

2015

# **Breast Reduction Surgery**

**For the Patients of  
Dr. Morris**



# Breast Reduction Surgery for the Patients of Dr. Morris

Please bring this booklet with you to the hospital on the day of surgery.

## What happens during a breast reduction?

During surgery, a plastic surgeon removes breast tissue to reshape and make the breasts smaller. The nipple and areola (the darker area around the nipple) are moved higher on the breast. The areola is sometimes made smaller.

## Why is a breast reduction done?

A woman with large breasts may have:

- Back, neck, and shoulder pain
- Skin irritation under the breasts
- Headaches
- Painful bra strap grooves

Surgery may help with some of these physical problems. Women with large breasts often find it hard to participate in sports and find clothes that fit.

## **Will a breast reduction help with my pain?**

Breast reduction can help with back, neck, and shoulder pain caused by heavy breasts. There are many things that can cause back pain. It is often hard to find the exact cause of this pain. Most women who have breast reduction surgery have some relief from their back pain but there is no guarantee that it will work for you.

## **Should I have this surgery?**

You should consider these factors if you are thinking about breast reduction surgery:

### **Breast maturity**

It is recommended that women wait until their breasts are fully developed (usually by age 20) before having breast reduction surgery. A woman can have surgery before maturity if symptoms are severe.

### **Pregnancy and breastfeeding**

Pregnancy and breastfeeding can change the size and shape of the breasts. Some women choose to have surgery after they have had their children. Breastfeeding may not be possible after a breast reduction.

### **Smoking and obesity**

Smoking and obesity (being overweight) both increase the risk of complications. Your surgeon may ask you to quit smoking or lose weight before surgery.

## **Expectations**

It is important that you understand the surgery and its possible complications. It is also important to have realistic expectations before deciding to have the surgery.

## **Are breast reductions covered by the provincial health care program (MSI)?**

MSI will generally cover breast reductions for women who are having physical symptoms due to large breasts and who have a body mass index (BMI) of 27 or less. BMI is a measurement that relates your height and weight. The formula for calculating BMI is:

$$\text{BMI} = \frac{\text{Weight (kg)}}{\text{Height (m)}^2}$$

### **To calculate your BMI you can visit:**

- › [www.mayoclinic.org/bmi-calculator/itt-20084938](http://www.mayoclinic.org/bmi-calculator/itt-20084938)

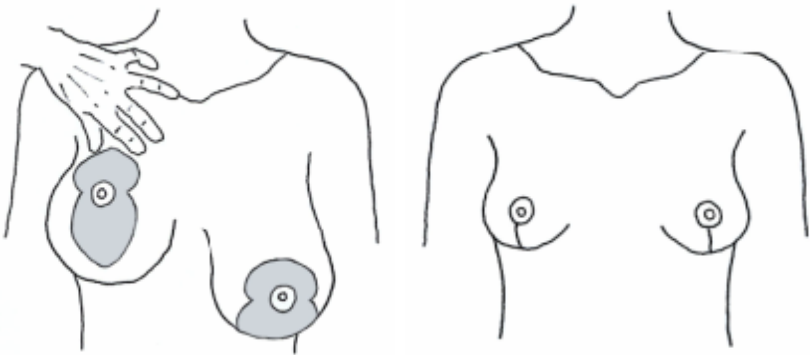
## **If my surgery is not covered by MSI, can I pay for it myself?**

Yes. Your surgeon can give you a quote for the costs.



## How is a breast reduction done?

Patients usually have this surgery as an outpatient (you do not have to spend the night in the hospital). The surgery is done under general anesthetic (you will be asleep). It usually takes about 2 hours. There are many techniques used for breast reduction depending on the size and shape of the breast. The one used most often is called the vertical technique.



During the surgery, the skin and tissue within the shaded areas are removed. The nipple is moved higher on the breast. The incisions (cuts) are then stitched together. This leaves a scar around the areola and a scar that goes from the areola to the breast crease. Women with very large or saggy breasts may need another incision along the breast crease.

## **How much tissue is removed and who will decide this?**

Your surgeon will ask you what size you would like your breasts to be after surgery. Photos are a great way to show the breast size you would like. The size of your breasts is an important decision for you and your surgeon. You must clearly explain your expectations to your surgeon.

