

# Breast reduction (mastopexy)

# Information sheet for breast reduction (mastopexy)

This information sheet is intended to help you understand the operation and the aftercare that will be necessary to achieve the best possible result.

## What is Breast Reduction?

Breast reduction surgery is the removal of skin, fat and breast tissue from a breast to reduce its size and improve the nipple position. The procedure can be performed to improve the symmetry between breasts of different sizes, which may occur as a result of breast reconstruction to one side. During the operation, the nipples will be repositioned on the breast as appropriate for your height and size.

If you need to lose weight, it is a good idea to do this before your operation, as the breasts will change shape if you lose weight afterwards.

You will be left with noticeable scars. There are several different techniques for breast reduction surgery but most commonly, there will be a scar running around the nipple, another in the skin crease beneath the breast and one running vertically from the nipple to the skin crease. Your surgeon will explain where your scars will be before the operation.

## The Operation

This operation will be carried out under a general anaesthetic.

The operation takes approximately two to three hours to perform. You may have a “drain” or plastic tube inserted into each breast wound. This acts to drain away any further oozing of blood and prevents large bruises or blood clots building up around the wound. The drains are removed on the ward, once the amount of fluid being drained is minimal.

## Hospital Stay and Aftercare

- For most patients the length of stay is for one to three days after the operation when the drains are removed and you are able to go home.
- An appointment will be given to you before you are discharged to see the Breast Care Nurse (BCN) or the consultant a few days after your surgery. Leave your dressings on until this appointment. You may have to attend the hospital regularly to see the BCN for change of dressings.
- The excised breast tissue will automatically be sent to histology for examination.
- You will be offered painkillers both in hospital and to take home.

- Return to work will depend on occupation. Light duties can usually be restarted within three to four weeks.
- After three to four weeks, you may start light exercise.
- Heavy lifting and strenuous exercise should be avoided for six weeks.
- Driving should be avoided until your wounds have healed and you can comfortably wear a safety belt. This may take several weeks.
- Any specific instructions for you will be explained before your discharge from hospital.

## **What are the consequences and risks of this procedure?**

Most patients will experience few, if any, complications but it is important to be aware of possible problems.

- Bleeding may occur after surgery (usually within 12 hours of the operation). A very small amount of bleeding is not uncommon but anything more than this may mean that you need another short operation to stop the bleeding (or rarely, a blood transfusion).
- Infection: As with any surgery there is a risk of infection to the wound. If the wound becomes infected, you may require a further course of antibiotics. If an abscess develops in the breast, you may require a second short operation to drain it.
- Failure of blood supply to nipple: Rarely, problems arise with the blood supply to the nipple which could be lost if this occurred. Usually, it would be possible to have further surgery to reconstruct the nipple.
- Size and symmetry (balance or proportion of size): You should indicate to your surgeon what breast size you would ideally like to be. The final cup size cannot be guaranteed.
- The breasts may not be symmetrical following the procedure. One may be slightly larger than the other or one nipple slightly higher than the other.
- Fullness of tissue under the arms is not always corrected by this surgery.
- As time passes the breasts may change shape, tending to lie lower on the chest wall. This happens as part of the normal ageing process.
- Nipple sensitivity: The nipple sensitivity may be affected. It can become less sensitive or, very rarely, more sensitive.
- Delayed wound healing: Breasts have very little natural support and the wounds are under tension following this surgery.

It is not uncommon for the “T junction” i.e. the area where the vertical scar from the nipple meets the curved scar in the crease of the breast, to be slow to heal.

- Scars: All scars become red and raised initially and then begin to settle after a 12-month period. Occasionally, the scars can become red and raised permanently and can itch. These are known as hypertrophic or keloids scars and are difficult to treat. The scars may also stretch. However, once the skin has healed, massage of the scars with non-perfumed moisturising cream for ten minutes, four times a day, will help the scars to fade.
- Fat necrosis - occasionally you may develop small lumps or nodules within the remaining breast tissue. This happens when the blood supply to a small area of fat is reduced and the fat breaks down into either a fluid collection or scar tissue. It is not harmful to you but all breast lumps should be reported to your doctor to rule out any more serious cause.

### **Pregnancy and Breastfeeding: -**

- Pregnancy after this surgery may alter the shape and size of the reduced breasts.
- You may be advised to have this procedure done when you think that your family is complete.
- There is no guarantee that breastfeeding will be possible after this procedure and the probability will depend on the technique used during the operation. You can discuss this with your surgeon.

Mammograms cannot be carried out in the first few months following surgery because the scar tissue will appear to be abnormal. After this period mammograms will be carried out as normal.

**If you require any further information or advice Monday – Friday 9am to 5pm, please contact your breast care nurse.**

If you have any problems out of hours or weekends then you can telephone 111 (NHS non emergency contact number).

## Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us to improve the services available, your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews and Statistics.

Further information is available via Gateshead Health NHS Foundation Trust website or by contacting the Data Protection Officer by telephone on 0191 445 8418 or by email [ghnt.ig.team@nhs.net](mailto:ghnt.ig.team@nhs.net).

**This leaflet can be made available in other languages and formats upon request**

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