INFORMATION SHEET
BREAST ASYMMETRY
(BREASTS OF DIFFERENT SIZES & SHAPE)

INTRODUCTION

Breast asymmetry means that the breasts are different in size or shape or both. It is very common. Most cases are mild and aren't bad enough to be very noticeable and nothing needs to be done about it. Some girls and women, however, are very, very self-conscious about small differences especially when their bra doesn't fit comfortably.

If you have this type of problem you must see your doctor and ask for a referral to a plastic surgeon who has specialist expertise in this field.

The plastic surgeon will need to analyse what your problem is before recommending a solution.

ANALYSIS OF YOUR PROBLEM

The shape and size of the breast is decided by:

1. The shape of the rib cage which can be very different on the two sides.
2. The size of the pectoral muscle which lies underneath the breast. This muscle can sometimes be completely absent as in "Poland's syndrome".
3. The size of the breast and the nipple and areola. (The areola is the brown skin around the nipple).

The breast consists of a combination of true breast tissue and of fat. In young women the breast consists mostly of breast tissue and a covering of fat. In middle age most of the breast tissue dissolves away and is substituted by fat. This partly accounts for why the breast tends to droop with age.

In rare cases a person may be born without any breast at all and no nipple. This is called "amastia or amasia".

In "tubular breast deformity" one or both breasts have a large floppy nipple and areola but no normal breast underneath. The breast consists of what looks like a small sausage or tube of breast without the normal, natural, rounded, conical shape.

Occasionally two breasts develop on one side next to each other, usually one being much bigger than the other. The accessory breast lies below or on the underside of the larger one.

In the vast majority of cases of breast asymmetry one breast starts to develop but never catches up with the other one and remains small and conical, whereas the other often becomes quite large and tends to droop.

In some cases one or both breasts seem to start to droop as they start to grow so that in the end they point downwards before reaching normal size and they never pass through the common conical stage.

The plastic surgeon will have to examine each breast and decide what the problem is. Some of the problems mentioned above are quite easy to diagnose but may need rather special or complicated solutions, while the other commoner problems may, fortunately, be much easier to sort out.

OPERATIONS WHICH THE SURGEON MIGHT HAVE TO USE

Plastic surgeons are trained in lots of different techniques to alter the shape and the size of the breast. A plastic surgeon must be able to enlarge or reduce or lift a breast. The commonest operation is breast enlargement and this, in most cases, involves the use of a silicone implant. The implant may have a fixed size and shape or it might be inflatable or might have a varying shape. The implant itself may contain silicone gel or some other substance, such as saline or some other kind of safe, jelly-like substance. The silicone may be very soft and fluid or may be very firm indeed.

If you need further information about this ask for an information sheet about breast enlargement.

BREAST REDUCTION

In a case of breast asymmetry, the smaller breast may be quite adequate in size and shape and it may be more appropriate to reduce the size of the larger breast and to lift it to match the smaller one. Thus, the large breast has to be reduced. This is a common operation because a very large number of women need standard breast reduction procedures because they have uncomfortably large breasts. If one of your breasts needs to be reduced it would be sensible for you to read the special information sheet entitled "Breast Reduction".

LIPOSUCTION

It is usually possible to suck out fat from a breast, even a young breast, in order to make it smaller.

It is often possible in a young woman with a large breast to reduce it by half a cup size, so that if there isn't very much difference between the two breasts, liposuction is often a very good way of making the breasts smaller because it can all be done through a very small hole hidden on the underside of the breast.

In older women liposuction of the breasts is much easier, particularly in larger breasts, and it is often possible to reduce the breasts by as much as a cup size or several cup sizes if one needs to. However, this usually results in a rather empty, floppy breast and so one would have to carry out a combination of breast liposuction and skin tightening to achieve matching of the opposite breast. There is an information sheet about liposuction and if you are interested in this please ask for it.

BREAST LIFT (MASTOPEXY)

One or both breasts may hang down and look very unattractive and may need lifting.

