME OF SURGERY.

A SEVERE INFECTION CAN CAUSE THE WOUND TO BREAK OPEN AND RELEASE PUS, THE BREAST FLESH MAY BE DAMAGED AND RARELY THE NIPPLE AND AREOLA MAY BE LOST OR PARTIALLY LOST.

THE BREAST WOULD NEED TO BE REDRESSED ON REGULAR DAILY OR EVERY 2 TO 3 DAY BASIS FOR UP TO A MONTH WHILE THE INFECTION COMES UNDER CONTROL. IT WOULD CERTAINLY BE UNCOMFORTABLE, INCONVENIENT, AND STRESSFUL AND MAY DELAY RETURN TO NORMAL LIFE FOR A MONTH OR MORE AND EVENTUALLY MAY RESULT IN THE NEED OF FURTHER SURGERY.

ONE OF THE GREATEST FEARS NOWADAYS IS THE POSSIBLE DEVELOPMENT OF MRSA INFECTION. FORTUNATELY, IT IS EXTREMELY RARE IN HEALTHY PATIENTS TO CONTRACT THIS IN THE 48 HOURS THAT THEY ARE IN HOSPITAL FOR AN ELECTIVE (NON-EMERGENCY) BREAST OPERATION. IF THE PERSON HAS BEEN IN HOSPITAL IN THE 6 MONTHS PRIOR TO THEIR PLANNED OPERATION THEY MUST DECLARE IT AND HAVE SWABS TAKEN TO CHECK THAT THEY ARE NOT CARRYING THE MRSA BACTERIA.

**NB:** MRSA INFECTION IS EXTREMELY RARE IN PRIVATE HOSPITALS IN PATIENTS WHO SPEND ONLY A DAY OR SO IN HOSPITAL.

### **SMOKING**

SMOKING REDUCES THE BLOOD FLOW TO THE BREAST. THIS IS SERIOUS. IT CAN RESULT IN SUCH NARROWED BLOOD VESSELS THAT, WHEN THE CIRCULATION IN THE BREAST IS THEN REDUCED BY THE OPERATION CUTS AND REMOVAL OF FLESH, NOT ENOUGH BLOOD REACHES THE PARTS OF THE BREAST WHICH NEED THE BLOOD MOST, IE THE NIPPLE, AREOLA AND SKIN IN GENERAL.

SMOKERS HAVE A 20% TO 30% CHANCE OF A COMPLICATION AS COMPARED TO ONLY 5% IN NON-SMOKERS.

THE SKIN CAN DIE (NECROSE) AND THE HEALING IS DELAYED AND THERE IS A HIGHER RISK OF INFECTION.

### **FAT NECROSIS**

FAT NECROSIS IS ONE OF THE UNWANTED COMPLICATIONS OF BREAST REDUCTION SURGERY. IT MEANS FAT DEATH. IT OCCURS AS A COMPLICATION OF ANY OPERATION WHICH CAN INJURE FAT. IN THEORY IT OCCURS WITH ALL LIPOSUCTION CASES BUT IN

LIPOSUCTION ONE AIMS TO REMOVE FAT NOT JUST DAMAGE IT. BY CONTRAST, IN BREAST REDUCTION, ONE AIMS TO CUT OUT EXCESS BREAST AND FAT TISSUE BUT LEAVE ALIVE THE BREAST AND FAT ONE DOESN'T REMOVE. UNFORTUNATELY, THIS DOESN'T ALWAYS HAPPEN. FAT CELLS ARE DELICATE AND BECOME MORE DELICATE IF THEY ARE LARGE AND SWOLLEN AS IN AN OVERWEIGHT PERSON. THE TINY BLOOD VESSELS SERVING THEM CAN BE TORN EASILY IN THE MANIPULATION OF THE BREAST DURING A BREAST REDUCTION OPERATION. IN A YOUNG THIN PERSON WHOSE BREASTS CONSIST OBVIOUSLY OF STRONG BREAST TISSUE CELLS RATHER THAN FAT, IT IS VERY RARE TO GET THE PROBLEM OF FAT NECROSIS. HOWEVER, IN OLDER WOMEN WITH VERY BIG HEAVY BREASTS IN WHOM THE BREASTS CONSIST MOSTLY OF FAT CELLS THERE IS A MUCH MORE SERIOUS RISK OF FAT NECROSIS OCCURRING. PATIENTS WITH A HIGH BMI (BODY MASS INDEX), OVER 30, SEEM MUCH MORE PRONE TO THE PROBLEM OF FAT NECROSIS AFTER BREAST REDUCTION.

