

# Patient Information Sheet

## Breast Lift & Breast Reduction



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*Breast lift and breast reduction are surgical procedures that involve the removal of breast tissue and reshaping of the breast.*

Breast lift surgery is an option for women who, although satisfied with the size of their breast, are unhappy about sagging and loss of firmness. The procedure is called "mastopexy".

Breast reduction surgery is an option for women who are trying to ease the physical symptoms caused by the weight of excessively large breasts. The procedure is called "reduction mammoplasty".

Healthy women of any age can have a breast lift or breast reduction. Surgeons generally recommend waiting until breast development, child birth and breastfeeding have stopped.

All of these can have unpredictable effects on breast shape. However, some women prefer to have a breast reduction or breast lift procedure performed at a younger age than a surgeon may recommend. Breast lift and breast reduction can be used to balance the size and shape of significantly unequal breasts.

The surgery can be used to match the size of a healthy breast to one which has been reconstructed following a mastectomy. It is important to appreciate that breasts, nipples and areolas are never exactly the same shape.

### **The Main Reasons for a Breast Lift (Mastopexy)**

- » To reshape sagging breast and improve contour. Although breasts of any size can be lifted, the results may not be as long lasting in women with heavier breasts
- » To increase the firmness of soft breasts by removing excess skin.
- » To increase the volume of breasts, in combination with the insertion of an artificial implant to enlarge the breast (augmentation mammoplasty).
- » To raise the position of downward pointing nipples and areolas.
- » To reduce the size of the areolas.

### **The Main Reasons for a Reduction Mammoplasty**

- » To reduce breast size in a woman whose breasts are heavy and pendulous, or too large for her body frame.
- » To improve posture and ease pain in the back, neck and shoulders caused by the weight of heavy breasts.
- » To relieve pain in breast tissue, particularly around menstruation.
- » To allow a greater range of physical activity, which may be restricted because of the size and weight of breasts.
- » To raise the position of downward pointing nipples and areolas.
- » To reduce skin irritation in the breast folds.
- » To improve self-confidence in a woman who is embarrassed and dissatisfied with her breast size.

### **The Decision to have Mastopexy or Reduction Mammoplasty**

Decisions about surgery should only be made after discussion with your surgeon. The decision whether to have surgery is always yours and should not be made in a rush. Make a decision only when you are satisfied with the information you have received and believe you have been well informed.

Your surgeon will be pleased to discuss the benefits and risks of breast lift and breast reduction. You must keep

in mind that your surgeon cannot guarantee that the surgery will meet all your expectations, or that the surgery bears no risk.

Read the sections on general risks of surgery and specific risks of breast lift and breast reduction surgery.

Patients who are healthy and have realistic expectations are suitable for breast lift or breast reduction. Both are “elective” surgical procedures; this means that the surgery is a matter of personal choice. Mastopexy is termed a cosmetic procedure. Reduction mammoplasty is often carried out for health reasons, to relieve the symptoms of excessively large breasts.

It is important to decide on the breast size and shape you would like and also anything else about your breast that you would like to see improved. This will help your surgeon to understand our expectations and determine whether they can be met. To predict the exact outcome of breast size and shape is not possible. Other factors such as weight gain, weight loss, or hormonal factors will continue to affect the breast tissue. You should inform your surgeon if you plan to lose a large amount of weight. Your surgeon may recommend that you stabilise your weight before breast surgery.

Your surgeon will discuss the surgical options that are available, including how and where the nipple and areola will be repositioned, and the site of the number of incisions.

The shape and size of the breast before surgery will influence the surgical procedure and outcome. The surgeon cannot guarantee symmetry of shape and size after your lift or reduction. Some differences are likely to occur. *Photographs are usually taken for your medical records.*

## Costs

Ask your surgeon to provide an estimate of the surgical, anaesthetic and hospital fees and any other costs which may apply. This is only an estimate because the actual treatment may differ from that proposed. If further treatment is needed because of complications, or other options you may choose, extra costs are likely to apply. Ask your surgeon about costs which may be covered by Medicare or Private Health Funds. Medicare benefits are payable in specific cases but not for cosmetic reasons. You should discuss costs before treatment rather than afterwards.

