



## Information about breast reduction surgery

### Part 1 of 3

This leaflet explains breast reduction surgery. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the risks and complications of breast reduction surgery, and care after a breast reduction, see parts 2 and 3.

#### What is breast reduction surgery?

Breast reduction surgery is an operation to make the breasts smaller, by taking away fat, breast tissue and skin. The nipples are lifted and the breasts are reshaped to form smaller breasts.

#### Why have a breast reduction?

People have this surgery to make their breasts smaller and improve their shape.

Some women have larger breasts than they would like. Big breasts can cause problems like back or neck pain, shoulder grooves in the shoulders from bra straps, and rashes underneath the breasts. Women are sometimes self-conscious about their large breasts and feel that they attract unwanted attention. Also, it can be difficult to wear some clothes or enjoy sports, particularly when it is hot.

If you are unhappy with the shape, weight or droop of your breasts, having them reduced can make them smaller and higher. If one breast is larger than the other, this can also be evened out. You may find that after a breast reduction you are more comfortable socially and personally.

#### What will happen before my operation?

You will meet your surgeon to talk about why you want surgery and what you want. The surgeon will make a note of any illnesses you have or have had in the past. They will also make a record of any medication you are on, including herbal remedies and medicines that are not prescribed by your doctor.

Your surgeon will examine your breasts, and may take some photographs for your medical records. They will ask you if you want to have someone with you during the examination, and ask you to sign a consent form for taking, storing and using the photographs.

The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, pregnant or planning to become pregnant, your surgeon may suggest delaying your operation.

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## How is the surgery performed?

The operation involves first lifting the nipple into a new position, keeping it attached, and so alive, on a 'stalk' of tissue (pedicle). Extra skin and breast tissue is then cut away. The skin and tissue that is left is reshaped into a smaller, higher breast and the nipple is put back in place.

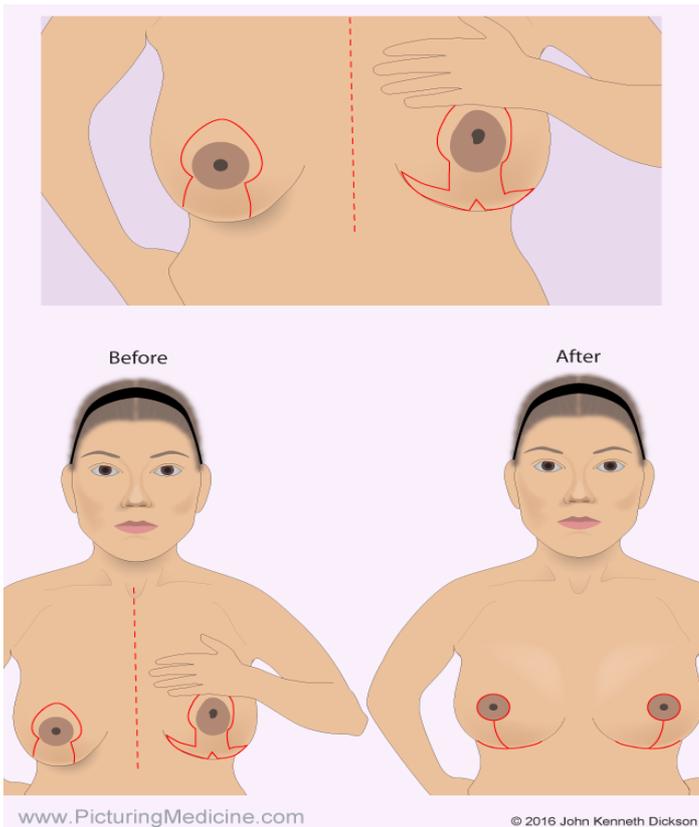
There are different types of reduction. The best type for you depends on the size of your breasts and how much of a reduction you want. The different types make different scars on the breasts. Whichever type of reduction you have, the scars should not be visible when you wear normal clothing, bras and bikini tops.

