

Bilateral Breast Reduction Surgery

Following attendance of the breast reduction seminar

This information aims to support what you have heard at the seminar. It may help answer any questions you have, and give you and your family some understanding of the operation and what to expect afterwards.

You have been referred to this hospital to be considered for reduction of both (bilateral) breasts. As explained in the seminar, in order for a breast reduction to be funded by the NHS, you will need to meet all of the strict criteria set by your local NHS commissioning body, known as Integrated Care Systems (ICS).

You must meet all of the following criteria:

1. You must have a Body Mass Index (**BMI**) of **27 or lower (26 in some areas)**
2. You must be a **non-smoker** (this includes all nicotine replacement products and e-cigarettes)
3. The surgeon must be able to anticipate a reduction per breast of **at least 500g**
4. There must be documented evidence of symptoms relating to large breasts, and of treatment provided for these symptoms.

In addition to the above criteria, for surgery at Queen Victoria Hospital:

- You are required to attend a breast reduction seminar
- If you are over 35 years (40 in some areas) you will need a mammogram prior to surgery.

Following your attendance at the seminar and providing you meet criteria 1) and 2) an appointment will be requested with a plastic surgeon.

The appointment with the plastic surgeon will be either in the outpatient department at Queen Victoria Hospital, or at one of our spoke clinics in a hospital nearer to you. The surgeon will be the one to determine if it is possible to remove 500 grams of breast tissue (at least) from each breast.

Please be aware that the surgeon you see in your initial consultation may not be the surgeon who performs your operation.

Planning your surgery

When the surgeon sees you, your breasts will be examined and measured. You will be asked about family history of breast disease. If the surgeon feels you do not have 500 grams of tissue to remove from each breast, a breast lift (mastopexy) or small reduction may be more appropriate. Unfortunately, neither of these procedures is routinely funded by the NHS.

If you do not meet any of the criteria at this point, you will not be considered for surgery.

If you do fulfil the criteria and wish to proceed with surgery, you will be added to the waiting list at this stage and will complete the consent process with the surgeon. If you are over the age of 35 (40 in some areas) and have not had a recent mammogram, the surgeon will request one for you.

It is important to discuss:

- your expectations
- the benefits of the surgery to you
- any risks, complications or limitations

Please give serious consideration to the advice we give you, as many patients have different views on a desirable size and shape for breasts. It is not possible to guarantee breast size when having breast reduction surgery. You will be able to discuss the things that may affect the procedure, such as your age, general health, body weight, the current size and shape of your breasts and the condition of your skin. It is also important that you discuss the amount of tissue that will be removed and where the nipple and the darker area of skin known as the areola will be positioned, as they will be moved during the procedure.

Are there alternatives to surgery?

Breast reduction is never an essential operation. Weight loss may reduce breast size and, having lowered your BMI to the guideline level, you may find you do not need reduction surgery. Supportive underwear and clothing can improve comfort and appearance.

Cognitive Behavioural Therapy (CBT) can be effective in body image problems. If you have any doubts or you change your mind about the surgery at any time, please talk to your GP, breast reconstruction nurse specialist or your surgeon.

What if I want the surgery but I am smoking or using nicotine replacement products?

You will **not** be considered for this surgery if you smoke or use any products containing nicotine. You will be advised to stop at the seminar.

Nicotine replacement products are not an appropriate method of stopping smoking if you are considering breast reduction surgery, as the nicotine reduces the ability of the blood to carry enough oxygen to the tissues and the skin.

We appreciate that stopping smoking can be very difficult. If you need more support, you can get advice here:

- <https://www.nhs.uk/better-health/quit-smoking/>
- Tel: 0300 123 1044

The hospital is a **smoke-free** site which means that smoking is not permitted in any buildings or in the grounds.

What other arrangements do I need to make?

You will usually be in hospital for one night, possibly two. You should arrange help with shopping, housework and care of small children and pets for at least a week, as you may not be able to manage these on your own a week after surgery.

It will be necessary to organise about two weeks off from work or college. If your job involves heavy lifting, you may need more time.

