

Bilateral Breast Reduction

Large breasts can cause many problems ranging from social embarrassment to functional problems including back and neck pain, bra strap indents and chafing under the breast. In the breast reduction operation the aim is to reduce the size of the breast whilst at the same time lifting the breast and elevating the nipple to a more ideal position. The scars are placed in inconspicuous positions designed to be hidden when wearing a bra or bikini. The nipple is left attached to breast tissue to preserve its blood supply and retain its natural appearance. If the areola is too large, this too will be reduced at surgery.

Pre-operative Advice

Smokers have a much higher risk of developing complications. It is therefore advised that they should refrain from smoking for at least 6 weeks prior to and for two weeks following surgery. Smoking significantly increases the risk of wound infections and breakdown as well as vascularity problems with the nipple. Aspirin and anti-inflammatories should be avoided for a similar time period as they may promote bleeding. Patients on oral contraception (not HRT) should ideally stop taking the Pill for six weeks prior to surgery as there is a slight increased risk of thrombosis. During this period alternative forms of contraception are required.

What happens before the operation: Patients are usually admitted on the day of surgery and are seen before surgery by the anaesthetist who will go over the general anaesthetic, by the nursing staff who will undertake routine preoperative checks and by Mr. Whitworth. Mr. Whitworth will take pre-operative photographs as well as planning the operation by drawing on the breasts preoperatively. Additionally before surgery the patient may require a blood test and will also be measured for a pair of stockings. The stockings are worn whilst the patient is in bed to improve the circulation and to reduce the risk of thrombosis.

Operative procedure: The breast reduction procedure takes between two and two and a half hours and is undertaken under general anaesthetic. Before starting the operation when the patient is asleep the breasts are infiltrated with a dilute solution of local anaesthetic and adrenalin, not only to provide postoperative pain relief but also to reduce bleeding. At operation skin is removed as well as breast tissue. The nipple is elevated to a more ideal position. The locations of the incisions will have been discussed and marked preoperatively. The wounds are all sutured with self-dissolving stitches and dressings applied. Drains are inserted into each breast. The tissue that is removed is routinely sent for histological analysis.

What to expect following surgery

On return to the ward patients will have an intravenous drip to provide fluids for the 24 hours following surgery. Drains are placed into each breast to allow any oozing or bleeding to accumulate into either a small bottle or bag by the side of the bed. These are usually removed at 24- 48 hours prior to discharge. If any pain or discomfort is experienced following surgery, painkillers are given either by injection or as tablets. Pain is not a significant feature in breast reduction surgery. The patients will have dressings over all of the wounds.

Risks & Complications

There is a small risk of bleeding on the night of surgery resulting in an accumulation of blood within the breast tissue (a haematoma). Should this occur patients may need to return to theatre for evacuation of this haematoma. This is a rare complication. In the two to three weeks following discharge wound infections in the breast are relatively common and may result in prolongation of the period of time required for dressings or antibiotic treatment. Occasionally some element of wound breakdown may occur in the lower portion of the wound. This again may necessitate prolonged dressings and very occasionally secondary surgery. A very rare complication is interference of the blood supply to the nipple which can lead to partial or full nipple loss. Should this occur secondary surgery may be required to reconstruct the nipple at a later date. This is fortunately a very rare complication.

As with all cosmetic surgical procedures undertaken by Mr. Whitworth, there is a fixed fee policy which means that no further charges are incurred should treatment or surgery be required for complications that occur within one year following the initial surgery.

Follow up: After discharge patients require a wound check usually 7 days post discharge. This can either be by the nursing staff in the outpatients where the surgery was undertaken or by the General Practitioner (their agreement would need to be sought). Dressings are then required for two to three weeks postoperatively. Appointments for the initial dressing change are made prior to discharge. You will also be reviewed by Mr. Whitworth at 1 and 4 months post-operatively. These appointments will be sent in the post.

Bilateral Breast Reduction - Discharge Advice

Wound care/dressings: Dressings are applied at the end of surgery. These may be changed prior to discharge. Dressings are usually required for about two weeks following surgery and need to be changed weekly either by the outpatient department nurses or the practice nurse or at home. The wounds should be kept dry for ten days, after this patients can bathe and shower between dressing changes.

Sutures: The sutures that are used are self-dissolving. **Bra'/clothing:** A support or sports bra' that gives firm all round support should be worn as much as possible day and night for six weeks following surgery. After this period normal bra's including underwired varieties can be worn. It is probably prudent however to wait for a total of three months before assessing the new bra' size.

Pain relief: Despite the extent of surgery most patients do not experience marked pain. Regular simple analgesics are however required for one to three weeks and on as a required basis for several more weeks.

Appearance: Initially the breasts will not look the correct size being too high with the scar underneath short and squeezing on the breast. Over the first few weeks the breasts will start to assume a more natural shape but will take six to nine months to fully normalize.

What to expect: The breasts will feel tight and firm for two to three weeks and then gradually soften. Some bruising may occur. Some lumpiness within the breast is common, most will soften with time but the breasts will have a new pattern of lumpiness that should be learnt for breast self-examination purposes. Some numbness around the breast is inevitable and will gradually resolve over many months. Nipple sensation may be altered either down or up – this may be permanent. Hypersensitivity of the nipple may on occasions occur. If this does happen the nipple/areola complex should be massaged and desensitized by gentle tapping.

Scar maturation: The scars will inevitably go red and become lumpy. After two to four weeks when healed, massaging two to three times a day with Vitamin E containing ointment may be beneficial. This can be continued for several weeks. If the scars become very raised and red other treatments may be required. Mr. Whitworth will advise regarding this at the first postoperative clinic appointment.

Restrictions/activities: Patients are advised not to drive for between 1 and 2 weeks following surgery. Patients will need to take between 1 and 4 weeks off work this varying on the type of work and extent of surgery.

Mr. Whitworth will advise on this at the initial consultation. Sporting activities can be recommenced at 4 weeks postoperatively though gently at first, with a full return to all activities at between 8 and 12 weeks postoperatively. A sick certificate can be issued if required.

Causes for concern: Minor wound infections and discharges especially at the lower end of the vertical scar are common. They usually respond either to antibiotic therapy or prolonged dressings or both. If significant breakdown occurs, occasionally, secondary surgery is required. If there are any causes for concern either contact the hospital where the surgery was undertaken or Mr. Whitworth's Secretary.

Follow up: Appointments for the first wound check and dressing change 7 days postoperatively normally by the outpatient nurses will be made prior to discharge. The dressings can then be changed and the wounds monitored either by the outpatient department nurses, the GP's practice nurse or at home – or a combination. Mr. Whitworth will review you at 1 and 4 months postoperatively – these appointments will be sent by post.