

# **Breast Reduction/ Mammoplasty**

## **If you're considering breast reduction...**

Women with very large, pendulous breasts may experience a variety of medical problems. These include back and neck pain, skin irritation, skeletal deformities, and breathing problems. Bra straps may leave indentations in the shoulders. Unusually large breasts can make a woman-or a teenage girl-feel extremely self-conscious.

Breast reduction is designed for such women. The procedure removes fat, glandular tissue, and skin from the breasts. The breasts are made smaller, lighter, firmer, and perkier. The procedure can also reduce the size of the areola, the darker skin surrounding the nipple. The goal is to give the woman smaller, better-shaped breasts in proportion with the rest of her body. If you're considering breast reduction, Dr. Karp and Dr. Choi will try to give you a basic understanding of the procedure- when it can help, how it's performed, and what results you can expect. It will not answer all of your questions. A consultation is required to deal with each individual women's situation. Be sure to ask Dr. Karp or Dr. Choi if there is anything about the procedure you don't understand.

## **The best candidates for breast reduction**

Breast reduction is usually performed for physical relief and cosmetic improvement. Most women who have the surgery are troubled by very large, sagging breasts that restrict their activities and cause physical discomfort. In most cases, breast reduction isn't performed until a woman's breasts are fully developed. The best candidates are those women who are mature enough to fully understand the procedure and have realistic expectations about the results. Breast reduction will decrease the ability to breast-feed.

## **All surgery carries some uncertainty and risk**

Breast reduction is not a simple operation, but it's normally safe when performed by a qualified (Board Certified) plastic surgeon. Nevertheless, as with any surgery, there is always a possibility of complications, including bleeding, infection, or reaction to the anesthesia. Some patients develop small sores around their nipples after surgery; these can be treated with antibiotic creams. You can reduce your risks by closely following Dr. Karp's or Dr. Choi's advice both before and after surgery. The procedure does leave noticeable, permanent scars, although they'll be covered by your bra or bathing suit. (Poor healing and wider scars are more common in smokers.) The procedure can also leave you with slightly mismatched breasts or unevenly positioned nipples. Future breast-feeding may not be possible, since the surgery removes some of the milk ducts leading to the nipples. Some patients may experience a permanent loss of feeling in their nipples or breasts. Though in Dr. Karp's and Dr. Choi's experience about 95% of patients retain normal or near normal nipple sensation six months after surgery. Rarely (less than 1% of the time), the nipple and areola may lose their blood supply and the tissue will die. (The nipple and areola can usually be rebuilt)

## **Planning your surgery**

In the initial consultation, it's important to discuss your expectations frankly with Dr.

Karp or Dr. Choi, and to listen to his/her opinion. Every patient and every physician has a different view of what is a desirable size and shape for breasts. Dr. Karp and Dr. Choi will examine and measure your breasts. They will probably photograph them for reference during surgery and afterwards. (The photographs may also be used in the processing of your insurance coverage.) They will discuss the variables that may affect the procedure-such as your age, the size and shape of your breasts, and the condition of your skin. They will also discuss where the nipple and areola will be positioned. Usually they are moved higher during the procedure, and should be approximately even with the crease beneath your breasts. Dr. Karp and Dr. Choi will describe the procedure in detail, explaining its risks and limitations and making sure you understand the scarring that will result. They will also explain the anesthesia used, the facility where the surgery will be performed, and the costs. (Some insurance companies will pay for breast reduction if it's medically necessary; however, they may require that a certain amount of breast tissue be removed. Dr. Karp or Dr. Choi will write a "predetermination letter" if required.)

### **Preparing for your surgery**

Dr. Karp and Dr. Choi may require you to have a mammogram (breast x-ray) before surgery. You'll also get specific instructions on how to prepare for surgery, including guidelines on eating and drinking, smoking, and taking or avoiding certain vitamins and medications.

### **Breast reduction almost never requires a blood transfusion.**

While you're making preparations for surgery, be sure to arrange for someone to drive you home after your surgery and to help you out for a few days if needed.

### **Where your surgery will be performed**

Breast reduction is generally done in a hospital, either as an inpatient or outpatient procedure. The surgery itself usually takes three to four hours. If your surgery is inpatient, expect to stay in the hospital for one day.