## The anchor-type or inverted-T reduction (diagram 1)

This is the most common type of reduction. The cut starts around the nipple, travels straight down and then along the crease under the breast.

If your breasts are very large or droopy, your nipple might need to be completely removed and then stitched back on in a new position. Your nipple will not feel normal after this.

Diagram 1: anchor-type or inverted-T reduction



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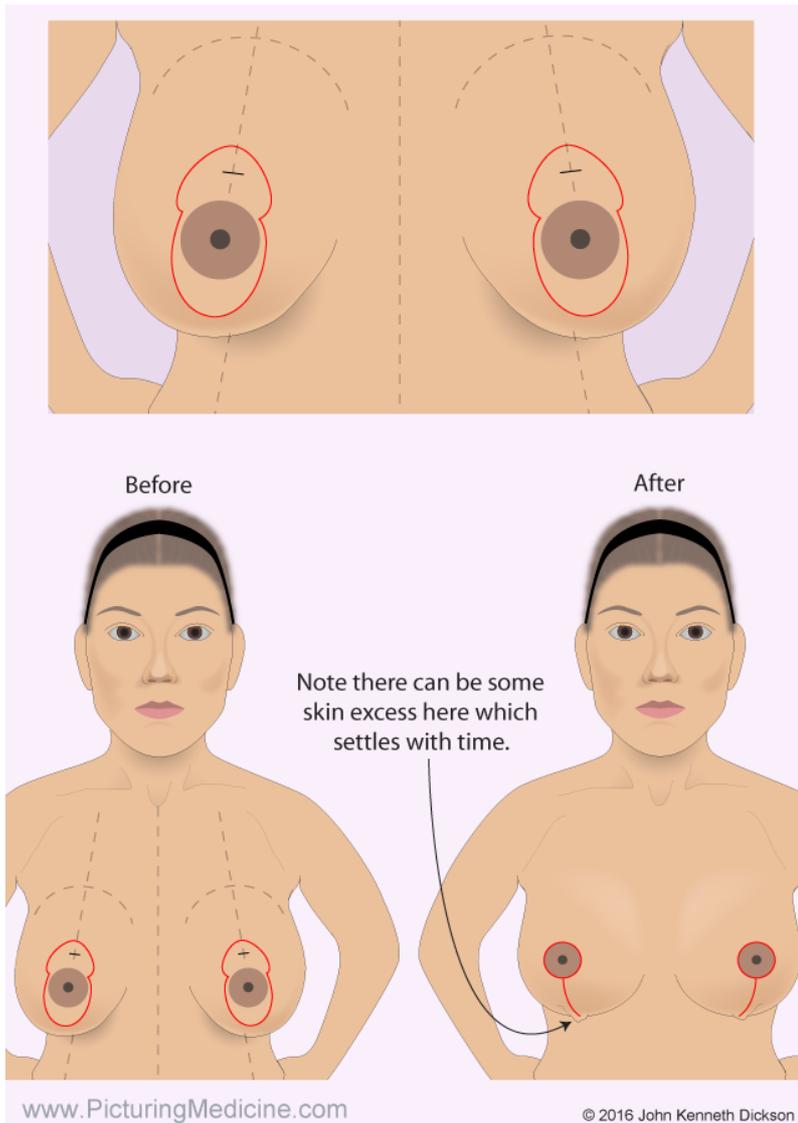




### The vertical-pattern reduction (diagram 2)

The cut is made around the nipple and travels straight down, but with no cut underneath the breast. Though the scar is smaller with this type of reduction, the skin around it can look puckered. The vertical-pattern reduction is not suitable for very large breasts.

