



Breast Reduction

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COSMETIC SURGERY

General information

Breast reduction surgery is performed to reduce overly large breasts. Patients with large breasts often have shoulder, back or neck pain and may suffer from infections in the breast crease. This can make life awkward and uncomfortable and exercise virtually impossible. Finding suitable clothes is often a problem. Breast reduction can also be performed to correct breast asymmetry or after breast reconstruction, reducing the larger breast to match the smaller:

The aim of breast reduction surgery is to reduce the volume of the breasts. The operation removes the excess breast tissue, raises the nipple, repositions the remaining breast tissue on the chest and removes the excess skin. The operation selected for you will be determined by the degree of correction required and the shape of your breasts. A minor degree of breast enlargement can be corrected with a 'vertical scar technique', avoiding a scar running along the breast crease, while a large degree of enlargement will need an inverted-T scar.

Preparation for surgery

Smoking can cause problems with wound healing and increase your risk of a chest infection following general anaesthetic. You must not smoke for at least four weeks before your operation and for four weeks after it.

Please, only take medication prescribed by your doctor for the two weeks before and two weeks after your operation. In particular, herbal, homeopathic and nutritional supplements (including vitamin E capsules) may contain substances that increase your risk of bleeding and cause sun sensitivity.

Aspirin, and other non-steroidal anti-inflammatory drugs (NSAIDs) increase your risk of bleeding.

You should avoid all such medicines for two weeks before and two weeks after your operation. If you are concerned, please check with your GP that it is safe to do so. In certain specific circumstances, you may be prescribed a NSAID for your post-operative pain, which you should take as directed.

If you drink alcohol, it is best to drink only a small amount for the week before the operation and for the first two weeks of your recovery. You should avoid it altogether if you are taking antibiotics or strong pain medication.

Your recovery after the operation will be easier if you are fit and maintain a healthy lifestyle. Regular exercise will help you cope with the operation better.

If you feel unwell leading up to your operation please inform our secretary, as it may be best to reschedule your operation for when you are well.

Do not have surgery if you may be pregnant.

The operation

Please come for your operation in loose-fitting clothing that can be easily and comfortably removed. Slip-on shoes are best, as bending over may be uncomfortable. Avoid nail varnish and heavy make-up. Rings, ear-rings and body-piercings should be removed at home. Bring your normal medication with you and a sufficient supply for the duration of your anticipated stay in hospital. Someone should accompany you to the hospital and home when you leave hospital.

The operation is performed under general anaesthesia (asleep). You should expect to be in hospital for one to two nights. You may have one drain in each breast. Getting up and about after the operation is important although it may be painful to start with. You should try to do this as soon as possible.

Care after your surgery

You will be given a tightly fitting garment to wear for a few weeks after your surgery. You should wear this as instructed. Most patients then prefer to go into a firm supportive sports bra for a further few weeks. One that does-up at the front is probably the easiest to manage. After this time a normal bra can be worn as comfort allows.

The incisions will be closed with dissolving stitches and protected with a padded dressing. If you have drains, keep the wounds dry while they are in place. You may start to shower your breasts after removal of your drains, unless specifically advised not to, but do not soak in a bath. Dry the area with great care, patting it gently with a towel. The dressing should be changed at least every other day, but can be changed more often if necessary. Once the scars are entirely dry, and no longer staining the dressing, you can stop covering them. However, you may prefer to keep the scars covered until you are no longer wearing the garment.

After two weeks, provided that your scars have healed and are dry, start to moisturise and massage your breasts paying particular attention to the scars. Use any plain skin moisturiser (which can contain vitamin E if you wish) and rub the cream in with a gentle massaging motion for 5-10 minutes, three times a day.

All scars should be protected from the sun for the first year after surgery. Ideally they should be covered with clothing. If this is not practical, then total sun block should be used and the area shaded from the sun. Sun exposure of a fresh scar can cause permanent discolouration, resulting in a darkened, visible scar:

You should avoid becoming constipated after your surgery. If you are prone to this then you must take a stool softener during your recovery.

What to expect after your surgery

You will have a scar running around the nipple and down towards the breast crease (vertical scar), and along the breast crease (inverted-T scar). These are usually red and slightly raised during the early period of healing. It takes a few months for the scars to settle fully and massage can aid this process, once it is comfortable enough to do so. Your breasts may feel numb, including the nipples but this will gradually improve over several months, although full sensation may not return. During this time you must avoid contact with hot things, such as a hot water bottle, as there is a risk of being burned. Some swelling is normal during the first few weeks. Your breasts may feel a little tight at first and you will experience some pain and discomfort. This settles in the first few weeks after surgery. Please take your pain medication as directed until you are able to move about comfortably. Your breasts will be a little higher to start with but will settle down within three to six months to their final position and shape. Breathing may be sore but it is important you take regular deep breaths and cough frequently, supporting your breasts when you do so, to avoid a chest infection post-operatively.

A follow-up appointment will be arranged for you when you leave hospital.

Driving and activity

All heavy and strenuous activity should be avoided for the first few weeks after your surgery. Graduated activity and exercise can then be started with full, unrestricted activity after twelve weeks, as your comfort allows. You will be able to start driving again when you feel comfortable and are safe doing so. This is usually between two and

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four weeks. Some car insurance companies have guidelines for driving after surgery and it is always best to check with your own company whether there are any restrictions imposed on you.

Complications

Although complications are uncommon, problems may occur as a result of your surgery. These can result in prolonged recovery but may also have an adverse effect on your final result. These include poor scarring, bleeding, infection, delayed healing, wound breakdown, persistent skin wrinkles under the breast, fluid collection, nipple loss, inability to breast feed, fat necrosis, lumpiness in the breast, dog ears (excess skin at the ends of the scar), persistent numbness (including the nipple) or pain, and asymmetry. Further surgery may be necessary to correct some of these, should they

occur. A charge may have to be made for any additional treatment. There is also a small risk of developing a venous thrombosis (DVT), although measures are taken to minimise this risk.

Additional comments

If you have any questions about the information contained in this leaflet or you do not understand something that is included in it, please contact our secretary for clarification.

If you are concerned about your recovery, have bleeding, feel unwell or have increasing pain then please contact Clare Park Hospital where your surgery was performed, our secretary (during office hours), your local A+E Department, or your GP.

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