FAT NECROSIS IS NOT IMMEDIATELY OBVIOUS AFTER A BREAST REDUCTION. IT USUALLY APPEARS 2 TO 3 WEEKS LATER AND IS DIAGNOSED AS A PALPABLE LUMP, USUALLY SPHERICAL IN SHAPE, SOMEWHERE IN THE BREAST OFTEN EASILY FELT THROUGH THE SKIN BUT SELDOM PAINFUL. IT IS CLEARLY A WORRY TO PATIENTS BECAUSE ANY LUMP IN THE BREAST GIVES RISE TO THE CONCERN ABOUT IT BEING A CANCER, BUT THE VAST MAJORITY OF LUMPS WHICH APPEAR SOON AFTER A BREAST REDUCTION ARE DUE TO FAT NECROSIS RATHER THAN ANYTHING MORE SINISTER.

A LUMP FELT IN A BREAST AFTER A BREAST REDUCTION IS 95% LIKELY TO BE DUE TO FAT NECROSIS. THE LUMP CONSISTS OF A BALL OF SCAR TISSUE CONTAINING SEMI-SOLID DEAD FAT WITHIN IT LIKE A CYST. IT WOULD BE VERY CONVENIENT IF ONE COULD SIMPLY SUCK OUT THIS DEAD FAT THROUGH A NEEDLE, BUT UNFORTUNATELY IT IS SELDOM FLUID ENOUGH TO BE ABLE TO DO THIS AND THE ONLY WAY TO REMOVE THE LUMP IS TO CUT IT OUT. IN FACT, THERE IS SELDOM ANY NEED TO REMOVE A LUMP OF FAT NECROSIS PROVIDED ONE IS ABSOLUTELY SURE THAT THAT IS WHAT IT IS. IF ONE LEAVES THE LUMP OF FAT NECROSIS ALONE, IT USUALLY SHRINKS WITH TIME. FAT NECROSIS LUMPS VARY IN SIZE. THEY ARE USUALLY THE SIZE OF A SMALL MARBLE BUT I HAVE KNOWN THEM TO BE THE SIZE OF A GOLF BALL AND IN ONE CASE ALMOST THE SIZE OF A TENNIS BALL. IT IS SENSIBLE TO HAVE A LUMP CHECKED BY FINE NEEDLE SAMPLING AND LABORATORY TESTING. IF THIS CONFIRMS FAT NECROSIS THEN A DECISION WILL NEED TO BE MADE AS TO WHETHER TO HAVE THE LUMP REMOVED OR NOT. IF IT IS A LARGE LUMP THEN ITS REMOVAL MAY RESULT IN A VISIBLE HOLLOW OR DIMPLE IN THE BREAST OR CAN LEAVE A PALPABLE SOFTNESS OR DIP IN THE BREAST SHAPE WHEN ONE FEELS THE BREAST. IT MAY REQUIRE A NEW SCAR TO BE ABLE TO DO THE OPERATION TO GET RID OF IT. THERE IS ALSO ALWAYS, OF COURSE, THE RISK THAT AN OPERATION CAN RESULT IN INFECTION AND PAIN ALTHOUGH THE CHANCES OF THIS HAPPENING WILL PROBABLY BE ONLY OF THE ORDER OF 2% TO 3%.

IF YOU WERE TO LOSE WEIGHT, THE LUMP MIGHT SEEM TO ENLARGE RELATIVE TO THE BREAST BECAUSE THE BREASTS MAY SHRINK AS YOU LOSE WEIGHT BUT THE LUMP WILL PROBABLY STAY THE SAME SIZE.

