

Service: Breast Reconstruction

Breast Asymmetry



The treatment options discussed in this leaflet are subject to Clinical Commissioning Group (CCG) funding approval.

Breast asymmetry refers to a noticeable difference in the appearance of breast size or shape when comparing one breast to the other. This can also include the position of the nipple. Asymmetry may occur due to underdevelopment or overdevelopment of one breast(s).

Most woman will have one breast slightly smaller than the other, this is a normal asymmetry.

Breast Asymmetry Correction Surgery is considered a procedure of low clinical priority and therefore not routinely funded under the NHS. Your GP will need to apply for NHS funding for this operation to be carried out.

Patients must have completed puberty, therefore surgery is not normally commissioned for people below the age of 19 years.

If you are considering a breast reduction you will need to keep your BMI under <27 for one year prior to your surgery.

Your weight and height will be taken and recorded in your medical records as evidenced of your calculated BMI.

Failure to achieve this goal will mean that you will not be considered fit for surgery.

What can be done to correct breast asymmetry?

Non-surgical option

Padded bras, foam or gel inserts are a good way to give you an even shape when wearing clothes. At Southmead Hospital we have a breast prosthetic bra fitting service which you can be referred to by your GP. Here, you will be advised on the different types and styles to choose from. The breast foam or gel inserts can be built into a special bra or custom made to fit into your regular bra. You may also consider this option if you are waiting for surgery.

Psychological Support

The Outlook and Clinical Health Psychology team (which is part of the Plastic & Reconstructive Surgery service) provide specialist psychological support for:

- People with appearance-related concerns.
- People needing emotional support as part of coping with an illness and preparing for, or recovering from, surgery.

The sessions will give you the opportunity to talk through any concerns, learn strategies to cope with difficult thoughts and feelings, find ways to feel more confident to cope e.g. with changes to your body, coping with surgical procedures and practical support to help you move forwards in line with your personal goals.

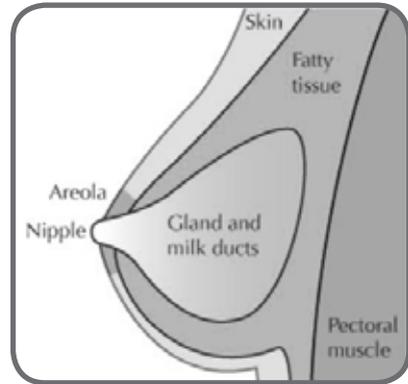
If you feel that you may benefit from some support from Outlook and Clinical Health Psychology please speak to your consultant, nurse specialist, or GP who can refer you to the service. You will normally meet for an initial appointment and then agree a plan for support.

For more information visit: www.nbt.nhs.uk/outlook

Surgical option

You may consider having a breast implant surgically inserted behind your breast tissue to make the smaller breast bigger this is called a Breast Augmentation. Or you may decide to have a breast reduction to make the larger breast smaller. Both these surgical procedures aim to achieve symmetry.

Before we discuss treatment options it is important to know the names of the different parts of the breast as this section will be discussing the chest muscle which is called the Pectoralis or Pectoral muscle, nipple and areola. Diagram 1 shows you a picture of the breast which is labelled to indicate the position of the areola, nipple and Pectoral muscle.



Types of asymmetry and possible treatment options

Tubular Breasts

What are tubular breasts?

As the name suggests the breast(s) are like a “tube” and shaped like a narrow cone with a small, constricted base, tubular skin envelope and a prominent large nipple and areola. Tubular breasts are a fairly common developmental malformation that occurs during puberty and mainly affects young women. It can affect one breast (unilateral) or both breasts (bilateral). Early growth of the breasts is limited and this results in unusually shaped, small, drooping and uneven breasts. There are various terms used to describe this malformation: tuberous breast, areola hernia, hypoplasia of breasts.

What treatment is available?

The surgeon may offer an insertion of a tissue expander/implant to the affected breast(s) in order to increase the size and match the contra-lateral (unaffected) breast (if applicable). This implant is usually placed behind your chest muscle (Pectoralis) and gradually inflated with a needle via a port beneath the skin to stretch the breast skin envelope. Once the desired breast shape and volume has been achieved, depending on the type of expander used, the port may be removed or the expander may be exchanged for a fixed-volume implant. This will be a joint decision made by you and your surgeon. Often no other procedures will be required but in more severe cases the skin envelope and nipple may need to be reduced. Further information may be found in our ‘breast implants’ and ‘tissue expansion’ leaflet.

Amastia, Amazia and Breast Hypoplasia

What is Amastia & Amazia?

Amastia is a complete failure of breast tissue, nipple and areola to develop. This can be congenitally (present at birth). It is different from Amazia which involves complete failure of breast tissue development but the nipples and areolas develop normally.

What is Breast Hypoplasia?

In breast hypoplasia, there is a lack of breast development during puberty. The adolescent breast remains largely unchanged or only enlarges slightly. Women often complain of a 'boyish' appearance.

What treatment is available?

