

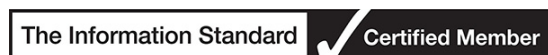
B08 Breast Reduction

Expires end of March 2021

You can get information locally by contacting the Senior Nurse on duty at your local Ramsay Health Care hospital or treatment centre.

You can also contact:

You can get more information from www.aboutmyhealth.org
Tell us how useful you found this document at www.patientfeedback.org



Information about COVID-19 (Coronavirus)

On 11 March 2020 the World Health Organization confirmed COVID-19 (coronavirus) has now spread all over the world (this means it is a 'pandemic'). Even though lockdown has been eased, there is still a risk of catching coronavirus. Hospitals have very robust infection control procedures, however, it is impossible to make sure you don't catch coronavirus either before you come into the hospital or once you are there. You will need to think carefully about the risks associated with the procedure, the risk of catching coronavirus while you are in hospital, and of not going ahead with the procedure at all. Your healthcare team can help you understand the balance of these risks. If you catch the coronavirus, this could affect your recovery and might increase your risk of pneumonia and even death. Talk to your healthcare team about the balance of risk between waiting until the pandemic is over (this could be many months) and going ahead with your procedure.

Please visit the World Health Organization website: <https://www.who.int/> for up-to-date information.

Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date for your operation. Your healthcare team can tell you about the risks of coronavirus. It is up to you to decide whether to have the operation or not. The benefits of the operation, the alternatives and any complications that may happen are explained in this leaflet. You also need to consider the risk of getting coronavirus while you are in hospital. If you would rather delay or not have the operation, until you feel happy to go ahead with it, or if you want to cancel the operation, you should tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for the 14 days leading up to the operation (your healthcare team will confirm this with you). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test 48 hours before the operation. This involves the healthcare team taking a nasal and throat swab (using cotton wool to take a sample from the surface of your nasal passage and throat). If your test is positive (meaning you have coronavirus), the operation will be postponed until you have recovered.

Coronavirus is highly contagious (meaning it spreads easily from person to person). The most common way that people catch it is by touching their face after they have touched a person or surface that has the virus on it. Try not to touch your face, especially if you have not washed your hands. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Be aware of social distancing. Chairs and beds are spaced apart. If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are very well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly — your healthcare team will have the most up-to-date information.

What is a breast reduction?

A breast reduction is an operation to make your breasts smaller and, sometimes, to improve their shape.

Your surgeon will assess you and tell you if a breast reduction is suitable for you. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

Is a breast reduction suitable for me?

You are most likely to benefit from a breast reduction if one or more of the following conditions apply to you.

- You are self-conscious about the size of your breasts.
- Your back and neck ache because of the weight of your breasts.
- You have rashes under your breasts.
- You are getting grooves in your shoulders from your bra straps.
- You are finding it difficult to stand or sit up in a good position (bad posture).

Your surgeon will carry out a detailed assessment before deciding if surgery is suitable for you. This may include taking photos for your medical records. They will examine your breasts and ask you questions about your medical history.

Your surgeon will also ask you if you are planning to lose a lot of weight. It may be better to lose the weight first before having surgery.

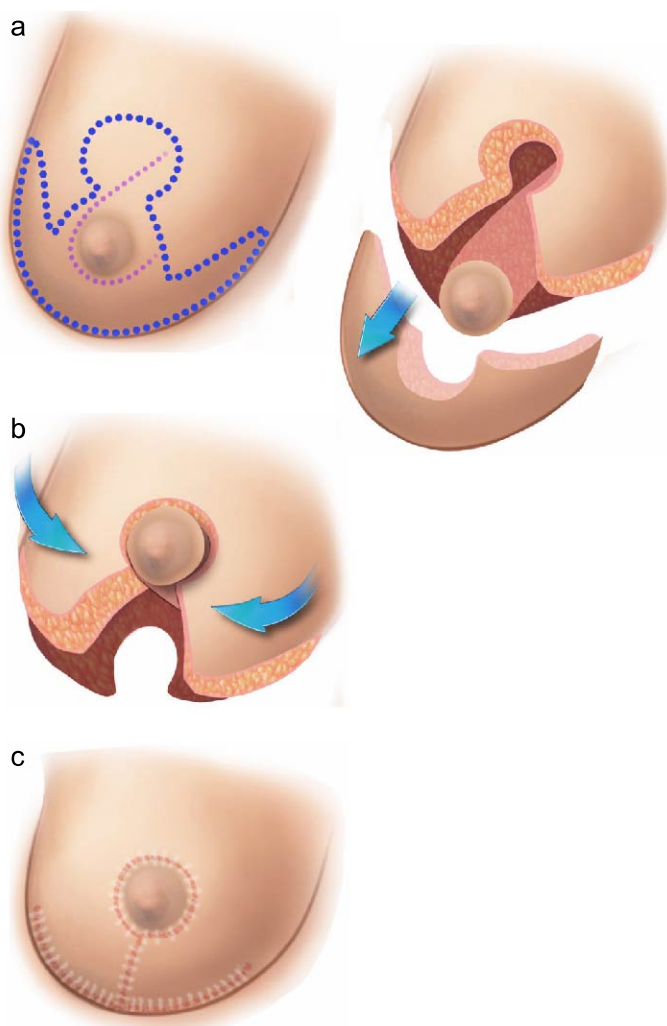
Let your surgeon know if you are pregnant or planning to become pregnant in the future. Pregnancy can change the size and shape of your breasts and may affect the long-term results of surgery.

What new breast size should I be?

It is usually difficult to reduce a large breast to less than a C cup. Any smaller and there is a risk of getting less well-shaped breasts or noticeable differences between your breasts.