You will not be able to drive immediately after your operation. You should only consider doing so when sufficient healing has taken place to allow you to wear a seat belt without pain and to be able to perform an emergency stop. Before driving, check with your insurance company that you have appropriate cover since some companies ban driving for a specific period following surgery. If you ignore this, you will be driving without insurance which is against the law.

If you are taking the oral contraceptive pill or hormone replacement therapy, do not stop taking this medication. Always seek medical advice. Talk to your GP or visit your local Family Planning Clinic. You will need to bring a list of any medicines that you are currently taking to the outpatient department, pre-assessment clinic and with you on admission to the hospital. On admission please bring in your regular medication in its original packaging.

Pre-Assessment

Most patients will have an appointment with the pre-assessment clinic before surgery. The pre-admission appointment can include:

- Assessing your general health and fitness by carrying out various tests and investigations. These may include blood tests or ECG (electrocardiogram - heart tracing).
- Clinical photographs will form part of your medical records to allow a comparison of your breasts before and after surgery.
- Discussing your current medication and any allergies you may have.
- Giving you information about your planned treatment.
- Informing you about hospital services.
- Meeting an anaesthetist, if required.

If you have any further questions, please write them down and discuss them with the doctors or nurses.

The benefits of surgery

Bilateral breast reduction surgery will reduce the size of your breasts. The aim of the surgery is to give you smaller breasts that are in proportion to the rest of your body. The procedure removes fat, glandular breast tissue and skin from the breasts making them smaller, lighter and uplifted. It may also reduce the size of the areola.

What are the risks?

All surgery and anaesthesia carries some uncertainty and risks. The following list gives you information on the most common or most significant problems that can occur following this type of surgery.

- **Asymmetry** - Although we will make every effort to make your breasts equal in size and shape, you may find that there is a difference between the two breasts after surgery. This is quite normal, but if you have any concerns or questions please talk to the surgeons or nurses. Occasionally, there is an area of excess breast tissue on the outer part of your breast towards your armpit(s) (a 'dog ear'). This is completely harmless. This may be removed with another operation.
- **Blood transfusion** - It is not common to require a blood transfusion during or after this operation. However, this may occasionally be required. If you have strong views or religious beliefs about this, please talk to your surgeon about this before surgery. If you are found to have a low blood count (anaemia) after your operation, a course of iron tablets may be prescribed. After you have been discharged from hospital, your GP may repeat the blood test.

- **Breastfeeding** - If you are keen to be able to breastfeed later, we recommend you consider postponing the surgery until you have completed your family as breast reduction surgery may affect your ability to breastfeed.
- **Deep vein thrombosis (DVT) and Pulmonary Embolism (PE)** - DVT is a blood clot in the legs. This is a potential complication following surgery and a period of reduced mobility. People who are taking the oral contraceptive pill or hormone replacement therapy and those who smoke are at the greatest risk. Occasionally, clots can break off and pass to the lungs, known as a pulmonary embolism (PE). All patients are given compression socks to wear to try to prevent the risk of a DVT or PE occurring. Following your pre-operative assessment you may need injections every night you are in hospital to thin your blood and further reduce this risk.
- **Fat necrosis** – This is an uncommon, benign condition where fat cells within the breast may become damaged and delay wound healing. It is usually painless and the body repairs the tissue over a period of weeks. Occasionally, the fatty tissue swells and may become painful. The fat cells may die and their contents form a collection of greasy fluid which will drain to the surface of the skin. The remaining tissue may become hard. In severe cases, the skin may die. On rare occasions further surgery may be required.
- **Haematoma** – This is a collection of blood underneath the skin, which may occur after surgery. The breast may become painful and swollen. A second operation may be necessary to remove the haematoma.
- **Infection** - A wound infection can occur after any surgical procedure. If this happens it may be treated with antibiotics and, if necessary, further dressings. In severe cases, a return to theatre is required to wash out the infected wound. Any major operation with a general anaesthetic carries a small risk of a chest infection, particularly among people who smoke.
- **Nipples** - Breast reduction surgery always involves changing the position of your nipples. It is common to lose normal sensation to the nipple and areola. Rarely, the nipples may become over-sensitive. Part of the nipple may die due to poor blood supply. Smoking and being overweight increase the risk of this as they reduce the blood flow to one or both nipples. If you experience partial nipple loss following the surgery, dressings will be required to aid healing. The nipple may have a scarred appearance in the affected area. Complete nipple loss is rare, but it does happen. If it does occur, it is often necessary to have a second operation. Further surgery to improve the look of the nipple may be required at a later date.
- **Pain** – People experience varying levels of pain. Painkillers (analgesia) will be provided as required. **You should make sure you have a supply of paracetamol and ibuprofen at home (if you are able to take them and have not been told not to take them).** In the long term, your breasts should not be painful. However, if you already suffer from breast pain, it is unlikely that the surgery will cure this.
- **Psychological aspects** – The majority of patients are pleased with the results of their surgery. Occasionally, women feel very anxious about their treatment, or have difficulty coming to terms with their new look. This may be because their breasts may not appear as they had imagined they would or because they have experienced a complication. If you feel very anxious, worried about your treatment or depressed please speak to the breast reconstruction nurses.
- **Scars** - Any operation will leave a permanent scar. Infection can cause a wound to re-open which may lead to problems with scar formation such as stretching or thickening. At first, even without any healing problem, the scars will look red, slightly lumpy and raised. Once healed, regular massage of the scar with a light non-perfumed moisturising cream and use of sun protection measures such as a factor 50+ sun block should help it to settle and fade. This process may take up to two years. Some people may be prone to the development of keloid or hypertrophic scars which are raised, itchy, and red. If you have a tendency to produce scars like these then please discuss this with the surgeon. In the majority of cases, scars settle to become less noticeable. If you have concerns about your scars contact your GP who may refer you back to the hospital.