THERE HAS RECENTLY BEEN A LOT OF EXCITEMENT ABOUT A DRUG WHICH CAN BE INJECTED TO DISSOLVE AWAY FAT. THIS IS KNOWN AS LIPODISSOLVE OR LIPOSTABIL (PHOSPHOTIDYLCHOLINE). I DON'T KNOW WHETHER ANYBODY HAS TRIED USING THIS AS A MEANS OF DISSOLVING AWAY AREAS OF FAT NECROSIS, BUT I SUSPECT THAT IT WOULDN'T NECESSARILY WORK.

OTHER RARER CAUSES OF FAT NECROSIS INCLUDE FAT INJECTIONS INTO THE BREASTS OR OTHER PARTS OF THE BODY IN WHICH TOO MUCH FAT IS INJECTED INTO ONE SMALL AREA.

**NB:** FAT TRANSFER IS DONE BEST BY INJECTING LIPOSUCKED FAT BACK INTO THE PERSON IN LOTS OF TINY QUANTITIES OF 1 ML TO 2 ML PER TIME. IF ONE INJECTS MORE THAN ABOUT 5 ML TO 10 ML IN ONE AREA IT MAY NOT PICK UP A GOOD ENOUGH BLOOD SUPPLY AND WILL THEREFORE DIE LEADING TO "FAT NECROSIS."

THE RESULT IS A FIRM LUMP WHERE ONE, IN FACT, WANTED A SOFT PLIABLE LAYER OF NORMAL FEELING FAT.

IN SUMMARY FAT NECROSIS IS A NUISANCE, BUT NOT A DISASTER. THE WAY TO AVOID IT IS TO LOSE AS MUCH WEIGHT BEFORE A BREAST REDUCTION AS YOU CAN. THIS RESULTS IN THE FAT CELLS IN YOUR BREASTS SHRINKING AND BECOMING STRONGER AND LESS LIKELY TO BE DAMAGED EASILY IN THE COURSE OF THE OPERATION.

### **OTHER COMPLICATIONS**

THE STITCH LINES ARE NEARLY ALWAYS TENDER FOR SEVERAL WEEKS AFTER THE OPERATION AND THE T-JUNCTION ON THE UNDERSIDE OF THE MIDDLE OF THE BREAST OFTEN BREAKS OPEN SLIGHTLY BECAUSE IT IS UNDER GREATEST TENSION. THIS AND OTHER AREAS ALONG THE INFRAMAMMARY SCAR LINE MAY BECOME MILDLY INFECTED AND VERY OCCASIONALLY A SERIOUS INFECTION IN THE BREAST CAN OCCUR. EACH PROBLEM HAS TO BE TREATED ON ITS MERITS BUT OF COURSE IT IS VERY IMPORTANT IF YOU HAVE PROBLEMS AFTER A BREAST REDUCTION TO BE WITHIN EASY DISTANCE OF THE PLACE WHERE YOU HAD THE OPERATION SO THAT YOU CAN HAVE YOUR PROBLEM CHECKED OUT QUICKLY.

THE COMMONEST REASON FOR LUMPINESS TO APPEAR IN THE BREASTS AFTER A BREAST REDUCTION IS FAT DAMAGE. FAT DOES NOT COPE WITH INJURY AS WELL AS MUSCLE OR SKIN AND IS EASILY DAMAGED. THIS RESULTS IN LUMPINESS INSIDE THE BREAST JUST UNDERNEATH THE SKIN AND SO, IF YOU ARE AFRAID OF HAVING JUST DEVELOPED A BREAST CANCER LUMP YOU CAN BE REASSURED THAT THIS IS HIGHLY UNLIKELY. IT IS MUCH MORE LIKELY TO BE DUE TO A SMALLER AREA OF FAT BREAKDOWN. THE LUMPINESS MAY WELL PERSIST FOR UP TO 6 MONTHS BEFORE IT DISPERSES FINALLY.

