

Patient Information Sheet

Breast Reduction & Mastopexy

Jagdeep Nanchahal BSc, PhD, MBBS, FRCS (Plast), FRACS
Professor of Hand, Plastic and Reconstructive Surgery
Imperial College, University of London

www.jnanchahal.com

What is breast reduction and mastopexy?

Breast reduction is surgery undertaken to reduce breast size and improve the overall appearance. For those with 'droopy' breasts, a mastopexy or an uplift procedure restores the contour of the breast.

Background

Patients with larger breasts may experience some of the following:

- back pain
- bra straps digging into the shoulders
- poor posture
- skin beneath the breasts may become irritated, particularly during the summer months
- difficulty with sports
- finding clothing can be a problem

Large breasts can develop during puberty, but in some instances they become a problem after pregnancy or after taking the pill or hormone replacement. Large breasts often tend to sag down due to stretching of the skin and the suspensory ligaments.

Preoperative assessment

It is useful to have some idea of the size of breasts that you would like as this helps me to plan the surgery. In general, it is advisable to have completed your family before embarking on surgery as subsequent pregnancies will tend to stretch the skin and lead to a less youthful shape. Surgery should be delayed for 6-12 months after pregnancy to allow for the natural involutional process.

What happens during surgery?

The breast consists of the glandular breast tissue and fat, in a skin envelope. Surgery involves moving the nipple and areola upwards on its blood supply, removing any excess tissue and redraping the skin. This of course means that there are scars on the breast. There is always a scar which runs around the areola, which continues vertically downward towards the breast crease. There is a further horizontal scar which runs along the under surface of the breast, in the region of the breast crease. It is sometimes possible to avoid the horizontal scar, depending on the amount of tissue which has to be removed, the quality of the skin and the shape of the breast. However, this technique leaves some puckering of the skin, which settles over a period of a few months.

The operation

You will usually need to spend one night in hospital. You must not eat or drink 6 hours prior to the operation. I will see you before the operation and will draw some lines on your chest and breasts whilst you are sitting up, which are guidelines for the operation. Surgery is performed under general anaesthesia and local anaesthetic solution is used to help with postoperative pain relief and

to reduce bleeding. The nipple and areola are moved on a block of underlying breast tissue, preserving the blood supply. Any excess breast tissue and fat are then removed and the skin closed with dissolving stitches. There is usually a tube drain, to take away any blood which accumulates after surgery. Very rarely, if the breasts are extremely large, it may be advisable to remove the nipples and apply them as grafts at the end of the procedure. If there is an accumulation of fat on the outer aspect of the breast, running onto the chest wall towards the armpit, this can be removed at the same time by liposuction.

After surgery

The dressings are left intact for about a week and you will be asked to keep the area dry during this period. The drains are removed before you go home and you will be encouraged to be mobile the day after surgery. Breast reduction or mastopexy is not a painful procedure and simple pain killers are all that is required when you leave hospital. After the first week, very light dressings are all that are generally required and you will be encouraged to wear a supportive sports bra. The latter is particularly important if you have had a mastopexy. The breast shape is overcorrected initially and the nipple moves to a more natural position over a period of about 3 months. Gravity of course continues to act, and the breast will hang lower with time. This is less of a problem after breast reduction surgery as the weight of the breast is reduced.

Possible complications

- As after any operation bleeding may occur and occasionally it is necessary to return to the operating theatre for removal of the blood clots
- Infection is uncommon
- The area where the vertical and horizontal scars meet can be slow to heal
- Occasionally, the blood supply to some of the remaining fat is impaired and this may present with leakage of fluid from the suture line or lumpiness.
- A very rare complication is loss of part or all of the nipple, if its blood supply is not adequate.
- You may not be able to breast feed after surgery.
- Some women notice a diminution in nipple sensation, which may recover with time.
- In patients where the horizontal scar has been omitted, it is sometimes necessary to revise the lower end of the vertical scar.
- Most women have asymmetry of the breasts and this may persist to some extent after surgery.