



PATIENT INFORMATION

Breast Lift / Breast Reduction Surgery

OVERVIEW

Breast Lift (Mastopexy) Surgery involves reshaping and repositioning of the breasts to improve their aesthetic appearance. It is sometimes combined with breast augmentation.

Breast Reduction Surgery involves removing skin and breast tissue to reduce the size of the breasts and reshape them to produce optimal aesthetic results.

*The following information sheet has been created by Mr White as a general guide to assist his patients and is intended to provide a broad overview of the important considerations related to the decision to have **breast lift or breast reduction surgery**.*

Although the specific nature of the surgery may vary with each individual and is dependent on the exact circumstances of each patient, the information outlined below describes what you would reasonably expect to follow.

Patients are encouraged to further discuss this information along with any specific questions or concerns with Mr White during their consultation.

Breast Lift and Breast Reduction Surgery share some similarities in regards to the surgery and recovery process and for this purpose have been included together in this information sheet.

BREAST LIFT SURGERY

COMMON REASONS WHY WOMEN CONSIDER HAVING BREAST LIFT SURGERY

- After children or having lost a significant amount of weight the breasts may be particularly droopy or “empty”
- To correct changes that have occurred due to the ageing process
- Skin irritations such as rashes/fungal infections beneath the breasts.
- Improve self confidence.
- A desire to achieve a more pleasing shape with a balance between breasts and body.

WHAT IS INVOLVED WITH BREAST LIFT SURGERY?

- General anaesthetic
- Surgery Duration: Approximately 2-3 hours.
- Complex pre-operative markings are made by Mr White which are created to best achieve the desired surgical outcome.
- Breast tissue including skin, some glandular tissue and fat is excised or repositioned.
- The breast is re-modelled and sutured together including repositioning of the nipple.
- A breast implant may be inserted if necessary.
- The final scar pattern varies depending on individual anatomy and desired results but usually involves a scar around the areolar (coloured skin around the nipple) and a vertical scar.
- Dressings are applied.
- Drain tubes are not routinely used.



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BREAST REDUCTION SURGERY

COMMON REASONS WHY WOMEN CONSIDER HAVING BREAST REDUCTION SURGERY

- Reduce the weight of heavy breasts which may be contributing to neck or back pain
- Heavy breasts may also cause bra straps to dig into the shoulders
- Skin irritations such as rashes/fungal infections beneath the breasts
- Clothing may be difficult to find that fits well
- Breasts that get in the way of your arms at the side
- Improve posture and ability to exercise
- Improve self confidence
- A desire to achieve a more pleasing shape with a balance between breasts and body
- Above issues resistant to exercise and diet.

WHAT IS INVOLVED WITH BREAST REDUCTION SURGERY?

- General anaesthetic
- Surgery Duration: Approximately 2 -3 hours
- Complex pre-operative markings are made by Mr White which are created to best achieve the desired surgical outcome.
- Breast tissue including skin, glandular tissue and fat is excised.
- The breast is re-modelled and sutured together including repositioning of the nipple.
- Final scar pattern is around the areolar (coloured skin around the nipple) and vertically down from there.
- Dressings are applied.
- Drain tubes are not routinely used.

MINIMAL SCAR BREAST REDUCTION

The traditional breast reduction technique involves an “anchor” type scar pattern. There is a circular scar around the areolar (coloured area around the nipple), a vertical component and a long horizontal scar based in the fold beneath the breast.

The minimal scar technique that Mr White uses for most breast reductions eliminates the long horizontal scar beneath the breast.

In Mr White's opinion, the *advantages* of this, are:

- Reduction in the amount of scars. Sometimes the scars that result from traditional breast reduction surgery are visible in the cleavage area and give rise to puckers or “dog ears” - either in the cleavage area or under the arms.
- Preserving breast tissue in the cleavage area and removing it in the lower parts and beneath the arm (lateral).
- Better projection (perkiness of the breasts).
- More durable, long term results.
- Less wound healing issues.
- Better sensation and less risk of nipple necrosis (tissue death).

The *disadvantages* are:

- Initial large gathering of excess skin beneath the breast. The bigger the reduction the more excess skin there can be.
- A non natural shape in the first few weeks with over projection.

These appearances start to resolve quite quickly in the first few weeks post surgery. It is usually at about 6 weeks after surgery that a true idea about the end result will be possible. In the vast majority of cases these issues settle - in a small group some minor revision may be necessary at about 12 months.