### **LONG TERM PROBLEMS**

THE VAST MAJORITY OF WOMEN ARE ABSOLUTELY DELIGHTED WITH THE RESULT OF THE OPERATION AND HAVE VERY FEW PROBLEMS ONCE THEY HAVE RECOVERED SUFFICIENTLY TO RETURN TO WORK. HOWEVER, THERE ARE A FEW PATIENTS WHO STILL HAVE THE ODD PROBLEM BUT THESE NORMALLY CLEAR UP WITHIN A MONTH OR SO. THE MOST COMMON PROBLEM IS ITCHINESS OR SWELLING OF THE SCARS. THIS IS CALLED HYPERTROPHIC SCARRING AND HAPPENS IN ABOUT 1 IN 15 WOMEN HAVING THIS SURGERY. IT USUALLY STARTS A COUPLE OF MONTHS AFTER THE OPERATION AND INVOLVES PART OF THE SCAR USUALLY ON THE UNDERSIDE OF THE BREAST, ESPECIALLY NEAR THE MIDLINE OR AT THE OUTER END OF THE SCAR. THIS STARTS TO ITCH ESPECIALLY AT NIGHT TIME. IT SOMETIMES BECOMES QUITE SORE AND SWOLLEN, PARTICULARLY IF THE BRA RUBS ON IT. IT CAN BE VERY MILD OR COMPLETELY MADDENING. IT CAN ALSO BE INTERMITTENT OR FAIRLY CONSTANT. THE HYPERTROPHIC SCAR PROCESS HAS NOTHING WHATSOEVER TO DO WITH THE WAY IN WHICH THE OPERATION WAS CARRIED OUT. IT IS DUE TO THE WAY IN WHICH THAT PARTICULAR PERSON HEALS AND I'M AFRAID YOU CANNOT BLAME THE SURGEON. ALTHOUGH THE PROBLEM CAN LAST FROM 2 TO 6 MONTHS, IT DOES EVENTUALLY DISAPPEAR. IN SEVERE CASES THE ITCHINESS CAN BE CONTROLLED BY APPLYING A STEROID CREAM ONTO THE SCAR ONE OR TWICE DAILY BUT, IN THE MAJORITY OF CASES, NO TREATMENT IS NEEDED AT ALL. ANYONE WHO HAS HAD THE PROBLEM ONCE IS VERY LIKELY TO HAVE IT AGAIN IN ANY NEW SCAR ELSEWHERE ON THE BODY, AND IT WOULD BE ADVISABLE TO MENTION THIS TO ANY SURGEON CONTEMPLATING ANOTHER OPERATION WHEREVER IT MAY BE ON THE BODY.

THE SHAPE OF THE BREASTS WILL CHANGE SLIGHTLY IN MOST WOMEN AS THE SKIN STRETCHES AGAIN. THE AMOUNT OF DROOP OR STRETCHING DEPENDS UPON SEVERAL THINGS. IF THE BREASTS HAVE BEEN MADE QUITE SMALL (DOWN TO A B CUP FOR EXAMPLE), IT IS UNLIKELY THAT THEY WILL SAG VERY MUCH. IF, HOWEVER, THEY REMAIN QUITE LARGE (C CUP OR MORE), THEY MAY WELL SAG A LITTLE OVER THE NEXT

YEAR. IF THE MAIN PROBLEM HAD BEEN SAGGING, THIS INDICATES THAT THE SKIN WAS PRONE TO SAGGING AND STRETCHING ANYWAY AND SO SOME FURTHER SAGGING MAY OCCUR AFTER SURGERY.

THE SCARS FOLLOWING A BREAST REDUCTION ARE LIKELY TO REMAIN RED FOR 3 TO 6 MONTHS AND MAUVE TO PURPLISH FOR 6 TO 12 MONTHS, AND THEN FADE TO A PALE WHITISH COLOUR OVER THE NEXT YEAR OR 2. THE SCARS ALWAYS STRETCH AND WIDEN A BIT, BUT THIS VARIES ENORMOUSLY BETWEEN INDIVIDUALS. IN MOST WOMEN THE SCARS ARE NOT PARTICULARLY NOTICEABLE AFTER 2 TO 3 YEARS.

SOME WOMEN WHO EXPERIENCED A LOT OF PAIN IN THE BREASTS BEFORE THE OPERATION STILL EXPERIENCE SOME AFTER SURGERY, BUT SELDOM AS MUCH.

