



# MR THOMAS CHAPMAN

## CONSULTANT PLASTIC SURGEON

### PATIENT LEAFLET - BREAST REDUCTION

MORE INFORMATION CAN BE FOUND AT [WWW.MRTHOMASCHAPMAN.COM](http://WWW.MRTHOMASCHAPMAN.COM)

#### WHO THIS LEAFLET IS FOR?

This leaflet is for anyone who is undergoing breast reduction surgery. The following information is designed to help you make decisions about surgery and about your recovery. The advice in this leaflet offers broad guidelines for people who do not have any complications as well as re-iterating the potential pitfalls and complications possible. Obviously, every individual has different needs and recovers in different ways – so not all the advice in this leaflet will be suitable for everybody.

#### WHAT TO EXPECT FROM THE CONSULTATION

During the consultation I will assess if you are a suitable candidate for the operation. If so, I will discuss the various methods that can be used, and suggest the best method tailored for you. This will depend on how much smaller you want to be, as well as the shape you want to be and how much lifting of the nipple needs to be done. I will show you examples of patients who have undergone the surgery and we will discuss the consequences of surgery and possible complications again with sample photographs. There is a lot of information to take in and I always advise patients who wish to proceed to surgery to return for their second pre-operative consultation which is free of charge. I will give you the opportunity to speak to other patients who have had the operation done.

#### WHAT TO EXPECT AFTER THE OPERATION

Surgery is done under general anaesthetic (with you asleep.) It takes 2-3 hours. Normally you will stay overnight and go home the following day. Someone should stay with you at least the first night after discharge. The operation usually involves a cut in the crease below the breast (the inframammary fold), and cut around the nipple joined by a vertical cut between them - I will demonstrate this to you in the consultation. After the operation there will be dressings over the wounds that support and protect them. I will also usually use small drains that are removed the following day. You will need to keep the dressings dry until a week to ten days after surgery when you return for a wound check and trimming of the stitches. You can normally then shower and get the wounds wet. You will need to wear a non-underwired bra or sports bra for 6 weeks day and night from the day of surgery. You will have to buy some of the anticipated size prior to surgery. There will be bruising, swelling and pain around the breasts and you will need to take tablet painkillers until this subsides. **DO NOT TAKE ASPIRIN or IBUPROFEN** which increases the risk of bruising and bleeding. Most of the bruising and swelling will settle in the first two weeks, and most patients don't need painkillers at all after 1-2 weeks. There may be a smaller degree of residual swelling for 3-6 months before you achieve your final cup size. You will need to be careful not to traumatise the breasts or lie on them. Many patients find a 'granny pillow' or v-shaped pillow useful to help prevent rolling on the side or front at night. Try to avoid any heavy lifting and do not go to the gym except for a gentle cardio workout such as walking without any strenuous activity until I have seen you 4-6 weeks after the operation.

##### Things that will help you recover more quickly

**Eat healthily** - this ensures your body has the necessary nutrients it needs to heal. Eat a healthy balanced diet with plenty of fresh fruit, vegetables and protein. Don't rely on multivitamin tablets alone!

**Stop smoking** - smoking affects wound healing and increases the risk of infection. I will advise you to stop smoking prior to surgery and it's best to keep off tobacco as much as possible until the wounds have healed completely

**Get support** - family and friends can give you practical support with tasks you may find difficult in the recovery period such as driving or looking after pets and children. They can also help to keep your spirits up! Until you have fully recovered from surgery and until you can enjoy the results it is natural to feel a little low. I will normally let your family doctor/GP know you are having surgery so they can support you too if needed.

**Keep a routine** - get up and go to sleep at the normal times for you. Keep moving. You may be a little tired but bedrest increases the risk of deep vein thrombosis. Build activities up gradually. You should be able to recommence light household duties after a week. Keep support stockings on until you are fully mobile again.

## RETURNING TO WORK

Everyone needs time off after an operation, but too much can stand in the way of you getting back to normal and recovering well from surgery. How quickly you can return to work will depend on how you heal, your response to pain, and the type of job you do. Depending on the nature of your job you might want to ask your employer about returning to work on lighter duties at first. If your employer has an occupational health department they might be able to advise you on this and how having time off might affect any benefits. As a general guide, you can anticipate returning as follows:

Managerial/Supervisory/Clerical 2 weeks

Light Manual work 3-4 weeks

Heavy Manual work 4-6 weeks

Custodial or rescue services 6 weeks

## DRIVING

You will need someone to drive you home from hospital. Your insurance company should be informed about your operation. Some companies stipulate a number of days following surgery you cannot drive,- so check the policy with them. Before driving, you should be free of the sedative effects of any painkillers you may be taking. Before you go out on the road its worth testing how comfortable you are in the driving position. Be careful with the seatbelt and how this drapes across the breasts. Think what it would be like if you had to stop suddenly. You should be able to grip the steering wheel comfortably and safely and comfortably control the car. Start in a safe place and with short journeys at quiet times. Most of my patients need around a week to two weeks off driving after this operation.

