

**Information for patients considering
breast reduction and uplift surgery
under the care of Mr C. Stone FRCS(Plast)
Consultant Reconstructive & Aesthetic Plastic Surgeon**

February 2021

About Mr Stone

Mr Stone has been a Consultant Reconstructive and Aesthetic Plastic Surgeon at the Royal Devon & Exeter Hospital since 2001. In the NHS, Mr Stone undertakes a wide range of reconstructive procedures especially those related to major soft tissue cancers and malignant melanoma.

In his private practice, Mr Stone now specialises only in cosmetic breast surgery (breast enlargement, reduction and uplift) and body contouring procedures such as abdominoplasty and abdominal liposuction, although he also has extensive experience in other areas of cosmetic practice including face lifting, rhinoplasty and blepharoplasty.

Mr Stone is registered with the General Medical Council (appearing on the specialist medical register for plastic surgery) and he is a full member of the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS). He is also an accredited Medico-Legal Expert working in the field of clinical negligence and is a member of several medico-legal societies.

What should I do before my consultation?

Have a think about what it is that you are unhappy about with you breasts. Is it their size, their shape or both? In terms of cup size, how much of a reduction would you like to achieve? Many patients feel some embarrassment on account of their large breast size and most have developed symptoms of back and shoulder ache which they would like to alleviate.

There are many web sites available for you to read about breast enlargement. A good starting point would be Mr Stone's own website (www.exetercosmeticsurgery.co.uk) and the website of the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) (<https://www.bapras.org.uk/public>).

What happens at my consultation?

Mr Stone sees his private cosmetic patients at The Nuffield Hospital, Exeter. He generally reserves around one hour for each new patient.

When you see Mr Stone he will go through your medical and surgical history to assess your overall fitness for surgery. In the vast majority of cases there will be no concerns about undergoing the operation although some patients may need a pre-operative assessment at the prior to admission.

Mr Stone will also need to know if either you or a close relative have ever been diagnosed with breast cancer. If you are over 40 years of age and have not had a recent mammogram Mr Stone will arrange one for you.

Mr Stone will then discuss what your current concerns are with regards to your breasts, and what your ideal shape and appearance might be. There will be a female chaperone to help you feel more comfortable during your examination, which is the opportunity for Mr Stone to assess what surgical options are right for you.

Some patients may wish to see pictures of other patients who have undergone similar surgery to you, so there will be a selection of clinical photographs for you to see. These will help you get an idea of what can be achieved but may not be directly relevant to you nor will they necessarily predict your own individual result.

Most patients want to achieve a very natural-looking reduction and a breast size that is appropriate for their overall body size.

How much does the consultation cost?

Mr Stone charges £200 for a new patient consultation. There is no fee for any related follow-up consultations. Mr Stone will write to your GP informing them about your proposed operation and he will send you a copy of that letter. Mr Stone is available to see you between your initial consultation and your admission date should that be necessary.

How is the operation done and how much does it cost?

A breast reduction aims to remove excess skin and breast tissue from around the nipple and generates a smaller breast with an uplift effect. Patients who require an uplift only ('mastopexy') undergo essentially the same operation as a breast reduction, removing the excess skin and repositioning the breast gland, but without the removal of the breast tissue.

The nipples are preserved on blocks of breast tissue called a 'pedicle'. Mr Stone uses a 'central mound' pedicle technique that gives good results in his hands. Once the excess tissue has been removed the skin is brought together in the form of the familiar 'anchor'-shaped scar. This means that there is a scar around the nipple, a vertical scar extending from the nipple to the breast fold and a further horizontal scar in the breast ('infra-mammary') fold.

The wound is closed with absorbable stitches and Micropore tape, and a sports bra is used to support the breasts after the operation – there is no need for bulky dressings. Drains are usually inserted, one in each breast.

The operation can be undertaken at the Nuffield Health Exeter Hospital or the Royal Devon & Exeter Hospital. Payment will be requested in advance of your operation. The cost of cosmetic surgery will reflect hospital, surgical and anaesthetic fees, and follow-up with Mr Stone. Costs sometimes vary depending upon the specific nature of the proposed procedure. You will be advised of the cost of your operation at the time of your consultation.

What are the risks of a breast reduction?

Mr Stone take some time to will outline the risks and complications that can be associated with breast reduction surgery. In brief, these include risks that are associated with any

surgical procedure including scarring (which can occasionally become lumpy), infection, bleeding, and thrombo-embolic complications (clots in the legs or lungs). Bleeding after the operation can result in a collection of blood within the breast called a haematoma. This might require a return to the operating theatre but this should not compromise your final cosmetic result.

While scars are inevitable, they do tend to settle down well. The scars located in the breast fold are well hidden as is often the scar around the nipple which is located at the junction between pigmented and non-pigmented skin. The vertical scar will be visible but, of course, all scars are well hidden in a bra. At either end of the infra-mammary fold scars there might be some fullness, known rather disparagingly as 'dog ears'. Occasionally these need to be removed at a later date under local anaesthetic, although most of the time they settle down on their own.

