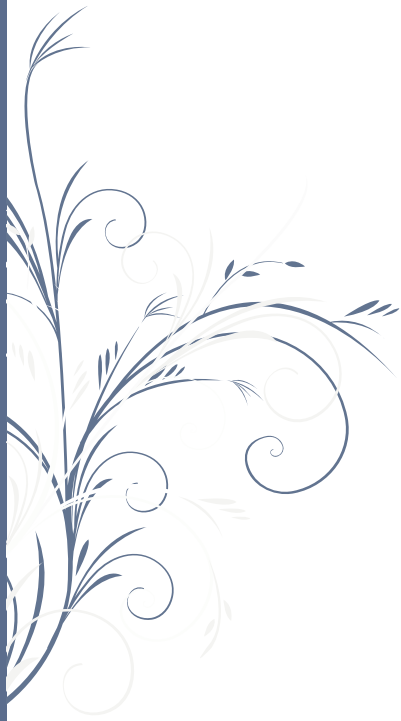




Angelica Kavouni MD FRCS EBOPRAS  
Cosmetic Plastic Surgeon

## Breast Reduction





## Breast Reduction

Most large breasted ladies experience more physical and emotional distress than those with small breasts. In addition to psychological trauma, large breasts are associated with neck, shoulder and back pain caused by the weight of the breasts. Soreness and even ulceration under the breasts may occur and it is usual for sufferers to wear loose clothing to disguise their figure.

Your surgeon will have discussed your general medical history, together with details of any previous breast surgery. After examination he will have shown you what may be expected post-operatively by defining the area of breast tissue to be removed and the new position of the nipple. Most ladies wish to be made "as small as possible", but occasionally, a large breasted lady will prefer to be still larger than average after surgery. It is normal for breasts to be asymmetrical and although the surgeon will strive to make the breasts symmetrical, it is not possible to achieve this exactly. You should discuss this fully with the surgeon in order that you have a proper understanding.

After breast reduction surgery, breast-feeding is unpredictable. If this is of concern to you, perhaps it may be wise to delay the operation until a more appropriate time.

# The Operation

Breast reduction is carried out under general anaesthesia and requires one or two nights' stay in hospital. The procedure takes approximately two hours.

Having marked out the incision sites pre-operatively, the surgeon will remove the excess skin from the breasts having left the nipple on a stalk. The nipple is then repositioned in a lifted position. The suture line will be anchor shaped extending around the nipple in its' new position, then vertically downwards to the under-breast crease and extending in that crease from a point near the mid-line around towards the underarms. In some cases it may be possible to leave a single vertical scar but this depends on the amount of tissue to be removed. Dissolvable sutures will be used which will not require removal. Dressings will be applied and an intravenous drip is required for several hours after the operation.

Drainage tubes are inserted at the end of the operation to remove any ooze of fluid or blood post-operatively. These will be removed (a relatively painless procedure) once the fluid has stopped, usually on the first post-operative day. New dressings may then be applied and the patient will then be allowed to go home.

As blood clotting is sometimes a problem with this procedure, you may be asked to wear anti-embolism stockings (TEDs) on your legs as a precautionary measure. These should not be removed until advised. You will also be expected to get out of bed and move around as soon as possible after surgery.

## After the Operation

Following surgery your breasts will probably be uncomfortable, possibly painful, however, this is easily relieved, initially by an injection and thereafter by taking two mild pain-killing tablets (such as Paracetamol) as required. Aspirin must be avoided. You should be aware that bruising of the skin of your new breasts may occur and swelling of the breast tissue may cause them to appear larger than anticipated. However, this will probably improve markedly in two to three weeks and settle in two to three months. To help rapidly decrease swelling and bruising, we recommend the taking of Arnica one week prior to surgery and two weeks afterwards. Meticulous care is taken at the operation to stop any bleeding points. Occasionally, a blood vessel leaks after the operation is over and if a significant collection (haematoma) occurs, it may necessitate a return to theatre. If a haematoma is minor, then natural reabsorption will occur.

