

BREAST REDUCTION SURGERY

Breast reduction is an operation in which your breasts are remodeled to reduce their size whilst maintaining an aesthetic breast shape. At the same time it is possible to lift the position of the nipple and correct any droop or sag that may also be present.

Breast reduction surgery will make a significant difference to your capacity to exercise, your ability to find clothing and makes a dramatic difference to the back, neck and shoulder pain, which often accompanies large breasts.

The technique of breast surgery has undergone major changes over the last ten years. In the past, people with larger breasts would have longer scars placed on the lower breast and often would need complete removal of the nipple and areola, and replacement as a free nipple graft. With increasing understanding of the breast's blood supply, this is now rarely required and most surgery can be performed through a smaller incision around the nipple and areola and a vertical scar extending from the nipple down to the inframammary crease, (that is, the crease where your breasts meet your chest wall). In larger reductions, we may still need to incorporate a scar along the inframammary crease but this often can be minimized.

What is involved with breast reduction surgery

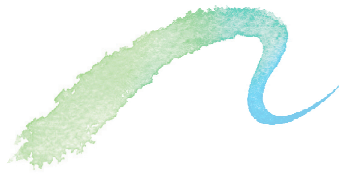
In essence, the surgery involves coming into hospital either overnight or for a two night stay. Under a general anaesthetic and following the administration of local anaesthetic into your breasts the breast volume is decreased and the breasts are re-shaped to the new breast size.

The surgery normally takes somewhere between 90 and 120 minutes. The wounds are sutured with dissolving stitches which don't require removal. Fine, extremely soft drains are placed in for 24-48 hours post operatively. Surprisingly breast reduction surgery is not particularly painful with most patients saying that on a scale from 1-10 it is perhaps a 2 or 3/10. Personally we have noticed that a number of our patients don't require any pain relief after surgery at all.

Recovery from surgery

The one sequelae which we consistently see after breast reduction surgery is a feeling of tiredness and lethargy. Most patients say that they 'haven't slept this much in ages' and often require an afternoon nap for a period of 2-3 weeks after surgery. We would encourage this rest and have recognized from our experience that the patients who are able to take this time out and to rest following surgery have a quicker recovery with better scarring and less bruising and swelling in their breasts.

It is critically important that you involve your family, partners and parents in your recovery process. You will need for example, someone to give you a hand to take your children to school, someone to do the washing, someone to help with meal preparation and shopping and errands around home. The total recovery time is dependent upon this help.



Return to work

If you have a job which is not particularly physically demanding or a job in which you are able to minimize the contact hours, most patients are able to return to work within 3-4 weeks. This however varies, and we have some patients who have been able to return to work after ten days, but in these circumstances people were able to coordinate to start back only working mornings and the work was more of a supervisory and advisory role, rather than a job involving physical lifting or heavy physical exertion. This is something we can discuss with you and coordinate with your work place, if need be, to help you through this process.

Things you should know about breast reduction surgery

1. Breast feeding

With the newer techniques in which the nipple and areola always remains attached to the underlying breast tissue it should be possible for you to breast feed after breast reduction surgery. We know however that women with larger breasts often find it more difficult to breast feed and hence, it may be that despite decreasing your breast size, you may still find breast feeding harder than other women with smaller breasts.

2. Breast cancer detection

Although the breast reduction surgery does not alter your risk of developing breast cancer, it may however make it a little more difficult for you to undergo routine breast screening, such as mammography or ultrasound, and hence it may therefore be worthwhile having a mammogram prior to your breast reduction surgery as a reference mammogram. This is something we will discuss with you in detail during our consultations.

3. Nipple sensation

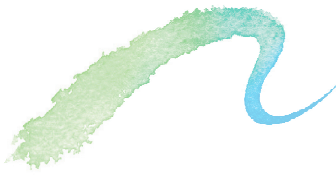
Your nipple and areola sensation will change after surgery. Most commonly, your nipple/areola sensation will increase for a period of 6 to 8 weeks. Your nipples may be very sensitive in this early postoperative period and require extra padding in your bra, until the sensation returns to normal. Alternatively, one or both of your nipples may have decreased sensation. It is very unusual for your nipples to be numb. Usually by 2 months after surgery your nipple sensation will have returned to normal.

Risks of surgery

There are a number of risks associated with breast reduction surgery. Although the risk is small, it is very important that you are aware of them.

1. Delayed healing or wound breakdown

Occasionally despite everything progressing extremely smoothly during surgery, and despite your initial dressings proceeding without incident, sometimes we find that at about 3-4 weeks after surgery there may be some problems with wound healing. It is more common in patients who smoke or who have a history of diabetes. Often this seems to occur when patients are not wearing their bra in an environment such as bathing or having a shower. Usually no further surgery is required and often only a simple clean dressing needs to



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be applied to the wound until such time as it closes spontaneously. If the area of delayed wound healing is more extensive we may need to take you back to the operating theatre to close this wound surgically.

2. Smoking

Because cigarette smoke constricts the small blood vessels within the tissue, smokers have a higher incidence of wound healing problems. In particular, smokers are much more likely to develop wound breakdown and have problems with the viability of the nipple/areola. For this reason, it is extremely important to stop smoking before the operation and for 6 weeks postoperatively.

