PAUL HARRIS
PLASTIC SURGEON

www.paulharrisplasticsurgeon.co.uk

Breast Reduction Information Sheet

This information sheet is a general guide for patients undergoing breast reduction surgery under the care of Mr Paul Harris. It should help to clarify any questions that you may have. Factors affecting your individual operation, your recovery and the long-term result may include your overall health, your chest size and body shape, previous breast surgery, any bleeding tendencies that you have and your healing capabilities. These may be impacted by smoking, alcohol and medications. Such issues specific to you need to be discussed with Mr Harris and are not covered here. Please feel free to ask him any further questions before you sign the consent form.

Why might I have a breast reduction?

Breast reduction is designed to make the breasts smaller and more shapely. Many patients with large, heavy breasts have one or more of back, neck, shoulder or breast pain, a rash under the breasts especially during the summer months, difficulties with exercise, difficulty with clothing and supporting the breasts, and a feeling of embarrassment and/or depression. There may also be a marked difference in the size of the breasts (asymmetry), which can be another reason for undergoing the procedure.

The majority of patients that have a breast reduction report a significant improvement in their quality of life. Patients report feeling as if they have more energy, are less tired and have an immediate improvement in their posture. These changes can be measured by pre- and post-operative questionnaires.

How long should I wait after pregnancy and breast-feeding?

You should wait six months to a year after pregnancy/breast-feeding before considering a breast reduction, as during this time your breasts will be getting smaller (involuting) and there is a danger if you have a breast reduction too soon after a pregnancy, your breasts will end up too small.

How is it done?

There are many different methods used in breast reduction. In almost all, the nipple is lifted to a higher position, usually remaining attached to the underlying glandular tissue. There will therefore have to be a scar around the nipple areolar disc and a further vertical scar from this to the sub-mammary fold (crease underneath the breast). In many cases these are the only scars that are required and the operation is called a 'vertical scar mammoplasty'. In larger breasts, or where there is a large amount of thin skin, a further scar is required horizontally in the sub-mammary fold. This is known as an 'inverted T' or 'anchor scar'. The length of the horizontal scar is variable depending upon how much tissue needs to be removed in the flank area. Mr Harris makes an effort to limit these scars to as short as possible whilst still aiming to address the areas of concern to the patient. In extremely large breasts the nipple areolar is removed completely from the breasts and re-positioned as a free graft. If you undergo this procedure, there will be no sensation in the nipple and you will not be able to breast-feed post operatively.

What precautions should I take before surgery?

Pre-operatively, no aspirin or medicine containing aspirin should be taken for one week. Smokers should cut down at least three weeks before and stop completely three days before surgery to help minimise postoperative complications, which are more common in smokers. It is important that you do not start smoking again until all of your wounds are fully healed.

How bad will the scarring be?

Scars are an individual response to surgery and vary from person to person and from one part of the body to another. In general, they fade and soften over a period of one year. However they will never disappear.

Occasionally in very young and/or darker skinned patients the scars can thicken, become raised and itchy after surgery (scar hypertrophy) and in severe cases become keloidal. This is very rare and can be helped should it develop.

How long does the operation take?

The operation takes approximately two hours and is performed under general anaesthetic. You will normally stay in hospital for one night and you will be fit to leave hospital the following morning. If drains have been used, they will be removed before you leave the hospital.

When should I stop eating or drinking before surgery?

If your operation is in the morning you will be asked to have nothing to eat or drink from midnight the night before. You can drink small amounts of water up to 6.00am. If it is in the afternoon then you should have nothing to eat from 7:00am and stop drinking water at 10.00am. You should have somebody to drive you to and pick you up the following day from the hospital.

Do I need to buy a special bra?

It is important that the breasts are held in place firmly for the first few weeks after the surgery and a well-fitted surgical or sports-type bra often helps with this. Mr Harris can provide two such bras for you and will ask that you bring one of them to theatre so that it can be put on at the end of the operation whilst you are still asleep. Alternatively, you can purchase your own or even use an existing supportive non-wired bra. These types of bra need to be worn for six weeks following the surgery, both during the night for sleeping and during the day. After two or three weeks you may prefer to purchase a new sports-type bra or a half-top with a support band under the breasts, that more accurately matches your new size. You should wait until six weeks after the surgery before being fitted for new regular underwear.

Is the tissue removed from my breast examined for disease?

It is extremely rare to find anything wrong in the breast tissue removed at the time of a routine breast reduction. For this reason it is not usual to send the tissue to a laboratory for examination under the microscope.

If however, there is a strong family history of breast cancer or a previous history of breast disease, then Mr Harris might advise that the tissue be examined further. If this is the case, there maybe an additional cost associated with laboratory analysis.

How will I look after surgery?

Following surgery your breasts will be covered with a dressing of paper tape making a supporting brassiere underneath the surgical bra. Nothing further should be required until you re-attend the hospital after seven to ten days, when all the dressings will be removed and the wounds inspected. Dissolving stitches are used and therefore their removal is not necessary.

You can shower during the first week and just pat the tapes dry with a towel, or bath up to the waist to keep them relatively dry. Although getting the tapes wet is not a problem, please do not soak them for a prolonged period in bath water

Are there any complications that I should be looking out for?

