

Breast Asymmetry

This leaflet has been designed to give guidance and help to understand more about breast asymmetry and give you some understanding of possible treatments that may be recommended.

Please be aware that unless you have had a breast cancer diagnosis, your GP will need to apply for NHS funding. Non-oncological breast surgery is not routinely funded.

What is asymmetry?

Breast asymmetry can mean a difference in the size of the breast, the shape and also the position of the nipple. There may be underdevelopment or overdevelopment of one breast or elements of a lack of development altogether.

In cases where there is lack of development of the breasts, malformation or asymmetry, women hide or camouflage this by wearing padded bras, bra inserts and loose fitting clothing. Teenagers with significant asymmetry are usually very self-conscious and often do not seek help until later in life.

It is entirely normal for there to be a degree of difference between the size of each breast. In cases where this difference is very large, more pronounced or noticeable it may be possible to correct it surgically. Such surgery may involve breast reduction surgery or insertion of a tissue expander/implant at the clinical advice of the breast surgeon and if suitable funding is available.

Should I consider surgery?

There is no medical advantage for having surgery i.e. breast implants/breast reduction, however it can have a positive psychological effect and those women who appear to be struggling with body image will be offered treatment with our psychological therapy team. If you have significant body image issues and/or feelings of anxiety and depression, having breast implants/reduction will not necessarily lead to an improvement in these feelings. The majority of patients are pleased with the results of their surgery however occasionally women may have difficulty coming to terms with their new look, because their breasts may not appear as they had imagined they would or as a result of a complication. Having corrective surgery will not create symmetrical breasts.

Patients need to ensure they balance potential benefits with the risk of developing possible side-effects and complications. The risks and complications for the different types of surgery can be found in the individual leaflets. If you feel that you would like to speak to one of our psychological therapists please contact them directly or ask one of the Macmillan breast reconstruction nurse specialist's to refer you, contact telephone numbers are at the bottom of this leaflet.

How are decisions made on NHS funding?

At this present time the Clinical Commissioning Groups (CCG's) decide what will and will not be funded within the NHS and the majority of breast surgery is considered low-priority and many applications for funding are denied. You may find that one or several

appeals need to be made on your behalf by your GP to your local CCG for consideration of surgery, but this still may not result in funding being granted.

All funding requests should be made by your GP

When considering funding, the CCG may take account of the following:

- If there is natural absence of breast tissue unilaterally (one breast) or bilaterally (both breasts).
- That you are aged 18 or over - to ensure you have reached the end of puberty and stopped growing.
- If there is a gross disparity of breast cup sizes at the initial consultation with your GP. This means a difference between the breasts of two or more cup sizes.
- It is recommended that the BMI (body mass index) is within the healthy range.
- You must be a non-smoker.

All treatment options discussed in this leaflet are subject to CCG funding approval.

Types of asymmetry and possible treatment options

Tubular Breasts

What are tubular breasts?

As the name suggests the breast(s) are like a “tube” and shaped like a narrow cone with a small, constricted base, tubular skin envelope and a prominent large nipple and areola. Tubular breasts are a fairly common developmental malformation that occurs during puberty and mainly affects young women. It can affect one breast (unilateral) or both breasts (bilateral). Early growth of the breasts is limited and this results in unusually shaped, small, drooping and uneven breasts. There are various terms used to describe this malformation: tuberous breast, caprine breast, areola hernia, hypoplasia of the lower pole or constricted breast.

What treatment is available?

The surgeon may offer an insertion of a tissue expander/implant to the affected breast (s) in order to increase the size and match the contra-lateral (unaffected) breast (if applicable). This implant is placed behind your chest muscle (*Pectoralis*) and gradually inflated with a needle via a port beneath the skin to stretch the skin and the breast envelope. Once the desired breast shape and volume has been achieved, depending on the type of expander used, the port may be removed or the expander may be exchanged for a fixed-volume implant. The choice on this will be made by the surgeon. Often no other procedures will be required but in more severe cases the skin envelope and nipple may need to be reduced.

