

Breast Reduction (Mammoplasty)

What is Breast Reduction Surgery?

This operation can be used to even up the size of the breasts where one is much larger than the other (**asymmetry**). It can also relieve the discomfort caused by large breasts, such as:

- Back, neck and shoulder pain and grooves in the shoulders from bra straps.
- Excessive sweating, rashes and skin infections under the breasts.

In most cases it is not performed until a woman's breasts are fully developed; however it can be done earlier if large breasts are causing serious physical problems.

The decision to place you on the waiting list can only be made following discussions with the Breast Team and receipt of approval of necessary funding from the Clinical Commissioning Group (CCG)

The operation usually takes between two and four hours. Typically, the excess breast tissue is removed using an anchor shaped incision circling the areola and extending downwards, following the natural curve of the crease of the breast. The nipples are repositioned to suit the new shape and size.

Guidelines are in place for Breast reduction surgery. Your weight and height will be measured to calculate your Body Mass Index score (BMI), which should be less than 26, with an anticipated volume reduction of 500 grams. If you do **not** reach the BMI target, it is unlikely that you will be considered for surgery. A recognised slimming club could help you lose weight slowly and safely. Ask at your GP surgery for help and advice and **avoid crash diets before admission** as this can affect your general health and your wounds may take longer to heal.

Can I have breast reduction surgery if I smoke?

You will **not** be added to the waiting list for breast reduction surgery if you are an active smoker. You will need to have been a non-smoker for a minimum of three months prior to being put on the waiting list. You are advised to speak to your GP practice about help with stopping smoking.

What are the alternatives?

The alternative is not having the surgery. Breast reduction is not an essential operation. As breast size alters with body weight, you will be more suitable for surgery if your weight is stable. Your breasts may increase in size again if you put on weight or become pregnant. Correctly fitting underwear and clothing can improve comfort and appearance. Counselling can be effective in body image problems. If at any time you have doubts or change your mind about the surgery, then please talk to your GP or to the breast care nurses.

What are the potential risks and side effects?

- **Pain** - the pain from this sort of surgery is not usually severe. You may feel some pain for the first few days especially as you move around and cough and there may be further discomfort for a week or more. You will be prescribed regular medication to lessen the pain but if you are in constant pain, let the nursing staff know. Your breasts should not be painful in the long term but if you already suffer from breast pain, it is unlikely that the surgery will cure this.

- **Blood transfusion** - All operations carry the risk of the patient requiring a blood transfusion, but it is unlikely you will need one following reduction surgery. If you have strong views or religious beliefs about this, please discuss any issues with your surgeon before surgery.
- **Haematoma** - A collection of blood underneath the skin, which may happen after surgery. The breast may become painful and swollen and the area may need to be drained in the outpatient department. If the haematoma is severe then a second short procedure under anaesthetic may be required to remove the area.
- **Infection** - A wound infection can occur after any surgical procedure. If this happens it may be treated with antibiotics and if necessary further dressings. The resulting scars may not be as neat after an infection. Any major operation with a general anaesthetic carries a small risk of a chest infection, particularly among people who smoke.
- **Deep vein thrombosis** - A blood clot in the legs. This is a potential complication following surgery and bed rest. People who are taking the oral contraceptive pill or hormone replacement therapy and those who smoke are at the greatest risk. Occasionally clots can break off and pass to the lungs, known as a pulmonary embolus. All patients are given compression socks / stockings plus a daily injection (to thin the blood) whilst in hospital, to reduce the risk of this problem.
- **Nipples** - Breast reduction surgery always involves changing the position of your nipples. Part of the nipple can die due to poor blood supply. The nipple will have a scarred appearance in the affected area. Complete nipple loss is rare, but can happen. Smoking can increase the risk of this problem. If this does occur it may be necessary to have further surgery. Loss of or change in normal sensation to the nipple and areola is common.
- **Wound breakdown** – wound healing may sometimes be delayed. This may be because of poor blood supply to the area, poor nutritional status and/or infection. This may result in a longer stay in hospital, wound dressing and possible surgery. Smoking increases the risk of this as it can have an adverse effect on healing of surgical wounds. Eating a healthy well balanced diet promotes good wound healing.
- **Scars** - Initially the scar will look red, slightly lumpy and raised. Regular massage of the scar with a light non-perfumed moisturising cream could help it settle and fade over time and may take up to two years. Some people may be prone to the development of keloid or hypertrophic scars which are raised, itchy, and red. If you have a tendency to produce scars like these then do discuss this with the surgeon. If you have concerns about your scar, your GP can be contacted who may refer you back to the hospital. In the majority of cases, scars settle to become less noticeable.
- **Breast-feeding** - It is unlikely that you will be able to breast feed following breast reduction surgery. If you are keen to be able to do this, we recommend that you consider postponing surgery until you have completed your family.
- **Size and Asymmetry** - Although every effort will be made to make your breasts equal in size and shape, you may find that there is a small difference between the two breasts. This can be considered normal, but if you have concerns or questions, please talk to the surgeon. It is not possible to guarantee breast size when having reduction surgery.

