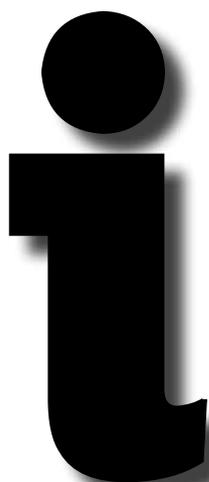


## Breast Reduction (page 1 of 5)



If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: [customercare@salisbury.nhs.uk](mailto:customercare@salisbury.nhs.uk)

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: [www.salisbury.nhs.uk/FriendsFamily](http://www.salisbury.nhs.uk/FriendsFamily) or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

This leaflet has been written to give you information about your surgery which you may find helpful before coming into hospital.

Breasts that are too big or out of proportion to the rest of the body or if one is bigger than the other can cause problems due to the excess weight carried. The weight of the breasts causes neck and back pain. There is often some embarrassment with big breasts and difficulty finding clothes to fit. They can cause interference with sporting activities.

### What can be done?

There is only one treatment option for any of the above problems. It is an operation called a **reduction mammoplasty**, which removes the excess tissue of the breasts. Smaller breasts are formed from the remaining breast tissue. The nipple areas are repositioned to lie at the points of the new breasts.

There are several different methods for doing this operation. Your surgeon will discuss with you which is best in your case.

One breast can be reduced to match as near as possible the size and shape of the other.

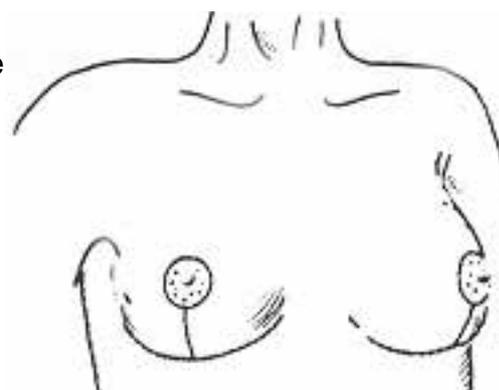
### What are the consequences?

Breast reduction is commonly performed and generally is a safe operation. However, all surgery carries some element of risk. Some of the common side effects of breast reduction are **swelling** and **bruising** around the breasts and some **pain** and **discomfort**.

### Scars

You may have several scars including:

- Around the nipple.
- In a straight line underneath the nipple down to the breast fold.
- Along the breast fold (under the breasts).



The scar will depend on the operation technique used.

### Scar distribution

As far as possible the scars are planned to lie under the average bra or bikini top.

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After the operation the scars will be bright-red lines. In most cases, they fade to a much paler colour. This may take up to a year. However, in some cases they can become raised, itchy, then stretch or become thickened. This will be noted at your follow up appointment and suggested methods of treatment will be discussed with you.

## **Haematoma**

Despite the use of drains, blood can sometimes collect in the breast. Occasionally this can become infected. Sometimes, this requires the use of antibiotics or a small second operation.

## **Wound breakdown and infection**

Sometimes the wound can heal more slowly than expected and might occasionally weep or ooze blood. Larger areas of wound breakdown can occur, particularly in the middle of the breast fold where the scar lines join in an upside down “T” shape.

This generally heals, but may take some weeks. Wound breakdown is often associated with infection.

## **Loss of the nipple**

Very occasionally the skin of the nipple dies. Part or all of the nipple may die. This can result in distortion of the nipple or loss of the nipple with some scarring. This is more common when the nipples have been detached and grafted on to their new position. If this happens corrective surgery might help, but this can never restore the appearance and function of a completely normal nipple.

## **Sensation**

A lot of women experience a loss of sensitivity in their nipples or areolar after the operation. This is because some of the nerves that carry sensation have been cut. Sometimes this numbness can extend over part of the breast as well. In some cases this can be permanent.

## **Breast feeding**

It is unlikely that you will be able to breast feed after this operation. This is because the nipples will have been separated from much, if not all of the underlying breast. This does not mean you can not have a pregnancy afterwards.

## **Fat necrosis**

Some areas of fat and breast tissue within the breast form sore lumps. This is because the blood supply has been cut off during surgery. The lumps and the soreness usually settle down on their own over about 12 months.

## **Shape**

Most breasts are not perfectly identical. Perfect symmetry between the breasts cannot be guaranteed after the operation. It is impossible to guarantee a size, occasionally it may appear too much tissue has been taken away. Sometimes, if you have extremely large breasts, the breast reduction operation leaves small folds of skin. These will be near the armpit or cleavage. If

these folds are small they can settle with time. However if they don't get smaller you might need a small corrective operation at a later date. This can usually be carried out in the Day Surgery Unit.

## Stitches

The (hidden) absorbable stitches can sometimes work themselves to the skin surface, where they can cause some irritation; if this happens it is easy for them to be removed.

