NINA S. NAIDU
MD FACS

A Patient's Guide to Breast Reduction

Inside this guide:

Dear Patient,

Thank you for choosing to explore breast reduction surgery with Dr. Naidu. This guide was written to help you understand the risks and benefits of breast reduction surgery.

Please read the following information in its entirety prior to your visit, as this will make your time with us more productive. If you have any questions about anything contained in this material, we will be happy to discuss them with you at the time of your consultation.

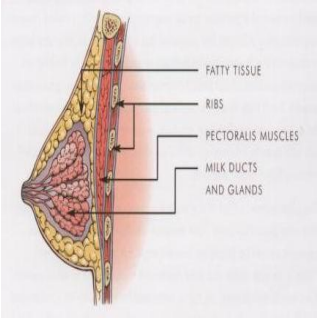
We look forward to meeting you.

When to Consider a Breast Reduction

Very large breasts can affect a woman's appearance, physical comfort, and self-image. A reduction mammaplasty, or breast reduction, removes excess breast fat, glandular tissue, and skin to achieve a breast size which is proportionate to your body and which can alleviate the discomfort associated with overly large breasts. You are a good candidate for breast reduction if you are physically healthy; you have realistic expectations; you do not smoke; you feel that your breasts are too large; your breast size limits your physical activity; you experience back, neck, or shoulder pain caused by the weight of your breasts; you have indentations from your bra straps; or you have skin irritation beneath your breasts.

Anatomy of the Breast

All breasts are made of fatty tissue, glands, ducts, and skin. Deep to the breast is the chest muscle (pectoralis major). Pregnancy, weight loss, and aging can stretch the skin, which may cause sagging of the breasts. No woman has two breasts that match exactly. It is important that you understand the limitations that may exist due to characteristics of your own breast tissue.

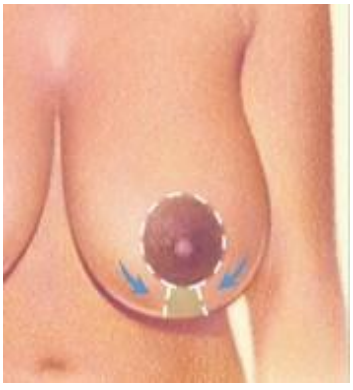


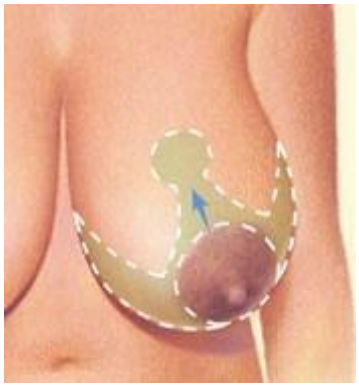
Procedural steps

Breast reduction surgery involves the removal of excess breast fat, glandular tissue, and skin to achieve a breast size which is proportionate to your body, and to alleviate the discomfort associated with very large breasts. Incision options include:

1) the vertical incision, in which incisions are made around the areola and vertically down to the breast crease; and,
2) the inverted T or anchor incision, in which incisions are made around the areola, vertically down to the breast crease, and along the inferior breast fold.

The incision selected is based on your existing breast size and shape, the size and position of your areolae, the amount of breast sagging, and your skin quality and elasticity. After the incisions are made, the nipple is repositioned while it remains tethered to its original nerve and blood supply. The areola is reduced by excising skin at the perimeter, and the underlying breast tissue is reduced, lifted and shaped. Sutures are placed deep within the breast tissue to support the newly shaped breasts, and the skin is redraped and the incisions are closed with dissolvable sutures.





Additional procedures

Liposuction is sometimes performed in conjunction with breast reduction surgery to shape the lateral aspect of the breast. Additional procedures may incur additional operating time, anesthesia, and surgical risks.