## Surgery

In most breast lift or breast reduction procedures, the nipple and areolas remain attached to their blood and nerve supply while they are repositioned. However, if breasts are extremely large, where the nipples are near the level of the waist, the nipples and areolas may have to be completely removed before they can be repositioned at a high level. This will result in the permanent loss of sensation in the nipple and areola, and the inability to breastfeed.

All breast lift and breast reduction procedures leave permanent scars. These will be red initially and take six months to one year to fade. They are placed so that they will be as hidden as possible, even if low-cut clothing is worn. Sometimes the final scars may be unsatisfactory, and scar revision may be required.

Some surgeons prefer that patients wear a supportive stocking or a continuous calf compressor during surgery to reduce the risk of blood clotting in the legs.

## Surgical Techniques

The location of incisions will depend on the size and shape of your breasts, the amount of skin and tissue to be removed, your surgeon’s recommendations and your preferences. Your surgeon may use a skin pen to mark your breasts immediately before the surgery to map out the incision lines.

Three methods may be used to lift breast or reduce breast size as follows:

### **Robbins (Inferior Pedicle) Method:**

This is the most common procedure. It involves three incisions:

- » Around the areola
- » Vertically down from the lower edge of the areola to the crease under the breast (inframammary fold)
- » Horizontally, along the natural curve of the breast crease.

After excess skin, fat and breast tissue are removed. The nipple and the areola are moved into a higher position.

The skin and breast tissue are stitched into place to reshape the breast. The horizontal scar is typically 20 to 25 centimetres long.

**Lejour Method:**

The Lejour method is similar to the Robins method but does not use the horizontal incision along the breast fold. The vertical scar is puckered and takes several weeks to smooth out.

**Benelli (Per-areolar) Method:**

The Benelli method involves two circular incisions around the areola, one outside the other. Skin and breast tissue are removed from between the two. The result is one scar around the areola but it can lead to the impression of flat-looking breasts.

**Recovery after Surgery**

After breast reduction surgery, most patients stay in hospital between two to four days.

**Pain** – During the first few days after surgery, pain and discomfort are common, particularly when moving or coughing. Your doctor will prescribe pain killers. Gradually, pain should ease to become discomfort, which typically will fade in a week or more.

**Activity** – Take things easy for the first days. In hospital you will be encouraged to get out of bed for short periods to improve your circulation and gradually increase your activity. It is often normal to feel tired and lethargic in the weeks following breast lift or breast reduction surgery.

**Dressings** – After surgery you will wear an elastic dressing or surgical bra to provide support for your breasts. An adhesive gauze dressing will cover the incisions.

**Wound Drainage** – A plastic tube may be inserted into each breast to drain off excess fluid. The tubes may be attached to small vacuum containers to maintain suction. They remain in place until the drainage is minimal and are then removed by your surgeon or a nurse, usually a few days after surgery. The other dressing may be changed or removed at this time.

**Bra** – Your surgeon will discuss the wearing of a bra. You may be instructed to wear one, day and night, for the next few weeks. As the swelling caused by the surgery goes down, the size and shape of your breast will change. For this reason, it is not advisable to buy too many new bras at once.

**Incisions** – these will heal over the next 10 to 21 days. Keep the incision lines dry during this time. Bathing and showering must be done carefully. Your surgeon will give instructions on special care. Stitches, if not dissolvable, will be removed in stages by the surgeon or a nurse over the next three weeks, as part of your follow-up evaluations.

**Scars** – these will remain red and raised for several months. They will gradually fade and flatten. Once the stitches are removed and the incisions have healed, you can help to flatten the scars by massaging the incision lines. Use two fingers, gently massage the scar with a moisturising cream two or three times a day. Protect your scars from direct sunlight or suntan lamps for a least a year.

**Emotions** – Some women describe mood swings, with feelings of depression, anxiety and elation in the first days following surgery. This is not unusual and should pass. However, if emotions get worse, or persist, tell your surgeon. Counselling may be recommended.

**Smoking** – Do not smoke. Smoking contributes to wound breakdown and delayed healing, as well as causing other health problems.

**Resuming Normal Activities**

Your surgeon will give you instructions for resuming normal activities and work. Extreme care must be taken with the breasts over the following weeks.