## Deep vein thrombosis (Venous Thromboembolism - VTE)

This is caused by a blood clot forming in the leg veins. To help prevent this you will be encouraged to be up and about as soon as possible after the operation. Blood clots are a serious complication and if a clot breaks away from the vein in the leg it can travel to the lungs and cause a pulmonary embolism which can be fatal. To help prevent this happening you may be given a small injection of a blood thinning medicine every day. This makes your blood take slightly longer than normal to clot which reduces the risk of a blood clot forming.

## Breast cancer

There is NO EVIDENCE that reduction mammoplasty causes breast cancer. It does not prevent you examining your breasts in the usual way. The excess breast tissue from your operation is sent to the Pathology Department where it is examined under the microscope as a routine procedure.

## Pre-operative assessment

- You will need a blood test
- A medical photographer will take photographs of your breasts. These photos are confidential and will be kept in your medical notes
- Questions will be asked about your general health.
- One of the nursing team will check your temperature, pulse, blood pressure, weight and height.
- Any questions you may have will be answered.

## Consent

We must by law obtain your written consent to any operation beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff again.

## The day of your operation

Please bring a good supporting bra with you. We recommend a Marielle bra or equivalent. You will need to wear this day and night for the first 6 weeks after your operation.

You will be asked to come to the Surgical Admissions Lounge where you will be seen by a doctor who will ask you to sign the consent form. The surgeon who will be performing your surgery will

mark your breasts. These marks indicate the amount of breast tissue to be removed and will show the new position of the nipples.

You will be given a theatre gown to put on. You will go to the theatre from here.

## **When you return to the ward**

### **Pain control**

You will be offered regular painkillers and be asked to rate your pain on a scale of 0-10. (This will be explained to you by the nursing staff). You can also be given medication if you are feeling sick or vomiting.

### **Drip**

You will have a drip in your arm that will help to keep you hydrated until you are able to tolerate drinks. Usually the drip is taken down on the first day post-operatively, provided you are eating and drinking again. The needle (cannula) in your arm stays in place until you have had a blood test and the results are available.

### **Drains**

There will be 2 soft plastic tubes, one in each breast. They are there to take away the excess fluid from the operation site. These will remain until there is minimal drainage which is generally 2-4 days..

### **Dressings**

Your dressings need to be kept dry until your Dressing Clinic appointment. Dressings do not usually need to be changed in the period between discharge and your outpatient appointment. Some spare dressings will be given to you just in case.

## **The day after your operation until discharge home**

You will be able to sit out in a chair and walk around for as long as you want to. The nurses will help you with your personal hygiene if required. From then on you can be up and about and gradually doing more for yourself.

### **Discharge**

Once your drains have been removed and the Doctors are satisfied with your progress you will be discharged home.

### **Appointments**

A nurse will see you in a Salisbury Dressing Clinic approximately one week after your discharge home. If you live a long distance from Salisbury your first appointment will need to be in Salisbury. Unless indicated, any subsequent appointments can be closer to home. The exception to this is the Isle of Wight, where patients either go to the Consultant Clinic or the Outpatient Department at St Mary's Hospital.

## Dressings

Your dressings need to be kept dry until your Dressing Clinic appointment. Visits from the District Nurse will be arranged if your wound requires dressing before your first appointment. We will arrange the first visit for the District Nurse, give you a letter for the nurse and sufficient dressings for 3 days.

## Discharge summary note/letter

The hospital doctors will write a summary of your stay in hospital for your GP. You will be given a copy of this. The ward nurse who is discharging you home will tell you about any tablets you need to take home with you.

**Fitness for work certificate (formally known as a medical certificate)** Please ask the nurse looking after you to give you one of these if you need one.

**Time off work** You will need to take 4 - 6 weeks off work. This will depend on the type of work that you do. Your general recovery will also affect your return to work. Your GP will advise you. You will find that you tire easily for up to a month after the operation.

**Lifting** When you go home it is important that there is someone to look after you for a while and relieve you from any heavy domestic chores. You should not lift young children until your breasts are no longer tender.

**Driving** It is advisable to wait until you feel well and comfortable enough before you start to drive again. This could take up to 4 weeks and you should be able to perform an emergency stop without pain before recommencing driving. You are not exempt from wearing a seat belt whilst in the car. It is advisable to discuss this with your insurance company.

**Sexual activity** Sexual relationships can be resumed once the scars have healed. Remember though that your breasts will be tender for several weeks and that your nipples will feel rather numb.

**Swimming and sunbathing** There is nothing to stop you swimming and sunbathing once the scars have healed.

**Remember if you have any worries or questions please contact the ward or the Dressing Clinic on 01722 336262 ext 3254. There is always someone to offer advice.**

We hope you make a speedy recovery.

Plastic Surgery Outpatients

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