A breast lift usually involves tightening up the skin on the underside of the breast so that the scars from this don't show when wearing even a small bra. Sometimes one has to reposition and re-shape the breast tissue itself inside the breast but this is more complicated. Many women think that it would be a simple matter simply to take a tuck in the skin above the breast. Certainly it would be very tempting to do this because in theory one could achieve a very nice looking shape if one could take out a large crescent of skin just below the collar bone. The problem with this, however, would be an exceedingly unsightly scar which would be always visible and so no one ever lifts the breasts by taking skin from above the nipple and areola. It is always done by tightening up the skin below the nipple and the areola.

Breast lift operations can be very successful but inevitably lead to scars on the breasts just like standard breast reduction. The surgeon would need to show you where your scars would be if you needed a breast lift.

If you need a breast lift then please ask for the information sheet about this particular type of operation.

CHOICE OF OPERATIONS

The best result in correcting breast asymmetry usually arise from using a combination of operations. This might mean enlargement of one side and lift of the other or enlargement of both sides but to a different amount. Sometimes it is best to mimic breast growth by using an inflatable implant on the small side. This is then enlarged progressively every 2 to 4 weeks by injecting fluid into the implant through a small valve which is hidden underneath the skin on the side of the chest wall. This can make the breast grow slowly until it is the same size or larger than the other breast and it may help it to droop to match the other side.

LEVELS OF EXPECTATION

The level of expectation of people seeking cosmetic improvement is often unrealistic nowadays and this is particularly true in regard to the correction of breast asymmetry. Plastic surgeons can hardly ever guarantee to get a perfect result from the first operation. One of the main problems is that what the breasts look like when the patient is asleep under an anaesthetic on an operating table is completely different from what the breasts look like when the person is awake and standing up with the breasts affected by gravity. Unfortunately, it is not possible to operate on a person with them in an upright position because it is not safe. This usually means that the surgeon has to mark the breasts out before the operation starts and then has to depend upon the markings to be able to do the operation.

One of the golden rules about breast reduction surgery is that it is always better to leave the breasts slightly too large rather than too small. This is because it is always possible to take more breast tissue away but it is virtually impossible to put any back because you cannot inject significant quantities of fat back into a breast and expect it to survive. It simply doesn't take as a graft. Thus, refinements in this type of surgery depend upon taking away a little bit more from the larger side or using a slightly larger implant on the other side. The use of an inflatable implant solves this particular problem because one can make quite fine adjustments in terms of volume.

The other problem that people with breast asymmetry face is that time, gain or loss of weight, pregnancy, breast feeding and ageing will all have effects on the breast shape and size and these are not entirely predictable.

As far as possible it is best to avoid the use of a fixed size implant because this can only achieve symmetry at one point in time. If the person then puts on a lot of weight or becomes pregnant or breast feeds it may change the shape of the breasts dramatically and of course the implant won't change its size. This is why an inflatable implant which can be continuously changed if necessary may be better than a fixed size one.

TIMING OF THE OPERATION

Nowadays it is usually possible to put simple Silastic supplementary pads on a breast to make it look like a bigger breast. These are readily available in shops and so most people with breast asymmetry can manage to cope with it for quite a long time without anybody knowing. However, they certainly aren't perfect for skin-tight swimwear and there are always going to be risks of detection of the underdevelopment of one of the breasts.

Most teenagers with the problem of breast asymmetry want it corrected as soon as possible because they don't feel right and they feel vulnerable to teasing. However, it is certainly better to put off having final correction until the person is at least 18 or 19 years old, if it is possible, because one can expect the breasts to go on growing up to this age. Sometimes it is best to carry out a simple operation of inserting an inflatable implant behind the smaller breast and do not attempt to adjust the shape of the other breast until the person is physically mature. This, therefore, will achieve symmetry of volume but not of shape but this is much easier to cope with than having breasts of very different sizes.

SUMMARY

Having one breast bigger than the other is very common. Sometimes it is easy to correct, sometimes virtually impossible. If you want treatment get your doctor to refer you to an expert. The expert will try to analyse what is wrong and suggest methods of putting it right. You may need more information about the particular types of operation that would suit you, in which case please ask for the appropriate information sheet about this.

If you are a patient of Mr Henderson, please contact his secretary at the Spire Leicester Hospital on 0116 265 3043.

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August 2001