Sexual activity should be avoided for the first week as sexual arousal can cause the breast to swell.

For about three to four weeks, avoid lifting anything heavier than one kilogram (about two pounds), such as small children, or heavy shopping bags. Strain on incision lines can lead to a wound breakdown.

Most women can return to work after two weeks, if work is not too strenuous. Gentle sporting activities can be started after a month, with good bra support. You may have much less stamina for several weeks.

Your breasts may initially feel firm and appear to be quite high on your chest. Although much of the swelling and bruising will disappear in the first few weeks, it may be several months before your breasts acquire a more natural shape and position.

During this time, you may find it difficult to sleep in any position but on your back.

## **Risks of Surgery**

Modern surgery is safe but does have risks. Despite the highest standard of surgical practice, complications can occur.

It is not unusual for a surgeon to dwell at length on every possible side effect or rare, serious complications of any surgical procedure. Sometimes such extreme detail can be needlessly frightening.

Most women will not have complications, but you should discuss your concerns about possible side effects with your surgeon. If complications occur, more surgery may be needed. This will lead to more costs and inconveniences. A Medicare or Health Fund rebate may be available for treatment of complications.

## **General Risks of Surgery**

The following possible complications are listed to inform and not to alarm. Carefully read this section and the specific risks of breast lift and breast reduction.

- » Wound infection although not common, is more likely in a person with diabetes. Treatment with antibiotics may be needed.
- » Bruising and swelling can take two or three days to develop, but usually fades after a few weeks.
- » Bleeding from the wound.
- » Poor and slow healing of the skin and breast tissue, with the possibility of wound breakdown. This is more likely in smokers.
- » In some people, scarring after surgery can become raised and thick. This is influenced by hereditary factors. While most scars fade and flatten over six months to a year, some may become "keloid" and remain raised, itchy, thick and red. A keloid can be annoying but is not a threat to health. Additional surgery or chemical treatment may be needed to try to improve the scar.
- » Heart and circulation problems. A blood clot (thrombosis) can develop, usually in a leg vein. A clot can move to the lungs, heart or brain, where it can be life threatening.
- » A chest infection may develop after general anaesthetic.
- » A sore throat, caused by the breathing tube used during anaesthesia, can last for several days.

## **Specific Risks of Mastopexy and Reduction Mammoplasty**

**Asymmetry** – Breast lift and breast reduction are not trivial procedures. The surgeon cannot guarantee symmetry of breast shape and size after the procedure. Some differences are likely to occur, and the position of the nipples may vary slightly.

**Loss of Sensation in Nipple and Areola** – Some women have a loss of sensation or altered sensation in the nipple and areola following breast lift or breast reduction. Although this is usually temporary, sensation may take several months to return to normal or near normal. In some cases, despite the nipple and areola remaining attached to their nerve supply throughout the procedure, the loss of sensation may be permanent. If the nipple and areola are removed and grafted into their new position, the loss of sensation is always permanent.

**Loss of Nipple & Areola Tissue** – In some rare cases, the nipple and areola tissue can lose its blood supply and die. Reconstruction, in the form of a skin graft from another part of the body, will be required to rebuild the nipple and areola area at a later stage.

**Breastfeeding** – Breast lift surgery does not usually affect the ability of a woman to breastfeed. Breast reduction, however, requires more extensive surgery and is not recommended for women who intend to breastfeed. While some reduction techniques can preserve the nipple structure and milk ducts, others may lead to their removal. If you want to breastfeed or become pregnant, discuss breastfeeding with your surgeon.

In some patients, especially those having very large reduction mammoplasties, breast lumps may be noticed a

few weeks after surgery. These are most likely due to small collections of blood (haematomas) or small areas of dead fat cells which are still healing.

## **Contact Your Surgeon**

**Tell your surgeon if you have any of these problems:**

- » Fever (with a temperature of more than 38°C) or chills
- » Heavy bleeding from any incision
- » Leakage of blood or fluid beyond the first day after surgery
- » Increasing pain in either breast
- » Redness around incision lines that is spreading
- » Tenderness and marked enlargement of either breast
- » Any other concerns regarding your surgery.