

GENERAL INFORMATION

Women who have large breasts may experience a variety of problems due to the weight and size of their breasts, such as back, neck, and shoulder pain, and skin irritation. Breast reduction is usually performed for relief of these symptoms rather than to enhance the appearance of the breasts. The best candidates for surgery are those who are mature enough to understand the procedure and who have realistic expectations about the results. There are a number of techniques available to perform reduction mammoplasty including pedicle, nipple graft, and liposuction procedures, as well as combination procedures.

ALTERNATIVE TREATMENTS

Reduction mammoplasty is an elective surgical operation. Alternative treatment would consist of not undergoing the surgical procedure, physical therapy to treat pain complaints, or wearing undergarments to support large breasts. In selected patients, liposuction has been used to reduce the size of large breasts.

SPECIFIC RISKS OF REDUCTION MAMMAPLASTY SURGERY

Asymmetry:

Some breast asymmetry naturally occurs in most women. Differences in terms of breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise asymmetry after a reduction mammoplasty. Additional surgery may not completely correct asymmetry.

Change in Nipple and Skin Sensation:

You may experience a diminished sensitivity, total loss of sensitivity, or hypersensitivity of the nipples and the skin of your breast. With some techniques, and after several months, many patients regain normal sensation. Nipple graft techniques remove the nipple and replace it as a skin graft. With this technique, sensation will be lost, as well as the possibility of breastfeeding.

Breastfeeding:

If a woman has undergone a breast reduction using a nipple graft technique (nipple removed and replaced as a graft), it is unlikely that she will be able to breastfeed. Pedicle and liposuction techniques may be able to spare the breast ducts and it may be possible to breastfeed after such breast reductions. It is unknown whether you will be able to produce sufficient milk to nurse a baby, even with use of these techniques.

Unsatisfactory Results:

Although good results are expected, there is no guarantee or warranty, expressed or implied, as to the results that may be obtained. You may be disappointed with the results of surgery. Asymmetry in nipple location, unanticipated breast shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Healing may result in a lost nipple requiring further surgery and reconstruction. There is no way to predict the final breast size (bra cup size) after surgery. It is possible that the breast may be smaller but the bra cup size may not change. Unsatisfactory surgical scar location or visible deformities at the ends of the incisions (dog ears) may occur. It may be necessary to perform additional surgery to attempt to improve your results. Some techniques remove the ability to breastfeed. Unsatisfactory results may NOT improve with each additional treatment.

Breast Disease:

Breast disease and breast cancer can occur independently of reduction mammoplasty surgery. Individuals with a personal or family history of breast cancer may be at a higher risk of developing breast cancer than a woman with no family history of this disease. It is recommended that all women perform self-examination of their breasts and undergo routine mammography. All tissue will be sent to pathology.

Nipple and Areolar Necrosis:

While very rare, it is possible for the areola (area around the nipple) and nipple to have poor blood flow after surgery that may result in the death of the tissue. This will result in a wound and delayed healing. The nipple and areola may be reconstructed if necessary.

Long Term Results:

It is not possible to predict how pregnancy, weight change, and aging will affect the results of a breast reduction. If you are considering significant weight reduction or pregnancy in the near future, breast reduction surgery may be postponed to avoid possible undesirable effects and late unsatisfactory results.