

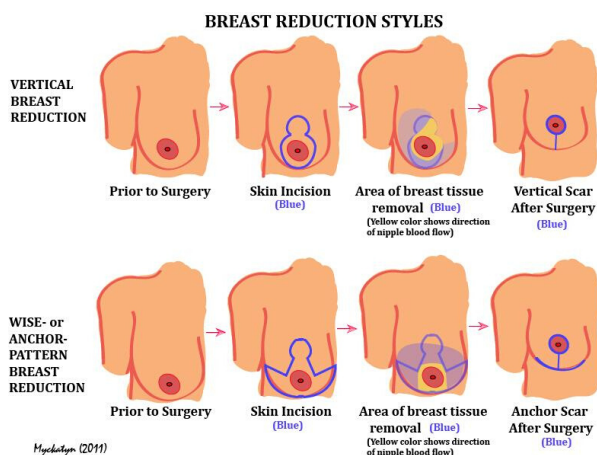
WHAT IS BREAST REDUCTION?

Breast reduction is a surgical procedure to decrease the size of your breast. As the skin loses elasticity, the breasts often change shape and develop ptosis (sagging). Contributing factors include ageing, pregnancy, breast feeding and large weight changes.

There are a variety of techniques available to achieve a breast reduction. Some techniques result in scars only around the areolar and inferior pole of the breast (vertical pattern), whilst others have scars that extend along your infra-mammary fold (wise pattern).

The aim of breast reduction is to reposition the breast into a better position for your body shape. The technique which you will be offered will depend on the size of your breast and the amount of ptosis.

Following breast reduction the volume of your breast should stay the same unless you gain a large amount of weight. The exception to this is a reduction performed in women whose breasts are still developing. Breast reduction unfortunately does not result in a permanent outcome with regard to ptosis. In time the same forces that resulted in your breasts ptosis initially, will have the same effect.



ALTERNATIVE OPTIONS TO BREAST REDUCTION

Support under garments: This avoids surgery however does not address the underlying concerns regarding your breast shape.

Liposuction: Can reduce breast size up to one cup, however does not improve the shape or ptosis of your breasts.

POST-OPERATIVE COURSE

Post-operatively you will have a scar that runs around your areolar and a vertical scar on the inferior pole of your breast. In addition, if you have a large amount of excess skin or have a large reduction a small horizontal scar will be required to avoid unsightly bunching of the wound. There will be a drain tube in each of your breasts and you will have a compression garment on your breast.

You will be asked to sit out of bed and mobilise on day one post-operatively and perform deep breathing and coughing exercises. Pain post-operatively will depend on the extent of the procedure. Your anaesthetist will ensure that you are comfortable. Any pain experienced will improve significantly over time and you will be discharged with pain relief as required. Your expected hospital stay will be 1-2 days depending on your comfort level. The drain tubes will be removed once drainage has decreased. If large amounts of drainage continue, you may be discharged home with the drains and reviewed at WPRS for removal.

There will be swelling and bruising post-operatively. This will continue to improve over time; however it may take up to several months to achieve your final result. With regards to physical activity post operatively you will be required to rest for 2 weeks. After this you may increase your activity level, however it will be 6 weeks before you can undertake heavy exercise or lift heavy objects.

POTENTIAL RISKS OF SURGERY

Bleeding/haematoma: Any bleeding after surgery is usually minor. Rarely you may bleed enough to require a return to theatre.

Infection: uncommon, if it occurs you may be required to commence antibiotics.

Wound separation/delayed healing: Occasionally small areas may break down and require dressing or revision surgery in the future.

Scar widening/hypertrophy: Your wound will be carefully closed however some people may develop widened or elevated scars. WPRS will monitor for this and provide information to avoid this potential complication.

Uneven scar: At times there may be small bulges of tissue at either end of the scar. To remove these at the time of surgery would result in a longer scar. They usually resolve post operatively and rarely do they require a revision procedure.

Asymmetry: It is uncommon for both breasts to be exactly the same size and shape pre-operatively. Whilst every effort is made to ensure that you have symmetry post operatively there may be small differences.

Fluid collection (seroma): Can occur in up to 5% of people. If a collection does accumulate it may need to be drained.

Fat necrosis (dead fat): May occur in small areas of the breast tissue. This may cause hard lumps which may be palpable. These often resolve with time.

Skin loss: Rarely the blood supply to the skin is compromised during your procedure. This is often managed with dressings however very rarely can require a revision operation.

Altered nipple sensation: 30% of women have decreased sensation, 30% have increased sensation and 40% have no change. Any change normally settles with time. Complete loss of nipple sensation occurs in 2%.

Nipple Loss: A very rare complication of surgery with slightly higher risks in larger breast reductions and smokers. Surgery will generally not be offered to people who smoke.

Breast Cancer Surveillance: Breast cancer surveillance is not affected by breast reduction. It is important however that you inform people performing surveillance mammograms.

Anaesthetic complications: Sore throat, nausea/vomiting, other rarer complications (i.e. allergic reaction to anaesthetic) can be discussed with your anaesthetist.

Deep venous thrombosis: (DVT)/pulmonary embolism (PE): risk of a DVT is 1 in 100 with procedures such as breast reduction. These rarely can be fatal if they become a PE. Special precautions are taken in hospital to avoid this. These include: calf compression devices, anticoagulant injections and early mobilisation.

Whilst we aim to achieve the best result from your surgery, there can be no guarantee of perfection. We pride ourselves in offering you the best possible experience.

If there are any questions or concerns, we encourage you to contact WPRS to discuss these either with your surgeon or the dedicated team at WPRS.

I
have read and understand the procedure and potential risks. I have no further questions regarding my surgery.

I consent to WPRS using my images for presentations and educational purposes.

Yes No

Signed:.....