

Patient Information for Consent

Aftab Siddiqui

B08 Breast Reduction

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What is a breast reduction?

A breast reduction is an operation to make your breasts smaller and, sometimes, to improve their shape.

Your surgeon will assess you and tell you if a breast reduction is suitable for you. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point before the procedure.

Is a breast reduction suitable for me?

You are most likely to benefit from a breast reduction if one or more of the following conditions apply to you.

- You are self-conscious about the size of your breasts.
- Your back and neck ache because of the weight of your breasts.
- You have rashes under your breasts.
- You are getting grooves in your shoulders from your bra straps.
- You are finding it difficult to stand or sit up in a good position (bad posture).

Your surgeon will carry out a detailed assessment before deciding if surgery is suitable for you. This may include taking photos for your medical records. They will examine your breasts and ask you questions about your medical history.

Your surgeon will also ask you if you are planning to lose a lot of weight. It may be better to lose the weight first before having surgery.

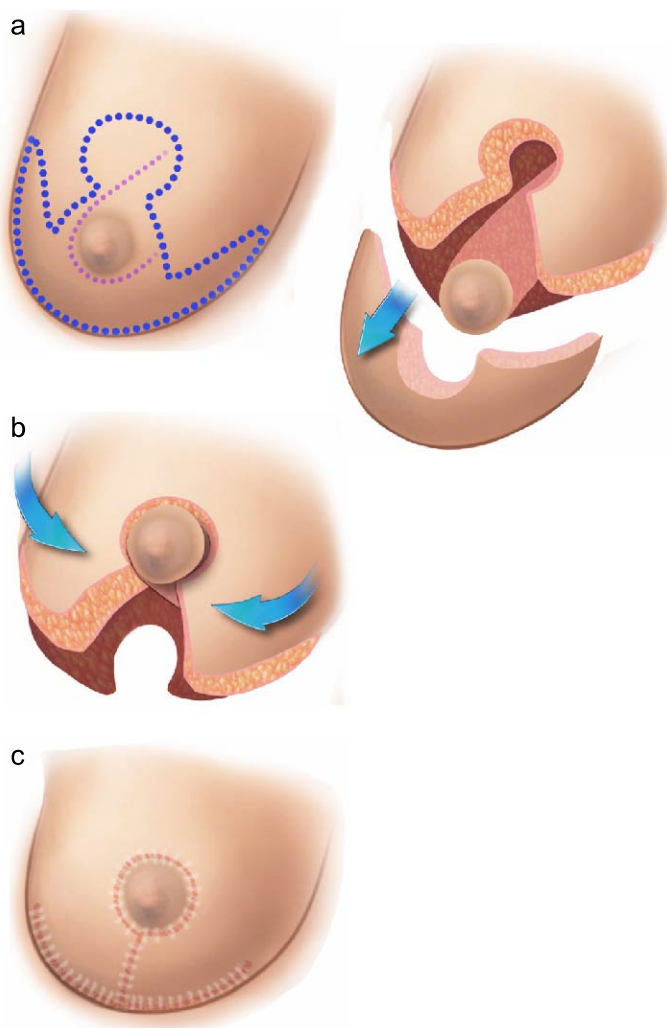
Let your surgeon know if you are pregnant or planning to become pregnant in the future. Pregnancy can change the size and shape of your breasts and may affect the long-term results of surgery.

What new breast size should I be?

It is usually difficult to reduce a large breast to less than a C cup. Any smaller and there is a risk of getting less well-shaped breasts or noticeable differences between your breasts.

Most women who need a breast reduction are used to a large breast size and look more natural with at least a C cup. It is important to let your surgeon know the breast size you want.

It is important to discuss this carefully with your surgeon.



a The excess fat and skin are removed

b The breast is re-shaped and nipple is lifted

c An anchor-shaped scar

What are the benefits of surgery?

Your breasts should be smaller and have a better shape.

Most women who have a successful breast reduction are more comfortable with their appearance, are able to wear better fitting clothing and their personal and sexual relationships improve.

Are there any alternatives to surgery?

If you are overweight, you may be able to reduce the size of your breasts by losing weight.

You may find it easier to cope with large breasts by wearing a custom-made bra or corset.

Liposuction (using a thin, hollow tube to remove fat from under your skin) may be appropriate for some women to reduce breast volume.

What will happen if I decide not to have the operation?

Your breasts will stay as they are. Your surgeon may be able to recommend an alternative to improve the size and shape of your breasts.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes about 90 minutes. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will make a cut on the line of the areola (the darker area around your nipple) and a vertical cut underneath your areola. They will remove some of your excess breast tissue, fat and skin.

