

REDUCTION MAMMOPLASTY

(Reduction in size of the breasts)

Exciting new developments in the field of breast reduction surgery have been incorporated into our practice. Liposculpture reduces the amount of incisions needed so minimal incisions are now possible. On select cases, the laser can be used.

GENERAL INFORMATION

Reduction mammoplasty is designed to improve the appearance of overly large breasts by reducing their size and reshaping them. The surgery is also designed to relieve symptoms of pain and discomfort in the breasts, shoulders, neck and upper back. Breast reduction surgery is usually performed in our outpatient surgical facility or in a hospital which would require a two to three day stay. The procedure takes approximately 3 to 5 hours, depending on the complexity of the surgery. Photographs are as important to the plastic surgeon in the proper care of his patients as X-rays are to physicians in other medical specialties. Therefore, photographs are taken before and after surgery. These photographs become a part of the patient's confidential medical record. Mammograms (a type of X-ray) of the breasts are sometimes included in the pre-operative assessment of the patient. These studies are done to insure that there is no breast disease present before surgery.

THE ANESTHESIA

Breast reduction surgery is performed under a "light" general anesthetic (patient is asleep). This technique provides excellent operating conditions while affording maximal patient comfort and safety. The anesthetic is administered by a board certified doctor anesthesiologist who remains in attendance throughout the operation. All of the required monitoring, anesthetic delivery and emergency equipment are present at all times. Further information, including any questions you may have, will be explained and discussed fully by our anesthetist at the time of your pre-operative appointment.

THE SURGICAL PROCEDURE

Marking and measuring of the breasts is an important part of the preparation for surgery. These markings are made before the anesthesia is given and with the patient sitting fully upright. They are used as guidelines for the incisions during surgery when the patient is in a reclining position.

The surgical procedure consists of removal of part of the skin and underlying tissue of the breasts, moving the nipple upward and reshaping the remaining tissues into a smaller, higher configuration. Scars left by this procedure are generally predictable and although they tend to fade with time, they are permanent. There is a circular scar around the nipple, a scar in the fold under the breast, and a vertical scar connecting them. No scars are present above the nipple.

Occasionally, revision of the scars is necessary to obtain the optimum cosmetic result. These revisions are minor and can be carried out in the office under local anesthesia.

WHAT TO EXPECT AFTER SURGERY

Pain is rarely strong, more commonly being a degree of discomfort. Pain medication is prescribed by the doctor for the patient to use during hospitalization and at home. Many patients like to spend a night in a medical after care, where nurses tend to their needs. Some swelling will occur but usually begins to subside by the third or fourth day. Some degree of swelling may persist for weeks or even months.

SUPPORTIVE DRESSINGS: These are applied at the time of surgery and are left in place for several days after the operation. After the dressings are removed, a comfortable, well-fitted bra is worn day and night for three weeks. The bra should have no wiring or other rigid or inflexible supports. A bra will be provided by this office at the time the dressings are removed. Sutures are removed five to seven days post-operatively.

Social and work activities should be quite limited for two to three weeks after surgery. If your job requires lifting, pushing, etc., a longer recuperation period may be necessary. Driving should be avoided for one week after surgery.

In general, it is recommended that a patient undergoing this operation not attempt to nurse following surgery. Nursing may cause the breasts to enlarge again, thus eliminating the effects of surgery. Of those who try to nurse, some find they are unable to do so because enough glandular tissue has been removed to prevent adequate milk production.

PRE-OPERATIVE PREPARATIONS:

Arrange for someone to drive you home after surgery. Also arrange for someone to drive you to and from our office for your post-operative appointments until the doctor gives you permission to drive.

Avoid people with colds or other infectious illnesses. DO NOT take aspirin or aspirin-containing medications for 2 weeks prior to surgery and 2 weeks after surgery. Patients may take a multivitamin once daily starting one week before surgery, continuing 6 weeks postoperatively.

Bring loose, front-opening clothing with you to wear home after surgery. If you will be preparing your own meals at home after surgery, have on hand easy to prepare foods.

POST-OPERATIVE CARE:

The dressings will be removed by the doctor and should not be disturbed by the patient before then. Rest as much as possible for the first week, gradually increasing your activities over the next few weeks. Avoid raising your arms over your head for 2 weeks. Avoid any strenuous exercising or lifting for 3 weeks.

Take your temperature daily and call the office for any fever over 100 degrees.

Avoid lying on your stomach for 2 weeks.

Showering, bathing and hair washing is permitted after the removal of the bandages, usually in one week. Soaking in the bathtub is not recommended for two weeks. After the bandages are removed and the bra is applied, it is worn day and night for three weeks. It is removed only while you are bathing.

POSSIBLE COMPLICATIONS:

Complications are rare and usually respond promptly to proper treatment without affecting the final result.

BLEEDING: If bleeding occurs after the operation, it may accumulate in the breast and require opening the wound to remove the blood and prevent further bleeding.

INFECTION: This occurs rarely and usually responds to antibiotics.

NUMBNESS OF THE NIPPLE: This is almost always temporary and sensation can be expected to return. On rare occasions, however, it may be permanent.

LOSS OF A NIPPLE: Complete or partial, this is extremely rare, but has been reported on occasion. Should this happen, a reconstructive operation can be performed with satisfactory results at a later date.

RESUMPTION OF PHYSICAL ACTIVITIES: Driving may be resumed in 1 week, long walks after 2 weeks, non-contact sports in 4 weeks, contact sports in 6 weeks, sexual activity in 2 weeks.