Although you will sign a consent form for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

What are the expected benefits of treatment?

Correction or improvement of breast asymmetry if present. Relief of discomfort caused by large breasts, such as:

- Back, neck and shoulder pain and grooves in the shoulders from bra straps.
- Excessive sweating, rashes and skin infections under the breasts.

What should I do before I come into hospital?

Now that you have had your initial clinic consultation you will be sent an appointment to see the breast care nurses specialists to discuss the surgery in more detail.

Following this appointment, you will then be rebooked into the breast clinic for another consultation. If you wish to proceed with the surgery and meet the relevant criteria you may be added to the waiting list. You will be required to attend a Surgical Pre Assessment clinic prior to your admission to hospital and an appointment will be posted to you. You will need to bring a list of any medicines that you are currently taking to the Outpatient Clinic, the Pre-assessment Clinic and also with you on admission to the hospital.

Will I have an anaesthetic?

This operation is performed using a general anaesthetic. An anaesthetist will visit and examine you on the ward and explain the anaesthetic procedures.

How will I feel afterwards?

You will be mobile and independent after the operation. The operation does not usually cause much pain afterwards, although some tightness and bruising may result in discomfort.

You will need to wear a firm, supportive, non-wired sports bra for three months following surgery as this may reduce the tendency for the wounds to stretch. After surgery there will be swelling and your breasts will seem high and firm. They will become more comfortable and gain a more natural shape over time. After three months you may wish to have your breasts measured to determine your new bra size.

Breast firmness and tenderness is common in women and can relate to your monthly periods. After your breasts have healed, these symptoms may return.

It may take time to get used to the look and feel of your new breast shape as they will feel lumpy and tender at first. Continue to be 'Breast Aware' and if you notice a change in the breast which is new or unusual for you always seek advice from your G.P.

How long will I be in hospital?

You will be in hospital for between two and four days.

What should I do when I go home?

Once you have gone home, if your wounds become red, swollen, hot, painful, discharging or if you are feverish please contact your GP or the GP out-of-hours service as soon as possible.

How soon will I be able to resume normal activities?

As stated earlier, you will be mobile and independent when you go home. You will be able to undertake 'light ' everyday activities but you may need to arrange help with heavy shopping, strenuous housework and care of small children, for about two weeks after surgery.

You will not be able to drive for between two and four weeks after surgery. Before driving, check with your insurance company that you have appropriate cover.

Most sport can be resumed within a couple of weeks, but we would suggest you check with your surgeon or breast care nurse first. If the sport involves strenuous upper body movements for example aerobics, golf, swimming or any racquet sports then it is probably advisable to gradually return to these activities about a month after surgery.

You may resume your sex life as soon as you feel comfortable, however, your breasts will feel tender and you may not feel up to physical contact initially. Some women are concerned that her partner may hesitate to touch her and make the woman feel less attractive. The reason for this is more likely that the partner is afraid of hurting you. Couples need to talk over their fears and feelings.

Will I have to come back to hospital?

When you go home, you will be advised regarding removal of your dressings and sutures/clips. These are approximately five and ten days post operation. Alternatively dissolvable sutures may be used. If you have purchased your sports bra it is important to bring it with you to your first appointment. You will also be reviewed in the breast clinic approximately six weeks after your operation and will receive this appointment through the post.

When can I return to work?

You will need three to four weeks off work or college.

Sources of information

If you require any further information or are concerned about any of the issues raised in this fact sheet, please contact one of the following:

Breast Care Nurse Specialists

Conquest Hospital – Louise Hunter - Tel: 0300 131 4834, Juliette Twyman – Tel: 0300 131 4833 or Debbie Turnbull Tel: 0300 131 4833

Eastbourne DGH –Heather Driver, Emma Robb and Katy Hollobon Tel: (0300 131 4604
Secretary to Mr Allan - Tel: 0300 131 5385

Secretary to Miss Shah - Tel: 0300 131 5056

Secretary to Mr Subramanian - Conquest: Tel: 0300 131 5057

Eastbourne DGH: Tel: 0300 131 5385

or you can speak to your surgeon at your Outpatient appointment.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: – Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Hand Hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other Formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The Conquest and Eastbourne breast multidisciplinary teams have been consulted and agreed this information.

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Responsible clinician/author: Louise Hunter Macmillan Breast CNS
Heather Driver, Macmillan Breast CNS

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