Diagram 2: vertical-pattern reduction



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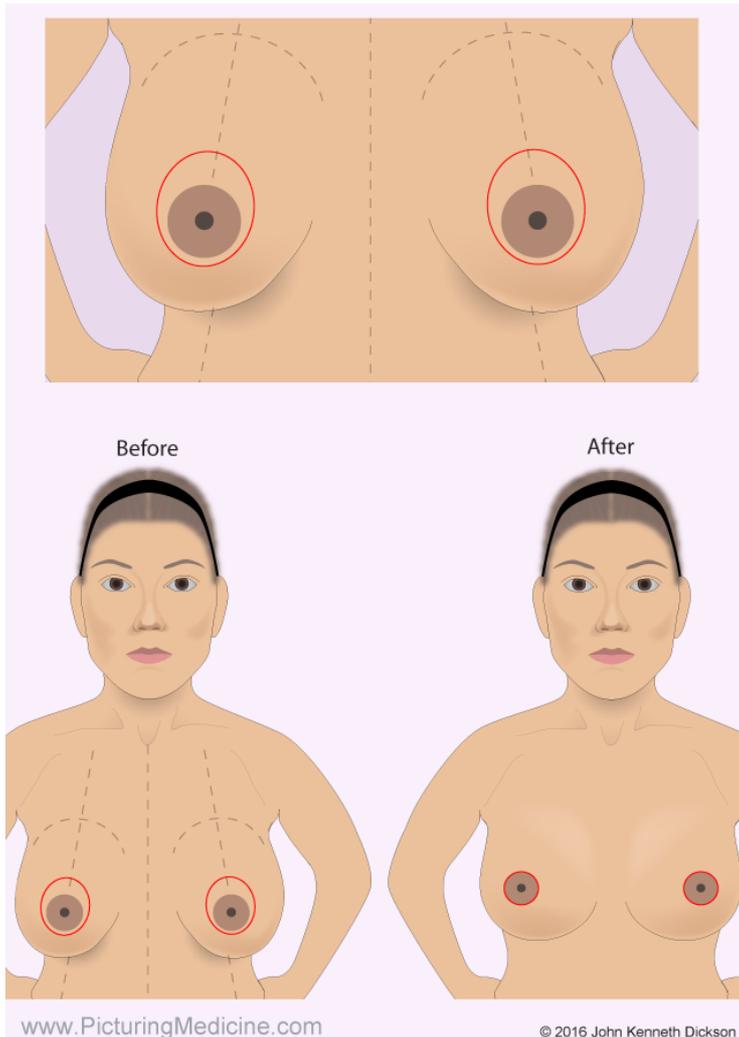


### The circumareolar reduction (diagram 3)

With a circumareolar reduction, also known as a periareolar reduction, the only scar is around the areola (the darker skin around the nipple).

This type of reduction only works when just a small amount of tissue needs to be removed. It can also be good when only one breast needs to be made smaller to match the other one.

Diagram 3: circumareolar breast reduction



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## **Choosing a surgeon**

If you decide to have a breast reduction, only go to a surgeon who is properly trained and on the specialist register held by the General Medical Council. They will talk to you about what is possible for you or might give the best results. Members of several different organisations do cosmetic surgery, so your general practitioner (GP) is the best person to advise you on who to see.

You should talk to your surgeon before your operation about when and how to pay.

Nobody needs an urgent breast reduction. If you are not given time to think about it, you should look elsewhere.

## **How can I help my operation be a success?**

Be as healthy as possible. It is important to keep your weight steady with a good diet and regular exercise. Your GP can give you advice on this.

If you smoke, stopping at least six weeks before the operation will help to reduce the risk of complications.

Do not worry about removing hair near where cuts will be made, but do have a bath or shower during the 24 hours before your operation to make sure that the area is as clean as possible.