Most women who need a breast reduction are used to a large breast size and look more natural with at least a C cup. It is important to let your surgeon know the breast size you want.

It is important to discuss this carefully with your surgeon.



a The excess fat and skin are removed

b The breast is re-shaped and nipple is lifted

c An anchor-shaped scar

What are the benefits of surgery?

Your breasts should be smaller and have a better shape.

Most women who have a successful breast reduction are more comfortable with their appearance, are able to wear better fitting clothing and their personal and sexual relationships improve.

Are there any alternatives to surgery?

If you are overweight, you may be able to reduce the size of your breasts by losing weight.

You may find it easier to cope with large breasts by wearing a custom-made bra or corset.

Liposuction (using a thin, hollow tube to remove fat from under your skin) may be appropriate for some women to reduce breast volume.

What will happen if I decide not to have the operation?

Your breasts will stay as they are. Your surgeon may be able to recommend an alternative to improve the size and shape of your breasts.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes about 90 minutes. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will make a cut on the line of the areola (the darker area around your nipple) and a vertical cut underneath your areola. They will remove some of your excess breast tissue, fat and skin.

Your surgeon will reshape your breast and lift your nipple so it is in a higher position.

If your breasts are large, your surgeon may also need to make a cut on the crease under your breast (inframammary fold). This will leave an anchor-shaped scar.

If your breasts are large or droopy, your surgeon may need to completely detach your nipple and areola and reattach them at a higher position.

Your surgeon will usually insert drains (tubes) in the cuts to help your wounds to heal. They will usually close the cuts with dissolvable stitches.

To give your breasts support, your surgeon may wrap your breasts in bandages or fit you into a supportive bra.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. Moving your arms can be uncomfortable for 2 to 3 weeks.
- Bleeding during or soon after the operation. It is common for the lower half of your cleavage and sides of your breasts to be bruised. Rarely, you will need a blood transfusion or another operation.
- Unsightly scarring of your skin. The scars usually settle within a year. If you have dark skin, the scars can sometimes stay thick and red. Your surgeon will try to make the cuts in areas that are difficult to notice even in a swimming costume. Follow the instructions your surgeon gives you about how to care for your wounds.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. Minor infections are common because the lower part of a vertical cut and any cut made on the inframammary fold are often slow to heal. Any serious infection usually needs treatment with antibiotics or another operation and can make a scar more noticeable.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

Specific complications of this operation

- Developing a collection of blood (haematoma) or fluid (seroma) inside a breast (risk: 1 in 20). You may need another operation to remove the blood or fluid.

- Developing a hard lump in a breast caused by damaged fat tissue. If this happens, let your surgeon know as you need to be able to tell the difference between a fat tissue lump and breast cancer.
- Numbness or continued pain on the outer part of your breast caused by injury to the small nerves that supply your skin. Any pain or numbness usually gets better within a few weeks but can sometimes continue for many months.
- Loss of skin, including the areola and nipple, because the operation can damage the blood supply in your breast, causing areas of skin to die. The risk is higher if you smoke, are overweight, have large or droopy breasts, or have other medical problems such as diabetes.
- Stiff shoulder. The healthcare team will give you exercises and it is important that you do them to keep your shoulder moving. Take painkillers as you are told if you need to relieve the pain.
- Change of breast and nipple sensation. This usually settles within a year but the change may be permanent. You will lose nipple sensation permanently if your surgeon had to detach then reattach your nipple and areola during the operation.
- Reduced ability to breastfeed, if the milk ducts in your breast are damaged or removed, your nipple sensation has been affected or your nipple has been lost.
- Cosmetic problems. It is difficult to predict exactly how your breasts will look after the operation. Most breasts are a different shape and size to begin with (asymmetry). Sometimes a breast reduction can make this difference more noticeable. It is possible to have another operation to correct any difference in size and shape. Minor wrinkles and folds in the creases of your breasts are common and settle with time. It is possible to have these corrected by a small procedure under a local anaesthetic. Your breasts will continue to droop over time. If you become pregnant, the size and shape of your breasts will change.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. Your breasts may look discoloured and will feel firm and swollen.

You should be able to go home the next day. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You should be able to return to normal activities after 2 to 3 weeks.

The bandages can be removed after a few days as long as you have a soft bra that fits comfortably. Do not wear a tight sports bra or an underwired bra for a few weeks.

You should be able to return to work after a week, depending on your type of work.

Do not lift anything heavy or do strenuous exercise, such as vacuuming or ironing, for 3 weeks. You should be able to do a limited amount of activity, such as lifting young children, after about 2 weeks.

Do not have sex for 2 weeks and then be gentle with your breasts for at least another month.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and comfortable wearing a seat belt. Always check your insurance policy and with your doctor.

The future

The healthcare team will arrange for you to come back to the clinic regularly to check on your progress.

The results of a breast reduction improve gradually over time. Your breasts should become softer and more natural, and the scars should fade.

If you put on a lot of weight or become pregnant, your breasts may get larger. However, they should not get as large as they were before the operation.

A breast reduction should not interfere with a mammogram (breast x-ray used to detect breast cancer). Sometimes scar tissue can be mistaken for cancer, so let your doctor know that you have had a breast reduction.

Summary

A breast reduction is an operation to make your breasts smaller. It is suitable only for certain women. You should consider the options carefully and have realistic expectations about the results.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

Reviewers: Eoin O'Broin (MD, FRCS (Plast.)), Graham Offer (MBChB, FRCS (Eng), FRCS (Plast.)), Paul Roblin (MSc, FRCS)
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