

Breast Reduction

Why do women have breast reduction?

The size of a woman's breasts may be determined by several factors including inherited genes, body weight and hormonal influences. Large breasts can cause problems for some women in early adolescence, others may not experience difficulties until a later stage such as after breast feeding, following menopause or following Hormone Replacement Therapy.

Whatever the cause, many women chose to have the size of their breasts reduced to relieve them of both physical and emotional discomfort. Breast reduction surgery may also be used to correct breast asymmetry, a condition in which one breast is significantly larger than the other. In Dr Boorer's practice women who have undergone breast reduction are among her most satisfied and grateful patients.

How is breast reduction surgery performed?

The procedure involves removal of excess breast tissue, fat and skin from the breasts. The nipples are usually elevated and the remaining breast tissue is reshaped to form smaller breasts that appear lifted and pert. Any breast tissue that has been removed will be sent to a pathologist to be checked for abnormalities.

Dr Boorer uses several different surgical designs. Each involves a scar around the areola (dark pigmented area around the nipple) combined with a vertical scar on the lower aspect of the breast (the vertical breast reduction or 'minimal scar breast reduction'). It is sometimes necessary to add a small horizontal (transverse) scar in the groove under the breast. All surgical incisions are closed with dissolving stitches and a drain tube may be placed in each breast for 24 hours.

The scars are designed to be invisible whilst wearing normal clothing and, as far as possible, are designed to lie under the average bra or bikini top. Immediately after the procedure the scars will be red in colour, and possibly thick and uncomfortable. Over the next few months they will be less obvious, fading to a much paler colour. Although scars vary from woman to woman, they will always be present and visible when clothing is not worn. For the vast majority of women the scars are acceptable in appearance, and most consider them a small trade off for the benefit of not having to cope with the problems associated with having large breasts.

Liposuction is sometimes used in combination with breast reduction, particularly if there is excessive fullness in the armpit region.

Dr Boorer assesses each patient individually and she will explain the most appropriate technique for you based upon your breast size, build and wishes. During the consultation you will be shown diagrams and photographs to help you gain a good understanding of what to expect from this procedure.

The procedure takes approximately 3 hours and is performed in hospital under general anaesthesia. Most women choose to stay in hospital for 1-2 nights.

Younger women

Although breast reduction is most commonly performed in women who have completed their family, it is not unusual for younger women and teenagers to seek surgery. In the past it was recommended that breast reduction be postponed until after a woman's breasts have 'stopped growing' however we now know that breasts are continually changing in size and shape throughout a woman's life.

Another common concern is that the procedure may compromise a young woman's future ability to breastfeed. Dr Boorer utilises surgical techniques that optimise future feeding, however this cannot be guaranteed.

While not encouraged, breast reduction surgery in a younger woman with very large breasts also offers the potential benefits of improving self-esteem and her ability to comfortably participate in sporting and social activities. Dr Boorer has extensive training and experience in plastic and reconstructive surgery for children and adolescents. She is happy to discuss these issues with teenagers and their families.

Will the improvement last?

After breast reduction your breasts will not 're-grow', however they will increase in size if you gain weight or become pregnant. They will decrease in size if you lose weight. If the breast reduction is performed in the teenage years some increase in breast size is to be expected. As normal breasts have a tendency to drop with natural ageing, you can expect some change in shape to occur after breast reduction.

The recovery period

Dr Boorer will see you regularly after your surgery and is happy to be contacted between visits if you have any concerns. All women differ slightly in their recovery. You will be given advice specific to your circumstances. Below is a general guide:

Pain and discomfort:

Usually lasts between 3-7 days. Although most of the discomfort should have subsided within 2 weeks, feelings of tiredness may persist a little longer

Dressings:

You will be required to wear adhesive tape over the scars for 4 weeks (you can shower with this). Following this you will be required to massage the scar and possibly use silicone gel strips for up to 3 months. Dr Boorer recommends wearing soft, non-underwired bras for the first 6 weeks. After this you may wear your bra of choice.

Time off work:

Dr Boorer recommends you take off two weeks for a desk job, and up to 6 weeks for more strenuous physical work

Driving:

In order to be able to drive you must be comfortable. You will be required to have ceased all strong pain killers and you should be moving freely. Most women are able to drive within one to four weeks after the procedure.

Sports:

Dr Boorer recommends gentle walking only in the first week following the procedure. You may progress to strenuous walking after 3-4 weeks, and after 6 weeks most women have no restrictions upon their exercise regimen.

Follow-up:

There are four scheduled follow-up appointments; at one week, one month, six months and 12 months after your procedure.

Final result:

The final result of surgery should be evident six months after the procedure. Your scars will continue to improve for at least the next 12 months.

Is there a risk of unexpected outcomes?

The large majority of patients who have breast reduction performed by an experienced and well trained surgeon do not run into any unexpected outcomes. All surgery, however involves some risks. Dr Boorer always takes the utmost care, and will use the most up to date techniques and preventative measures to minimise these.

During the consultation risks associated with breast reduction surgery will be fully explained and you will be given some information to take home to read and discuss with your family should you chose. In the event of an unexpected outcome she will keep a very close eye on you and keep you fully informed.

Following breast reduction most women commonly experience pain, bruising, swelling, temporary numbness of the skin and nipple, temporary firmness of breast tissue and minor bleeding. Uncommon outcomes include infection, anaesthetic complications, clots of the leg veins (DVT), obvious scarring, permanent numbness, obvious breast asymmetry, loss of areas of skin or nipple (necrosis), wound breakdown, excessive bleeding and prolonged healing. Some of these unexpected outcomes may require a second operation.