

Service: Breast Reconstruction

Breast Reduction



What is a breast reduction?

A breast reduction is an operation to reduce the weight and size of the breast(s). During this procedure, fat and skin are removed from the breasts, which are then reshaped and the nipples repositioned.

Who can have a breast reduction?

Women with large breasts with a medical history of chronic back/neck pain, asymmetry or following a mastectomy/breast reconstruction may be suitable candidates for reduction surgery.

Please be aware that unless you have had breast cancer diagnosis, your GP will need to apply for NHS funding. Nononcological breast surgery is not routinely funded. If your BMI is greater than 27 this will mean that your operation will not take place until you have lost weight.

What happens next?

You will need to be referred by your General Practitioner (GP) or consultant to one of North Bristol's Plastic Surgery Breast Reconstruction Consultants. An appointment will be made for you to see a plastic surgeon. This is your opportunity to talk about your issues regarding the size, asymmetry and symptoms.

It is important to let the surgeon know the following information:

- If you are a smoker, you will need to STOP at least three months prior to surgery, as smoking can increase the risk of wound breakdown. This also includes E-cigarettes and nicotine patches. As these products contain small amounts of nicotine. For advice and support about quitting smoking, contact your GP or phone the free Smokefree National Helpline on 0300 123 1044 or visit the Smokefree National website: www.nhs.uk/smokefree

- During your consultation you will be asked how much alcohol you drink. Therefore it is important that you keep to the recommended alcohol units guidelines set by the Department of Health. If you drink more than the recommended allowance this will mean that your surgery will not take place until your alcohol is keeping with NHS guidelines. For practical information on alcohol, visit NHS Change for life. NHS website for live well, know your recommended alcohol units www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx

If you have a medical condition, this may affect your fitness for surgery.

If you take regular medications, including the contraceptive pill and homoeopathic or herbal medicines, you may need to stop taking them prior to surgery. Ask your consultant first before stop any medications.

If you're planning to have children, it may be advisable to postpone surgery until you have completed your family, as during pregnancy, hormones will change breast size and shape.

After the surgeon has obtained your medical history they will examine your breasts and discuss size. This will be determined by your body frame and weight. Following this you will be asked to have a photograph taken. This forms an important part of your medical records and your face will not be visible in them. The consultation will inform you if you can be placed on the waiting list or if you may need to need to apply for NHS funding.

What does the operation involve?

The operation takes between two and four hours and is performed under general anaesthetic. This involves being admitted to hospital for one to two days.

Prior to the operation the surgeon will draw marks on the breast to enable them to perform the operation (Diagram 1). The breasts are reduced in size and reshaped (Diagram 2). Drains are usually inserted and dressings applied.

Drains are usually inserted and dressings applied (See diagram 4). After surgery, some time is spent in the “recovery room”, you will then be transferred to a ward.