## **To find out more, visit the websites below.**

### **Contact us:**

The British Association of Aesthetic Plastic Surgeons  
The Royal College of Surgeons of England  
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London  
WC2A 3PE

Phone: 020 7430 1840

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Website: [www.baaps.org.uk](http://www.baaps.org.uk)

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**The British Association of  
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**BAPRAS** British Association of Plastic  
Reconstructive and Aesthetic Surgeons

**British Association of Plastic, Reconstructive and Aesthetic Surgeons**

(Address as above)

Phone: 020 7831 5161

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**Information on cosmetic surgery**

[www.baaps.org.uk/safety-in-surgery](http://www.baaps.org.uk/safety-in-surgery)

[www.bapras.org.uk/public/patient-information/cosmetic-surgery/considering-cosmetic-surgery](http://www.bapras.org.uk/public/patient-information/cosmetic-surgery/considering-cosmetic-surgery)

[www.gov.uk/government/news/recommendations-to-protect-people-who-choose-cosmetic-surgery](http://www.gov.uk/government/news/recommendations-to-protect-people-who-choose-cosmetic-surgery)

**General Medical Council (GMC) plastic surgery specialist register**

[www.gmc-uk.org/doctors/register/LRMP.asp](http://www.gmc-uk.org/doctors/register/LRMP.asp)

**Anaesthetics**

[www.rcoa.ac.uk/patientinfo](http://www.rcoa.ac.uk/patientinfo)

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## Patient consent form for breast reduction surgery Part 2 of 3

This is an 'informed consent document'. It explains the risks of and alternatives to a breast reduction. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. Also, sign the consent form at the end of this part 2 for the surgery you have agreed to. For more information on the surgery, see part 1. For information on care after a breast reduction, please see part 3.

### What is breast reduction surgery?

Breast reduction surgery is an operation to remove fat, breast tissue and skin from one or both breasts to reduce the discomfort associated with large breasts or even out differences between the breasts. The skin of the breast is reduced and reshaped, and the nipple and areola are moved to suit the shape of the new breast.

### What is the alternative treatment?

If the problem is discomfort from having heavy breasts, you should try wearing a professionally fitted bra (if you haven't already done so) before going ahead with surgery. Other alternatives include changing your lifestyle, such as losing weight.

### What are the main risks and complications of breast reduction surgery?

As with all operations, there are risks involved in having a breast reduction. Although the risks are unlikely, it is important to weigh them up against the potential benefit of the surgery. Discuss each of them with your plastic surgeon to make sure you understand the potential complications and consequences.

#### Complications associated with the surgery

- **Scars**

There will be scars from the surgery. These will usually be red at first, then purple, and then fade to become paler over 12 to 18 months. Occasionally, scars may become wider, thicker, red or painful, and you may need to have surgery to correct them.

- **Bleeding**

Heavy bleeding is unusual but possible, and you may need a blood transfusion or another operation (or both) to stop the bleeding. Any bleeding usually happens immediately after, or soon after, surgery. Before the surgery your surgeon will discuss any medicines that increase your risk of bleeding, and it is important to control high blood pressure.

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- **Infection**

If you get an infection of the wound you may need antibiotics or another operation. This can affect the final result of the surgery. If you have discharge from your nipple, it is important to tell your surgeon about it before the operation, as this can increase the risk of infection.

- **Swelling, bruising and pain**

There will be some swelling and bruising of the breasts after the operation, and this can take weeks to settle. There may be long-term pain, but this is uncommon. Sometimes, back and neck pain that you had before the surgery will not be relieved by the breast reduction.

- **Seroma**

This is where fluid collects in the breast. That fluid may need to be drained by having a needle through the skin, or by having another operation. This can affect the final result of the surgery.

- **Extrusion**

This is where deep stitches poke out through the skin. These can easily be removed.

- **Healing problems**

The edges of the wounds can come apart, particularly at the ends of the scar. Usually this problem can be put right by dressing the wounds, but you may need more surgery to remove the tissue that hasn't healed. Smokers are more likely to have healing problems.

