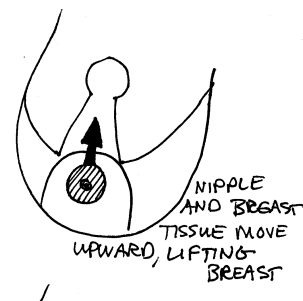
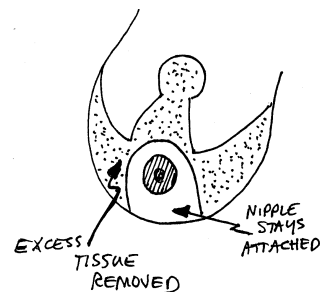
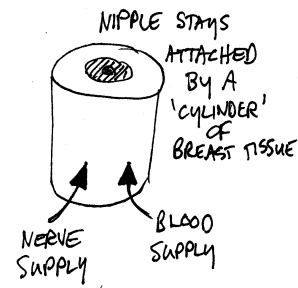
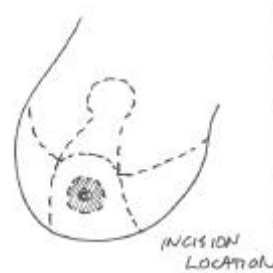


## BREAST REDUCTION

The operation for breast reduction is aimed at reducing those symptoms which may be related to excessive breast size. This includes back, shoulder and neck pain; the deep and uncomfortable shoulder grooving; and the problems with chronic moisture and irritation beneath the breasts. In addition, a smaller breast should theoretically make examination for cancer easier both on examination and with mammography. This operation will not affect back, neck and shoulder pain due to other problems such as arthritis. It also is not a generalized weight loss procedure for obesity nor will this operation correct stretch marks which may already be present. Often times this operation is done to recreate symmetry if there is a large discrepancy in the size of the two breasts. This operation has inherent risks associated with any surgery including infection, bleeding and the risk associated with the general anesthesia which is necessary. In addition this operation results in scars around the areola and beneath the breast as shown in the diagrams. It is impossible to reduce the size of the breasts without obvious scars. Although attempts and techniques will be made to minimize the scarring this is an area of the body in which scars tend to widen due to location and the weight of the breasts. Revision of these scars may be possible depending on their appearance following a 9-12 month healing period. In addition these widened scars may be the result of delayed healing resulting from a small area of skin death in the portion here the two incisions come together. This area is prone to a partial separation of the scar due to the tension and the often times marginal blood supply in this area. This usually can be treated with local wound care including hydrogen peroxide washes and application of an antibiotic ointment. Occasionally this will result in widened scars and again this may be revised if indicated.

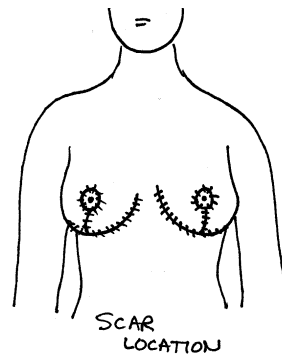
This operation involves partial excision of the breast gland and as a result may interfere with the ability to breast feed following subsequent pregnancies. This may range from reduced volume of milk to total inability to lactate. This may be per-



volume of milk to a total inability to lactate. Also because of the breast gland removal, nerve fibers and blood vessels to the nipple and/or areola may be divided resulting in altered nipple sensation. This may take the form of increased, decreased or absent sensation. Although some alteration is common in the immediate post-operative period, these changes may some times be permanent and irreversible. Loss of blood supply may result in the potential death of a portion or all of the nipple and areola. This may result in delayed healing, additional surgery or a deformed nipple or areola.



With time some sagging of the breast may occur due to the effects of gravity and loss of skin elasticity. This may cause the breasts to assume a fullness in the bottom half of the breast. If this occurs, another operation may be performed to counter the effects of gravity and tighten the skin. Actual re-development of breast tissue following reduction has been reported, but is extremely uncommon. The resultant breast size will be largely determined by the breast size before the procedure is performed . In general the range is somewhere between a B and C cup however this may be smaller or larger according to your desires or the size of the breast preoperatively. The overall goal is for a smaller, compact breast which will be in proportion to your body. At times there may be an under-reduction due to the preoperative existing excess of skin or breast tissue and an additional reduction may be required if the breast size is still too large. This is extremely rare. Occasionally due either to inter-operative excision of breast gland or postoperative breast gland loss from lack of blood supply or possible infection, the breast may be smaller than desired. If this is the case, breast augmentation by placement of breast implants may be required to bring about the desired size. This is also extremely rare. Lastly although symmetry at the time of surgery is the goal, post-op settling areas of tissue loss or swelling following the operation may result in asymmetry which again may need additional surgery to correct.



No increase or decrease in the incidence of breast cancer occurs after reduction mammoplasty. You will still need a life-long follow-up for cancer detection. This involves both monthly self-breast examinations as well as annual exams

by a health care professional. In addition, a mammogram may be indicated preoperatively depending on your age. Mammography will be needed 12-18 months following the operation to establish a new baseline for future comparison.

The operation can be done as day surgery or may, if required, extend to one evening in the hospital. You will also be wrapped in a compressive wrap (ace wrap) which should be kept as tight as possible to reduce the chance of bleeding complications. Your arm motion postoperatively should be restricted to normal activity required for hygiene or non-vigorous work activities. You should be able to resume normal activity in about 3-4 weeks following surgery.

In any operation there are risks to be considered. These include bleeding, infection, numbness, pain or discomfort, reactions to the medications or anesthetics, asymmetry, removal of too much or too little tissue and/or failure to achieve your desired appearance. Efforts will be made to reduce the risks of this operation. You must help by following all preoperative and postoperative instructions and by keeping all scheduled appointments. You also must report any changes in your condition to the office so that treatment may be altered if necessary. **If you smoke, your healing will be delayed and you increase the risk of a complication following your surgery.**

Any of the potential problems could result in the need for additional surgery and recovery time, time lost from work, possible hospitalization, financial loss, disappointment and/or psychological stress to you. Please take time to consider this operation carefully and to ask any questions you may have regarding the procedure, risks or healing.