Surgery and Anesthesia

Surgery is performed on an outpatient basis. Surgery lasts 2-2.5 hours and is performed under general anesthesia. Many patients worry about the risk of general anesthesia, but it is safe and assures that you will be completely comfortable during surgery. Prior to surgery you will be required to obtain routine bloodwork. The evening prior to surgery, you should not eat or drink anything after midnight. This ensures that you will have an empty stomach prior to surgery, which is very important for your anesthesiologist to care for you safely. You will need to have a responsible adult available to escort you home after surgery.

Recovery

Following surgery, you will awaken in the recovery area. Once you are fully alert, you will be transported to the step-down area where you will be given something to eat prior to discharge. A responsible adult will need to be available to escort you home.

A surgical bra will be placed at the conclusion of surgery. You may remove this to shower that evening or the day following surgery. Leave the tapes on your skin intact. Patients are seen in the office the day following surgery for drain removal and lymphatic drainage. They are seen again 10 days later for removal of the tapes and several sutures. Most sutures placed at the time of surgery will dissolve 6-12 weeks following surgery.

Walking is permitted the day after surgery, but strenuous activity and heavy lifting should be limited until two weeks following surgery. Most patients note that their breasts feel sore for several days. Pain medication is prescribed for any discomfort. Most patients are pleased to note that their back, neck, and shoulder pain resolve almost immediately following surgery. Swelling will be present for up to one year after surgery. The scars will continue to fade and soften for up to one year following surgery, although they may never completely disappear.

Risks of breast reduction surgery

All surgery carries risks. The most frequently reported complications after breast reduction surgery are as follows:

Hematoma: A collection of blood underneath the skin can occur following surgery. Should this happen, you will most likely note a sudden increase in the size of one or both breasts. Bleeding requires an immediate return to the operating room to stop the bleeding vessel and evacuate any blood.

Seroma: A seroma is a collection of clear fluid underneath the skin which will typically reabsorb spontaneously.

Infection: Infection following breast reduction surgery is very rare. Infection may necessitate intravenous antibiotics or additional surgery. You will be given an antibiotic prior to surgery to help prevent an infection.

Scarring: You will have permanent scars following breast reduction. Although the scars improve with time, they may not completely fade. In some cases the scars may become thick or wide, but this cannot be predicted.

Necrosis: Necrosis, or the death of skin and fat, may occur in smokers, following an infection, or with the use of steroids. This complication may require additional surgery.

Pain: Most patients report only mild discomfort following surgery. A small number of patients may have permanent pain.

Blood clots: Blood clots may form in the legs, or travel to the lungs, following surgery. This is a potentially fatal complication, and therefore preventive measures, including the use of leg compression devices during surgery, are taken with every patient.

Numbness: Most patients will note some numbness over the breasts and nipples which usually resolves within several weeks. A small number of patients may note persistent changes in sensation.

Asymmetry: Some patients may have asymmetry of the breasts or breast contour and shape irregularities.

Potential inability to breastfeed: Some patients will be unable to breastfeed following breast reduction surgery.

Future breast growth: Your breasts will become temporarily larger if you become pregnant following a breast reduction. Weight gain and hormonal changes may also result in larger breasts. A second breast reduction can be performed if necessary.

Anesthesia risks: Although general anesthesia is very safe, all patients are screened for any personal or family history of anesthesia reactions.

About Dr. Naidu

Nina S. Naidu, MD, FACS is Board Certified by the American Board of Plastic Surgery and is a Clinical Assistant Professor of Surgery at Weill Cornell Medical College. Her practice focuses on aesthetic and reconstructive surgery of the breast and body.

Dr. Naidu completed her undergraduate studies at The Johns Hopkins University and obtained her medical degree from Cornell University Medical College. After completing her general surgery and plastic surgery training at New York Presbyterian – Weill Cornell Medical Center, she performed an additional year of fellowship training at the University of Pennsylvania. She is a former member of the American Society of Plastic Surgeons (ASPS), the American Society for Aesthetic Plastic Surgeons (ASAPS), and the International Society of Plastic Surgeons (ISAPS), and is an active Fellow of the American College of Surgeons (ACS). Dr. Naidu maintains privileges at New York Presbyterian Hospital – Weill Cornell Medical Center.

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