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RECOVERY AFTER SURGERY FOR BOTH BREAST REDUCTION & BREAST LIFT

- Patients most commonly require a hospital stay of 1-2 nights.
- The area will feel a little uncomfortable for a few days.
- Gradually increase mobility and activity; generally back to most normal day to day activities at two weeks.
- Most women allow approximately two - three weeks off work. However, you may require additional time if your job is more physically demanding. This can be discussed with Mr White.
- Able to drive when feel comfortable to do so.
- No heavy lifting or exercise for 6 weeks e.g. Avoid gym, aerobics, running.

POST OPERATIVE CARE - REVIEW APPOINTMENTS

Post operative visits with Mr White

1. *Approximately one week after surgery*
Aim: To ensure you are healthy and to review the surgical wounds.
2. *Six weeks post surgery*
At this time you will have a better idea of what the final result from surgery will be like. If all is progressing well, Mr White will give you the all clear to resume normal activities.
3. *Four - Six months post surgery*
4. *12 months*
If there are any concerns you will be seen more frequently.

SURGICAL GOALS

1. YOUR SAFETY
2. Address the individual issues you will have discussed with Mr White related to your decision to have this particular surgery
3. Achieve good projection ("perkiness") of the breasts
4. Achieve good cleavage area
5. Minimise scars
6. Durable, long term pleasing shape.

BEFORE DECIDING TO HAVE BREAST REDUCTION OR BREAST LIFT SURGERY YOU SHOULD CONSIDER THE FOLLOWING

- Desire for any further children:
 - Breast reduction (and Breast Lift) surgery may have a potential impact on being able to successfully breast feed in the future
 - Breast lift surgery is best carried out once a woman has finished having children as any subsequent pregnancies will alter the improved shape of the breasts achieved with surgery.
- Stable, healthy weight.
- **If a smoker: STOP Smoking.**
- Generally fit and healthy.
- Be over 18 years old and have finished breast development.
- Breast screening up to date: In women over 50 and/or where regular breast screening and mammograms has been recommended.

ALTERNATIVES TO SURGERY

- No surgery or delaying surgery
- Using a professionally fitted and comfortable bra to enhance or improve your natural shape and appearance of your breasts.
- Liposuction - Rarely good for reduction and will make sagging worse as it doesn't adequately address the 'loose' skin.



BREAST LIFT / BREAST REDUCTION SURGERY

RISKS TO CONSIDER

Anaesthetic - In otherwise well people, general anaesthesia is very safe with modern techniques. Mr White's rooms will give you the details of your anaesthetist prior to surgery to discuss any specific concerns.

Bleeding/Haematoma - This may need a return to the operating theatre to evacuate blood clot.

Infection in the wound - If this does occur it can usually be cleared up with antibiotic tablets.

DVT/PE (Deep venous thrombosis/pulmonary embolus) - These are blood clots that are potentially very serious and even life threatening which can form in the legs and travel to the lungs. Multiple strategies are employed to minimise the risk of these occurring.

Scars - Typically the resulting scars are at their thickest and reddest at 6-10 weeks after surgery. Scars continue to mature and improve for up to 18 months after surgery. Scar management advice will be discussed in your follow up visit with Mr White to assist in achieving the goal of a thin, barely noticeable scar.

Wound separation/delayed healing - This is much more common in smokers or if there is an infection.

Sensation - This is very commonly altered with surgery. The nipple area is often numb or may even become more sensitive. This may effect both normal sensation and erotic sensation. Generally this settles down over weeks to months.

Nipple/Skin necrosis (death) - A rare complication that occurs most often in smokers. It may affect all or part of the nipple or part of the skin. It usually needs ongoing dressings but rarely may need further surgery.

Breast Symmetry - The final result will take several months to achieve. The majority of women have different sized or shaped breasts before surgery. These differences are taken into account for your operation but small differences may continue to exist or even new ones created. The scars may be slightly different on your right compared to left side.

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Breast Feeding - Ability to breast feed after this surgery may be affected.

Breast Cancer - The risk of breast cancer is no higher or lower with this type of surgery. It is prudent to address any concerns in this area prior to breast surgery.

[In the interests of clarity not all possibilities are listed here but just the most common and the most serious.]

NO SURGERY IS RISK FREE

All surgery is a balance between realistic surgical goals and knowledge of possible risks and complications.

Risks are minimised by careful patient selection and planning, high standards of surgical training, meticulous surgical technique and vigilant post operative care. Small, less serious issues are common and every effort is made to resolve them quickly. These very rarely have any long term effect on an excellent final result.