

Breast Reduction

What is breast reduction?

Breast reduction is surgery to make your breasts smaller. It is done by a plastic surgeon. The surgeon removes breast tissue and skin to reshape your breasts and make them smaller.

The medical term for this surgery is reduction mammoplasty.

When is it used?

This operation is usually done to relieve strain and pain in your back, neck, or shoulders that may be caused by large breasts. You may choose to have the surgery because of cosmetic problems such as stretch marks in your skin from heavy breasts, rash under your breasts, or trouble finding clothes that fit. It can also be done if you want to have smaller breasts. It will not change inverted nipples and it will not prevent or cure cancer in either of the breasts. This surgery is not recommended if you plan to breast-feed.

Ask your healthcare provider about your choices for treatment and the risks.

How do I prepare for this procedure?

- Discuss with your healthcare provider the size and shape of breasts you want to have.
- You will have a breast exam and a mammogram before the procedure to be as sure as possible that you do not have cancer.
- If you are planning to have children and want to breast-feed, talk with your provider about this.
- Make plans for your care and recovery after you have the procedure. Find someone to give you a ride home after the procedure. Allow for time to rest and try to find other people to help with your day-to-day tasks while you recover.
- Follow your provider's instructions about not smoking before and after the procedure. Smokers may have more breathing problems during the procedure and heal more slowly. It is best to quit 6 to 8 weeks before surgery.
- You may or may not need to take your regular medicines the day of the procedure. Some medicines (like aspirin) may increase your risk of bleeding during or after the procedure. Tell your healthcare provider about all medicines and supplements that you take. Ask your provider if you need to avoid taking any medicine or supplements before the procedure.
- Your provider will tell you when to stop eating and drinking before the procedure. This helps to keep you from vomiting during the procedure.
- Follow any other instructions your healthcare provider gives you.
- Ask any questions you have before the procedure. You should understand what your healthcare provider is going to do. You have the right to make

decisions about your healthcare and to give permission for any tests or procedures.

What happens during the procedure?

This procedure will be done at the hospital.

You will be given general anesthesia to keep you from feeling pain. General anesthesia relaxes your muscles and you will be asleep.

Your healthcare provider will make a cut around the areola (the darker area around the nipple). The cut will extend to the underside of the breast. Your provider will remove fat, breast tissue, and excess skin from the breast. He or she will move the nipple and areola to a new position on the breast. Your provider will close the cut and repeat this procedure for the other breast.

Tissue removed at surgery will be sent to the lab for examination. Rarely, cancer may be found in the tissue.

The procedure will take about 2 to 3 hours.

What happens after the procedure?

After the surgery you may stay in a recovery area for at least a few hours and then you may go home. In some cases you may stay in the hospital overnight. You will have a bulky gauze bandage and may have drainage tubes. Your healthcare provider will show you how to take care of the bandages and drains.

For the next 2 or 3 weeks, you may have some swelling and your breasts may be bruised and tender. Usually an anti-inflammatory medicine, such as ibuprofen, will relieve most of the pain. Your provider may prescribe a prescription medicine for severe pain. Follow your provider's instructions for taking pain medicine. It is easier to prevent pain than to relieve it once it gets severe.

Nonsteroidal anti-inflammatory medicines (NSAIDs), such as ibuprofen, may cause stomach bleeding and other problems. These risks increase with age. Read the label and take as directed. Unless recommended by your healthcare provider, do not take for more than 10 days for any reason.

You will wear a special, supportive bra for several weeks to help lessen discomfort.

Ask your healthcare provider:

- How and when you will hear your test results if any tissue was tested
- How long it will take to recover
- What activities you should avoid and when you can return to your normal activities
- How to take care of yourself at home
- What symptoms or problems you should watch for and what to do if you have them

Make sure you know when you should come back for a checkup.

What are the risks of this procedure?

Every procedure or treatment has risks. Some possible risks of this procedure include:

- You may have problems with anesthesia.
- You may have infection or bleeding
- You may have some loss of feeling in your nipples and areolas for several weeks or longer. In some cases the loss of feeling may be permanent.
- Your nipple tissue may not receive enough blood and turn into scar tissue or die.
- If you are planning to have children, you may not be able to breast-feed, depending on the type of procedure you have, your age, and the condition of your breasts before surgery. Your nipples and areolas may be unequal in size, shape, and position.
- Your breasts may be unequal in size, shape, and position.
- Your arm and shoulder movements may be restricted or painful.
- You will have some permanent, noticeable scars on your breasts.

Ask your healthcare provider how these risks apply to you. Be sure to discuss any other questions or concerns that you may have.

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