

Breast Reduction FAQ

Frequently

Asked Questions - Breast Reduction

Discuss Breast Reduction

Breast reduction procedures are performed to reduce the size and weight of a woman's breasts. The vast majority of cases are performed on both breasts but on occasion, a woman may have only one breast enlarged which requires reduction. The goal for the patient and surgeon undertaking this procedure is to remove excess skin and breast tissue and reconstruct breasts which are of the appropriate size for the patient's body habitus, to create breasts with an aesthetically pleasing appearance, to minimize scarring, and to maintain nipple sensation if possible. This procedure may be covered by medical insurance if the patient meets certain requirements. It is performed under general anesthesia in an operating room. Most patients will require an overnight hospital stay and be discharged home the following day.

Who is a candidate for breast reduction?

Women who have a breast size which they feel is out of proportion to their body habitus and have symptoms caused by the weight of their breasts may be candidates for this procedure. These symptoms include neck pain, back pain, bra strap grooving, and intertrigo (skin chafing/rashes in crease below breast). Insurance companies vary in their minimum requirements to cover this procedure. Your physician will most likely have to send information to your insurance company regarding your breast measurements, bra size, body weight, symptoms, as well as photos of your breasts in order to get approval. Some carriers require a minimum amount of breast tissue to be removed from each breast. This can be in the range of 350-500 grams. Obese women may be denied coverage for this procedure unless they lose a substantial amount of weight. In addition, insurance companies may insist on a trial of conservative therapy before allowing the surgery. These conservative treatments, which may include exercise, physical therapy, etc., are not likely to work if the weight of the breasts are the true source of the problem. An additional indication is in younger women (teenagers) who are teased because of their large breasts and suffer emotional distress. Many otherwise normal teenagers may avoid sports or exercise because of embarrassment. Some women may not have significant discomfort but have difficulty fitting into and buying clothes and may desire a breast reduction for this reason.

Are there women who should not have breast reductions?

There are certainly patients who are at higher risk of having complications after this type of surgery. This includes smokers and patients with multiple medical problems including diabetes mellitus and autoimmune diseases. Patients who are unwilling to risk losing nipple sensation and/or the ability to breast feed

or a patient unwilling to accept scarring on breast should not have this procedure.

Are most women happy with the result?

Patients who have undergone breast reduction are some of the happiest patients in a plastic surgeons practice. They are relieved not to have to carry the extra weight, their back and neck pain usually improve or completely resolve, they can fit into clothes more easily, it is easier and more enjoyable to exercise, and they feel less self conscious.

What size will I be after surgery?

This is an important point to discuss with Dr Wigoda. If you are having symptoms from the weight of your breasts, you will obviously want enough removed to alleviate your discomfort. However, you ultimately want to have a breast size that fits your body. Some patients will come in saying "just take them off" because they are so tired of the discomfort. However, it is a mistake to make you completely flat chested as this will look unattractive and in the end, you will not be happy.

Will I be able to breast feed after a breast reduction?

If your nipple and areola are removed and replaced as a skin graft you will not be able to breast feed. If you have a "standard" reduction, you may be able to breast feed but it is impossible to predict this. In other words, there is a chance you will not be able to breast feed.

Are there different techniques for this procedure?

There have been multiple techniques described in the literature for breast reduction. One key decision your surgeon will make is whether he will be able to keep the nipple and areola complex (NAC) attached to the breast tissue or if the NAC must be removed during the procedure and then replaced as a skin graft. The former technique will allow for the best chance of preserving nipple sensation and the ability to breast feed. If the NAC must be placed as a skin graft, essentially all sensation will be lost as will the ability to breast feed. The key factor in making this decision is the distance from the nipple to the crease below your breast (inframammary fold). If you are on the border between the two options, the surgeon may make the decision during surgery. With regard to the specific technique used, there are multiple options for the surgeon to choose from. Certainly, some techniques are used much more frequently than others. The most important factor is what the surgeon is most used to and comfortable with. The most common in use in the U.S. today is most likely the "inferior pedicle-Wise pattern" technique. This is a safe and reliable technique which preserves nipple sensation and viability. The scars which result from this technique will be around the areola, extending from the areola to the inframammary fold, and then along the inframammary fold, similar to the shape of an anchor or inverted T. Techniques which were developed to leave smaller scars are appropriate for

only a select group of patients, are difficult to perform, and are more likely to need revisions. One other option is to use a liposuction cannula to remove the breast tissue. The advantage here is minimal scarring. However, no excess skin is removed and the amount of breast tissue which can be removed is limited. In a small percentage of patients, this may be a reasonable technique which will give satisfactory results.

What are the potential risks with this type of surgery?

Risks include loss of nipple, loss of a portion of breast skin, wide scar, loss of nipple sensation, asymmetric breasts, unattractive appearing breasts, continued neck and/or back pain, inability to breast feed, hematoma, and numbness on breast skin.

What type of anesthesia is used?

Dr Wigoda will use general anesthesia.

Will I need a blood transfusion during or after surgery?