Your surgeon will reshape your breast and lift your nipple so it is in a higher position.

If your breasts are large, your surgeon may also need to make a cut on the crease under your breast (inframammary fold). This will leave an anchor-shaped scar.

If your breasts are large or droopy, your surgeon may need to completely detach your nipple and areola and reattach them at a higher position.

Your surgeon will usually insert drains (tubes) in the cuts to help your wounds to heal. They will usually close the cuts with dissolvable stitches.

To give your breasts support, your surgeon may wrap your breasts in bandages or fit you into a supportive bra.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

If you have not had the coronavirus (Covid-19) vaccine yet, ask your healthcare team if this can be done before your operation. This will reduce your risk of serious illness related to Covid-19 while you recover.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or soon after the operation. It is common for the lower half of your cleavage and sides of your breasts to be bruised. Rarely, you will need a blood transfusion or another operation.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. Minor infections are common because the lower part of a vertical cut and any cut made on the inframammary fold are often slow to heal. Any serious infection might need special dressings, usually needs treatment with antibiotics or another operation and can make a scar more noticeable. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.

- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

- Developing a collection of blood (haematoma) or fluid (seroma) inside a breast (risk: 1 in 20). You may need another operation to remove the blood or fluid.
- Developing a hard lump in a breast caused by damaged fat tissue. If this happens, let your surgeon know as you need to be able to tell the difference between a fat tissue lump and breast cancer.
- Numbness or continued pain on the outer part of your breast caused by injury to the small nerves that supply your skin. Any pain or numbness usually gets better within a few weeks but can sometimes continue for many months.
- Loss of skin, including the areola and nipple, because the operation can damage the blood supply in your breast, causing areas of skin to die. The risk is higher if you smoke, are overweight, have large or droopy breasts, or have other medical problems such as diabetes.
- Stiff shoulder. The healthcare team will give you exercises and it is important that you do them to keep your shoulder moving. Take painkillers as you are told if you need to relieve the pain.
- Change of breast and nipple sensation. This usually settles within a year but the change may be permanent. You will lose nipple sensation permanently if your surgeon had to detach then reattach your nipple and areola during the operation.
- Reduced ability to breastfeed, if the milk ducts in your breast are damaged or removed, your nipple sensation has been affected or your nipple has been lost.

- Cosmetic problems. It is difficult to predict exactly how your breasts will look after the operation. Most breasts are a different shape and size to begin with (asymmetry). Sometimes a breast reduction can make this difference more noticeable. It is possible to have another operation to correct any difference in size and shape. Minor wrinkles and folds in the creases of your breasts are common and settle with time. It is possible to have these corrected by a small procedure under a local anaesthetic. Your breasts will continue to droop over time. If you become pregnant, the size and shape of your breasts will change.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. Moving your arms can be uncomfortable for 2 to 3 weeks.
- Unsightly scarring of your skin. The scars usually settle within a year. If you have dark skin, the scars can sometimes stay thick and red. Your surgeon will try to make the cuts in areas that are difficult to notice even in a swimming costume. Follow the instructions your surgeon gives you about how to care for your wounds.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. Your breasts may look discoloured and will feel firm and swollen.

You should be able to go home the next day. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You should be able to return to normal activities after 2 to 3 weeks.

The bandages can be removed after a few days as long as you have a soft bra that fits comfortably. Do not wear a tight sports bra or an underwired bra for a few weeks.

You should be able to return to work after a week, depending on your type of work.

Do not lift anything heavy or do strenuous exercise, such as vacuuming or ironing, for 3 weeks. You should be able to do a limited amount of activity, such as lifting young children, after about 2 weeks.

Do not have sex for 2 weeks and then be gentle with your breasts for at least another month.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and you are comfortable wearing a seat belt. Always check your insurance policy and with the healthcare team.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The future

The healthcare team will arrange for you to come back to the clinic regularly to check on your progress.

The results of a breast reduction improve gradually over time. Your breasts should become softer and more natural, and the scars should fade.

If you put on a lot of weight or become pregnant, your breasts may get larger. However, they should not get as large as they were before the operation.

A breast reduction should not interfere with a mammogram (breast x-ray used to detect breast cancer). Sometimes scar tissue can be mistaken for cancer, so let your doctor know that you have had a breast reduction.

Summary

A breast reduction is an operation to make your breasts smaller. It is suitable only for certain women. You should consider the options carefully and have realistic expectations about the results.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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