## WHAT ARE THE CONSEQUENCES OF SURGERY?

**Scars** - There will be permanent scars where the cuts are made in the breast. Scar quality cannot be guaranteed. Usually the scars are hardly noticeable in time, but at first they may be red and raised and need a period of moisturisation and massage once healed. Sometimes this redness persists for many months or the scars widen and stretch.

**Asymmetry** - It is normal for one breast to be slightly different from the other in terms of size, shape or the position of the nipple. You can expect some minor differences between the breasts after surgery too, but these would be within 'normal limits' i.e. not noticeable to the average person unless scrutinized very closely. **Please remember there is no promise of cup size after surgery**

**Ability to Breast Feed** - Surgery may affect your ability to breast feed afterwards. This is difficult to predict but seems to happen in 15-20% of patients.

**'Dog Ears'** - Skin is like any material and when it is sewn can cause some folding of the skin particularly in this operation at the end of the scar below the breast where it meets the chest wall. This normally settles with time but if noticeable can be adjusted under local anaesthetic i.e. a very minor procedure and at no extra cost.

**Analysis of Breast Tissue** - It is routine practice to send the removed breast tissue for analysis under the microscope (histology). This is because there is a small risk of cancerous tissue in enlarged breasts (higher if you have a strong family history)

**The ageing process** - The Breasts will naturally change shape with age. Normally there is development of excess skin, loss of natural breast tissue volume and the position of the nipple falls. The effects of surgery should last at least 10 years. If necessary, It is possible to redo the operation.

## WHAT ARE THE COMPLICATIONS?

**Bleeding.** - Blood vessels are cauterized at the time of surgery to stop bleeding, but occasionally it can start again, within a few hours. A small amount of bleeding may stop, but if the blood collects and puts pressure on the wound (something called a haematoma) then you will need to go back to the operating room to have this treated. The risk is less than 1%

**Infection.** - Bacteria are naturally present on the skin and can enter wounds. The signs of this are worsening redness, pain and swelling or discharge of fluid from the wounds, usually 4 or 5 days after surgery. If the infection is on the outside of the body, this will normally settle with tablet antibiotics and it is rarely something that would bring you back to stay in hospital. The risk of this is about 1%.

**Numbness.** - It possible to lose some feeling in the breast skin and nipple after surgery. This will often be temporary but in up to 25% of patients this can be permanent. Moisturising and massing the scar can help feeling to return quicker. In some women, the nipple can even be more sensitive after surgery, probably because the nerves have been stretched by the weight of the breasts and come back to life once the breasts are reduced.

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**Fat Necrosis** - Sometimes moving the fatty breast tissue around can interfere with its blood supply. This means that small amounts of fat slowly liquefy and are absorbed. This can temporarily cause some lumpiness in the breast. It usually settles after a few months.

**Wound Healing Problems** - Sometimes wounds can partly re-open and take longer than the standard of 1-2 weeks to heal and seal themselves. This is most common where the vertical scar meets the nipple or the horizontal scar under the breast (T-junctions). This may need a period of dressings before it heals. If so, this will be done under my supervision and you will be provided with appointments and dressings at no extra charge. It can potentially slow the recovery process and delay return to work, depending on your job.

**Nipple Loss** - This is a very rare complication occurring in under 1% of patients. Moving the nipple and breast tissue can affect its blood supply but rarely to the extent that the blood supply is cut off altogether. If it did occur, further surgery may be required to reconstruct a new nipple. If only partial, it will normally heal with time but may look different, such as paler or flatter than before.

**Deep Vein thrombosis (DVT)** - immobility can cause the blood in the veins of the legs to clot. This will cause pain swelling and redness in the leg. You will be given treatment to minimise this risk, which is around 1%

**Though most patients have an uneventful recovery, if you develop any of the following you should contact the ward**

Temperature greater than 38.5

Severe pain not settling with painkillers

Fresh bleeding from the wound which does not stop with pressure applied for 10 mins

Sudden rapid enlargement of one breast

Fluid escaping through dressings

You think you may have a DVT

**Bruising and swelling.** - The operated area may be bruised and swollen for some weeks, sometimes months. This will eventually settle, but the rate is variable and changes from patient to patient. support garments can help and in operations where these are provided you must ideally wear them day and night for 6 weeks

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The results of cosmetic surgery are not entirely predictable,so there is no particular guaranteed result from any operation. Sometimes the results of surgery are modest. Beauty is in the eye of the beholder and what is good for some may not be for others. I can only guide the likely result for you in the consultation. You may also notice other un-operated areas more such as the flanks or thighs after tummy tuck or tummy after breast reduction. Surgery comes with no guarantee of happiness. Cosmetic surgery is not to be undertaken lightly, and you must be confident you can cope physically and mentally with any complications. For this reason, I always suggest patients not to hide the fact from friends and family, but involve them in decision making.