

AFTER THE SURGERY

Following the surgery it is important to have restricted light activities, with no lifting or heavy duties for 10-14 days. Most patients may drive again and return to work within two weeks after the surgery. Heavy activities and sport should not be undertaken for one month following the surgery.

The breasts tend to settle in the months after the surgery, with the final breast shape not being attained until 3-6 months after surgery.

SUMMARY

Breast reduction surgery is a common plastic surgery procedure that significantly improves the symptoms from large breasts, and has a high degree of patient satisfaction.

North Shore Cosmetic Surgery is a group of Plastic Surgeons dedicated to providing a high standard of service to the North Shore.

All members are Fellows of the Royal Australian College of Surgeons, Australian Society of Plastic Surgeons and Australian Society of Aesthetic Plastic Surgeons, and have been trained to the highest possible standards.

North Shore Cosmetic Surgery provides a comprehensive range of cosmetic and reconstructive plastic surgery procedures, as well as a full range of ancillary treatments.

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North Shore  Cosmetic Surgery

A patient guide
to understanding

Breast Reduction

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INTRODUCTION

Women with very large breasts may experience a variety of medical problems caused by the excessive weight. The most common of these include back and neck pain, posture problems, skin irritation and rashes under the breasts. Bra straps may leave indentations in their shoulders. Occasionally, even skeletal deformities and breathing problems can occur.

Large breasts can make women feel extremely self-conscious, and the psychological impact should not be underestimated. Large breasts can significantly restrict activity, often preventing participation in sporting activity and exercise.

Breast reduction removes fat, glandular tissue, and skin from the breasts, making smaller, lighter, and better-shaped breasts which are in proportion with the rest of the body. It is usually performed after the breasts are fully developed, although occasionally it is necessary for young patients (14-16 years old) who have very large breasts (EE/F cup or larger).

PREOPERATIVE PREPARATION

A full breast history and examination is essential prior to breast reduction surgery. A preoperative mammogram is obtained in older patients and patients with significant breast history.

Preoperative consultation with the patient and partner (or parents) on at least two separate occasions is essential to ensure realistic expectations of the surgery. This involves showing photos of other patients who have undergone the surgery, giving reading material on the surgery (and ideally talking to a patient who has had the surgery).

It is important to discuss the factors affecting the surgery, including the patient's age and skin elasticity, and the size and shape of the patient's breasts. The size and position of the nipple and areola, and an estimate of final cup size is discussed, although an exact cup size cannot be guaranteed.



THE SURGERY

Breast reduction surgery requires a general anaesthetic, with the operation taking about 3 hours, and is usually performed as a short-stay procedure. It is often perceived as a simple operation, but considerable skill is required to achieve a natural breast shape.

There are many different techniques described for breast reduction, with nearly all techniques leaving the nipple-areola complex attached to the breast tissue. Nearly all surgeons in Australia use the Wise pattern/inverted-T (inferior pedicle) technique, which was described by Robbins, a Melbourne plastic surgeon.

This technique leaves a scar around the areola, vertically down from the areola and horizontally along the breast crease. The excess skin, fat and breast tissue are removed, and the nipple-areola complex is moved to a higher position based on an inferiorly-based pedicle. Most breast reductions remove 600-800g of breast tissue on each side, but >1kg on each side is occasionally needed.

Some surgeons use a vertical pattern type of reduction, which minimises the scars under the breast. This technique however, has a higher complication rate and need for revisional surgery.