3. Fat Necrosis

Occasionally fatty tissue within the breast may be damaged during the surgery. Most often this is due to intermittent or transient damage to the blood supply to the fat. When this occurs the fat may become firm or hard and may be transformed into scar tissue. Clinically we notice this area of scar tissue when it becomes palpable and may be felt as a small lump in the breast. With a better understanding of the blood supply to the breast, fat necrosis is now very uncommon. However, it still does occur, particularly in patients who smoke or in patients who are diabetic.

4. Asymmetry

Whilst every endeavour is made to ensure your breasts are exactly the same size and shape following surgery, occasionally your breasts will be slightly different to each other. If asymmetry is present it is usually very minor and can be corrected with a minor revision.

5. Nipple Ischaemia

Although the newer techniques make complete nipple ischaemia extremely unlikely, it has been reported for this to occur following breast reduction surgery. The risk of nipple ischaemia is significantly increased in patients who are smokers. It is therefore strongly recommended that you stop smoking 4 – 6 weeks before the operation.

6. Body Image

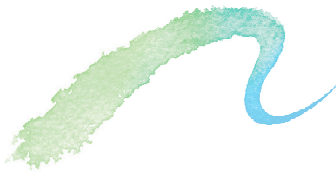
Altering your breast size will impact upon your body image. It is important that you discuss your ideal breast size at length with your surgeon.

7. Bleeding and haematoma (bleeding into the tissues)

This rarely requires a return to the operating theatre or a blood transfusion. Aspirin, as well as other non-steroidal anti-inflammatory agents taken up to 2 weeks prior to surgery, even as a single small dose, can increase the risk of bleeding. Multivitamins can also alter your bleeding. Patients on anti-coagulants need specific perioperative management.

8. Firmness

Excessive firmness of the breast can occur after surgery due to internal scarring. The occurrence of this is not predictable and additional treatment including surgery may be necessary.



9. Deep Venous Thrombosis and Pulmonary Embolism

There is a small risk that blood may accumulate in the large veins in the lower legs and may clot once the patient starts to move and walk post surgery. These clots may then move from the calf into the lungs where they may cause severe problems with breathing or occasionally death. The oral contraceptive pill and hormone replacement therapy can increase the risk of deep venous thrombosis. If you are taking such medication, you should discuss this with Prof Ashton and your anaesthetist prior to surgery.

10. Risks of General Anaesthetic / Surgery

There are other rare risks associated with any general anaesthetic which you will be able to discuss during your consultation with Prof Ashton, and with your anaesthetist prior to your surgery.

If I decide to proceed, what can I expect?

Hospital and Admission

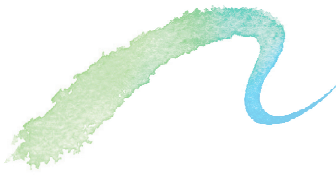
Everyone performs surgery differently.

We perform our surgery at **Frances Perry House**. This is a tertiary referral hospital, co-located on the campus of the Royal Women's and the Royal Melbourne Hospital, in Parkville Victoria. All rooms are private rooms with your own ensuite and bathroom facilities. There are three state of the art operating theatres with the latest anaesthetic machines and the latest theatre equipment. There is onsite Intensive Care, High Dependency Unit and access to almost every medical specialty. There is 24 hour onsite medical emergency care.

Our breast reduction surgery is performed on Level 6 at Frances Perry House, a unit specializing in gynaecology and breast surgery. We conduct all forms of breast surgery on this ward, from breast reconstruction after breast cancer, breast reconstruction for congenital abnormality, breast augmentation, revisional breast augmentation surgery and mastopexy/breast lift surgery. Most of our breast reduction surgery is performed in the morning and involves you being admitted to hospital between 7 and 8 o'clock in the morning. You would normally have fasted from 12.00 midnight the night before. All paperwork is normally forwarded to you in an information pack some 3-4 weeks prior to your operation so that any questions you may have can be answered well before your admission.

Surgical Procedure

The surgery normally takes between 90 and 120 minutes and is conducted in one of the three operating theatres. It is conducted under a general anaesthetic by a fully accredited specialist anaesthetist. In addition to the general anaesthetic your breast is infiltrated with local anaesthetic to minimize the amount of blood loss and also to ensure that when you wake up after anaesthetic you don't have any pain. All wounds are sutured using a dissolving Monocryl suture to avoid the need for removal of sutures in the postoperative period. Gentle gauze bandages and waterproof dressings are applied to your wounds which means that you can shower after your operation.



Postoperative Care

Following surgery and recovery in the Post Anaesthetic Recovery Unit you will be returned to the ward where you will normally spend the next 24 hours in hospital. This allows us to ensure that you have excellent medical care and supervision, that we can monitor the amount of drainage coming out of your drains and that we can ensure that you don't have any postoperative pain.

After your stay in hospital overnight and following review by me the next morning you would be free to be discharged. The nursing staff would change your dressing to ensure that everything is progressing smoothly. You will be discharged home on antibiotics and will have an appointment to come and see us in our rooms, which are also located within the Royal Women's Hospital complex at approximately one week following surgery. After this you would normally return to see us again two weeks after surgery. During this period we will monitor your recovery and your progress and precisely advise you as to how much activity or exercise you should undertake and also advise you on things we may need to change in your postoperative management.

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