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## **BREAST REDUCTION (REDUCTION MAMMOPLASTY) & BREAST UPLIFT (MASTOPEXY)**

### **Indications**

*Breast reduction* is indicated for “large” breasts. What constitutes “large” varies, the following complaints are common:

- Neck, shoulder and back pain, shoulder grooving, sweat rash and poor posture.
- Problems may arise because of unwanted attention from the opposite sex, comments and sexual innuendo. Clothing is often worn to disguise the breasts.
- Difficulty obtaining fashionable clothes and inability to participate in active sports.
- Breast reduction may be used to correct breast asymmetry if one side is much larger than the other.

*Mastopexy* is indicated for drooping or ‘saggy’ breasts. The aim is to lift the nipple and breast tissue to a more pleasing position. A small amount of breast tissue is often removed during this operation.

**Anaesthetic** – General anaesthesia

### **Technique**

Surgery aims to reduce the size of the breasts and improve their shape by excision of fat and skin. The nipple is reduced in size and lifted to higher position. There are many breast reduction and mastopexy techniques. All involve an incision, and therefore scar around the areola; different techniques use different additional incisions and thus leave different scar patterns on the breasts.

Before surgery, a pattern is drawn on the breasts corresponding to the incisions used. The incisions are designed to be hidden by a bra or bikini top. During surgery a tube is placed in the breasts to drain excess fluid and blood – removed after 24-48 hours. Often, particularly after a vertical scar technique, it takes weeks or even months for the scar and breast tissue to settle into shape.

**Length of Operation** – 2/3 hours

**Time in Hospital** - 2/3 days

### **Postoperative Discomfort /Limitations**

Severe pain is unusual; pain is controlled by the use of local anaesthetics at the time of surgery, and pain-relieving medication as needed. The dressings are usually left in place for 1-2 weeks, after which a well-fitting sports bra should be worn until the swelling settles (4-6 weeks). The stitches used are usually beneath the surface of the skin and are dissolvable. Anaemia is common and is usually treated with iron tablets.

In very large breasts, significant breast reduction may be needed – this may be at the expense of increased risk of complications and a less satisfactory cosmetic result.

Following breast reduction the breast should not grow again afterwards. They may increase in size with pregnancy and following weight gain. If weight is lost the breasts may get smaller. With time the breast shape will change and some drooping is inevitable.

Permanent scars are left on the breast and usually improve with time. The final scars usually settle to a white line, this may be fine or stretched. In some instances the scarring is unsatisfactory (typically red, raised and lumpy).

**Time off Work** – 4/6 weeks.

### **Risks and Complications**

General anaesthesia is safe; in a tiny proportion of people it carries a very small risk.

*General Complications:* bruising, swelling and bleeding which may be heavy and need a blood transfusion and a return to the operating theatre to stop, chest and wound infection, unsatisfactory scarring, deep vein thrombosis and pulmonary embolus (blood clots in the leg and lungs).

*Specific Complications :* changes in nipple sensitivity (increased, decreased or lost), breast numbness, delayed wound healing, nipple loss, asymmetry in size and shape, dog-ears (prominent folds of skin which may be formed at the ends of any scar), fat necrosis (death of small areas of fat inside the breast which may be noticed as small, firm lumps in the breast).

The ability to breast-feed is usually lost after reduction and mastopexy.

Many of the complications of breast reduction are increased in smokers and in women who are overweight. Some are more likely with very large reductions.

Breast reduction produces internal, as well as external scarring. This scar may show on breast x-ray (mammogram) and make interpretation of mammograms more difficult.

Outcome: 80-90% of patients are satisfied with outcome of surgery.