

Miss Judith Hunter MA MB BChir MD FRCS (Plast)

Consultant Plastic Reconstructive & Aesthetic Surgeon

IMPERIAL PRIVATE HEALTHCARE

Charing Cross Hospital 15th Floor Thames View Fulham Palace Road London W6 8RF

PATIENT INFORMATION

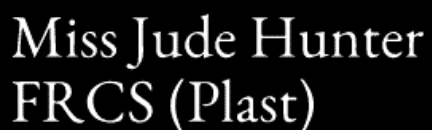
Breast Reduction or Mastopexy

Aim of Surgery

Breast Reductions and Uplifts, also known as a 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 and 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-operative assessment and sometimes blood tests are taken. A mastopexy and a breast reduction may be performed as a day case, without the use of drains. If drains are used (typically for re-do procedures), they are usually removed the following morning after a one night's stay and you can return 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 2 weeks off work and you should not engage in any heavy lifting, driving or gym work for 6 weeks afterwards. Miss Hunter will see you before you go home



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Sophie Freud - PA to Miss Hunter / Practice Manager Tel: 07980 307829

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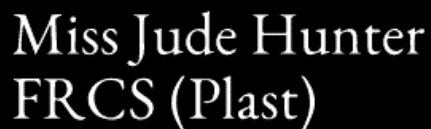
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and at one week post operatively for dressing review and then typically at 3 and 6 weeks post-operatively, this may be altered, depending on wound healing. Miss Hunter will also see you longer term for a final review.

Post Op Instructions

You will be able to walk straight away; you can remove your supportive bra to shower but should otherwise wear it at all times, including sleeping in it at night.

Please keep the dressings in tact and dry until your first clinic review, if a splash of water gets on them, this does not matter greatly but do avoid soaking them. Do not soak in a bath for a minimum of 2 weeks - the wounds need to be completely healed first. You must avoid swimming for 6 weeks. At your first clinic review, Miss Hunter will remove the outer dressings and leave the tape underneath intact, there will be dissolving sutures underneath the scars which will be waterproofed with glue and covered with tape. At this point you will be able to get into the shower and allow the water to run over the tapes. After showering, pat the tape dry with a clean towel or dry it with a hairdryer on a cold setting, the tapes will then slowly peel off and can be trimmed if needed; the tapes are designed to stay on until full healing. Once all the tape has come off - usually at 2 - 3 weeks and all the wounds have healed, you can then start to moisturise and massage the scars, this can be done twice a day with any moisturiser that suits your skin however you should avoid scented moisturiser. Miss Hunter will see you at this point to remove any remnants of tape and advise you regarding scar management. 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 during the operation and you should walk around as soon as you can after surgery.

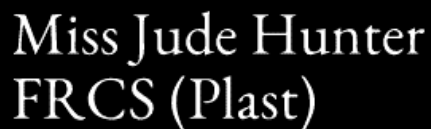
Your anaesthetist will talk to you about the general anaesthetic if you have any particular health concerns.

Complications 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 regarding this.

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



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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

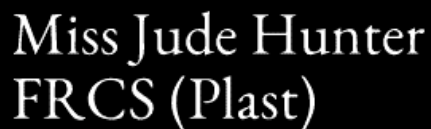
Asymmetry: No two breasts are identical to start with and there may be subtle differences between the breasts afterwards too.

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.

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.



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Nipple Issues

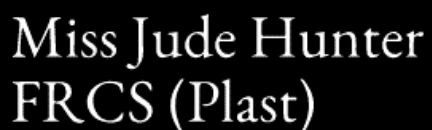
Breast Feeding: It is a risk that with any procedure that cuts around the nipple, that the milk ducts to the breast will be affected and you may not be able to breast feed after breast reduction or uplift surgery. Some large breasted patients struggle to breast feed even if they haven't had surgery so 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 a breast 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 that 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.

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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