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## Breast reduction

The problem of large breasts can cause backache, neck pain, grooves in the shoulders from bra straps, rashes under the breasts and low self-esteem, from insensitive comments made by others. Further still, clothes are limited due to breast size and active sports, particularly in the summer months are not possible to take part in.

### **The surgical procedure**

A breast reduction is a surgical procedure that downsizes large breast(s) and is performed under general anaesthetic. It involves removal of breast tissue, fat and skin and repositioning the nipple and areola (the darker skin disc around the nipple), to make a smaller and reshaped breast. It leaves a scar around the areola, joined by a vertical part (to make a lollipop scar), and horizontal scar, in the breast fold (to make an anchor shaped scar, overall). A breast reduction will also correct a larger breast (asymmetry) to better match a smaller breast.

### **What to expect**

Following breast reduction surgery the most obvious change is the loss in weight that makes an instant change to your quality of life. Dressings are placed around your breasts, so the nipples are visible and can be looked at easily. This is so the blood supply to your healing breast can be checked regularly, during your initial post-op recovery. Drains (tubes that drain tissue fluid by connection to suction bottles) are placed, during surgery, in each breast, and remain for the time of your hospital stay. This is usually for 2-3 days after which the drains are removed on the ward, prior to your discharge.

### **Aftercare**

You will be encouraged to mobilise after the first post-operative day. Most women experience very little - mild discomfort following breast surgery and is easily controlled by pain killers. Wearing a sports-bra for 6 weeks can offer extra support and help with your recovery.

You will be invited for a return clinic visit at 1 week for a wound check. Following this Mr Misra will advise about showering and getting the incision sites wet. Refraining from physical activity (eg. gym work or other exercise) for 6 weeks following surgery,

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will help the recovery. At about 3 months, most of the swelling will have settled and this is a good time to be measured for a bra.

### Risks and complications

Cosmetic surgery is usually undertaken in patients who enjoy good health. However, no surgery is risk-free. Some of the general risks such DVT (deep vein thrombosis / PE (pulmonary embolus) and chest infection although uncommon, can happen and your risk for will be discussed at consultation. However, specific risks to breast reduction surgery are listed below, although not exhaustive:

#### Bleeding

Occasionally, post-op bleeding (haematoma) is possible. Usually this means one of the breasts is slightly more tense, bruised and causes more discomfort, as a result. A swift return to the operating theatre will usually correct this and the impact on the recovery is fairly minimal, when responded to in this way. A blood transfusion may be necessary, if the bleeding has caused a drop in your blood (haemoglobin) count.

#### Cup size / shape

This is unpredictable, but your preference will be taken into consideration during the planning stages. Initial post-op breast tissue swelling will take time to settle and when this takes place (around 3 months in most patients), it will be best to get sized and measured up for a bra. The breast is a glandular organ that changes with life, too. Ageing, pregnancy and weight loss or gain, will affect your results accordingly and warrant possible later surgical revision.

#### Infection

Occasionally, infection from bacteria normally present in the ducts of the breast can be troublesome. Infection can be treated with oral antibiotics but will delay the healing process, scars are likely to be worse, especially where the vertical scar meets the horizontal scar, under the breast. If you have a discharge from your nipple, it is most important to tell Mr Misra this before your operation.

#### Wound healing

Occasionally, scabs form in the incision sites and gradually separate to leave a broad scar. The nipple disc (areola) and the skin where the scar meets underneath the breast are parts most likely to be affected. People who smoke are at greater risk of this happening. Usually the scars settle well to end up as pale lines but they will

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always be noticeable. However, some people are more prone to lumpy scars that remain sensitive for longer. Mr Misra will explain this in your consultation.

### **Asymmetry**

No paired structures in the human body are perfectly symmetrical and this includes the breasts. Breast reduction surgery relies on an *artistic* eye of what looks the same, but may not measure exactly in the same way. Mr Misra will explain pre-op breast asymmetries (measurements that differ in each breast) and how these will not be entirely correctable by your surgery.

### **Scars**

The scars will be hidden in normal clothing (tucked under a bra / bikini top, as much as possible). Scars fade over months to become paler and less obvious. However, they will always be present and visible out of clothes. In most women they will be thin, but in some they can stretch or become red, sensitive and unsightly. Surgical revision of the scars may be needed, when bad scars fail simple treatments (silicone application / steroid injections).

### **Breast feeding**

Breast feed following breast reduction surgery will not be possible as the nipples and underlying milk ducts are divided as part of the procedure. Breast reduction is no contraindication to pregnancy but young women may well wish to take the fact that they are unable to breast feed into account before embarking on this procedure.

### **Nipple sensation**

The nipples can lose sensitivity after surgery due to disruption of the nerve supply and it is quite possible that numbness will extend over part of the breast as well. This is usually permanent.

### **Long-lasting result**

It is very unlikely that your breasts will regrow after breast reduction surgery, particularly if done when they are fully developed. They will, however change if you gain weight or become pregnant and decrease in size with weight loss. Increasing age can also make breasts droop and sag, too. Similarly the results of breast reduction surgery will be influenced by these body changes.

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### **Skin folds at the end of the scar (*dog-ears*)**

When reducing large breasts occasionally folds of skin at the end of the scar, both between the breasts and at the sides, may develop unpredictably. These are traditionally termed dog-ears and can be corrected under local anaesthetic several months later, if problematic.

### **Fat necrosis**

Occasionally, the fatty tissue following breast surgery may not survive and can form scar tissue as a lump or slight indentation, in the breast. This may take place months – years after breast surgery. As with all changes in the breast, urgent assessment of the breast by a specialist should be considered to confirm the diagnosis. Reassurance and massage techniques often help, when confirmed.

### **Smokers**

Chest infection, wound healing problems and tissue non-survival are high-risk complications in smokers. Mr Misra will discuss this with you in clinic and may not be able to undertake you operation until smoking cessation.

### **Breast cancer**

There is no evidence that breast reduction causes breast cancer. Nor does it prevent your breast from being examined for cancer in the usual way. All tissue removed at the time of breast reduction surgery is sent for analysis as a matter of routine. This will be discussed in your follow-up clinic appointment with Mr Misra.

### **Further information**

If you are interested to know more about breast reduction, please call: 01753 66571 / email: [surgeon@alokmisra.com](mailto:surgeon@alokmisra.com)

**Disclaimer:** This information leaflet is designed to supply useful information but is not to be regarded as advise for a specific case. It does not replace the need for a consultation with Mr Misra and in this regard he accepts no liability for any decision taken by the reader in respect of the treatment they decide to undergo.