



Patient Information Guide

Breast Reduction

Breast Reduction

Topics to be discussed with your Surgeon - Things you need to know

1. SURGICAL CONSULTATION

How the operation is performed:

This is performed usually under a general anaesthetic with a planned overnight stay. On occasion the Surgeon, or you yourself, may want to go home on the day of surgery.

The site of the Incision:

There are various methods of breast reduction techniques, all basically revolve around reducing a proportion of the breast volume, preserving the blood supply to the elevated nipple/areolar complex and then re-shaping the breast mound. See diagram below. Your surgeon will explain his/her preferred technique, and where the incision is to be placed. The most common final scar of all breast reduction techniques is the anchor-shaped scar.

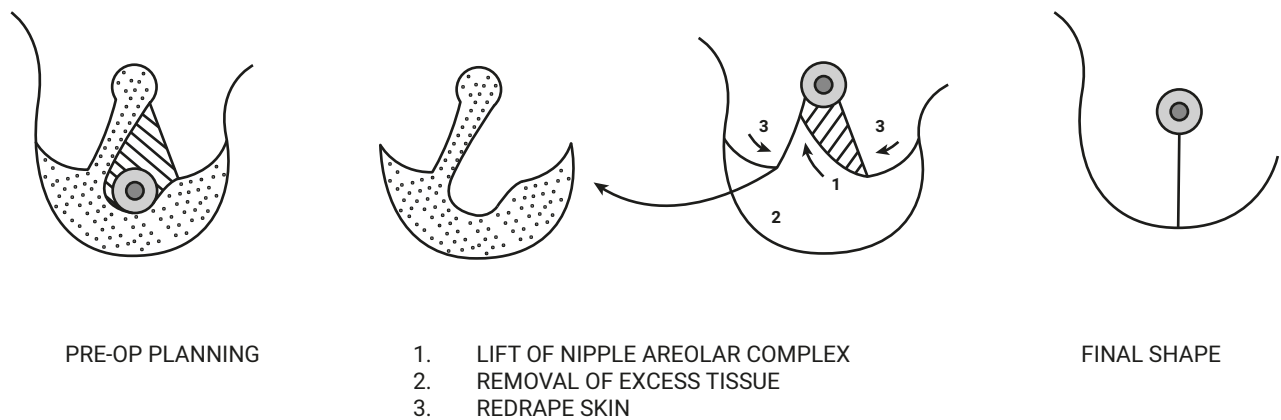


Figure 1. A simple schematic of a Breast reduction procedure

The types of Stitches/sutures:

All sutures are placed below the skin and are dissolved by the body over the course of a few weeks. Nothing needs to be pulled out/removed. Often surgeons will seal the wound with tissue glue, and a specialized tape (Preneo®). This acts to limit the risk of superficial wound infection from the normal bugs we all have on our skin. This glue and tape peels off after approximately 2weeks.

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Surgical drains

In most breast reductions, drains have been proven to have no benefit, but your surgeon may reserve the right to make an intra-operative decision to use a drain if he/she feels they are indicated.

Shape of the breast after operation:

In the procedure the breast is reshaped and during this process lifted up. A slight “over-correction” is performed knowing that over the course of the first few post-operative weeks as the swelling reduced the breasts will drop into a more natural position.

Volume or cup size after a reduction:

There is no standardized cup volume of a bra, making it impossible to guarantee a cup size after the operation. However you can explain your aims of reducing, for example from an H-cup to a E-DD cup size, and your surgeon will do their level best to match these expectations.

Asymmetry:

Most women have some form of minor breast asymmetry. One side may differ from the other in volume, position of the nipple or shape of the chest wall. This is entirely normal. Your surgeon will try to adjust this as best he/she can during the procedure, but if minor differences still remain after the operation we accept that it is within normal limits.

