

Bilateral Breast Reduction Surgery

Information for patients attending a 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 after the surgery. You have been referred to this hospital to be considered for reduction of both (bilateral) breasts.

In order for a breast reduction to be funded under the NHS, you will need to meet all of the strict criteria set by your local NHS commissioning body known as a Clinical Commissioning Group (CCG).

You must meet all of the following criteria:

- you must have a BMI (Body Mass Index) of 26 or below;
- the surgeon must anticipate a volume reduction per breast of at least 500g;
- you must be a non-smoker (including all patches/nicotine replacement, vapes & e-cigarettes);

In addition to the above criteria, QVH surgeons require that:

- you must attend the breast reduction seminar run by the breast reconstruction nurses;
- patients over the age of 35 (or 40 in some areas) will need a clear mammogram.

You will be invited to attend a breast reduction seminar at QVH in the first instance, where your height, weight, BMI and smoking status will be determined. Once you meet these criteria you will be given an appointment to be seen in the outpatient department by a consultant plastic surgeon, who will be the one to determine if it is possible to remove 500 grams of breast tissue (at least) from each breast.

Planning your surgery

When you are seen by the surgeon your breasts will be examined and measured. You will be asked about family history of breast disease and if you are over the age of 35 and have not had a recent mammogram the consultant will write to your GP asking them to request one for you. **If you do not meet any of the criteria at this point you will not be considered for surgery.** 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 on the NHS.

It is important to discuss:

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

We ask you to give serious consideration to the advice given to you, as many women have different views of what is 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 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 re-sited 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. Correctly fitted 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 am still smoking?

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

Smoking cessation can be very difficult. If you need more support in giving up, please make use of the smoking cessation clinics and support agencies in your area and consult your GP.

Nicotine replacement patches 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 seek your full compliance to ensure the best outcome following surgery.

- Smokefree West Sussex Tel: 0300 100 1823
- Brighton and Hove Stop Smoking Tel: 01273 296 877
- Kent Stop Smoking Service Tel: 0300 123 1220
- West Sussex Wellbeing Tel: 0300 123 1044
- One You East Sussex Tel: 01323 404 600
- Quit 51 Surrey Stop Smoking Service Tel 0800 622 6968

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, longer time may be needed.

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 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. Failure to comply with that condition would mean that you were driving without insurance - which the law regards as a serious offence.

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 are seen in the pre-assessment clinic before the day of surgery. The pre-admission assessment can include:

- Assessing your general health and fitness before surgery by carrying out various tests and investigations. These may include blood tests or ECG (electrocardiogram - heart tracing). Photographs will provide a record for your notes to allow a comparison of your breasts before and after surgery. These procedures may take a few hours to complete.
- 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.

It is important that you are completely satisfied that you have been given all the information you need and that you fully understand the risks and benefits of your surgery, before you sign your consent form. You can change your mind at any time before surgery.

The benefits of surgery

A breast reduction operation will reduce the size of your breasts. The aim of the surgery is to give you smaller, better-shaped breasts that are in proportion to the rest of your body. The procedure removes fat, glandular tissue and skin from the breasts making them smaller, lighter and firmer. It may also reduce the darker skin surrounding the nipple, known as 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.

- **Pain** - The pain from this sort of surgery is not usually severe. Different people require varying amounts of painkillers (analgesia). You may feel some pain for the first few days especially as you move around and cough. There may be further discomfort for a week or more. If you would like to discuss this further, the pain control team can discuss the options available to you before the operation. Your surgeon will prescribe regular medication to lessen the pain. If you are in constant pain, let the nursing staff know. 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.
- **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, discuss any issues with your surgeon 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.
- **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. After an infection the scars may not be quite as neat. Any major operation with a general anaesthetic carries a small risk of a chest infection, particularly among people who smoke.
- **Deep vein thrombosis (DVT) and Pulmonary Embolism (PE)** – DVT is a blood clot in the legs. This is a potential complication following surgery and bed rest. 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 embolus (PE). All patients are given compression socks to try to prevent the risk of a DVT or PE occurring. Pre-operative assessment may also result in the need for injections every night you are in hospital to thin the blood to further reduce this risk.
- **Asymmetry** - Although every effort will be made to make your breasts equal in size and shape, you may find that there is a small difference between the two breasts. This is quite normal, but if you have any concerns or questions please talk to the surgeon. If necessary, revision surgery can be performed to improve the look of your breasts. 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, but may be irritating as it 'catches' when moving your arm. This may be removed with another operation.
- **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 skin surface. The remaining tissue may become hard. In severe cases the skin may die. It is very rare that further surgery is required.
- **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 smoking can have an adverse effect on the healing of all surgical wounds. Eating a healthy diet promotes good wound healing. If you have been trying to lose weight, taking a vitamin supplement may help in addition to a healthy diet, but we advise you to take no more than your recommended daily amount.
- **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 scar will look red, slightly lumpy and raised. Once healed, regular massage of the scar with a light non-perfumed moisturising cream and use of sensible sun protection measures such as a factor 30+ 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 scar contact your GP who may refer you back to the hospital. Occasionally revision surgery may be performed to improve the appearance of scars.
- **Nipples** - Breast reduction surgery always involves changing the position of your nipples. The loss of normal sensation to the nipple and areola is common. Rarely, the nipples may become over sensitive. Part of the nipple may die due to poor blood supply. Smoking and being overweight increases the risk of this as it reduces the blood flow to one or both nipples. If you suffer with partial nipple loss following the surgery dressings will be required until new skin has formed. The nipple will 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.

