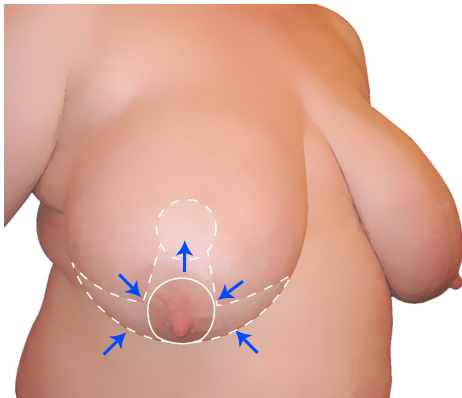
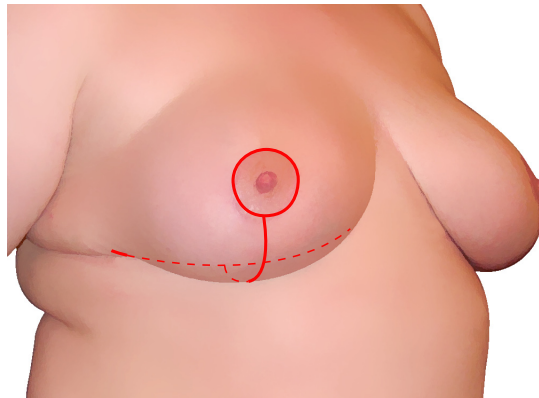


Procedures

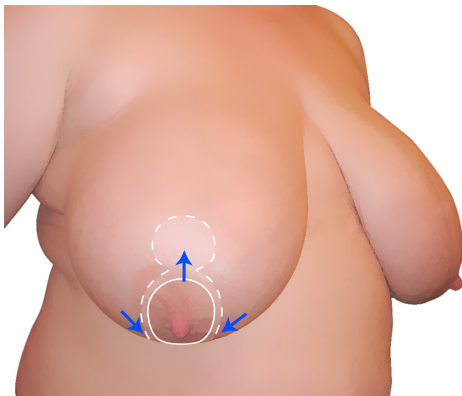
Breast Reduction (Reduction Mammoplasty)



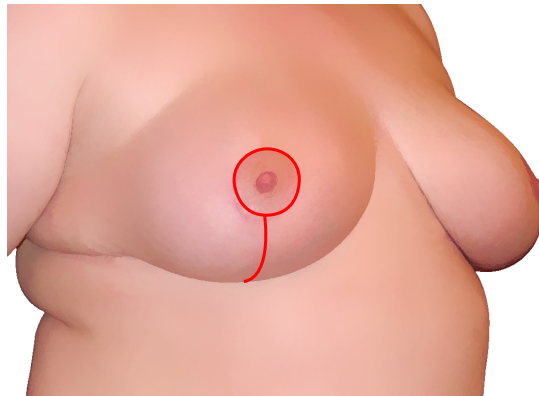
PRE OP EXAMPLE 1



POST OP EXAMPLE 1



PRE OP EXAMPLE 2



POST OP EXAMPLE 2

What are the issues?

Breast reduction (or reduction mammoplasty) is an operation to reduce the size of the breasts by removing excess fat, glandular tissue and skin. Several factors determine breast size including genetic inheritance, body weight and hormonal influences. Excessively large breasts can contribute to back and neck pain, reduced activity, grooves in the shoulders from bra straps, and occasionally a condition called intertrigo: a malodorous rash underneath the breasts. Large breasts may also attract unwanted attention and cause psychological distress.

Another common complaint of women with large breasts is the difficulty in finding and wearing well-fitting, fashionable clothes and underwear, and taking part in active sports, particularly in the summer months.

Larger breasts will inevitably droop more over time than smaller breasts as a result of gravity. This can be addressed with breast reduction surgery which can alleviate most of the above problems, while also improving breast shape and proportion to the rest of the body.

What can the procedure achieve?

Breast reduction can alleviate most of the problems associated with large breasts. During a breast reduction operation, we remove excess breast glandular tissue, fat and skin from the breasts and reshape the remaining tissue. We elevate and reposition the nipples to a more natural position if required. This results in a more attractive shape, which does not put as much strain on the back or neck.

Breast reduction can also correct a pre-existing asymmetry of the breasts, where one breast is significantly larger than the other. Depending on your wishes however, it may be preferable to enlarge the smaller breast with an implant.

What does the procedure involve?

The operation takes between two and three hours to complete and is performed under general anaesthetic. An overnight stay in hospital is usually required afterwards.

There are several different surgical approaches to breast reduction but the principles are similar in each case. We remove a portion of excess skin and breast tissue, leaving the nipple-areola complex (the coloured area around the nipple) attached to the remaining breast tissue. This maintains the blood supply and nerves that supply the nipple. Each surgical approach results in a slightly different pattern of scars and each has advantages and disadvantages. Most techniques, however, produce a scar around the nipple-areola region and another extending vertically downwards from the areola. The need for a horizontal scar in the fold beneath the breast depends upon your breast shape, size and droopiness as well as your skin quality and age. We rarely use drainage tubes but if so, we remove them within a day or two. Your surgeon will advise you of the best technique to achieve the best shape and desired reduction while minimising the scarring.

Liposuction is occasionally used as an adjunct to surgery to reduce fullness in the outer portions of the breast and improve the results.

What is right for me?

