

# **Miss Judith Hunter MA MB BChir MD FRCS (Plast)**

**Consultant Plastic Reconstructive & Aesthetic Surgeon**

**9 Harley Street London W1G 9QY**

## **PATIENT INFORMATION**

### **Breast Reduction or Uplift**

#### **Aim of Surgery**

Breast Reductions and Uplifts – also called Mastopexy - are different types of the same procedure. Both cases change a droopy breast with a low nipple for an uplifted one with a higher nipple, this can only be achieved by placing scars on the breast. A breast reduction involves lifting the nipple, the nipple is kept alive on a column of tissue inside the breast, wedges are taken out of the breast skin and tissue to reduce the volume and reshape the breast. An uplift or mastopexy involves lifting the nipple in a similar way; it may only involve reshaping the breast not reducing the volume but tightening the skin around it. There is always a scar all around the nipple. Depending on the shape and size of your breast to start with and what you are hoping to achieve, there are often other scars, there may be a vertical scar from the lower edge of the nipple to the fold underneath the breast and a horizontal one in the fold itself. These make an ‘anchor’ shape or ‘inverted-T’ scar. A mastopexy may be combined with an implant to enlarge, as well as uplift, the breast; this is called an augmentation mastopexy.

#### **What to Expect**

A breast reduction or mastopexy is performed under general anaesthetic and takes 2 - 3 hours. A general anaesthetic means you are fully asleep. You must not eat or drink anything other than water for 6 hours beforehand, you can drink water only from 6 hours up to 2 hours beforehand. You will have a pre-op assessment and occasionally blood tests are taken. A mastopexy may be performed as a day case but usually a breast reduction will be an overnight stay. Drains are usually used and kept in overnight. Miss Hunter will see you after the surgery and usually the drains are removed the following morning and you can go home. Your supportive bra will be fitted at the end of the operation and you will need to continue to wear it for six weeks, day and night. You will be walking straight away afterwards. You should expect to take 1 - 2 weeks off work and you will need to

#### **CONTACT - Concerns & Queries**

Sophie Freud - PA to Miss Hunter / Practice Manager

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avoid heavy lifting or upper body work at the gym for a month. You should also not drive during this time. Usually we will arrange for you to be seen by the nurse for a wound check at one to two weeks after the surgery and Miss Hunter will see you then at around six weeks after the surgery.

### **Post Op Instructions**

You will be able to walk straight away but you need to avoid excessive upper body work as explained above for one month. You can remove your supportive bra to shower but should otherwise wear it at all times, including sleeping in it at night.

You will be able to shower straight away - there will be dissolving sutures underneath the scars which will be waterproofed with glue and covered with tape. After showering, pat the tape dry with a clean towel or dry it with a hairdryer on a cold setting. Do not remove the tape - we will do this at your first clinic appointment a week after the surgery.

Do not soak in a bath for a minimum of 2 weeks - the wounds need to be completely healed first. Avoid swimming for 6 weeks. At your first clinic review we will check the wounds and then re-tape them. At this stage you can keep showering and drying as above. The tapes will then slowly peel off and can be trimmed if needed. Once all the tape has come off - usually at 2 - 3 weeks and all the wounds have healed, you can start to moisturise and massage the scars. This can be done twice a day with any moisturiser that suits your skin. After 6 weeks you no longer need to wear the bra at night and can be fitted for a normal bra but it is advisable to avoid under-wires until 3 months after surgery.

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#### Complications

##### *Of the General Anaesthetic*

It is possible that a blood clot could occur in the legs or lungs or a chest infection after any general anaesthetic although there is a low risk of these and we do everything we can to prevent these problems. You will have compression stockings on and calf compressors on during the operation and you should walk around as soon as you can after surgery.

Your anaesthetist will talk to you about the general anaesthetic if you have any particular health concerns.

##### *Of any Operation*

**Bleeding:** You will be a little bruised and swollen after the surgery. It is unusual to have excessive ongoing bleeding, if this happens the affected breast will swell up soon after the procedure. It is possible, although rare, that you would need to return to the operating theatre for this to be attended to. It would be very rare to need a blood transfusion.

**Scars:** Scars are usually placed in the fold under the breast, the infra-mammary fold (IMF) and are around 6cm long. Scars will be red and raised to begin with and can take up to 18 months to really settle down. Even when faded, they will always be there if you look closely enough. Moisturisation and massage helps to mature the scars but should not be started until the wounds are completely healed. It is possible to have problematic lumpy scars, particularly if you have darker skin, and you will be given advice on this.

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**Infection:** We take all possible steps to avoid infection. You will have antibiotics around the time of the operation but you should not routinely need antibiotics to take home. An infection is unusual but very treatable if it does happen. Redness spreading from the wound edge, pus coming from the wound, a bad smell from the wound or feeling flu-like and unwell may be signs that you have an infection and you should seek help.

**Pain:** This should be controlled with painkillers. You will be sent home with some which you should take regularly for the first few weeks, afterwards you can take them as and when needed. Simple painkillers such as paracetamol and ibuprofen should be all that you will need after the first week.

#### *Specific to Breast Reduction or Mastopexy*

**Asymmetry:** No two breasts are identical to start with and there may be subtle differences between the breasts afterwards too.

**Seroma:** A collection of fluid can occur in the breast after surgery, sometimes this will need to be drained with a needle in clinic. This is a simple procedure.

**Wound Breakdown:** It is not uncommon for wounds to gape open a little after surgery, especially where two scars meet at a T-junction. This is a nuisance rather than a real problem and can mean you will need dressing changes for a little longer than 2 - 3 weeks. Eventually the wounds will all heal in well.

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**Dog Ears:** you may have pleats at the ends of the scars, these usually settle but can take several months. If they do not settle, it is a simple procedure to trim these pleats or 'dog-ears' at a later date and this can often be done with just a local anaesthetic.

**Fat Necrosis:** It is possible to have some scarring inside your breast after surgery which feels lumpy. Generally this settles with time, moisturisation and massage.

#### *Nipple Issues*

**Breast Feeding:** It is a risk that with any procedure that cuts around the nipple, that the milk ducts to the breast will be affected and you may not be able to breast feed after breast reduction or uplift surgery. Some large breasted patients struggle to breast feed even if they haven't had surgery so the surgery itself may not change this. Some people can breast feed after breast surgery but do not produce enough milk so may need to supplement with bottle feeds. If breast feeding is very important to you, you may wish to reconsider having this surgery at this time.

**Changes in Sensation:** Many patients notice that the sensation to their nipples changes after breast reduction or uplift, this is because some of the tiny nerves supplying the nipple are cut. You may have numb nipples or more sensitive nipples or you may notice no difference at all. This is completely unpredictable.

**Nipple Loss or Nipple Necrosis:** When the nipple is lifted to its new position, some of the blood supply to it has to be cut. This means there is a small risk that the nipple can die – the risk is about 1 in 600. This risk is increased the more the nipple has to be lifted - there is a slightly higher risk in very large and very droopy breasts. Should this rare complication occur, it is possible to reconstruct a new nipple at a later date.

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*Cancer Screening*

You can still have screening scans for the early detection of breast cancer. You should inform whoever is performing the scan that you have had breast surgery as this alters the appearance of the breasts on the scans and they will need to know this when looking at the scans.

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