### **Type of anesthesia**

Breast reduction is nearly always performed under general anesthesia. You'll be asleep through the entire operation.

### **The surgery**

Techniques for breast reduction vary, but the most common procedures involves an incision that circles the areola and extends downward. In cases of small to moderate sized breast reductions these are the only incisions. This is the short scar breast reduction that has been developed by Dr. Karp. In very large breast reductions an additional incision is added underneath the breast that follows the natural curve of the crease of the breast.

Dr. Karp removes excess glandular tissue, fat, and skin, and moves the nipple and areola into their new position. He then brings the skin from both sides of the breast down and around the areola, shaping the new contour of the breast. Liposuction may be used to remove excess fat from the armpit area or in area that Dr. Karp feels extra contouring to achieve the absolute best result. In most cases, the nipples remain attached to their blood vessels and nerves. However, if the breasts are very large or pendulous, the nipples and areolas may have to be completely removed and grafted into a higher position. Stitches are located in the incisions. Dr. Karp uses

almost all absorbable sutures. Very few, if any sutures need to be removed after surgery. The wounds are dressed with tape strips that stay on for several weeks after surgery.

### **After your surgery**

After surgery, you will have loose dressings in place. A small drainage tube may be placed in each breast to drain off blood and fluids for the first day or two. Dr. Karp does not use surgical bras right after surgery. He feels that the bra irritates the incisions in the early postoperative period. After the drain is out, Dr. Karp does use bras in all short scar breast reductions. Bras are optional in all other patients.

You may feel some pain for the first couple of days after surgery. This is worse when you move around or cough. Some discomfort for a week or more is not unusual. Dr. Karp will prescribe medication to lessen the pain. The bandages will be removed a day or two after surgery. Your stitches will be removed in one to two weeks. Dr. Karp uses mostly absorbable stitches, and there are never many stitches to remove. If your breast skin is very dry following surgery, you can apply a moisturizer several times a day, but be sure to keep the suture area dry. Your first menstruation following surgery may cause your breasts to swell and hurt. You may also experience random, shooting pains for a few months. You can expect some loss of feeling in your nipples and breast skin, caused by the swelling after surgery. This usually fades over the next six weeks or so. In some patients, however, it may last a year or more, and occasionally it may be permanent.

### **Getting back to normal**

Although you may be up and about in a day or two, your breasts may still ache occasionally for a couple of weeks. You should avoid lifting or pushing anything heavy for three or four weeks. Dr. Karp or Dr. Choi will give you detailed instructions for resuming your normal activities. Most women can return to work (if it's not too strenuous) and social activities in about one to two weeks. But you'll have much less stamina for several weeks. No exercise is allowed for about one month after surgery. When you begin exercise you should limit your exercises to stretching, bending, and swimming until your energy level returns. You'll also need a good athletic bra for support when exercising. You will be instructed to avoid sex for a week or more. Sexual arousal can cause your incisions to swell. You should avoid anything but gentle contact with your breasts for about six weeks. A small amount of fluid draining from your surgical wound, or some crusting, is normal. If you have any unusual symptoms, such as bleeding or severe pain, don't hesitate to call your surgeon.

### **Your new look**

Although much of the swelling and bruising will disappear in the first few weeks, it may be six months to a year before your breasts settle into their new shape. Even then, their shape may fluctuate in response to your hormonal shifts, weight changes, and pregnancy. Dr. Karp and Dr. Choi will make every effort to make your scars as inconspicuous as possible. Still, it's important to remember that breast reduction scars are permanent. They often remain lumpy and red for months, then gradually become less obvious, sometimes eventually fading to thin lines. Fortunately, the scars can usually be placed so that you can wear low-cut tops and bikini bathing suits. Of all plastic surgery procedures, breast reduction results in the quickest body-image change. You'll be rid of the physical discomfort of large breasts, your body will look better proportioned, and clothes will fit you better. However, as much as you

may have desired these changes, you'll need time to adjust to your new image-as will your family and friends. Be patient with yourself, and with them. Keep in mind why you had this surgery, and chances are that, like most women, you'll be very pleased with the results.