- **Wound breakdown** – Wound healing may sometimes be delayed. This may be because of tension on the wound, poor blood supply to the area, poor nutritional status and/or infection. Occasionally, the wound may break down, resulting in a longer hospital stay, wound dressings and, possibly, further surgery. Smoking increases the risk of this as it has an adverse effect on the healing of all surgical wounds. Eating a healthy diet promotes good wound healing.

What can I expect before my operation?

You must have nothing to eat for a minimum of six hours and nothing to drink for a minimum of two hours before your surgery. This is for your safety, to help prevent vomiting during your anaesthetic. You will be contacted in the afternoon before your operation by the staff in the admission lounge who will remind you of this.

This procedure requires you to be admitted to the hospital on the day of surgery. Usually, you will already have signed your consent form in the outpatient clinic but you will be asked to confirm it. Please feel free to ask any questions that you may still have.

An anaesthetist will review you before your operation and explain the anaesthetic procedures. A surgeon will see you and take various measurements of your breasts. A special marker pen will be used on your skin. Please ask questions if there is anything that you are not sure about.

The surgery

The procedure usually takes approximately two to three hours. Techniques for breast reduction vary, but the most common procedure involves an anchor shaped incision that circles the areola, extends downwards and follows the natural curve of the crease beneath the breast. The length of the scar in the crease of your breast is determined by how wide your breast base is. Common areas of wound breakdown are at the "T-junction", which is where the vertical scar meets the curved scar in the crease.

The surgeon will remove glandular tissue, fat and skin and will move the nipple and areola into their new position. The skin will be brought down from both sides of the breast and around the areola, shaping the new curve of the breast. In most cases, the nipples remain attached to their blood vessels and nerves. However, in some cases, the nipples and areola may have to be removed completely and grafted into a higher position. These procedures may result in loss of sensation to the nipple and areola. Stitches are usually around the areola, extending downward and along the lower crease of the breast. Stitches are dissolvable and hidden under the skin and usually do not need to be removed afterwards. Dressings are light, usually adhesive strips and tape.

What can I expect after the operation?

When you wake up after the surgery, you will be in the recovery area. The nursing team are very experienced and will ensure your recovery is as comfortable as possible. When you have recovered you will either be transferred to the ward or to the discharge lounge.

Wound drains, usually one per breast, may be inserted into the breasts at the time of surgery to allow any excess fluid to drain away. The drainage tube is attached to a vacuumed bottle so that the fluid can be measured. The nurses will remove the drains on the surgeon's instructions, usually the day after surgery, depending on the amount and colour of the fluid drained. Following removal, a small amount of leakage from the wound is common. A light gauze pad can absorb this. You will be able to have a shower or bath and nursing staff can advise you on how to care for your dressings which should remain in place for one week.

