

Service: Breast Reconstruction

Symmetrising Surgery

following breast reconstruction



Three months after your breast reconstruction surgery you will be sent an appointment to see your plastic surgeon. It will take this length of time and possibly longer for your new breast to heal and settle into place. At this appointment your breasts will be examined and assessed to determine whether further surgery is required, possible or wanted by you.

It is important to discuss with your surgeon:

- your expectations
- the benefits of having further surgery
- what are the risks, complications or limitations

You will need to consider the information given to you, as many women have different views of what is a desirable breast size and shape. It is important to note that further breast reconstructive surgery doesn't guarantee the symmetry of your breasts size. It is normal for there to be a degree of difference between the size of each breast. Remember your breasts are "Sisters" not "Twins".

What are my non surgical symmetry options?

Non-surgical option

If you wish you may choose to complete your reconstructive journey at any time. There are two non-surgical options which you may wish to consider:

Bra inserts

Bra gel or foam inserts are a good way to give you an even shape when wearing clothes. Your local hospital will have a breast prosthetic bra fitting service which you can be referred to. Here you will be advised on the different products which you can use, as there are many different types and styles to choose from. The breast foam/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 or coping with surgical procedures), and practical support to help you move forwards in line with your personal goals.

What are my symmetrising surgery options?

Breast Reduction

Breast reduction surgery usually takes two to three hours. This could be unilateral (one breast) or bilateral (both breasts). Techniques for breast reduction vary, but the most common procedure involves an anchor shaped incision that circles the areola, extends downwards and follows the natural curve of the crease beneath the breast. The plastic surgeon will remove glandular breast tissue, fat and skin and will reposition the nipple and reduce the size of the areola (if required). The skin will be brought down from both sides of the breast and around the areola, shaping the new curve of the breast. In most cases the nipples remain attached to their blood vessels and nerves.

However, very rarely in some cases, the nipples and areola may have to be removed completely and grafted into a higher position this is called a free nipple graft. These surgeries may result in a loss of sensation in the nipples and areola. Further information can be found in our North Bristol Breast Reduction leaflet.

Fat Transfer/Lipomodelling

Fat transfer or lipomodelling are techniques we may use to improve the shape of your breast, it is used for correction of irregularities after surgery where there is a deficit in the contour of your breast. It may also be referred to as lipo-filling, liposculpting, structural fat grafting, lipoinjection or autologous fat injection. This operation is usually performed by the plastic surgeon whilst you are under a general anaesthetic. Fat is removed, using a special needle and syringe, from the deeper fatty layers of your buttocks, abdomen, hips or inner thighs. This fat is then purified and re-injected into the area of deficit.

All surgery carries some risk and uncertainty. The following gives the most common or most significant problems that can occur:

- Bruising and swelling is usually mild and normally settles within one or two weeks.
- Pain is usually mild. Painkillers will be given to you during your admission to hospital and be provided to you on discharge.
- Infection can occur after any surgical procedure; however there is only a small risk of this occurring. If it happens it may be treated with antibiotics and, if necessary, further dressings.
- Over or under correction of the deficit (i.e. too much/too little fat added)
- Resorption of up to 40% of the transferred fat may occur. This is where the body naturally absorbs some of the transferred fat and usually means that the procedure needs to be repeated two or three times.
- Scarring - the incisions made to remove the fat are small and are normally hidden within naturally occurring skin creases. The fat is re-inserted by injection and does

not normally result in scarring. There is some evidence that the transferred fat may interfere with screening mammograms. This, however, is true of scarring from any breast surgery and the risk is deemed to be very small . Please make sure you tell your mammographer that you have had breast surgery.

- Fat necrosis - this is an uncommon, benign condition where fat cells within the breast may become damaged and delay wound healing. It is usually painless and the body repairs the tissue over a period of weeks. Occasionally the fatty tissue swells and may become painful. The fat cells may die and their contents form a collection of oily fluid which will drain to the skin surface. The remaining tissue may become hard. In severe cases the skin may die. It is very rare that further surgery is required.
- There is a theoretical risk of reactivating cancer cells and BAPRAS British Association of Plastic Reconstruction & Aesthetic Surgeons (the plastic surgeons governing body) have now deemed it acceptable in oncology patients following total mastectomy. Patients have regular follow up appointments with the oncology team. In the UK, guidelines from the Breast Interface group (BAPRAS and BASO) were published in 2012 are available at: www.bapras.org.uk/downloaddoc.asp?id=666

Mastopexy (breast lift)

A Mastopexy is another term used for breast lift. This could be unilateral (one breast) or bilateral (both breasts). Breast droopiness is a common consequence of the aging process, pregnancy and breast feeding or a fluctuation in weight. The procedure usually takes about two to three hours. Techniques for Mastopexy vary, but the most common procedure involves an anchor shaped incision that circles the areola, extends downwards and follows the natural curve of the crease

beneath the breast. The plastic surgeon will remove mostly skin with a small amount of fat, and will reposition the nipple and reduce the size of the areola (if required). The skin will be brought down from both sides of the breast and around the areola, shaping the new curve of the breast. In most cases the nipples remain attached to their blood vessels and nerves. These procedures may result in a loss of sensation in the nipple and areola.

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

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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

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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

Support group

'Keeping Abreast' – South West

Breast reconstruction 'Show & Tell' group, run by the breast reconstruction nurses. Past patients of Southmead/Frenchay Hospital share experiences and show results of breast reconstruction 'in the flesh'. Meetings held at Southmead Hospital every six weeks: www.keepingabreast.org.uk

British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS)

Website: www.bapras.org.uk

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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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