

Breast Reduction Surgery

Advice and Information for Patients Considering Breast Reduction Surgery

It is a big step to undertake breast surgery on a healthy breast. You need to be aware of what the operation entails and of the potential complications.

Outlined below there is some information to help you decide if Breast Reduction is the operation for you.

What is Breast Reduction Surgery?

The operation means removing breast tissue and skin to make your breasts smaller. At the same time the shape of your breast is altered and your nipple moved.

This operation will leave long scars. The scars will often form a thin white line, but some patients will form red, raised, ugly scars. The scars will also be more obvious if there are complications.

There may be alternative treatments or procedures. Please ask a doctor or nurse to discuss these with you.

What are the benefits of Breast Reduction Surgery?

This operation will reduce the size of your breasts. This may reduce neck or back pain, but this cannot be guaranteed.

Your Consultant will be able to show you pictures of other women who have had this operation.

Your Consultant will also ask you to have pictures taken before and after your operation. Your permission will be needed for this.

What are the risks of Breast Reduction Surgery?

- The nipple is moved so sensation is lost. Breast-feeding is usually not possible after this operation.
- Because skin is removed, the shape of your breast is altered. An exact shape cannot be guaranteed.
- You will be asked what size you would like your breasts, but we cannot guarantee a particular bra size.

There is likely to be a small difference in size between your breasts, this is normal, as everyone's breasts are different in size.

- Usually with this type of surgery there are limits on how small the breasts can be made, because of the width of the breast and breast tissue has to remain under the nipple.
- **Wound Breakdown.** The wound may breakdown, particularly under the breast. This will heal, but can leave unsightly scars.

A skin graft or prolonged dressings, over a period of weeks or months, may be needed. If this happens, your scars will be wider.

The wound may also become infected. Please contact your district nurse or family doctor (GP).

- **Loss of the nipple.** Due to the loss of underlying breast tissue. This may require prolonged dressings and / or further surgery.

- **Abnormal position of the nipple.** Your nipple may end up in a position you feel is too high or too low.
- **Breast size.** We will do our best to get your breasts the size you wish, but you may consider that your breasts are too small or too large after your operation.
- **Haematoma.** This is when blood collects under the wound and appears hard, swollen and painful. This can require a further operation, and / or a blood transfusion.

What happens if I refuse this treatment option?

If you decide not to undergo the procedure your breasts will remain the same as they are now.

What are the alternatives?

If your breasts are causing you back problems wearing a well fitted bra can sometimes help. Sometimes losing weight can help.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness.

It is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are rare, but can cause lasting injury: they include awareness, paralysis and death.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks with an anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will be seen in the pre-operative clinic, usually one to two weeks before your operation.
- You will be weighed and measured, screened for MRSA and possibly have an ECG (a heart tracing).
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.
- You will be told when to stop eating and drinking before your operation this will also be stated in your admission letter.
- Most patients will be admitted on the day of their operation if they have already attended the pre-operative clinic.
- A non-under wired bra will provide comfort and give shape and support, this will be needed after your operation.

The day of your operation

- You will usually come into hospital on the day of your operation. The surgeon will see you again to make some marks on your body to help guide the operation.
- You will be asked to confirm your consent form and you will be able to discuss the operation with your surgeon.

What should I expect after the operation?

When you return to the ward, the nursing staff will check your pulse, blood pressure, breathing and wound regularly.

It is important that if you feel any pain you must tell the nursing staff, who can give you Painkillers to help.

The nursing staff will also advise you when you can start taking sips of water.

Anaesthetics can make some people sick. If you feel sick, we advise you not to drink until this feeling has passed.

The nursing staff may offer you an injection to help this sick feeling go away.

You may also need a blood test the next day to check your blood count.

The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Going home

You will usually be in hospital overnight, although this sometimes can be longer.

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital.

Please tell the nurses what painkilling tablets you have at home.

Your wound

A thin piece of tape will cover your wound, this is not to be removed and it must be kept dry.

The wound dressing may be left untouched until you attend clinic for your results.

Dissolvable stitches are used and therefore these will not need to be removed.

Since many women feel so well after their operation, it has now become accepted

practice in most hospitals for you to go home with your drain still in place.

Before you are discharged, your nurse will give you full instructions about caring for your drain and will also check you are confident in looking after the drain and help you into your bra.

Once you are home

Ensure you wear a non-wired bra day and night for at least 2 days; this will provide support and help shape the breasts.

Discharge information

- General anaesthesia temporarily affects your co-ordination and reasoning skill, so you **must not** drive, drink alcohol, operate machinery or sign any legal documents for 24 hours.
- **Important:** You will need to arrange for someone to drive you home. If you go home the same day as your operation, try to have a friend or relative stay with you for the first 24 hours.
- If you are in any doubt about driving, contact your motor insurer so that you are aware of their recommendations and always follow your Surgeon's advice.
- You may be discharged from hospital with a drain still attached to your wound site. You will be given information about how to care for it.

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your wound

You will be asked to attend your local walk-in centre, treatment room or Practice Nurse

few days after your operation to check your wound.

The paper dressings if intact should remain in place for 7-10 days.

If your wound becomes very red/hot excessive bleeding, strong smelling puss or increased pain- seek advice from you GP.

Getting back to normal

Remember, you have just had an operation, and you will take some weeks – even months – to recover.

It is normal to feel more tired than usual for a few weeks after having an operation.

This is understandable and will pass. Before starting to drive you need to be able to wear a seatbelt and do an emergency stop.

Returning to work

You can self-certify for the first seven days of sickness.

After this, a medical certificate (sick note) may be issued by your hospital doctor to cover the expected time off you will need after being discharged.

Advice on returning to work will be given.

Further Appointments

You will be seen in the outpatient clinic. Arrangements will be made for you to attend and letter sent with the date and time of the appointment

Further Information

Breast Unit

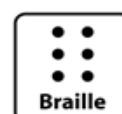
0151 529 4089
0151 529 4082 (24 hour answer machine)

Breast Cancer Care

Tel: 0808 800 6000 (freephone)
www.breastcancer.co.uk

Acknowledgements:

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