Breast reduction can help people who experience physical discomfort or social and psychological distress due to large or asymmetric breasts. It may also be appropriate for people whose activities are restricted by their large breasts.

Usually, breast reduction is not performed until a woman's breasts are fully developed. Women intending to breastfeed should also be cautious as this may not be possible after a breast reduction operation. Similarly, it is preferable to reach your ideal weight before undergoing breast reduction surgery. This will minimise the risks involved and maximise the aesthetic result.

What are the limitations?

Breast reduction surgery may limit your ability to breast feed in the future. Although many women can breast feed after a reduction, the ability to do so will depend on the type and size of reduction you undergo. We normally recommend you complete your family first if you want to breast feed your baby.

Breast reduction does not affect any other aspect of pregnancy but the reverse may be true because future pregnancies may alter the breast shape permanently. You should postpone surgery for several months following pregnancy and breast feeding to allow the breasts to return to a stable size and shape.

Similarly, significant weight gain or loss after breast reduction surgery may affect the size and shape of your breasts, just as it would had you not had surgery.

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Surgery is not normally performed until the breasts are fully developed, (usually after the age of 16), except in extreme cases. This will minimise changes in the breasts after surgery.

Finally, you should appreciate that most breasts are not identical. Although surgery can often improve an obvious asymmetry, subtle differences are likely to remain.

What are the risks?

Serious complications are rare; however, you should consider them carefully before making your choice about whether or not to pursue surgery.

Bleeding, Bruising and Swelling

Swelling is inevitable after surgery of this nature but usually resolves over a few months. Where liposuction is used to reduce fullness around the side of the breast, some additional bruising and tenderness should be anticipated.

We will take measures during surgery to stop any bleeding before closing the skin. Occasionally though, bleeding may occur within the breast after surgery, causing swelling and pain. A haematoma is a significant collection of blood within the breast tissue that requires a further operation to drain the blood and seal the bleeding vessel. It usually occurs within the first 24 hours after surgery, and does not normally delay your discharge or affect the overall results of the surgery. It is extremely unusual to require a blood transfusion after breast reduction but iron supplements are occasionally required if you become anaemic.

Infection

All surgery presents a risk of infection but we take care to minimise this. Minor superficial infections sometimes occur and may be related to a small buried dissolving suture just beneath the skin. Such infections usually respond to antibiotics and more significant infections requiring a wash out under anaesthetic are rare.

Scarring

The downside of breast reduction surgery is that scars are inevitably placed on the breast itself. Most of the time, these will settle very nicely and most patients are not troubled by the scars. After any major surgery such as breast reduction, areas of skin ulceration or breakdown along the scar are possible. These areas will normally heal spontaneously without further intervention but may require a prolonged period of dressings.

As surgeons, we do our very best to minimise the length of the scars and improve their final appearance. Occasionally however, scars are not optimal and revision may be required.

Other

Fat or Nipple Necrosis

The blood supply to the breast is very robust but breast reduction also reduces some of the blood supply and nerve supply to the remaining breast tissue and skin. Normally, this is of little consequence. Occasionally however, a portion of the fat remaining within the breast may struggle to survive with its residual blood supply. It will become hard before the body eventually breaks it down and takes it away. This is known as fat necrosis and rarely requires surgical intervention. Similarly, necrosis of all or part of the nipple is a possible but rare complication of breast reduction surgery. Areas of numbness or hypersensitivity may be noticed after the surgery and these tend to improve or settle with time.

Altered nipple sensation

Nipple sensitivity may be reduced (numbness) or increased (hypersensitivity) after breast reduction. The latter tends to reduce in time but numbness may persist. Similarly, nipple erectile function may be lost after surgery and may never recover.

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Nipple Inversion

Occasionally the nipples may invert after breast reduction surgery. Often this will spontaneously correct itself but this is not always the case and a small operation may be required to correct this problem if desired.

General

Breast reduction carries the same risks as any operation under general anaesthetic including chest infection and thrombosis in the veins in your legs (DVT). You may reduce this risk by stopping smoking and coming off the contraceptive pill; however, you should not consider surgery while there's a chance you may be pregnant.

Plastic surgeons design their operations to minimise all the risks but these may still occur. Complications of all types are more common in smokers and overweight patients. So it is advisable to stop smoking at least three weeks before any surgery. If you are overweight, try to reach your target weight before surgery. This will also benefit the final result.

Aesthetic outcome

Most patients are highly satisfied with breast reduction surgery despite the potential for minor complications and extensive scarring. Occasional problems such as minor asymmetry, puckering at either end of the scar, known as 'dog ears', or unsightly scars, can detract from the overall beneficial effect. Most imperfections are amenable to further relatively minor revision procedures at a later stage if desired.

What can I expect afterwards?

You will see an immediate difference in your body after the operation.

Discomfort

Expect some bruising, swelling and discomfort for a few days after surgery. Pain is mild to moderate but is not usually severe. We will prescribe painkillers to take as needed.

Drains

Drains are rarely used nowadays in breast reduction surgery but if they are needed, they are likely to be removed the following day before your discharge home.

Stitches

Normally, we use dissolving stitches that are buried beneath the skin and do not have to be removed and will not leave a mark on the skin. Any which do require removal will be taken out between one and three weeks after the operation in the outpatient clinic.

Contact Us

For information and appointments please contact us and we will be happy to help.

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