In the past, it was not unheard of for patients to require blood transfusions during or after a breast reduction because of the significant amount of blood loss. With current techniques, including infiltration of local anesthetic with epinephrine or tumescent infiltration of the breast tissue, transfusions should very rarely be required. Blood loss ranges from 100 cc to 500 cc.

How long does the surgery take?

The procedure takes from 2.5 to 5 hours depending on the volume of breast tissue being removed.

What happens after surgery?

After surgery most patients are admitted for an overnight stay. Dr Wigoda may place you in a surgical bra. Most patients will experience some discomfort but very few complain of significant amounts of pain. A moderate amount of swelling and bruising is normal. This will last 1 to 2 weeks. You will be allowed to slowly increase your activity over the next 2 to 4 weeks. After approximately 4 weeks you should be back to normal activity.

Will the scars be noticeable?

The scars for this procedure are visible but do fade in color over the first year. The scars extend around the areola, down to the breast crease, and under the breast.

How much bruising, swelling, and pain is there?

After surgery, it is expected that the breasts will have a moderate amount of swelling. This swelling will resolve over 2 to 4 weeks. The swelling and pain may worsen for a short period of time during the first menstrual period after surgery. The breasts will appear slightly larger than they will ultimately be because of this swelling. The scars will also appear darker initially. Both breasts will have some bruising although it is generally mild and resolves over 1 to 2 weeks. The vast majority of patients report the pain as very tolerable. For the most part, all of the pain and discomfort resolves completely with time, generally 2 to 4 weeks. The scars lighten over the next year.

Will this surgery affect future mammograms?

Yes. Because breast tissue has been removed and there will be some scar formation on the inside of your breast, a mammogram done after surgery will definitely look different than one before surgery. You should obtain a mammogram approximately 1 year after surgery for a new baseline. Afterwards, the frequency of mammograms will depend on your age.

Are drains placed?

Dr Wigoda typically places one drain in each breast. The fluid will drain into a collection device that can easily be emptied. The drains will usually be removed 1 to 3 days after surgery. Drains are placed and removed at the discretion of the surgeon. Removal of the drains is not painful.

What happens before I have the surgery?

You will first have a consultation with Dr. Wigoda to discuss your particular case. Once you have decided to proceed with the surgery and have scheduled a date, you will return for a second visit at which time Dr. Wigoda will review the surgery with you, photos will be taken, consent forms will be signed, and further instructions and prescriptions will be provided. Full payment is made prior to surgery (or financing is arranged or authorization is obtained from the insurance company). You will have lab tests drawn and an electrocardiogram done by your primary care physician or at the hospital one to two weeks prior to the surgery.

What happens on the day of surgery?

You will arrive at the office surgery center or the hospital. You will not have eaten or drunk anything since midnight the night before. You will be checked in and your vital signs will be taken. You will put on a gown. An intravenous line will be started. Dr Wigoda will mark your breasts with a marker. You may be given a sedative in your I.V. to help you relax before you are taken back to the operating room.

What happens after surgery?

Bandages will be placed and your chest will be wrapped in an ace bandage. You will recover for 1 to 2 hours in the recovery room. You may be kept overnight at the hospital or you will then be driven home by a friend or family member. Your activities will be limited for the first few days. It is advisable that you not drive for at least 3 to 5 days after surgery. As the pain and swelling decreases you will be able to resume normal activities. Dr Wigoda will allow you to resume strenuous exercise with your arms after 4 to 6 weeks. You may be able to resume exercise with your legs (walking, jogging, bicycling, etc) slightly sooner.

How much bruising, swelling, and pain is there?

After surgery, it is expected that the breasts will have a moderate amount of swelling. Most of the swelling will resolve over 2 to 4 weeks. The breasts will appear slightly larger than they will ultimately be because of this swelling. Both breasts may have some bruising although it is generally mild and resolves over 1 to 2 weeks. The amount of pain post-operatively is very patient dependent. Some patients will experience mild discomfort, particularly with raising the arms and with increased activity. It is unusual to have significant pain. The vast majority of patients report the pain as tolerable. Some patients have reported difficulty getting comfortable when going to sleep for the first 1 to 2 weeks. Patients may also experience hypersensitivity of their nipples. For the most part, all of the pain and discomfort resolves completely with time, generally 2 to 4 weeks.

When can I get back to work? When can I drive a car?

For sedentary work with minimal physical activity you can expect to go back after 7 days. For moderate activity, it will take about 10-14 days to be comfortable. For manual type labor with heavy lifting, you will need to wait 2 to 3 weeks. It will take 7 days to be able to drive safely, depending on your pain tolerance, how much pain medication you are taking (if any), and whether you drive an automatic or manual transmission automobile.

Will there be stitches that have to come out?

Dr Wigoda will remove the sutures after approximately 7 days.

When can I resume sexual relations?

You may want to wait at least one to two weeks until your incisions are well on their way toward healing. Early sexual activity may prolong your soreness and discomfort.

When will I see the final results?

It will take 3 to 4 weeks for most of the swelling to resolve and probably 3 months for all of it to resolve. After this you should have a reasonably good idea of what the final look will be. Your breasts may still be a little firmer than they will ultimately be, however. It often takes months before the breasts feel very soft and natural.

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