Potential risks of the operation:

- 1) Bleeding – If it occurs the breast will swell significantly, be 2-3times bigger than the other side, be obvious and painful. Unfortunately we need to see you and take you back to theatre, search for the vessel that is bleeding/has bled, cauterize it wash the breast out and close the wound again.
- 2) Swelling and bruising – this is not uncommon to have swelling/bruising, which may take a few weeks to settle.
- 3) Infection – We make every effort to limit the risk of infection, however if after the operation the wounds become red, hot, swollen or there is a discharge from the wound we need to see you straight away. Minor wound edge problems can be treated with appropriate antibiotics and specialized dressings. Deeper tissue infection may require a return to theatre. **DO NOT HESITATE TO CONTACT US IF YOU HAVE ANY CONCERNS.**

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- 4) Scarring – The size length and position of the scar would have been discussed with you in your pre-operative consultation. However, everybody heals differently and all scars usually will be red and raised and lumpy for the first few months and then take around 1 or 2-years to fade.
- 5) Alteration in sensation- it is not uncommon to have altered sensation over the lower half of the breast, especially the nipple. The nipple may be numb or hypersensitive after the operation. It may take some time (months to years) to recover, but occasionally some numbness may be permanent. “Pins and needles” type pains can occur across the breast in the first few post operative months as nerves that are stretched or traumatized by the surgery slowly recover. This will improve over time.
- 6) Stitches – very occasionally a deep suture (stitch) takes longer than expected to be absorbed by the body and then works its way to the surface and looks just like a small pimple within the scar. This may cause anxiety, but in fact is a minor problem that the plastic surgery nurses can manage easily in the dressing clinic all it takes is a clean of the area and a quick pull with some tweezers.
- 7) Necrosis – This is a medical term for poor blood supply to the tissues resulting in that tissue dying and although very rare this can occur to the skin edges, breast tissue and fat or the nipple. This may require further surgery. This will be explained in more detail by your surgeon.
- 8) Breast feeding – depending on the technique used in the breast reduction, breast-feeding may not be possible.
- 9) Breast screening – your radiologist performing the breast screening needs to be told if you have had any breast operation, but it does not affect the pick up rate of breast cancer.
- 10) Revision surgery over time – this may occur due to changes over time with weight changes (increase or weight loss), pregnancy or breast-feeding.

Post-operative dressings/support:

You will wake up in a specialized post-operative bra and binder. The binder is used for added support for between 1-3 days, before being removed. The specialized bra you wear day and night for 6 weeks. A nursing appointment will be made for 1-2 weeks after your surgery, and a follow up appointment with your surgeon in approximately 3-6months.

How will the breasts feel after the Operation?

The breasts will be supported in the bra they will be swollen, firm, lumpy. Your body will naturally absorb this air or fluid in the first few post operative weeks. The breasts start to soften around 6 weeks, and by 3months the swelling should have gone down, leaving you with your new shape.

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What about pain relief and antibiotics:

You will not be allowed home until you are comfortable and pain free. We send you home with a range of different painkillers and a course of oral antibiotics as part of our standard package of care.

Pre-assessment:

You will require an assessment with the nursing team a few weeks before surgery. Ideally this is done face to face, but may on occasion be done telephonically. During this period you will have an opportunity to discuss any aspect of your surgery at that time.

2. PREPARATION BEFORE SURGERY

It is advised that you undertake all of the household duties prior to your admission to hospital, as you will not be able to perform these for a while afterwards. This includes vacuuming, dusting, and clothes washing, ironing and shopping i.e. no pushing, pulling, lifting

DO NOT take any Aspirin or medication containing Aspirin for at least 7 days prior to surgery. (Aspirin may be re commenced after 48hrs post op.) If you take Aspirin or any other form of blood thinning medication for a medical condition, please discuss with your surgeon.

I prefer if you do not take Arnica during the period prior to surgery. If you do want to take it please start it at least 24hours post surgery.

Food and drink

NO FOOD IS ALLOWED 6HOURS PRIOR TO ANY SURGERY, THIS INCLUDES ANY SWEET/CHEWING GUM. YOU MAY HAVE SMALL SIPS OF CLEAR FLUID (STILL WATER/BLACK TEA/BLACK COFFEE) UP TO 2 HOURS PRIOR TO ADMISSION TO HOSPITAL

3. WHAT HAPPENS ON THE DAY OF THE OPERATION

On arrival you will have routine observations performed and a check of all the relevant paperwork carried out by the nursing staff. Then you will be asked to change into a gown.

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All your jewellery must be removed, including ALL metal body piercings. It is recommended that you do not bring anything of value into hospital. All makeup must be removed as it can damage your eyes if left on while you are asleep. You must also remove all nail varnish and acrylic nails.

What will happen when I wake up?