- **Loss of blood supply to skin, fat, breast tissue or the nipple**

Some areas of skin, fat, breast, nipple or areola may die (called necrosis) if the blood supply has been lost during surgery. This may mean that you need another operation, which can affect the final result of the surgery.

There may be lumpiness or an uneven surface in an area affected by necrosis. Occasionally, fat may harden, which may interfere with mammograms in the future.

- **Asymmetry**

This is where the breasts are not symmetrical. There may be irregularities at the end of the scars. These may improve with time, or you may need a small operation to correct them.

- **Increased or reduced sensation**

After the surgery, most patients will get some alteration in the sensation in their breasts, most commonly numbness near the scar and either increased or reduced sensation in the nipples. In rare cases, the change in sensation may be permanent, particularly if the nipple has been

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completely removed and then sewn back on. Rarely, reduced sensation can cause problems with breastfeeding.

- **Damage to deeper structures**

Although rare, the surgery can damage deeper structures, including nerves, blood vessels, muscles and the lungs. This damage may be temporary or permanent.

- **Unsatisfactory result**

Sometimes, patients are not satisfied with the result of their breast reduction. This may be to do with the look or feel of the breasts, or the shape of the breasts not meeting expectations. It is very important that you talk to your surgeon, before you have the surgery, about the size and shape you want, and whether this can be safely achieved with a good outcome.

- **Change over time**

The appearance of your breasts will change as a result of ageing, pregnancy or other circumstances not related to your surgery, such as putting on or losing weight. You may need further surgery or other treatments to maintain the results of the breast reduction.

- **Allergic reaction**

Rarely, allergic reactions to tape, stitches or solutions have been reported. If you have an allergic reaction you may need extra treatment.

### **Risks of anaesthetic**

- **Allergic reactions**

You could have an allergic reaction to the anaesthetic.

- **Chest infection**

There is a small risk of chest infection. The risk is higher if you smoke.

- **Blood clots**

Blood clots can form in the leg (called a deep vein thrombosis or 'DVT'). These cause pain and swelling and need to be treated with blood-thinning medication. In rare cases, part of the clot breaks off and goes to the lungs (called a pulmonary embolus or 'PE'). The risk of this is higher if you smoke, are overweight or are taking the contraceptive pill.

- **Heart attack or stroke**

A heart attack or stroke could be caused by the strain surgery places on your heart. You will be assessed for the risk of this before your surgery.

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- **Death**

As with all surgery, it is possible to die as a result of the operation.

Also, many women find that they cannot breastfeed after having a breast reduction. If you are hoping to breastfeed in the future, you should consider delaying your surgery until after that time.

Most surgeons delay surgery for six to 12 months after you finish breastfeeding for the breast to settle back to its original shape.

**Further information**

The breast tissue removed in this operation is routinely sent to a lab to be examined. Occasionally, a cancer is found. If this happens, your doctor will contact you.

**Further risks specific to you or the procedure**

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.....  
.....

**It is important that you have all of your questions answered before signing the consent form on the next page.**

**You can change your mind at any time, even after you have signed the consent form.**

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### Patient consent form – breast reduction

(Affix identification label here)

Name:

Address:

Date of birth:

Hospital number:

NHS number:

Sex: Male  Female

Side of procedure: Left side  Right side  Both sides

Further procedures that may become necessary:

.....

Type of anaesthetic to be used:

General  Regional  Local  Sedation only

Consultant's name:

Has the procedure, alternative procedures and treatments and all associated risks (as well as any risks of not having this procedure) been explained to you? Yes  No

Have you been able to ask questions and raise concerns with the doctor? Yes  No

Have any questions you had been answered to your satisfaction? Yes  No

Do you understand the risks of the procedure and those specific to you (including scars, bleeding, infection, swelling, pain, seroma, healing problems, extrusion of stitches, loss of blood supply to skin, fat, breast tissue or the

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nipple, lumpiness, increased or reduced sensation, not being able to breastfeed, asymmetry, damage to other structures, unsatisfactory result, change over time, the need for a further operation)? Yes  No

Do you understand the risks of the anaesthetic and those specific to you (including allergic reaction, chest infection, DVT, PE, heart attack, stroke, death)? Yes  No

Do you agree to the following?