The other complications are rare, but there are some factors which might increase your risk of thrombo-embolic complications such as smoking, obesity, a previous history of deep vein thrombosis and taking the oral contraceptive pill. We take every precaution to avoid clotting problems in all patients. If you are a smoker you should stop smoking for six weeks before surgery and for the duration of your treatment, including your aftercare. Those patients who are taking the oral contraceptive pill are asked to discontinue for six weeks prior to surgery. It is also important to recognise that smoking impairs wound healing and can compromise the blood supply to the nipples. If you experience any tenderness with swelling of the calves after surgery, or any chest pain or shortness of breath, you should seek urgent medical attention, as these may signify an underlying deep vein thrombosis or pulmonary embolism.

There are also some potential complications related specifically to breast reduction surgery. Again, these are all rare but Mr Stone will discuss them with you.

During the operation, the nipples are preserved with their blood supply and nerve supply intact, but if for some reason the blood supply were to become compromised irreversibly then some necrosis of the nipple could occur. This means that the nipple could be lost either in whole or part. This is an extremely rare complication but it is the one the worries patients most. Mr Stone uses a very safe technique for breast reduction to ensure that this risk is minimised and he has never personally experienced such a complication in his own cosmetic practice. The nipples can, however, lose sensation after the operation; equally sensation can be enhanced.

Because the breasts are made up predominantly from fat, a tissue which is very sensitive to its blood supply, patients can sometimes develop areas of 'fat necrosis' in the breast after surgery. This may present clinically either as a lump (which can raise anxieties in the usual way) or a self-limiting discharge through the scar. This is more common in larger breast reduction patients.

The shape and size of the breasts, despite careful measurement pre-operatively, may not be identical on each side after a breast reduction. Asymmetry of the scars may also be noticed. However, every effort is made to achieve breast symmetry, including weighing of the tissue removed from each side. Nevertheless, it is possible that there may be some mild asymmetry to the breasts, either in terms of breast shape or volume, or nipple size, shape or position, after the surgery. The shape of the breasts may also change slightly with time as the breast tissue settles.

The tissue that is removed is sent for testing by the pathologists, to see if there are any abnormalities that would warrant further investigation or treatment. Very occasionally, notwithstanding a normal mammogram, pre-malignant or malignant changes can be identified. Breast reduction specimens are not normally 'orientated', which means that if there is an abnormality detected by the pathologist it can be difficult to know where in the breast the abnormality arose. However, in patients aged over 40 years Mr Stone does orientate specimens, which might assist with subsequent treatment should that be necessary. Should you require sentinel lymph node biopsy (SLNB) in the management of a breast cancer then it may be the case that prior breast surgery would interfere with the normal lymphatic drainage pattern of the breast tissue.

One complication which can occur not infrequently (and is more common in larger breast reductions, smokers and diabetics), is T-junction necrosis. This means that some of the skin at the site where the vertical scar meets the horizontal scar loses its blood supply and requires dressings to enable it to heal.

Some patients feel that their breasts are slightly numb following breast reduction surgery. This usually settles but can persist in a small minority of patients indefinitely. Some patients develop breast pain (mastalgia) after their operation. There is no surgical solution to this but it is usually self-limiting. Having had a breast reduction by Mr Stone should not necessarily mean that you cannot breast feed later on, although your ability to breast feed could not be guaranteed. Some women find themselves unable to breast feed even without having had any surgery.

Ultimately Mr Stone cannot guarantee that you will achieve your target cup size after surgery but he will certainly do his best for you. This list is not exhaustive and there may be some risks that are relevant to you as an individual that have not been specified here.

What happens on the day of my operation?

You will be asked to come in a couple of hours before your scheduled theatre time. One of the nurses will perform some routine pre-operative checks and you will be seen by a consultant anaesthetist. Mr Stone will then see you to sign a consent form and take some pre-operative photographs (see below). Mr Stone will draw markings on your breasts using measurements that are appropriate to you and your target reduction.

What should I do after my operation?

When you wake up you will notice that you are wearing your sports bra but, once again, there will be no other dressings apart from some tape covering the scars on the breasts; this should be left in place and kept dry for the first couple of weeks after surgery. You will already be wearing support stockings and calf pumps will be used to gently massage your lower legs to maintain the venous circulation and reduce your risk of a DVT. A drip will be placed in the back of your hand and the nurses and anaesthetist will ensure that you have all the painkillers that you might need. The nurses will check your breasts intermittently during the first 24 hours after surgery to make sure that they are soft and that the nipples have a good blood supply.

The stitches are dissolvable so will not need to be taken out. You are likely to have a small drain in each breast which will normally be taken out the day after surgery. This isn't a painful process so you shouldn't worry unduly about it. The vast majority of patients will only need one overnight stay in hospital after their operation but some patients may stay in a little longer.

After you have been discharged from hospital you will probably need simple painkillers only (such as paracetamol and ibuprofen) for around a week. It is important that you avoid any strenuous activity for at least six weeks. Most patients, however, are able to drive and return to work after a couple of weeks, depending upon their occupation. Mr Stone recommends that you wear a sports bra day and night for up to six weeks post-surgery.