You will need to wear a good, supportive, non-wired, sports-type bra after the operation. You should wear this for 23 out of 24 hours a day (including night time) for up to six weeks, taking it off only for showering or washing. This is to help support the underlying tissue and stitch lines while healing. After

surgery, there will be swelling and your breasts will seem high and firm which may feel unnatural to you. However, the swelling will reduce and become more comfortable and, after a while, the breasts will look a more natural shape.

What should I do when I am at home?

Following your surgery, you should be able to return to most of your normal activities within two to four weeks, although this will vary from person to person. We recommend that you start with small activities and gradually build up. You may wish to have someone to help you at home for the first couple of days. Do not be afraid to take some time out for yourself as this will enable you to rest your mind as well as your body.

- **Driving** - You will not be able to drive immediately after your operation for up to two weeks. You should only consider driving when sufficient healing has taken place to allow you to wear a seatbelt without pain, control your vehicle and perform an emergency stop (practise in a car park first) and all the required manoeuvres. Before you drive, we suggest that you check with your insurance company to ensure that you have the appropriate cover. Make sure you take note of the date and the name of the person you spoke to. Some companies ban driving for a specific period following surgery.
If you ignore this, you will be driving without insurance which is against the law.
- **Returning to work** - Depending on the type of work that you do, you may be able to return to work after two weeks. You may feel quite tired at first. This is quite normal, and we suggest you talk to your employer about returning to work gradually.
- **Sexual activities** - Initially, your breasts will feel tender and you may not feel ready for physical contact. However, you may resume your sex life as soon as you feel comfortable. Some women are concerned that their partner hesitates to touch them and this can make them feel less attractive. The reason for this is likely to be that their partner is afraid of hurting them. Couples should discuss their fears and feelings.
- **Sport** – Sports can be resumed after four to six weeks, but only when the wounds are healed. We suggest that you check with your surgeon or breast reconstruction nurse first if you are unsure. If the sport involves strenuous upper body movements, for example aerobics, golf, swimming and any racquet sports, it is probably advisable to begin these activities again gradually from six weeks after surgery. Always ensure that you are wearing a supportive well-fitting sports bra during sporting activities.

What should I look out for?

Breast firmness and tenderness is common in women and can be related to menstruation. After your breasts have healed, these symptoms may return. It may take some months for the scar tissue to settle and, at first, the scars may feel lumpy and tender. We advise you to become 'breast aware' – by getting to know what your breasts look and feel like so you know what is normal for you. Once you are fully healed we advise you to start massaging your scars to help soften the scar, prevent skin breakdown, improve appearance and stop scar tissue from sticking to underlying structures, which would affect movement and cause stretching.

If, in the future, you have mammograms, please inform the technician that you have had a breast reduction as this will assist with the interpretation of the images.

When should I return to the hospital for a follow-up appointment?

When you are discharged from hospital you will be given an appointment for the nurse-led outpatient plastic dressing clinic (PDC) 7-10 days after your surgery. At this appointment, all your dressings will be removed and your wounds checked. If they are not healed at this point, more dressings may be applied and advice will be given by the nursing staff on how to care for them. An appointment with your consultant will be made for four to six weeks following your surgery.

Who should I contact?

The breast reconstruction nurse specialists are available for you to contact if you have any concerns before, during or after your surgery.

Once you have gone home after surgery, it is important to check your wounds. If they become red, hot, swollen and painful, or you notice a discharge, please contact either the breast reconstruction nurse specialists, the ward you were discharged from or the dressing clinic for advice.

Wards

Margaret Duncombe Ward Tel: 01342 414450

Ross Tilley Ward Tel: 01342 414451

Peanut Ward (Paediatrics) Tel: 01342 414469

Main Outpatients

Dressing Clinic Tel: 01342 414442

Macmillan Breast Reconstruction Nurse Specialists

Tel: 01342 414302 and 01342 414306 (Answer-machine available)

qvh.breastcare@nhs.net

For emergencies **out of hours**, please contact switchboard on 01342 414000 and ask to speak to the doctor on-call.