

Mr Asit Khandwala

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Breast Reduction

The problem of large breasts are similar at all ages and these are chiefly backache, neck pain, grooves in the shoulders from bra straps, rashes under the breasts and the feeling of self consciousness. These can cause psychological distress to many women. It is very difficult to wear fashionable clothes and indulge in active sports, particularly in the summer months.

The Procedure

Reduction mammoplasty is an operation which removes the excess fat and skin from the breasts, which are reshaped and the nipples repositioned to form newer smaller breasts. It may be used to correct asymmetry of the breast, where one breast is very much larger than the other and where it is considered to be the least normal of the two.

Sequelae

Apart from the change of shape and reduction in size the most obvious consequences are the scars. These, as far as possible, are designed to lie under the average bra or bikini top. Following surgery the scars will fade from being red, possibly thick and uncomfortable, to becoming much more pale and less obvious. However, they will always be present and visible when clothing is not worn and the scars will vary from one woman to another. In some they may be very thin, in others they may stretch and become quite red and possibly ugly. In the vast majority of women, however, the scars are acceptable and a small trade off for the benefit of dealing with the problems of large breasts.

Breast feeding: Very few women are able to breast feed following breast reduction surgery as the nipples are separated from the underlying milk ducts and at the time of pregnancy the milk supply will gradually dry up.

Nipple Sensation: The nipples are likely to be very much less sensitive following surgery due to the nature of the cuts and the nerve supply and it is quite possible that numbness will extend over part of the breast as well. Nipples can occasionally be more sensitive.

Longevity: Unless your operation is done at an age when your breasts are still growing, they should not regrow afterwards. They will, however, increase in size if you either put on weight or become pregnant and decrease in size if you loose weight. Even normal breasts have a tendency to droop with time and you can expect some change in shape to occur after a reduction. You can delay this tendency by supporting your breasts in well-fitting bras.

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Limitations

It is very important that you discuss thoroughly with Mr Khandwala beforehand the size of breasts you wish to achieve. Radical reduction in the size of the breast will mean sacrifice of shape and aesthetics. A degree of asymmetry may persist. This is often less than existed before the surgery. Very careful thought must be given to the scarring and the potential shape and size.

Risks

Any major operation with a general anaesthetic carries a small risk of chest infection particularly among people who smoke and there is also a small risk of thrombosis in the veins of the leg, particularly for patients who are taking the contraceptive pill. Mr Khandwala will not carry out this operation on smokers unless they have stopped smoking 12 weeks before surgery.

Occasionally, heavy bleeding can occur after the operation is finished which may need a further operation and a blood transfusion. Occasionally, infection from germs harbouring in the ducts of the breast can be troublesome. Infection can be treated with antibiotics but it will delay the healing process, scars are likely to be worse to start with and there may be a need to restitch them at a later date. If you have a discharge from your nipple, it is most important to inform me about this before your operation.

Occasionally, skin can become die and form a scab which is gradually separates to leave a broad scar. The nipple disc and the skin where the scar meets underneath the breast are parts most likely to be affected. People who smoke are at greater risk of this happening. Usually the scars settle well to end up as white lines but they always be noticeable. However, some people have an inborn tendency for scars to stretch and sometimes they can stay thick, red and irritable for a long time.

When reducing large breasts it may occasionally be necessary to adjust the folds of skin at the end of the scar, both between the breasts and at the sides. This can simply be carried out under local anaesthetic several months later.

Before your operation

Weight: If you are overweight you would be well advised to diet to improve results.

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Pill: If you are taking the contraceptive pill you should stop doing so for six weeks before surgery and use an alternative method in order to reduce the risk of thrombosis.

Smoking: Smokers have a greater risk of chest infection and in particular have poor healing of the abdominal wound. Mr Khandwala will ask you to stop smoking 8-12 weeks before the operation

After the operation

This procedure is carried out under a general anaesthetic

Hospital stay: 1-2 days

Pain: Mild to moderate

Drains: One on each side.

Sutures: Usually Dissolving

Essential: Well fitting Bra for 12 weeks. This size will change gradually over the next year as the size reduces and swelling settles. There is likely to be some tenderness and lumpiness of the breasts for several weeks or even months following surgery but there is no reason why you cannot sunbathe and go swimming once the scars have fully healed.