BREAST REDUCTION SURGERY WILL NOT DISTURB A BREAST IN THE SENSE OF CAUSING CANCER. HOWEVER, THE BREAST TISSUE REMOVED IS ALWAYS SENT AWAY FOR MICROSCOPIC CHECKING AND ABOUT 1 IN EVERY 100 WOMEN HAVING A BREAST REDUCTION ARE DISCOVERED TO HAVE EVIDENCE OF CANCER, OR THE CHANGES WHICH MIGHT LEAD ONTO CANCER IN THE BREASTS. SUCH WOMEN WILL THEN NEED FURTHER TREATMENT AND ADVICE. THIS MAY INVOLVE RADIOTHERAPY OR MORE SURGERY, OR POSSIBLY JUST HORMONE TREATMENT.

IT IS MORE DIFFICULT TO DETECT CANCER BY MAMMOGRAPHY AFTER BREAST REDUCTION SURGERY THAN IN UNOPERATED BREASTS DUE TO THE INTERNAL SCARRING. IF YOU ARE GOING TO HAVE BREAST SCREENING YOU SHOULD TELL THE RADIOGRAPHER THAT YOU HAVE HAD AN OPERATION ON YOUR BREASTS. A BREAST REDUCTION OPERATION WILL ONLY REDUCE YOUR CHANCES OF DEVELOPING BREAST CANCER BY AS MUCH AS THE PERCENTAGE IN REDUCTION OF THE OVERALL SIZE OF THE BREASTS. A WOMAN AT HIGHER RISK DUE TO A KNOWN FAMILY HISTORY OF BREAST CANCER SHOULD MAKE SURE THAT HER BREASTS ARE CHECKED REGULARLY FOLLOWING SURGERY.

THE SENSATION OR FEELING IN THE SKIN FOLLOWING A BREAST REDUCTION IS OFTEN NUMBED IN SOME AREAS. THIS USUALLY RETURNS TO NORMAL OVER THE NEXT YEAR, BUT A NUMB NIPPLE SELDOM GETS ALL OF ITS SEXY FEELING BACK AGAIN. THE SHAPE OF THE NIPPLE IS OFTEN DIFFERENT AFTER BREAST REDUCTION SURGERY, SO A FEW WOMEN NOTICE THAT THE NIPPLE IS MORE SENSITIVE THAN BEFORE.

### **FREE NIPPLE GRAFT**

VERY OCCASIONALLY BREASTS CAN BE GIGANTIC IN SIZE AND HANG DOWN AS FAR AS THE WOMAN'S LOWER ABDOMEN OR EVEN DOWN AS FAR AS HER THIGHS. IN SUCH CASES BREAST REDUCTION HAS BE CARRIED OUT IN A DIFFERENT WAY. THE NIPPLES ARE FIRST OF ALL REMOVED AND THEN THE BREASTS ARE MADE SMALLER. THE NIPPLES ARE THEN PUT BACK ON AS SKIN GRAFTS. THE NIPPLES IN SUCH CASES USUALLY END UP SLIGHTLY FLATTER THAN THEY WOULD NORMALLY HAVE BEEN AND THEY ARE ALWAYS COMPLETELY NUMB. NEVERTHELESS, THEY STILL LOOK LIKE NIPPLES. OCCASIONALLY THE NIPPLE GRAFTS DON'T TAKE PERFECTLY AND CAN LOSE SOME OF THEIR NATURAL BROWNISH COLOUR. FOR THESE REASONS SURGEONS PREFER TO USE METHODS OF BREAST REDUCTION WHICH PRESERVE THE NORMAL INTEGRITY AND FEELING IN THE NIPPLE AND ONLY RESORT TO THE GRAFTING TECHNIQUE WHEN IT IS ABSOLUTELY NECESSARY.

### **SUMMARY**

BREAST REDUCTION OPERATIONS ARE USUALLY VERY SUCCESSFUL AT HELPING WOMEN TO RESTORE THEIR SELF CONFIDENCE AND THEIR ABILITY TO ENJOY LIFE NORMALLY. HOWEVER, IT IS NOT AN OPERATION TO BE UNDERTAKEN LIGHTLY. ALTHOUGH THERE IS MINIMAL RISK TO LIFE, IT WILL CAUSE MAJOR UPSET TO THE INDIVIDUAL FOR SEVERAL WEEKS.