## **Will I have scars after a breast reduction?**

Yes. The shape of the scar will vary depending on the technique used during surgery. At first, scars will be red and elevated (raised up a little bit). They will usually fade and get thin and flat. In some women, the scars stay visible or get thicker.

The chance of having more scarring goes up:

- With age
- If you smoke
- If you have had heavy scarring before
- With some types of skin that form thicker scars

## **What are the risks of this surgery?**

There are risks with any surgical procedure. Complications of breast reduction surgery do not happen very often.

Some possible complications are:

### **Abnormal scarring**

Most scars become pale and thin. Some women will get thick and/or discoloured scars.

This is more likely to happen if:

- You are older
- You are a smoker
- You have a history of heavy scarring
- The scars are exposed to a lot of sunlight while they are healing

Internal scarring can also happen. This can make the breasts feel strangely firm or lumpy. If deep tissue scars happen, a biopsy or additional procedures may be needed.

### **Bleeding**

Although rare, some women have excessive (a lot of) bleeding during or after the surgery. A blood transfusion and/or additional procedures may be needed if this happens.

### **Infection**

It is possible for the breast tissue to get infected. The infection is usually cleared with antibiotics. More surgery may be needed.



## **Change in nipple and breast sensation**

Surgery can cause changes in the sensitivity of the breasts and nipples. It is possible, though unusual, to have permanent loss of sensation in one or both nipples. Sometimes, one or both nipples can become overly sensitive for several months after surgery. This goes away over time.

## **Delayed healing and skin or nipple loss**

In some women, the skin incisions take longer to heal than normal. Poor wound healing may cause tissue death (necrosis). This can lead to the loss of one or both nipples. More surgeries may be needed to correct the problem. Necrosis can also happen in the deeper fatty tissue causing the breasts to feel firm or lumpy.

A biopsy of the areas where fat necrosis took place may be needed. More surgery may also be needed to correct the problem. **The risk of delayed healing and tissue death is higher if you smoke.** This is because smoking lessens the amount of oxygen delivered to the healing tissue.

## **Breastfeeding**

Some women cannot breastfeed after breast reduction surgery.

## **Breasts are unequal in size and/or shape**

Most women's breasts are naturally a different size and/or shape. It is almost impossible for a surgeon to make the breasts exactly the same. Further surgery may be needed if the breasts are very different in shape, size, or nipple position after surgery.

## **Pain**

You will feel some discomfort for several days up to weeks after the surgery. Your surgeon will prescribe some pain pills for you. Abnormal scarring of the skin or tissue can cause breast pain.

You may still have back, neck, and shoulder pain after having a breast reduction.

## **Firmness**

Fat necrosis or scarring of the deeper tissue of the breast can make the breast feel abnormally firm or lumpy.

## **Allergic reaction**

It is possible, although rare, to have a local allergic reaction to the tape, stitches, or cream. More serious reactions to the medicines used during surgery or to the prescription medicines can also happen.

## **Unsatisfactory results**

You may not be satisfied with the size and shape of your breasts after surgery. MSI may not cover the costs of revisionary surgery.

## **Anesthesia**

There is always a risk of complications, injury, or even death with a general anesthesia.

## **Risk of breast cancer**

A breast reduction does not increase the chances of having breast cancer but sometimes a breast cancer is found in the tissue removed from the breasts. In these cases you may need to have a mastectomy to treat the breast cancer.

**Other complications may happen but they are uncommon.**

## **How should I get ready for surgery?**

### **Do not use these products**

Avoid aspirin (or any products containing aspirin), anti-inflammatory medication (such as Advil®, ibuprofen, Motrin®, naproxen), vitamin E and garlic for 10 days before your surgery. These products can increase your risk of bleeding.

### **Smoking**

Smoking will increase your risk of wound healing complication, tissue death, and heavy scarring. It is strongly recommended that you do not smoke for 4 weeks before and 2 weeks after surgery.

## **Food and drink**

**Do not eat or drink after midnight the day before your surgery.** If you do, the anesthesiologist may ask to have the surgery postponed or canceled for safety reasons.

