

Breast Reduction Surgery

Breast reduction surgery has been shown in many subjective studies to improve your quality of life by minimizing or eliminating symptoms that can be caused from heavy, ptotic (droopy) breasts. This includes pains in your shoulders, back, neck or breasts and headaches that ascend from your neck into your head. Other symptoms include shoulder grooving, rashes under the breasts, upper extremity tingling or paresthesias, and limitation of activities such as exercise.

The surgery involves repositioning your nipple to a higher position and resecting the heavy, hanging tissue. This will result in scars and you have to be willing to accept this in exchange for smaller breasts. A mammogram, if indicated in your age group, will be required before surgery. In general, most reduced breasts end up being a generous C cup or D cup. If you wish to achieve another result, you must let me know prior to your surgery and I will try my best to accommodate your wishes but *no guarantees can be given as to what breast size you will ultimately have.*

Three techniques are available for reduction surgery. The following is a summary:

- 1) Anchor incision (Wise pattern) – this is the traditional way of doing a reduction but it involves the most potential for poor scarring. It is best for very large breasts. It does produce the best initial result but does have a risk for 'dog ears' that consists of excess skin at the end of the incisions and the potential for the most scarring. This allows for the most aggressive reductions.
- 2) Lollipop incision (Vertical technique) – involves less scarring and is the newer way of doing this procedure. It takes 1-2 months for the scars to smoothen and breasts to settle. It also requires use of a snug bra during the recovery period as it helps mold the breast. Your breasts will look 'funny' until it starts settling into the normal shape and appearance. There is a considerable risk of needing a revision of the scar to smoothen contours out as perfectly as possible and revision fees will apply.
- 3) Liposuction – liposuction is done on the breast and this diminishes volume and may help a little with improving shape but it won't do much else. It does preserve nipple sensation and the ability to breast-feed is expected to be preserved. You have to accept a droopy breast as your end result.

The nipple is usually preserved on a pedicle and this can come from the top or the bottom. I employ the top approach as it diminishes the possibility of "bottoming out" where the bottom of the breast starts to stretch and the nipple starts pointing upwards. However, this technique will diminish your ability to breast feed whereas the inferior pedicle has a better chance of preserving that function. You must let me know if you desire an inferior pedicle.

The surgery is done in an operating room and as an outpatient. Your recovery is expected to last approximately 3-4 weeks with resumption of activities dependent on

whether there are any problems encountered during your recovery. It is anticipated you will be able to resume normal, unrestricted activities in 4 weeks wearing a quality supportive bra and if there are no complications during your recovery.

Potential complications include nipple malposition, nipple numbness, nipple loss (this is not a typo), asymmetry, contour irregularities, wound complications, bleeding, pains, fluid collections requiring repeated aspirations, fat necrosis and incomplete resolution of your symptoms. *In addition, if you are overweight and have rolls extending from your breast to your back, these will become very noticeable following a reduction procedure. Additional procedures at additional costs to you can be pursued to diminish or eliminate these rolls.*

If you have extremely pendulous breasts or desire a maximum reduction, a **free nipple graft** technique may have to be implemented. This involves the removal of your nipple from your breast and then putting it back on as a graft after the reduction portion has been done. It will result in diminished projection of the nipple and numb nipples. Sensation has been shown to return in some cases. You will not be able to breast-feed as most of the ductal tissue is removed. You do decrease your chances for breast cancer because of this. If you choose to have a nipple graft used, you cannot wet your breasts for at least 7 days after surgery. I authored an article in www.emedicine.com that you can view if you wish.

Mammograms are recommended if you are older than 45 and have not had a mammogram done in the last 10 months and older than 45. If you younger than 45, it is your decision as to whether you would be more comfortable with having a mammogram before surgery on your breasts to provide a baseline prior to surgery. I am personally aware of patients who have been found to have cancer on their specimens, estimated to occur in 1-2%. Appropriate referrals will be made if this is encountered in your case.

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