You will find yourself sitting upright, supported with pillows. It is important that you remain in this position to help reduce the swelling unless indicated otherwise. Do not try to move yourself up the bed using your arms/ pushing in the hands, as this action moves the muscle on your chest and could potentially cause bleeding. You should use your stomach muscles and bottom to move up the bed. Do not allow anyone to assist you up the bed by lifting you up from under the armpits.

You will be allowed out of bed to pass urine (water) with the assistance of the nursing staff the first time, in case you feel lightheaded. Because you are lying / sitting more upright than normal for the first few days after the operation, it is quite common for the small of your back to be uncomfortable. It helps if you move slightly from one buttock to the other to relieve the pressure.

4. AFTER YOUR OPERATION

Travelling – home and afterwards

When you travel home you may want to put some padding or a small towel under the car seat belt, as it could rub and be uncomfortable across your breasts. It is recommended that you do not drive for 14 days following surgery.

Follow up care

You will need to return to your hospital/ medical centre after one week. This appointment will be made at the time of your pre-assessment.

At Home

It is important that you have total rest. This means do nothing that will raise your blood pressure, including physical activities, sexual activities and housework during the first 2 weeks. This could induce a bleed, and add to the swelling. You can potter about and undertake activities that do not involve pulling, pushing and lifting. For 2 weeks avoid anything that involves raising your elbows above shoulder level, including washing your hair, in first week. (Ask someone to help you)

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5. AFTER THE FIRST TWO WEEKS

Start returning to your normal activities of living. Be sensitive to your body and try not to do too much too soon. Therefore, if you experience any pain, stop and try again another day.

You can drive and start lifting light objects. Gym activities, aerobics or sports that involve using your arms should be avoided for six weeks. You may start lower leg exercise after 4 weeks. You can start lifting your elbows above your shoulders, washing your hair, getting the washing off the line, etc.

Massage/moisturise; Treat the whole breast, including scar. Use the palm of your hand in a gentle circular movement, using a moisturising cream for dry skin, e.g. E45. This helps to soften your skin, adjacent tissue, and adjust to its new contour. Experience how your breasts feel before letting anyone else touch them.

6. GENERAL INFO /FAQ'S

What type of Bra should I wear?

Wear your supportive bra for 24 hours a day during the first week, for the next 5 weeks it may be removed for showering only. It is important that you do not wear any bras with wire, as they rub on the scars and push your breasts up, which will delay them from softening and dropping into the natural breast shape.

What is the best position for me to sleep in?

Sleep on your back with one or two extra pillows during the first 2 weeks, as this will help to reduce swelling. If you want to lie on your side after the second week, use a pillow, hugged at the front and one between the knees, this helps to stop you rolling and aids comfort.

Will I be in much pain?

It will be uncomfortable over the first few days; this varies from person to person. Analgesia (painkillers) will be prescribed to take home.

What about my Skin care?

After the first week you can apply moisturising cream, to keep the skin supple, best performed straight after showering, to avoid removing your bra too frequently.

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What about Work / Sport / Leisure?

It is recommended that you take 2 to 3 weeks off work. If you have an active hobby / leisure interest, please ask the surgeon or nurse for advice. It is also advisable to avoid bending forward too much at first.

Can I lift my Children?

If you have young children or babies, please do not lift them from a low level, and avoid knocking your breasts. However you may still maintain your bond with a cuddle, but protect your breasts with a pillow or towel. It is recommended that you get help with care for your children during the first 2 weeks of recovery.

Should I take special precautions when bathing?

Please keep the wounds dry for the first week. You may take a shallow bath. Keep your bra on and do not have the water too hot, as heat can cause swelling. After your first post-operative check with the nurse at 1 week, you will be advised if you can then shower.

How soon after my procedure can I sun bathe:

Do not sit out in strong sun for the first 2 weeks after surgery. Once fully recovered and the scars are matured you may go topless. (In cold and hot environments you may experience strange sensations in both breasts.)

Should I adjust my diet?

Maintain a healthy nutritious diet with plenty of fruit and vegetables, as this is important for wound healing and bowels.

Will my procedure affect my bowel movements?

As you are inactive and due to use of painkillers, you may become constipated. For your own comfort and wellbeing, prevent this from happening. Purchase an aperient such as Senokot® or what ever has suited you in the past.

How soon after my procedure can I fly?

If possible avoid flying for the first six weeks, wear flight socks and take low dose aspirin before flying.