## **Things you will need:**

### **Bra**

- You will need to buy a supportive sports bra (these are available at the Shoppers Drug Mart in the Halifax Infirmary, part of the QEII). The bra should be the size that you expect to be after surgery.

### **Pain medication**

- You will get a prescription for pain pills when you visit the surgeon before surgery. You should have this prescription filled before your surgery.

### **Arrangements**

- You must arrange to have someone take you home from the hospital. He or she should stay with you for the first day or two. If you have young children, you should arrange for child care for the first few days after surgery.

## What will happen the day of my surgery?

- You will be asked to come to the hospital a few hours before your surgery.
- You will meet with your plastic surgeon to talk about any of your questions. At this time, your surgeon will make some markings on your breasts to help him or her during surgery.
- You will then be taken to the Operating Room. The anesthesiologist will give you medication to make you fall asleep.
- The surgery will take about 2-3 hours.
- In some women, a small tube will be placed in each breast to drain blood and fluid. Your chest will be wrapped in gauze dressing and elastic bandages.
- After the surgery, you'll be taken to the recovery area and monitored closely.
- Once you have recovered from the anesthetic, you will be able to go home. **Someone must take you home.**

## What will happen after my surgery?

- You should rest and take your pain pills as needed.
- Over time you will feel stronger and be able to do light activities. It is important during the first few days after surgery to rest and not do too much. You will need some time to recover from both the surgery and the anesthesia.
- Do not lift anything heavy for 3-4 weeks.
- If you have drains in your breasts, you will need to empty the container every 4-6 hours. The drains are usually taken out 1-3 days after the surgery. Your surgeon will let you know when they are to be taken out.
- After about 3 days, you can take the wrap off your breasts and have a shower. Leave the Steri-Strips (tape) on the skin. Gently pat your breasts dry after you shower. You can then start to wear a sports bra 24 hours/day for the first week. It protects your breasts. Wear a bra whenever you are awake for the first month. **Do not wear an underwire bra for 3 months.**
- Your surgeon will see you in a follow-up appointment in the first 2-3 weeks. The stitches and tape will be removed at this time.
- It is very important to massage your incisions with Vaseline®, Polysporin®, or vitamin E. This will help healing and cut down on scarring. You should massage daily for 1 year.

## **When can I go back to my usual activities and work?**

You should be up and out of bed the day after surgery. Most women will be able to return to most of their usual activities within a few days of the surgery. Your breasts will be very tender for the first few days. They may ache for several weeks after surgery. You should avoid any strenuous (hard) upper body activity for 4-6 weeks. Depending on your job, you will probably be able to go back to work within 1-4 weeks.

## **How long does it take to heal?**

- Bruising of the breasts usually goes away within 1-2 weeks of the surgery.
- The skin incision will heal in 10-14 days.
- The swelling will go down within a few months. It usually takes between 6 months and 1 year for the breasts to settle and reach their final shape.

## **Will my breast size change after surgery?**

Your breast size should stay about the same if you do not gain or lose any weight or get pregnant. Breast size will still fluctuate (go up and down) with weight change. It is recommended that you be at a stable, lean weight when you have the surgery. Pregnancy and breastfeeding can cause breasts to enlarge, but they usually return to their pre-pregnancy size after breastfeeding is stopped. Breast reduction surgery cannot stop the natural aging process of the breasts. The shape of the breasts will change over time.

### **Contact your doctor if:**

- You have a fever and/or chills.
- Your incisions become very red or swollen or begin to ooze – especially if the discharge has a smell or is green or yellow.
- Your incisions separate (come apart).
- Your pain is not helped by your pain medicine.
- You get small sores on the breast.
- You get a skin rash or have trouble breathing.

### **If I need more than one surgery, will the cost be covered by MSI?**

Most women only need one surgery. Further surgery may be needed if complications (such as bleeding, infection, or poor wound healing) take place. Any surgery to treat complications will likely be covered by MSI.

If you are unhappy with the look of your breasts, you can choose to have more surgeries to correct them. This type of surgery would be considered “cosmetic” and is usually **NOT covered by MSI**.





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*Printed by:* Dalhousie University Print Centre

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