Breast reduction for women

Summary

- Breast reduction surgery removes excess breast fat, glandular tissue and skin to achieve a breast size in proportion with your body.
- This operation may be covered by health insurance if it is performed to relieve medical symptoms.
- The results of this procedure should be permanent. However, over time, your breasts can change due to ageing, weight fluctuations, hormonal factors and gravity.
- Talk with your surgeon about the risks and benefits of breast reduction surgery and what results you can expect.

Breast reduction surgery removes excess breast fat, glandular tissue and skin. Breast reduction aims to achieve a breast size in proportion with your body. The surgery may be performed to relieve the discomfort associated with overly large breasts. This operation is also called reduction mammoplasty.

Overly large breasts can cause some women both health and emotional problems. The physical discomfort may include back, neck and shoulder pain, and skin irritation beneath the breast crease. The weight of excess breast tissue can restrict a woman’s ability to lead an active life. Some women also feel very self-conscious about having large, pendulous breasts.

If you are concerned about the way you look or are thinking about cosmetic treatments to boost your confidence, there are alternatives. These may include lifestyle changes or accepting yourself the way you are.

Things to consider before breast reduction surgery

Some important issues to keep in mind include:

- The procedure can be performed at any age, but is best done when your breasts are fully developed.
- Breast and nipple piercings can cause an infection.
- Breast reduction surgery can interfere with some diagnostic procedures.
- Your ability to breastfeed following breast reduction surgery may be limited. You should talk to your doctor if you are planning to breastfeed a baby in the future.
- Changes in the breasts during pregnancy or significant weight loss or gain can alter the outcomes of previous breast reduction surgery.
- Think about the financial cost. Breast reduction is commonly considered a reconstructive surgical procedure (although there is a cosmetic component to it), so the surgery may be covered by health insurance if it is performed to relieve medical symptoms.
- Smokers are at increased risk of complications. If you are serious about undergoing cosmetic surgery, you should try to quit smoking.

Finding a surgeon

You may want to ask your doctor for advice on a suitable and reputable doctor or hospital where breast reductions are performed. At your first consultation, you should ask the surgeon about their training and experience.

It is preferable to have this procedure done by a reputable specialist surgeon who is specially trained to perform breast reductions and has a lot of experience in carrying out this type of surgery.

Issues associated with breast reduction surgery

Before the operation, you need to discuss a range of medical issues with your surgeon including:
- Physical health – an examination will help your doctor or surgeon to decide if the treatment is appropriate.
- Medical history – some pre-existing medical conditions and surgery you’ve had in the past may influence decisions about this operation, including the type of anaesthetic that is used. You need to tell your surgeon if you have a family history of breast cancer.
- Risks and possible complications – it is important that you understand the risks and complications so that you can weigh up whether breast reduction is right for you.
- Medications – tell the surgeon about any medications that you take on a regular basis or have recently taken, including over-the-counter preparations like fish oils and vitamin supplements.
- Past reactions to drugs – tell the surgeon if you have ever had a bad reaction or a side effect from any drugs including anaesthesia.
- Preparation for surgery – the surgeon will give you detailed instructions on what you should do at home to prepare for surgery. For example, you may be advised to take a particular drug or alter the dose of an existing medication. Follow all instructions carefully.

**Breast reduction operation**

Breast reduction is usually performed under general anaesthetic. In some cases, when the reduction is only small, the surgeon may opt for local anaesthetic with sedation.

Generally speaking, breast reduction involves:

- The surgeon makes an incision (cut) around the nipple. The incision is continued in a straight vertical line to the breast crease. Sometimes, a further cut is made in the crease beneath the breast.
- In most cases, the nipple remains attached to its blood and nerve supply at all times. Sometimes, however, an extremely pendulous (heavy) breast may need a ‘free nipple graft’. The nipple is removed and reattached at a higher point on the breast.
- Excess skin, fat and glandular tissue is removed. Sometimes, the surgeon will use liposuction to help remove excess fat. (Occasionally, the surgeon can reduce the size of breasts by liposuction alone.)
- The surgeon puts stitches deep inside the breast tissue to add support.
- Skin incisions are brought together and closed.

**Immediately after breast reduction surgery**

After breast reduction surgery, you may expect:

- a drainage tube in the wound to help prevent fluid build-up
- bruising and swelling
- possible numbness
- pain and discomfort
- dressings or bandages
- the results of the breast reduction surgery to be immediately visible.

**Complications with breast reduction surgery**

All surgery carries some degree of risk. Some of the possible complications of breast reduction include:

- risks of anaesthesia including allergic reaction, which may (rarely) be fatal
- surgical risks, such as bleeding or infection
- blood clots that may cause potentially fatal cardiovascular complications, such as heart attack, deep vein thrombosis or stroke
- changes in breast and nipple sensation
- temporary or permanent areas of numbness
- inflamed, itchy scars
- asymmetry (unevenness) of the breasts
- skin death (necrosis) along the wound
- death of nipple tissue
• death of deeper tissues, such as fat (fat necrosis)
• inability to breastfeed
• further surgery to treat complications.

This is not a complete list. For example, your medical history or lifestyle may put you at increased risk of certain complications. You need to speak to your surgeon for more information.

Self-care after breast reduction surgery
Be guided by your surgeon, but general self-care suggestions include:
• Follow all instructions about looking after your wounds.
• Expect at least one month of healing if you have had a free nipple graft.
• Avoid lifting and physical exercise for a month.
• Expect to have some soreness and swelling for a few weeks.
• Support the breasts with a well-fitted form bra or sports bra.
• Report any bleeding, severe pain or unusual symptoms to your surgeon.

Long-term outlook after breast reduction surgery
Over time, swelling from the surgery will reduce. It may take about 18 months for the scarring to fade into faint lines. Satisfaction with your new image should continue to grow as you recover. Your new breast size should help relieve the pain and physical limitations experienced prior to breast reduction, and you may find that a better proportioned figure will boost your self-confidence.

The results of this procedure should be permanent. However, over time, your breasts can change due to ageing, weight fluctuations, hormonal factors and gravity.

Alternatives to breast reduction surgery
Alternatives to breast reduction can include:
• significant weight loss, if you are overweight
• professionally fitted bras
• liposuction
• accepting yourself – talking to a counsellor or psychologist may help you overcome your concerns about your appearance and you may decide that you like yourself the way you are.

Where to get help
• Your GP (doctor)
• Plastic surgeon
• Australian Society of Plastic Surgeons Information Hotline Tel. 1300 367 446
• Royal Australasian College of Surgeons Tel. (03) 9249 1200
• Australian Health Practitioner Regulation Agency Tel. 1300 419 495

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