A VERY SMALL NUMBER OF PATIENTS HAVE SIGNIFICANT COMPLICATIONS FOLLOWING SURGERY, BUT THE VAST MAJORITY OF WOMEN HAVE VERY FEW PROBLEMS BOTH IMMEDIATELY AFTER THE OPERATION AND IN THE LONG TERM. CERTAINLY FOR A LOT OF PATIENTS THEIR ONLY REGRET MUST BE THAT THEY DIDN'T HAVE THE OPERATION YEARS BEFORE!

### EFFECTS OF PREGNANCY

THE BREASTS ENLARGE FAIRLY EARLY IN PREGNANCY AND CONTINUE TO ENLARGE THROUGHOUT PREGNANCY. THEY MAY STAY ENGORGED AFTER THE BABY HAS BEEN DELIVERED AND WILL STAY LARGE IF BREAST FEEDING OCCURS.

THE LONGER TERM EFFECTS OF PREGNANCY ON BREAST SIZE VARIES ENORMOUSLY AND IS UNPREDICTABLE IN MOST CASES, CERTAINLY FOR THE FIRST PREGNANCY. SOME WOMEN FIND THAT THEY REMAIN LARGER. MOST FIND THAT THEIR BREASTS BECOME DROOPIER THAN THEY WERE PRIOR TO PREGNANCY BUT STAY THE SAME VOLUME. THEY NEED TO WEAR THE SAME KIND OF BRA AS THEY DID BEFORE THE PREGNANCY BUT MAY NEED ADDED SUPPORT TO GIVE THE BEST SHAPE. SOME UNFORTUNATE WOMEN FIND THEIR BREASTS SHRINK WITH EACH SUCCESSIVE PREGNANCY, PARTICULARLY IF THEY BREAST FEED.

IF A PERSON KNOWS THAT THEY ARE VERY UNLIKELY TO BECOME PREGNANT WITHIN THE FORESEEABLE FUTURE THEN THERE MAY BE NO GOOD REASON FOR PUTTING OFF THE OPERATION OF BREAST REDUCTION. IF THERE IS A STRONG POSSIBILITY THAT THE PERSON IS GOING TO BE PREGNANT WITHIN THE NEXT 6 TO 12 MONTHS THEN IT MAY WELL BE BETTER TO WAIT UNTIL AFTER THE PREGNANCY BEFORE HAVING A BREAST REDUCTION, JUST IN CASE THE PREGNANCY RESULTS IN LOSS OF BREAST TISSUE. IT MIGHT STILL BE WORTHWHILE CARRYING OUT AN OPERATION BUT THIS MIGHT BE TO LIFT THE BREASTS IF THEY HAVE BECOME SMALLER AND DROOPIER. IF THE PERSON IS PLANNING TO HAVE SEVERAL CHILDREN THEN IT IS USUALLY BEST TO WAIT UNTIL AFTER THE FINAL PREGNANCY.

IF YOU ARE PLANNING TO HAVE A BREAST REDUCTION, DO NOT ON ANY ACCOUNT ALLOW YOURSELF TO BECOME PREGNANT WITHIN THE 3 MONTHS AFTER THE OPERATION. IF YOU DO SO THE BREASTS WILL START TO SWELL AND WILL STRETCH THE SCARS OF THE OPERATION SO BADLY THAT THE QUALITY OF THE SCARS WILL BE VERY MUCH WORSE THAN THEY WOULD HAVE BEEN IF YOU HAD WAITED BEFORE YOU BECAME PREGNANT. THERE ARE MANY CASES OF WOMEN WHO HAVE BECOME VERY DISTRESSED ABOUT THE POOR QUALITY OF THE SCARS FROM THEIR BREAST OPERATION BECAUSE THEY BECAME PREGNANT AROUND THE TIME OF THEIR OPERATION. SOMETIMES THIS IS BECAUSE THEY HAVE BEEN WARNED TO STOP TAKING THE CONTRACEPTIVE PILL SEVERAL WEEKS BEFORE THE OPERATION. THIS IS TO MINIMISE THE RISK OF DEVELOPING THROMBOSIS IN THEIR LEGS AT THE TIME OF THE OPERATION.

