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BREAST REDUCTION

GENERAL INFORMATION

Women who have large breasts may experience a variety of problems from the weight and size of their breasts, such as back, neck, and shoulder pain, and skin irritation. Breast reduction is usually performed to help partial relief of these symptoms as the cause may not just be due to large breasts. The best candidates for surgery are those who understand the procedure with the resultant scars and have realistic expectations about the results. There are a variety of different surgical techniques used to reduce and reshape the female breast. There are both risks and complications associated with breast reduction surgery.

ALTERNATIVE TREATMENTS

Breast Reduction is an elective surgical operation. Alternative treatment would consist of not undergoing the surgical procedure, physical therapy to treat pain complaints, or wearing undergarments to support large breasts. In selected patients, liposuction has been used to reduce the size of large breasts but leaves lax skin. Risks and potential complications are associated with alternative surgical forms of treatment.

RISKS OF BREAST REDUCTION SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, we should discuss each of them at the time of consultation to make sure you understand all possible consequences of breast reduction.

- A) Bleeding-** It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it usually

requires simple treatment to change the dressing and some pressure to the wound. Best is not take any aspirin or anti-inflammatory medications for ten days before the surgery, as this may increase the risk of bleeding. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding such as **garlic, ginseng and Evening primrose oil, ginger and vitamin E tablets** and are best avoided pre-operatively.

B) Haematoma: can occur at any time following breast reduction but mostly after 24-72 hours. Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets but if you stay in hospital these will be given as a small injection in the evening after surgery. There still is a potential risk of blood clots in the legs even with maximum prevention techniques.

C) Infection- Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. You will have just 2 doses of antibiotics after surgery.

D) Change in Nipple and Skin Sensation- You may experience a diminished (or loss) of sensitivity of the nipples and the skin of your breast. Partial or permanent loss of nipple sensation can occur after a breast reduction in one or both nipples. Changes in sensation may affect sexual response or the ability to breast feed a baby. In rare circumstances the nipple may be lost entirely. Loss of the nipple completely is about 1% and partial loss at about 5% depending on the size of the breast reduction.

E) Skin Contour Irregularities- Contour and shape irregularities may occur after breast reduction. Asymmetry is natural in about 95% of women and one breast may be smaller than the other post operatively due to a natural pre-operative asymmetry. Nipple position and shape will not be identical one side to the next. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

F) Stiches- My surgical techniques uses deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires suture removal. I use a dissolvable suture so no stitches need removal after the operation. For dressings I use a glue system and a paper strip that naturally starts to separate from the wound by 14 days after surgery. You will be seen at this time point for a wound review.

G) Skin Discoloration / Swelling- Some bruising and swelling normally occurs following a breast reduction. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time. Additionally, these areas may have exaggerated responses to hot or cold temperatures.

H) Scarring- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). In some cases scars may require surgical revision or treatment. Depending on skin type there may be an increase likelihood of thick scars (hypertrophic) or very thick bulky scars (Keloid) occurring in any of the incisions for breast reduction surgery. There will be a scar completely round the areolar/nipple complex. The areolar (the area around the nipple) will be made smaller in this operation and both sides will mostly be nearly the same size afterwards. It is this area that can have thickened scars.

I) Firmness- Firmness to part of the breast can occur after surgery due natural breast swelling post surgery. The degree of occurrence of this is not predictable and may be different on both sides.

J) Delayed Healing- Wound disruption or delayed wound healing is possible. Some areas of the breast skin or nipple region may not heal normally and may take a long time to heal. The area that is under the greatest tension after wound closure is in the breast fold and is where 3 points of the skin come together. This is called the T-Junction and may come apart to then require further dressings. It very rarely requires any other surgical intervention. Other areas may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to breast tissue from past surgery or radiation therapy may be at increased risk for delayed wound healing (10-30%) and poor surgical outcome. **Smokers have a greater risk of skin loss and wound healing complications.**

K) Fat Necrosis- Fatty tissue found deep in the skin might die (10% risk). This may produce areas of firmness and tender spots within the skin. It usually becomes apparent by the first week and with massage can then resolve but takes a couple of months. Very rarely, Additional surgery to remove areas of fat necrosis may be necessary (breast biopsy). There is the possibility of contour irregularities in the skin that may result from fat necrosis.

L) Unsatisfactory Result- Although good results are expected, there is no

guarantee or warranty expressed or implied, on the results that may be obtained. I hopefully have been through all the aspects to this surgery but You may still be disappointed with the results of breast reduction surgery. Asymmetry in nipple location, unanticipated breast shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Breast size may be incorrect. Unsatisfactory surgical scar location or visible deformities at the ends of the incisions (dogears) may occur. It may be necessary to perform additional surgery to attempt to improve your results.

M) Asymmetry- Some breast and nipple asymmetry naturally occurs in most women. Differences in terms of breast and nipple shape, size, or symmetry (at different levels on the chest wall) may also occur after surgery. If there is breast/nipple symmetry pre-operatively I will endeavour to try and partially correct it at time of surgery.

N) Allergic Reactions- In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) very rarely occur in response to drugs used during surgery and prescription medicines. All anaesthetics will be discussed before the operation by the anaesthetist.

O) Seroma- Fluid accumulations infrequently occur in between the skin and the underlying tissues. Should this problem occur, it may require an aspiration procedures for drainage of fluid in the clinic.

P) Pain- You will experience some pain after your surgery. A breast reduction may not improve complaints of musculoskeletal pain in the neck, back and shoulders. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after a breast reduction. You will be provided with a support bra post-operatively in some hospitals and also pain relief. The post-operative bra does help significantly with the pain relief and will be required to be worn for about 2 weeks after surgery. PLEASE BRING ONE WITH YOU IF IT ISNT GOING TO BE SUPPLIED.

Q) Thrombosed Veins- Thrombosed veins, which resemble cords, occasionally develop in the area of the breast and resolve without medical or surgical treatment.

R) Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)- Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a much greater risk for significant surgical complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may

have a significant negative effect on anaesthesia and recovery from anaesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. I DO NOT operate on current smokers due to a 70% risk of the above complications.

S) Female Patient Information- It is important to inform your plastic surgeon if you use birth control pills, oestrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

T) Size. I guarantee with this operation is that your breasts will be made smaller. I can't guarantee a bra size as there are so many variants out on the market. A 34 D cup becomes a 32 E cup in any high street bra store. We will discuss at length the possible size you will go down to help your decision making for this operation.

Please bring any questions with you to the appointment, or call my secretary (0208 7097806) if there are any concerns or pre-operatively and I will do my best to answer them.

Please sign one of the copies and bring it with you at the operation as this forms part of the consent for operation.

Signed Date..... Print
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