

Department of plastic surgery

Breast reduction surgery

What are the benefits of breast reduction surgery?

Breast reduction surgery (reduction mammoplasty) is suitable for women who have large and heavy breasts, usually cup size E or higher, who also have other symptoms. These include back and neck pain, broken skin or skin infections under the breasts, difficulty in carrying out everyday tasks and severe embarrassment. Breast reduction will also correct marked differences in the size of the two breasts. Many women coming to The Christie for breast reduction are having this surgery to resize and reshape the remaining breast following a mastectomy.

Are there any alternatives to this surgery?

Liposuction may be considered in a small number of cases. You can discuss this with your doctor.

What are the risks and complications?

Breast reduction surgery is a major procedure performed under general anaesthesia.

- As with any surgery there are risks such as reaction to anaesthesia, heavy bleeding, infection, slow healing and red, lumpy scars (scar hypertrophy).
- There will be a permanent scar around the nipple and shaded area (areola), in the midline below the areola and also along the lower crease under the breast.
- Sometimes part or all of the sensations to the nipple and the shaded area (areola) can be lost.
- There may be a difference in the shape and size of each breast following the surgery. Breast-feeding may not be possible.
- Smoking and being overweight add to any risks. You should be within the normal range for your weight and height. Try to stop smoking before surgery to reduce your risk.

The breasts change during pregnancy, so if you are planning a family you should postpone surgery.

Talking to the surgeon and clinical nurse

This is your chance to talk about your symptoms and hopes with the surgeon. Let the surgeon know if you smoke, have any other medical condition, or if you are taking any other medicines including contraceptive pills and herbal medicines.

The surgeon will examine your breasts and take some measurements. With your permission, clinical photographs will be taken before and after the operation (your face will not be on the photos). These form an important part of your health records.



Agreeing to treatment

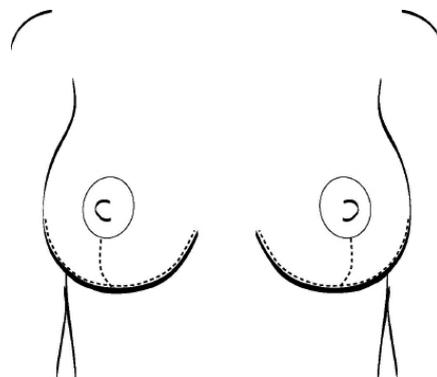
We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

Before the operation

- Try to stop smoking before surgery to reduce any risk of complications.
- Stop taking any contraceptive pills one month before surgery to reduce the incidence of a blood clot (deep vein thrombosis).
- An appointment to see the clinical nurse will be sent to you a few days before surgery. The nurse will take a personal, social and medical history and also examine you, taking measurements of your breasts. She/he will discuss the surgery and risks and complications again with you.
- If necessary, the clinical nurse may arrange for some tests, such as blood, chest X-ray and ECG.
- We will ask you to come to the hospital for admission a day before or on the morning of your operation day if the surgery is planned in the afternoon. The operating surgeon and the anaesthetist will see you to discuss the operation again. While you are sitting upright, the surgeon will make some markings on your breast with a skin marker. These include the position of the new nipple site and an outline of the area of skin and breast tissue which is to be removed.

The operation

There are several ways this operation can be carried out.



The commonest type of breast reduction is carried out through an **anchor shaped cut** (see diagram).

After removing the excess skin and breast tissues, the nipple and areola with their blood supply are moved into their new position. Sometimes liposuction is used to shape or contour the breast. In some cases, when the breasts are very large and drooping, the nipple and areola are completely detached at the beginning of surgery and then grafted back at the new site after the excess skin and breast tissue are removed.

Sometimes, the surgery can be done in a different way called vertical mammoplasty. Following this type of surgery, the breasts seem to be placed abnormally high and the stitches (suture line) under the breast seems puckered but both of these settle down within a few months.

During the operation a plastic tube (drain) is usually put in the breasts before stitching the wounds. This removes any blood that collects inside the wound. A light dressing which usually has some holes in it is applied over the nipples.

On the ward

- You will have some pain for the first few days after surgery and we will prescribe pain relief. The ward staff will encourage you to get up and move around on the day following surgery.
- The drains are checked twice a day and removed when there is little drainage.
- You will usually be able to leave hospital a few hours after removal of drains, if there are no other reasons to keep you in the hospital. Most women stay for two to three days after the surgery.

At home after surgery

- You will have some pain in the breast area and may need to take painkillers.
- There may be reduced sensation in your nipples and the breasts will feel swollen.
- Sometimes you might have a shooting pain in the breasts. This will ease in the next few months.
- If you feel severe pain or develop a swelling in the breasts please contact the plastic surgery department for advice.
- You should wear a good supportive bra all the time (including night-time) for the first 4 - 6 weeks – only take it off to have a shower.
- We will give you an appointment to see the clinical nurse at The Christie after a week. The nurse will check that your breasts are healing and will tell you if you need any more dressings (you may have some small raw areas along the suture line).
- You should not drive, push or lift heavy objects or take strenuous exercise for 4 - 6 weeks.
- Do not have sex for a week as sexual arousal can cause swelling of the breasts. Allow only gentle contact with your breasts for about six weeks.
- You can usually return to work in 4 - 6 weeks depending on the nature of your work.

The swelling and bruising usually subsides in a few weeks but it can take up to 6 months to a year before the scars and shape of the breasts are fully settled.

Long-term prospects and benefits

Breast reduction surgery usually works well. Self-confidence can be increased with a new body image. The surgery can relieve physical discomfort such as back or neck pain, but sometimes this back or neck pain can remain. However, most women are pleased with the surgery. You should be aware that the shape and size of breasts will change over the years particularly with pregnancy, changes in body weight, and ageing.

Contacting the hospital:

If you have any further questions, you can contact:

Breast reconstruction clinical nurse specialist – **0161 918 2196** Monday to Friday, 9:00am - 5:00pm

Consultant plastic surgeons (secretaries)

Mr Lambe – **0161 918 7455**

Mr D Mowatt – **0161 446 3368**

Mr D Oudit – **0161 446 3375**

Mr Kosutic – **0161 918 7054**

After 5:00pm and at weekends: Phone **0161 446 3000** and ask the switchboard to bleep the on-call surgical SHO.

Further information:

- Your doctor
- Macmillan Cancer Support has information on all aspects of cancer
Freephone **0808 808 0000** open Monday to Friday, 9:00am - 8:00pm.
Lines answered by specialist nurses.
www.macmillan.org.uk
- British Association of Plastic, Reconstructive and Aesthetic Surgeons
www.bapras.org.uk

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact patient.information@christie.nhs.uk

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.

Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week