- **Breast-feeding** - If you are keen to be able to breast-feed after the surgery, we recommend you consider postponing the surgery until you have completed your family as breast reduction surgery may affect your ability to breast feed.
- **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, 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.

What can I expect before my operation?

This procedure usually 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 will be asked to read and check it once again. Please feel free to ask any questions that you may still have.

An anaesthetist will visit and examine 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. A place for the new nipple will be marked in a position higher than the old, reducing the size of the nipple as well as marking the area of skin and breast tissue to be removed. **It is vital that you do not wipe these marks off.** Please ask questions if there is anything that you are not sure about.

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. The nursing staff will advise you. This is for your safety, to help prevent vomiting during your anaesthetic.

The surgery

The procedure usually takes about 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 are adequately recovered you will be taken to your ward.

The operation does not usually cause much pain afterwards, although some tightness and bruising may cause discomfort. Painkillers will be given to you on a regular basis for as long as you need them. We have an excellent pain control team who will be happy to advise you during your hospital stay and on

your discharge.

Wound drains are usually inserted into the breasts at the time of surgery to allow any excess fluid to drain away, typically one drain per breast. The drainage tube is attached to a vacuumed bottle where the fluid can be measured. The nurses will remove the drains on the doctor'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, as advised by your surgeon and breast reconstruction nurses. Wear for 23 out of 24 hours per day (including night-time) for up to six weeks, taking off only for showering or washing. This is to help support the underlying tissue and suture 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.



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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 a small amount of housework and gradually build up to vacuuming and ironing. You may need to have someone to help you at home for the first couple of days as it is important that you have plenty of rest. Make sure you set some time aside during the day for this. 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.

- **Returning to work** - Depending on the type of work that you do, you may be able to return to work within 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.
- **Sport** – Sports can be resumed after four to six weeks, but only when the wound is healed with no ooze. 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 six weeks after surgery. Always ensure that your breasts are well supported in a bra during sporting activities.
- **Sexual activities** - Initially, your breasts will feel tender and you may not feel up to 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 makes her feel less attractive. The reason for this is more likely that the partner is afraid of hurting you. Couples need to talk over their fears and feelings.
- **Driving** - You will not be able to drive immediately after your operation or for up to two weeks. However, you should only consider driving when sufficient healing has taken place to allow you to wear a seatbelt without pain and perform an emergency stop (practice in a car park first). Before

you drive, following surgery, 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. Failure to comply with that condition would mean that you were driving without insurance, which the law regards as a serious offence.

What should I look out for?

Breast firmness and tenderness is common in women and can relate to your monthly periods. 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 it sticking to underlying structures, which would affect movement and cause stretching.

If, in the future, you have mammograms, please inform the mammographer that you have had 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 outpatients dressing clinic during the week following 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 on how to care for them by the nursing staff. An appointment with your consultant will be made four to six weeks following your surgery.

Who should I contact?

Please do not hesitate to contact us should you have any concerns or queries. 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 the Macmillan breast reconstruction nurse specialists, the ward you were discharged from or the dressing clinic:

Wards

Margaret Duncombe Tel: 01342 414450

Ross Tilley Tel: 01342 414451

Peanut (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)

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

Date of seminar:	
Weight:	
Height:	
BMI:	
Ideal weight for BMI of 26:	
Weight loss required:	

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