What is the follow-up procedure?

Mr Stone or his nurse will see you two weeks after your operation to remove the tapes over your scars. After that, the tape will be renewed and should remain in place for another couple of weeks at which point you can start moisturising them, either with a standard moisturising cream, such as Nivea, or with a silicone-based cream such as Dermatrix which has been shown clinically to improve some scars. Alternatively, some patients elect to use Bio-oil to soften their scars which generally heal very cosmetically anyway. Mr Stone will then see you again for a final check up after 6-8 weeks. Thereafter he will not normally need to see you again but is always available should you have a problem.

What if something goes wrong?

Adverse outcomes are very unusual following breast reduction surgery. Certainly, if there is an immediate post-operative complication, or one arising within one month, necessitating a return to the operating theatre, such as a haematoma (bleeding) or infection, there are no cost implications for you. Even after one month both Mr Stone and the provider hospitals understand that their overriding priority is to try to achieve what you had hoped for, and so any further surgery that may be required will be considered on an individual basis in terms of on-going costs. You should anticipate, however, that there will be a cost for surgery related to problems that occur in the longer term such as cosmetic adjustments etc. The cosmetic outcome that is achieved by your surgery will likely change over time, with advancing age, weight changes, pregnancy and other factors, such as your general health and well-being, affecting your long-term appearance. Occasionally, patients can be disappointed with the outcome of their surgery. It is important to realise that no surgeon has full control over your result, some of which will depend upon how your own tissues settle and how your wounds heal. For some patients, revisional procedures may be necessary but this does not imply negligence in the performance of the primary surgery.

Informed consent

It is important that you have a full understanding of the nature of the proposed treatment, its purpose, the risks that any reasonable patient would consider to be significant and the alternative treatment options before agreeing to undergo surgery. If there is anything that you have not understood from this information leaflet you should ensure that you have clarified it with Mr Stone, either verbally or in writing, before your operation. This information sheet will form part of your medical records. It is a condition of surgery that you sign and date one copy, to confirm your understanding of it, and keep a further copy safely. You will find it useful to refer to during your treatment programme.

When advising patients upon cosmetic surgery, the surgeon must consider the distress caused by the presenting deformity, or perceived deformity, and advise the patient upon the alternative and preferred options for managing that deformity and any symptoms arising from it, including psychological symptoms. Consequently, as part of his duty of care to prospective patients, and in accordance with the GMC's document *Good Medical Practice*, it is important

for Mr Stone to consider the psychological welfare of patients seeking cosmetic surgery. If you have any history of psychological or psychiatric illness you should disclose this to Mr Stone. If you have no such previous history but either you or Mr Stone feel that a referral to a clinical psychologist or psychiatrist would be in your best interests before going ahead with surgery then Mr Stone can arrange this for you. Mr Stone will also, as a matter of routine, confirm with your GP that there are no concerns arising from your medical history that would prevent you from undergoing your planned procedure.

Clinical photography

Mr Stone will take some clinical photographs before and after your operation. These photographs constitute an important part of your clinical records and you will be offered copies of the images obtained on each occasion. The photographs will be stored on an encrypted dedicated hard drive in Mr Stone's home office. Good Medical Practice requires that your consent is sought to obtain, store and use these images.

In the event that I decide to go ahead with surgery, I hereby consent to undergoing medical photography as part of the package of care provided to me by Mr Stone (tick as appropriate):

- (1) as part of my confidential clinical records
- (2) for education / teaching purposes
- (3) for publication in medical journals
- (4) for presentation to medical and lay (e.g. legal) audiences
- (5) to show to other patients within a clinical environment
- (6) for publication on the exetercosmeticsurgery.co.uk website

Signed (patient)

Date:

Privacy statement

The Director of CA Stone (Medical & Legal) Ltd, Mr Christopher Stone, is the nominated data controller. CA Stone (Medical & Legal) Ltd will only process your information where it is necessary to support the legitimate interests of our business or those with whom we may have shared your information except where such interests are overridden by your interests or fundamental rights and freedoms which require the protection of personal data. Data is processed for the purposes of clinical record-keeping; this includes recording 'before and after' images in relation to cosmetic surgery. In the event of a medico-legal claim data may be shared with the legal representatives of the company. Data shall be stored in an encrypted format until a request for the data to be deleted has been received from the data subject or in accordance with Department of Health information retention schedules. Where possible all data shall be encrypted or otherwise anonymised at the time of electronic transfer. The data subject has the right to withdraw consent for storage of their personal information at any time or to lodge a complaint to the company or any relevant supervising authority.

CA Stone (Medical & Legal) Ltd will always respect your privacy and will only use your information for specified and lawful purposes as provided for under the General Data Protection Regulations (GDPR) 2018. We will use and handle your information responsibly and will take all appropriate organisational and technical measures to safeguard your information from accidental or unlawful destruction, loss, alteration, unauthorised disclosure or access.

A copy of the company's information security policy is available upon request.

Mr Stone's private practice is conducted through a limited liability company, registered with Companies House number 07184587 'C A Stone (Medical & Legal) Ltd'. His practice is indemnified by PRASIS.