In general the postoperative period is usually smooth with a surprising lack of pain. Mild painkillers like Paracetamol are all that are usually required. Be very careful to avoid medications that contain Aspirin. If one breast becomes swollen, particularly if it is tender or red, inflamed and/or you feel hot and fluey, please contact someone from Mr Harris' team immediately.

What about exercise and when will I return to normal activities?

During the first six weeks care must be taken to avoid stretching the scars and so only moderate activity is advisable and any exercise undertaken should exclude shoulder movements and arm movements. You will need help at home for the first 48 hours. After two weeks you may go back to non-physical employment and resume driving a car, but check this with your insurance company as some do vary. Three weeks after your operation you may resume gentle exercise, but violent movements, upward stretching of the arms and physical employment are inadvisable for six weeks. You can sleep on your back or side but not on your stomach for at least four weeks. You should be back to complete normality by six weeks following the operation.

What complications may occur?

As with any surgical procedure complications may occur. Fortunately these take place rarely with the newer techniques of breast reduction.

Occasionally a collection of blood (a haematoma) will occur. Small ones disappear without treatment. Large ones occur within 24 hours of your procedure so you will still be in hospital if you need a small second general anaesthetic to evacuate the blood.

Loss of feeling in the nipples is common in the first few months and in about 10% of patients this persists, occurring more commonly in patients with very large breast reductions. Often such patients have poor sensation before surgery. More importantly, the nipple may not respond well to being elevated to its new position. This may result in scabbing of the surface of part of the nipple and subsequent discolouration. Very rarely the nipple may perish either partially or completely.

Fat necrosis, on the other hand, occurs more commonly. If the breast is very fatty, then when it is incised some areas of fat may lose their blood supply and die. This will become evident in the postoperative period with an area of hardness in the breast. In most cases it resolves, without treatment, over a three to six month period.

Occasionally there may be problems in wound healing and this varies with the type of operation undertaken. If there is a lot of tension around the vertical scar then there may be a minor problem where the vertical scar meets the infra-mammary scar (the 'T junction'). With the vertical scar mammoplasty, a very early postoperative problem is skin wrinkling which takes up to twelve weeks to resolve (rather like skin contracture following pregnancy).

There may be minor asymmetry in size, volume or shape between the two breasts and in particular in the shape of the nipple areolar complex. It is important to realise that any asymmetry in the nipple areolar complex prior to surgery will remain. Adjustment may occasionally be necessary.

What size will I be after the operation?

Cup sizes form part of your pre-operative discussion but these vary between bra manufacturers and many patients have never been formally measured. No guarantee of an exact size can be given but most patients are very happy with their result. In the early post-operative period, the breasts will be swollen and it will take at least six months for your final size to be revealed. This will be influenced by any weight loss or gain during this period. It is easier to further reduce the breast size than to try and increase breast size if you are not happy with the outcome.

Will my breasts grow again after surgery?

Your breast size is determined by the amount of fat in the breast and this is influenced by your general shape and size. If you gain weight after surgery, your breasts will increase in size. The breasts also contain glandular tissue and there are some patients who are very sensitive to their circulating oestrogen and progesterone. Their breasts may go on growing. In particular young girls who have a breast reduction in their early years may find that, with or without pregnancy, their breasts carry on growing. Occasionally therefore, we have to undertake a second breast reduction. In some patients, the large breast size stretches and permanently damages the supporting ligaments of the breast. This will become apparent after surgery when the breasts become a more droopy (ptosed) but natural shape.

Will I be able to breastfeed after a breast reduction?

Although some women are able to breastfeed after a breast reduction, this is the exception rather than the rule. You should assume that you will not be able to breastfeed no matter how long after the surgery you have children. The ability to produce breast milk depends on the remaining breast being connected to the nipple by the breast ducts and these ducts are usually cut during surgery.

Will I be happy with my surgery?

We now have very good evidence that the vast majority of patients are extremely happy with their results. A small number of patients who develop bad scars are obviously less so. The majority of patients are relieved of their back and shoulder pain, and some of the pain in their breasts. Many patients are able to enjoy a completely new lifestyle and gain great confidence from this operation.

The Practice

Mr. Harris practices from 5 Devonshire Place in Central London, where he also performs minor outpatient procedures. Assisted by his regular anaesthetist, he operates at The London Clinic, (http://www.thelondonclinic.com) and also at The Royal Marsden Hospital, Fulham Road, (http://www.royalmarsden.nhs.uk). He also consults and operates at Parkside Hospital, Wimbledon (http://www.parkside-hospital.co.uk). All provide a full range of medical support services.

Main correspondence, appointments and administration

Many patients are referred by their General Practitioner. You may, however, arrange your own appointment with Mr. Harris, without referral.

Please refer all correspondence to:

5 Devonshire Place
London
W1G 6HL
Fax: 020 7927 6519

For appointments please contact:

appointments@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6520

For information and payments:

admin@paulharrisplasticsurgeon.co.uk, tel: 020 7927 652

For nursing support please contact:
nurse@paulharrisplasticsurgeon.co.uk, tel: 074 9622 8878