As for tubular breasts, the surgeon may suggest insertion of a tissue expander implant with a view to either removing the port once the desired shape and volume has been achieved, or exchange to a fixed-volume implant. If the nipples and areolas are not present the patient may require nipple reconstruction with micropigmentation (tattooing) to give an appearance of a nipple/areola.

Poland Syndrome

What is Poland Syndrome?

Poland Syndrome (also known as Poland's Syndactyly) is a rare birth defect.

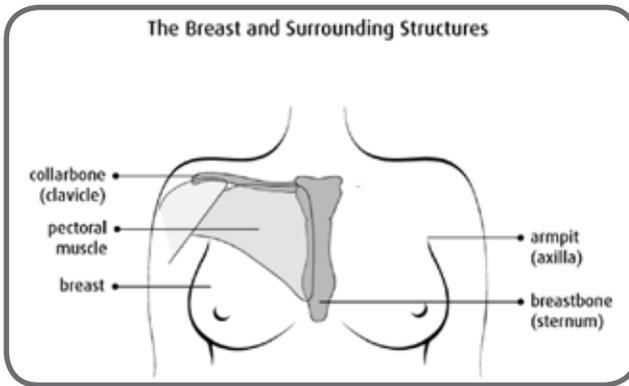
Poland Syndrome affects people differently but the main symptom is the lack or underdevelopment of a chest muscle (Pectoralis) and the absence of the breast. There may be an underlying developmental problem with the ribs and/or breast bone (sternum) as well. The hand on the affected side of the body can often be smaller with webbed and missing fingers.

What treatment is available?

Similar to tubular breast and Amastia, the surgeon is likely to offer insertion of a tissue-expander initially as the skin envelope will be tight and the nipple and areola complex may be small.

What if I smoke?

Smoking can reduce the blood flow to surgical sites. Studies have shown that nicotine and other substances that are found in cigarettes can be harmful to your heart, lungs, and your skin.



Smoking can have an adverse effect on the healing of all surgical wounds. The same applies for the use of nicotine replacement therapy as, although this will reduce the craving for a cigarette, the nicotine will also reduce the ability of the blood to carry enough oxygen to the tissues. For this reason we advise that you do not use nicotine replacement therapies and should stop smoking completely.

If you are an active smoker we will be happy to advise you on how to get help to stop smoking. Surgery may not be considered if you smoke.

Visit the Smokefree National website: www.nhs.uk/smokefree or visit your GP or local pharmacy for help and advice.

What if I drink alcohol?

During your consultation you will be asked how much alcohol you drink. It is important that you keep to the recommend alcohol units guidelines set by the department of health. If you drink more that the recommended allowance this will mean that your surgery may not take place until your alcohol units are in keeping with NHS guidelines. This is to prevent any complications occurring following your anaesthetic/operation as you will experience symptoms of alcohol withdrawal and this will effect wound healing and recovery.

For practical information on alcohol, visit NHS choices website change for life: www.nhs.uk/change4life

What if I have a high Body Mass Index (BMI)

At your consultation with your plastic surgery breast reconstruction surgeon you will be weighed and measured and this will calculate your BMI.

Category	BMI range - kg/m ²
Very severely underweight	less than 15
Severely underweight	from 15.0 to 16.0
Underweight	from 16.0 to 18.5
Normal (healthy weight)	from 18.5 to 25
Overweight	from 25 to 30
Obese Class I (Moderately obese)	from 30 to 35
Obese Class II (Severely obese)	from 35 to 40
Obese Class III (Very severely obese)	over 40

If your BMI is greater than 27 this will mean that your operation will not take place until you have lost weight.

If this is the case your GP can help support you to lose weight by providing you with weight loss program such as a 12 week free course with Weigh-Watchers or Slimming World. This is a good way to lose weight with advice on diet and will provide you with support.

Once you have achieved your goal of a BMI of 27 you will need to maintain this for a year prior to having your operation.

Contact information

If you have any further questions or need advice regarding the information in this leaflet please contact one of the Breast Reconstruction Nurse Specialists:

Andrea Thompson waiting list coordinator

Email: Andrea.Thompson@nbt.nhs.uk

Phone number: 0117 414 7626

Plastic surgery Breast reconstruction team

Plasticsurgerybreastreconstructionteam@nbt.nhs.uk

Southmead Charitable Fund for breast reconstruction

Code 1009 for donations

Naila Hussain ext: 43679

Breast Reconstruction Nurse Practitioner

Caroline Oates

Email. caroline.oates@nbt.nhs.uk

Breast Reconstruction Nurse

Caroline Lewis

Tel: 0117 414 8700 or 0117 950 5050 bleep:1698

Email. caroline.lewis@nbt.nhs.uk

Secretary

Wendy Rodman Tel: 0117 414 7633

Prosthetic fitting service

Please phone Sue Pollard: 0117 414 7018

Psychological Therapy Team

Outlook

Telephone: 0117 414 4888

Email: Outlook.dsu@nbt.nhs.uk

Poland Syndrome Support Group

www.pssgcharity.org

**British Association of Plastic Reconstructive and
Aesthetic Surgeons (BAPRAS)**

Website: www.bapras.org.uk

**PATIENT
APPROVED** 



www.nbt.nhs.uk

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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