



Breast Reduction by Dr David Ross Plastic Surgeon

Breast Reduction is a very rewarding surgical procedure. Many of those women who undergo the procedure cannot believe they had not undertaken it earlier because the benefits were so dramatic. However it is a big decision to undergo a plastic surgery procedure and it is important to understand what is involved before proceeding.

There are a number of different techniques in undergoing breast reduction surgery, which have application in different circumstances.

Dr Ross undertakes three different types of breast reduction:

Breast reduction by liposuction alone is undertaken in the younger woman, with large mainly fatty breasts and good skin integrity (minimal breast droop or ptosis). The advantage of liposuction alone is that minimal scarring is involved, but as there is no skin removed a significant reduction in breast volume can result increased breast ptosis following surgery if skin retraction is minimal. Standard liposuction techniques are used as there are concerns of the effect of ultrasonic assisted liposuction on breast tissue in the longer term. This technique is recommended in about 5% of patients.

Breast reduction using a minimal scar approach is used in women requiring only a smaller reduction (less than 400g) in breast size but more breast lift or reshaping. It results in a scar around the nipple, as it is repositioned, and a single vertical scar below the nipple. It is the commonest procedure used in performing breast lift (mastopexy) only without reduction, due to the reduced scarring involved in the technique. Due to the minimal skin excision often skin taping and supportive garments are required to achieve a natural appearing result. Loss of breast feeding potential is likely after this procedure due to the repositioning of the nipple and separation of the breast tissue from the nipple. This technique is recommended in about 15% of patients.

Breast reduction using the standard inferior pedicle technique is recommended for the majority of patients requesting reduction of breast size. The procedure was first described in 1972 and has three objectives. First it reduces the volume of the breast, second the breast is reshaped to its new size and then repositioned by elevation on the chest wall. The advantage of the inferior pedicle breast reduction is that it can be applied to breasts of almost all shapes and sizes achieving a reduced size natural shaped breast. The scarring involved in this procedure is all located below the newly positioned nipple and has an inverted T appearance in that the breast has been lifted and narrowed in this reduction technique. As the nipple remains attached to the underlying breast tissue in this

technique, the potential for breast feeding and nipple sensitivity is preserved in this procedure. This technique is recommended in 80% of patients.

There are risk factors that may affect the outcome following breast reduction surgery. Obviously intercurrent medical conditions may affect wound healing after surgery but usually will not prevent surgery. The two most important factors affecting your result from breast reduction surgery are cigarette use and underlying obesity. Studies over the past 25 years have shown that those patients who smoke at the time of breast reduction surgery have a much higher risk of wound healing problems, infection and bleeding, leading to delayed recovery and worst scarring. It is recommended that smoking is ceased at least 4 weeks prior to undergoing this procedure. Patient weight also appears to relate to their risk of adverse outcomes following breast surgery. Doctors measure obesity using the body mass index (BMI). This can be derived by knowing your height in metres and weight in kilograms. The BMI = weight (kg) / height (m) x height (m) (ie square m). If the BMI is between 25 and 30, the patient is overweight and over 30, the patient is classified obese. We do know from studies of outcome following breast reduction surgery that those patients with BMI of over 35 are at increased risk of complications following breast reduction, particularly regarding wound healing and infection. It is recommended that significant weight reduction is attempted prior to surgery, if the BMI is above 30.

Breast reduction is usually undertaken as an overnight stay procedure, although smaller reductions can be performed as a day surgery case. The procedure is performed under general anaesthesia and usually takes between 2 and 3 hours to undertake. Following the procedure the breasts are firmly strapped and two small drain tubes are present to remove excessive fluid and prevent swelling and bruising. These dressings and drains are removed on the day after surgery and the breasts are then restrapped for 5-7 days to protect the healing wounds and assist with recovery. After one week only light dressings will be required as well as a supportive garment.

It is best to mainly rest in the first week following surgery to avoid swelling, bleeding and infection. As your recovery proceeds you will be able to increase your activities, to allow increased mobility at one week, driving the car at two weeks, light exercise after four weeks with return to full activities in most cases after six weeks.

Scar management is recommended for up to six months following surgery to achieve the best aesthetic result. As the procedure is performed with dissolving sutures, these do not need to be removed. However it is important that the wounds are taped initially for support and subsequently scars are also taped to prevent scar hypertrophy and possibly keloid scar development. Dr Ross usually recommends micropore paper tape initially but subsequently silicone compression tape may be suggested if scar thickening appears more likely.

Dr Ross usually recommends routine postoperative review appointments at one week, one month, three months and twelve months following surgery, but additional reviews can be arranged if there are concerns.

Please look at the outcomes of some women who have recently undergone breast reduction surgery. Please understand that every case is different and Dr Ross will be able to recommend a procedure that is applicable for you following an assessment. If you would like to discuss this procedure in more detail or clarify any of the issues mentioned here please contact our office to arrange a consultation.

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