SOME WOMEN ARE THOUGHTLESS ABOUT THIS AND BECOME PREGNANT IN THE FEW DAYS BEFORE THE OPERATION. THEY DO NOT CONSIDER THEMSELVES TO BE AT RISK OF PREGNANCY AND SO THERE IS NO PREGNANCY TEST DONE AND ONLY A WEEK OR 2 AFTER THE OPERATION THEY DISCOVER THAT THEY ARE PREGNANT. THE BREASTS THEN START TO SWELL AND THE SCARS STRETCH VERY WIDE AND THE BREASTS BECOME DISTORTED IN THEIR SHAPE. THE MORAL IS, EITHER CONTINUE THE PILL UP TO THE TIME OF THE OPERATION, IF THE SURGEON IS IN AGREEMENT ABOUT THIS OR TAKE EXTRA SPECIAL PRECAUTION TO AVOID PREGNANCY IF YOU HAVE TO STOP THE PILL.

I AM SURE YOU HAVE HEARD THE PHRASE "BREAST IS BEST". IT IS ALWAYS BETTER TO BREAST FEED A BABY IF IT IS GOING TO BE POSSIBLE. IF YOU KNOW YOU WOULD LIKE TO BREAST FEED THEN TRY TO PUT OFF HAVING THE BREAST REDUCTION OPERATION UNTIL AFTER YOU HAVE HAD THE BABY. LARGE BREASTS DO NOT NECESSARILY MEAN THAT IT IS

GOING TO BE EASY TO BREAST FEED BUT IT IS UNUSUAL TO BE ABLE TO BREAST FEED AFTER A BREAST REDUCTION OPERATION. THIS IS BECAUSE EITHER THE NIPPLE HAS LOST ITS FEELING OR BECAUSE THE NIPPLE HAS BEEN SEPARATED FROM THE BREAST TISSUE ITSELF OR BECAUSE SO MUCH BREAST TISSUE HAS BEEN REMOVED THAT THERE IS VERY LITTLE LEFT TO MAKE MILK.

### **BREAST SWELLING AROUND THE MENOPAUSE**

THERE ARE SOME UNLUCKY WOMEN WHOSE BREASTS BEGIN TO ENLARGE IN THEIR 40'S FOR NO OBVIOUS REASON. THE MENOPAUSE IS ASSOCIATED WITH CHANGES IN THE HORMONE BALANCES IN THE BODY. NO-ONE TO MY KNOWLEDGE HAS YET FOUND A REASON FOR SUDDEN BREAST ENLARGEMENT AT ABOUT THIS TIME. I HAVE KNOWN OF AT LEAST 10 PATIENTS OVER THE LAST 20 YEARS WHO HAVE SUFFERED THE EMBARRASSMENT OF DOUBLING THEIR BREAST SIZE IN THEIR MID 40'S. IN MOST OF THEM BREAST REDUCTION SURGERY HAS BEEN VERY SUCCESSFUL AND THEY HAVE BEEN VERY HAPPY WITH THE RESULT. HOWEVER, 3 OF THESE PATIENTS HAVE HAD THE BREAST REDUCTION AND THE BREASTS HAVE CONTINUED TO GROW AFTERWARDS. THERE IS NO KNOWN EXPLANATION FOR THIS.

FORTUNATELY I HAVE NEVER KNOWN ANY PERSON SUFFERING FROM THIS TYPE OF PROBLEM TO BECOME EXCESSIVELY LARGE BUT I CAN RECALL VIVIDLY ONE LADY WHO STARTED HER MARRIED LIFE WITH HER BREASTS SIZE B CUP. THEY REMAINED THE SAME WITH 3 CHILDREN AND BREAST FEEDING AND THEN IN HER LATE 40'S THEY STARTED TO ENLARGE UP TO AN E CUP SIZE. SHE UNDERWENT A STANDARD BREAST REDUCTION WHICH BROUGHT HER DOWN TO A C CUP BUT WITHIN 12 MONTHS SHE WAS NEEDING HER E CUP BRA AGAIN BECAUSE THE BREASTS HAD CONTINUED TO ENLARGE. SHE REMAINED AT THIS INCREASED E CUP SIZE THEREAFTER AND HAS NOT ALTERED. THERE IS NO TEST THAT WE KNOW OF WHICH COULD MEASURE A PARTICULAR HORMONE WHICH COULD HAVE PREDICTED WHAT HAPPENED IN HER CASE.

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