- Receiving a blood transfusion, if necessary, during or after the procedure Yes  No
- Tissue taken from you being used for research Yes  No
- Photos being taken for diagnosis and treatment Yes  No
- Anonymous photos being used for teaching Yes  No
- Medical students being in the operating theatre for the purposes of learning Yes  No

Do you want to go ahead with the procedure? Yes  No

Patient's signature:..... Date:.....  
Patient's name (in block capitals):.....

**Surgeon**

Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.

Doctor's signature:..... Date:.....

Doctor's name (in block capitals):.....

Phone number:.....

Job title:.....

**Anaesthetist**

Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.

Anaesthetist's signature: ..... Date:.....

Anaesthetist's name (in block capitals):.....

Phone number:.....

Job title:.....

**Interpreter**

Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.

Interpreter's signature:..... Date:.....

Interpreter's name (in block capitals):.....

**Doctor's confirmation of consent** (to be signed on the day of surgery if this form was signed before then)

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Sign below to confirm that you have made sure that the patient has no further questions and that they would still like to go ahead with the procedure.

Doctor's signature:..... Date:.....

Doctor's name (in block capitals):.....

Phone number:.....

Job title:.....

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## Care after breast reduction surgery

### Part 3 of 3

This leaflet explains what to expect after a breast reduction. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the surgery, and the risks and complications of a breast reduction, please see parts 1 and 2.

#### What to expect after the operation

Breast reduction surgery is usually carried out under a general anaesthetic (so you would be asleep) or a regional anaesthetic (where the whole area is numbed with injections). The operation usually takes about two hours.

You might be given antibiotics to keep the wound clean. Also, you may have drainage tubes in the breast to drain away any fluid or blood. These tubes will be taken out when the fluid or blood has stopped draining, usually before you go home.

You might go home the same day, or stay in hospital overnight. If you do go home on the same day, a responsible adult should stay with you for the night. Your chest will feel tight and your breasts and the ribs below your breasts will be sore. Simple painkillers should be enough to keep you comfortable.

#### Dressings

You will have some dressings on your breasts. You will need to wear a well-fitting bra with no underwiring for six weeks after the operation.

#### Recovery

You will be out of bed on the same day as your surgery, and doing light activities after two weeks. You should be back to normal exercise in six weeks.

Most patients take at least two weeks off work after the operation, depending on their job. Your breasts will be sore and swollen for a few weeks after the operation. Do not lift heavy things for several weeks, and avoid sex for at least two weeks. With all activities, start gently.



Do not drive until you feel safe and are comfortable wearing a seatbelt. Check your insurance documents if you are not sure.

### **Seeing the results**

At first your breasts may seem too high and the skin too tight. It can take several months for the swelling to settle, and many months for the final result to appear. Most patients are pleased with the final result, but some find their new size and shape difficult to get used to. This may happen to you.

You may have more or less sensation in your nipple, and this can change over time.

### **Your aftercare**

To protect your body, and get the best result, look after yourself.

Avoid vigorous activities after your operation.

Protect your wounds as you are told to.

Putting on weight or being pregnant will affect the results.

Maintain a healthy weight and level of exercise.

### **What to look out for**

Bleeding after surgery can cause swelling, a change in colour, and pain, usually just on one side. The signs of an infection are pain, redness, swelling and pus in the wound, and you may also have a temperature.

A blood clot in the leg can cause swelling and pain in the calf. If the clot goes to the lung, you might be breathless or have pain in your chest.

If the wound is not healing well, it may be sore and weep. If you have any worries after your operation, speak to a doctor or go to A&E.

### **Important contact details for your surgery**

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