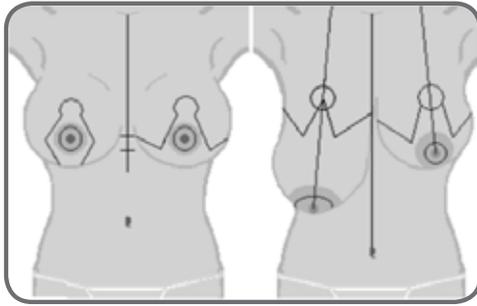


Diagram 1 taken from: www.breastlift4you.com/breast_lift_surgery

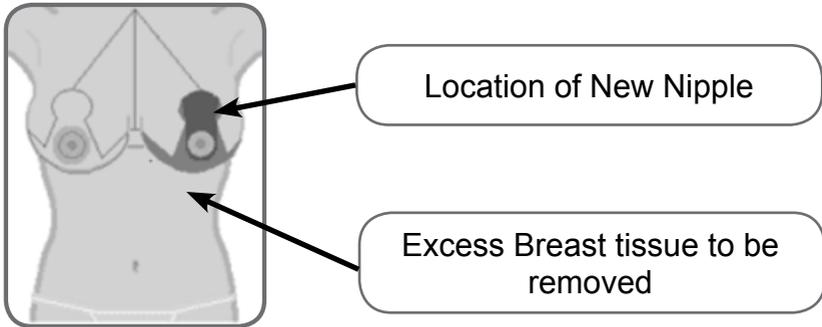


Diagram 2 taken from: www.breastlift4you.com/breast_lift_surgery

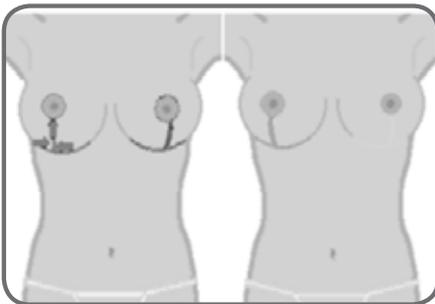


Diagram 3 taken from: www.breastlift4you.com/breast_lift_surgery

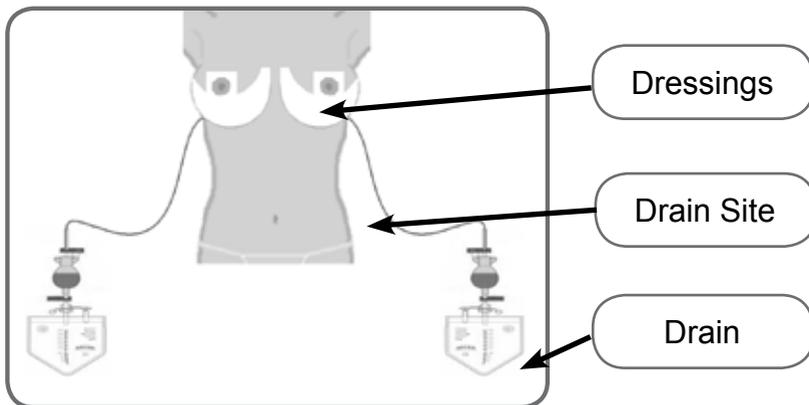


Diagram 4 : the position of dressing and drains which is inserted into the side of the breast to drain away blood following surgery.

What happens when I return to the ward?

Once you return to the ward the nurses will monitor your urine output and record your blood pressure, pulse and temperature. The nurse will check your nipples for colour, warmth and sensation. Dressings will be checked to ensure that they are clean and dry. The nurse will also check that your drains are draining.

Will I have any pain after the operation?

You may experience some discomfort but we will give you painkillers to control any pain you may have. Please note this may vary from one person to another depending upon the individual's pain threshold.

When can I start eating and drinking?

You can eat and drink as soon as you are fully awake.

What happens the next day after the operation?

The nurse will check your dressings the next day according to the doctor's instructions. If you have drains they will be removed providing the blood loss is between 30-50 mls.. It is important to bring a non-wired sports bra into hospital, and this should be worn day and night for six weeks following surgery, see diagram 5. The nurse will help fit your bra to ensure that it fits correctly.

How do I care for my wound?

The nurse will advise you when to shower and how often the dressings need to be changed. Stitches are normally dissolvable. However if you do have any that need to be removed this will be done about two weeks after surgery. You will be given an appointment prior to going home to attend the breast reconstruction clinic at gate 24, Level 1, Brunel building, after one week following surgery.

What can I do after the operation?

You will be limited as to what you can do for a few days after the operation. It is advisable to take simple painkillers such as Paracetamol to aid discomfort which will help your mobility and movement. You should avoid lifting, carrying, vacuuming and any other strenuous activities for at least two week after your operation.

Exercise such as aerobics and swimming can commence eight weeks after your operation. The consultant will see you in clinic about two to three months after the date of surgery.

Where will my scars be?

The surgical incision may be in the crease under the breast, around your nipples or towards the arm pit. Swelling and bruising round your breast will take a few weeks to settle.

However, your scars are permanent and may take up to 6 months to a year before the scars and the shape of the breast is fully settled. But the scars will fade. Although some women may experience some red raised scarring due to. This can improve with massaging.

When can I start to massage?

Once the wound is completely healed the nurse will show you how to massage your wound when you come to clinic.

When can I return to work?

This all depends on what type of work you do. We normally say 2-4 weeks recovery period. However this does not apply to all, so please bear in mind that everyone is different and some patients may take longer to heal than others. The Trust will give you a sick note for the duration of your stay. If you feel you need longer please consult your GP.

When will I be able to drive?

We advise you not to drive for about three weeks after the operation. You should be able to perform an emergency stop without experiencing any discomfort. Many insurance companies may not provide cover if you are involved in an accident. Wearing a seat belt can be uncomfortable.

Are there any risks?

After surgery , there may be some risks including the following:

- Bleeding after the end of the operation can also be problematic. Small vessels are cut and then sealed during the procedure. Occasionally they reopen and the collection of blood develops which requires a return to the operating theatre for drainage of the “haematoma” and, occasionally, a blood transfusion.
- Deep vein thrombosis” or blood clots in the calves is a risk following your surgery. If these clots remain in the calves they cause some minimal local problems (pain, redness, swelling). But they have the ability to travel to the lungs, where they are known as “pulmonary emboli”. Here, they could have potentially lethal side-effects. To prevent the chance of blood clots developing, patients are given an injection of heparin to help thin the blood. Inflatable boots are used during the operation to keep the blood circulating through the calves and patients are asked to wear white stockings for the duration of the hospital stay. Patients are encouraged to mobilise as soon as possible to prevent complications.
- Late risk and complications following your surgery
- Infection wound or breakdown may occur at the T junction, see Diagram 6. If this happen you will be prescribed antibiotic and require regular change of dressing until healed. if the wound breakdown is large, infrequent this area may require a skin graft in order to heal



Diagram 6:
The position of the T junction

- Asymmetry (unequal breast size which is normally slight)
- Reduced nipple sensation, inability to breastfeed (although a significant proportion of women find it difficult to breastfeed anyway)
- There is a chance of nipple loss (which can be complete or partial). This is due to the fact that the blood supply to the nipple can become compromised as the nipple and surrounding areola are fed by small number of blood vessels
- The breast can droop with time (known as ptosis)

Please note the risks will differ for each person

Most women feel tired for a week or two. By two weeks, daily activities should be resumed and by six weeks, full activities can be resumed. Most women can return to work between two and four weeks after the operation, depending on their job.

If you have any further questions or need advice regarding post operative underwear, please contact one of the Breast Reconstruction Nurse Specialists:

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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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