Further information may be found in our ‘breast implants’ and ‘tissue expansion’ leaflets.

Amastia, Amazia and Breast Hypoplasia

What is Amastia & Amazia?

Amastia is a complete failure of breast tissue, nipple and areola to develop. This can be congenitally (present at birth). It is different from Amazia which involves complete failure of breast tissue development but the nipples and areolas develop normally.

What is Breast Hypoplasia?

In breast hypoplasia, there is a lack of breast development during puberty. The adolescent breast remains largely unchanged or only enlarges slightly. Women often complain of a 'boyish' appearance.

What treatment is available?

As for tubular breasts, the surgeon may suggest insertion of a tissue expander implant with a view to either removing the port once the desired shape and volume has been achieved, or exchange to a fixed-volume implant. If the nipples and areolas are not present the patient may require nipple reconstruction with micro-pigmentation (tattooing) to give an illusion of a nipple/areola.

Poland Syndrome

What is Poland Syndrome?

Poland Syndrome (also known as Poland's Syndactyly) is a rare birth defect. The extent to which, and the way in which, Poland Syndrome manifests itself can vary greatly but its main symptom is the lack of, or underdevelopment of, a chest muscle (*Pectoralis*). There may be an underlying developmental problem with the ribs and/or breast bone (sternum) as well. Furthermore the hand on the affected side of the body can often be webbed, may be smaller than average and in some cases may have missing fingers. It usually affects the right side of the body and occurs more often in males than in females.

What treatment is available?

Similar to tubular breast and Amastia, the surgeon is likely to offer insertion of a tissue-expander initially as the skin envelope will be tight and the nipple and areola complex may be small. If the surgeon were to insert an implant at the first instance there will be a poor aesthetic result.

What if I smoke?

Smoking can reduce the blood flow to surgical sites. Studies have shown that nicotine and other substances that are found in cigarettes can be harmful to your heart, lungs, and your skin. Smoking can have an adverse effect on the healing of all surgical wounds. The same applies for the use of nicotine replacement therapy as, although this will reduce the craving for a cigarette, the nicotine will also reduce the ability of the blood to carry enough oxygen to the tissues. For this reason we advise that you do not use nicotine replacement therapies and should stop smoking completely.

If you are an active smoker we will be happy to advise you on how to get help in stopping smoking, any surgery will **not** be considered if you smoke.

NHS Quit Line
Tel: 0300 100 1823 West Sussex
Tel: 0800 234 6805 Medway

www.smokefree.nhs.uk

Freephone: Tel: 0800 022 4332 (Mon to Fri 9am - 8pm, Sat & Sun 11am - 4pm)

Additional support

The consultant may feel that you would benefit from wearing an external prosthesis whilst funding applications are made, or until you are older. The consultant surgeon or your GP can refer you to the Macmillan breast reconstruction nurse specialists who can arrange a fitting for you and provide you with prosthesis to wear in your bra. This will enable you to have symmetry within your clothing.

Photographs will be taken at your clinic appointment with the consultant to act as part of your medical records and enable your GP to request them in order to support your CCG funding application.

Contact information

Should you have any further questions or need further advice or information please do not hesitate to contact the hospital.

Macmillan Breast Reconstruction Nurse Specialists

Tel: 01342 414302 or 414306 (answer machine available)
Email: qvh.breastcare@nhs.net

Psychological Therapy Team

Tel: 01342 414478

Further information sources

Queen Victoria Hospital
<http://www.qvh.nhs.uk>

Poland Syndrome Support Group
<http://www.pssgcharity.org>

British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS)
www.bapras.org.uk

Please ask if you would like this leaflet in larger print or an alternative format.

Macmillan Breast Reconstruction Nurses BCN1404
Issue 1 – Ref: no. 0441
Approved by the Patient Information Group
Print October 2014 – Review October 2017