Patient Information

# Cosmetics

**MR KEVIN HARRIS**

**BILATERAL BREAST REDUCTION**

Large breasts can cause many problems ranging from social embarrassment to functional problems including back and neck pain, bra strap indents and chafing under the breast. In the breast reduction operation the aim is to reduce the size of the breast whilst at the same time lifting the breast and elevating the nipple to a more ideal position. The scars are placed in inconspicuous positions designed to be hidden when wearing a bra or bikini. The nipple is left attached to breast tissue to preserve its blood supply and retain its natural appearance. If the areola is too large, this too will be reduced at surgery.

**Pre-Operative Advice**

Smokers have a much higher risk of developing complications. It is therefore advised that they should refrain from smoking for at least 6 weeks prior to and for two weeks following surgery. Smoking significantly increases the risk of wound infections and breakdown as well as vascularity problems with the nipple. Aspirin and anti-inflammatories should be avoided for a similar time period as they may promote bleeding. Patients on oral contraception (not HRT) should ideally stop taking the Pill for six weeks prior to surgery as there is a slight increased risk of thrombosis. during this period alternative forms of contraception are required.

<u>What happens before the operation</u>:

Patients are usually admitted on the day of surgery and are seen before surgery by the anaesthetist who will go over the general anaesthetic, by the nursing staff who will undertake routine preoperative checks and by Mr Harris. Mr Harris or the cosmetic specialist nurse will take pre-operative photographs as well as planning the operation by drawing on the breasts preoperatively. Additionally before surgery the patient may require a blood test.

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Operative procedure:

The breast reduction procedure takes between two and two and a half hours and is undertaken under general anaesthetic. Before starting the operation when the patient is asleep the breasts are infiltrated with a dilute solution of local anaesthetic and adrenalin, not only to provide postoperative pain relief but also to reduce bleeding. During the operation skin is removed as well as breast tissue. The nipple is elevated to a more ideal position. The locations of the incisions will have been discussed and marked preoperatively. The wounds are all sutured with self-dissolving stitches/dermabond. Drains are inserted into each breast. The tissue that is removed is routinely sent for histological analysis. On return to the ward patients may have an intravenous drip to provide fluids for the 24 hours following surgery. Drains are placed into each breast to allow any oozing or bleeding to accumulate into either a small bottle or bag by the side of the bed. These are usually removed at 24- 48 hours prior to discharge. If any pain or discomfort is experienced following surgery, painkillers are given either by injection or as tablets. Pain is not a significant feature in breast reduction surgery. The patients may have dressings over all of the wounds or dermabond to wounds.

**Risks & Complications**

There is a small risk of bleeding on the night of surgery resulting in an accumulation of blood within the breast tissue (a haematoma). Should this occur patients may need to return to theatre for evacuation of this haematoma. This is a rare complication. In the two to three weeks following discharge wound infections in the breast are relatively common and may result in prolongation of the period of time required for dressings or antibiotic treatment. Occasionally some element of wound breakdown may occur in the lower portion of the wound. This again may necessitate prolonged dressings and very occasionally secondary surgery. A very rare complication is interference of the blood supply to the nipple which can lead to partial or full nipple loss. Should this occur secondary surgery may be required to reconstruct the nipple at a later date. This is fortunately a very rare

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complication. As with all cosmetic surgical procedures undertaken by Mr Harris, there is a fixed fee policy which means that no further charges are incurred should treatment or surgery be required for complications that occur within one year following the initial surgery. Follow up: After discharge patients require a wound check usually 7 days post discharge. This can either be by the nursing staff in the outpatients where the surgery was undertaken or by the General Practitioner (their agreement would need to be sought). Dressings may then be required for two to three weeks postoperatively. Appointments for the initial dressing change are made prior to discharge. You will also be reviewed by Mr Harris at 1 and 4 months post-operatively. These appointments will be sent in the post.