As in any surgery, there is a possibility of infection but this is readily treated with antibiotics and/or dressings as required. In some patients there is some minor loss of wound adhesion, but this is a temporary complication resulting in a small scab, which separates after a few weeks. Delayed wound healing is more likely if you smoke tobacco or drink excess alcohol after surgery.

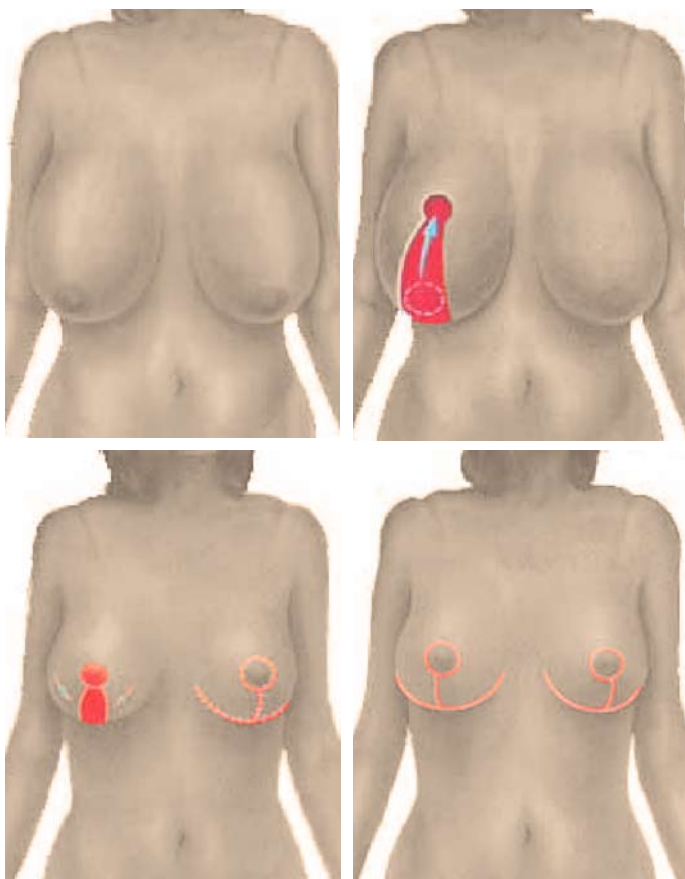
Immediately after surgery your new breast size will be apparent, but you must understand, the final shape may take around six months to emerge. The dressings should be kept clean and dry for one to two weeks following surgery in order to allow sound healing to occur. A comfortably fitting bra is also necessary for the first six weeks. Numbness of the nipples and the surrounding skin is common after breast reduction although many patients experience the return of sensation immediately, albeit not completely normal at first. The nipples are preserved on a stalk of breast tissue and in the vast majority of patients they remain natural with normal contraction and some sensitivity. Exceptionally, the stalk of the breast tissue has inadequate blood vessels to maintain nipple viability and part or even the entire nipple may die. This complication means that prolonged dressings may be required over the nipple area until natural healing occurs. It is then possible to reconstruct the nipple as a secondary procedure should this be required.

The scars can initially be hard, red, raised and lumpy and can take up to eighteen months to become pale and flat depending on the healing qualities of the individual. Firm pressure on these scars with a well fitting bra will help if this is a problem.

Expect to feel tired for up to two weeks following surgery. You may drive after the first week but do not return to vigorous exercise for at least six weeks and, as dressings may have to be prolonged if healing is delayed, it is advisable not to make any travel plans for a month or so, can be irritating and may take several days to heal.

## Summary

Scarring is a consideration with breast reduction. As explained, they will eventually return to normal skin colour, but you should not assume that they can ever be described as hairline. Bearing this in mind, the results following breast reduction are usually excellent. It is probably one of the most successful and immediately satisfying of aesthetic plastic surgery procedures, allowing the patient to enjoy a more active life with increased self-esteem and confidence.





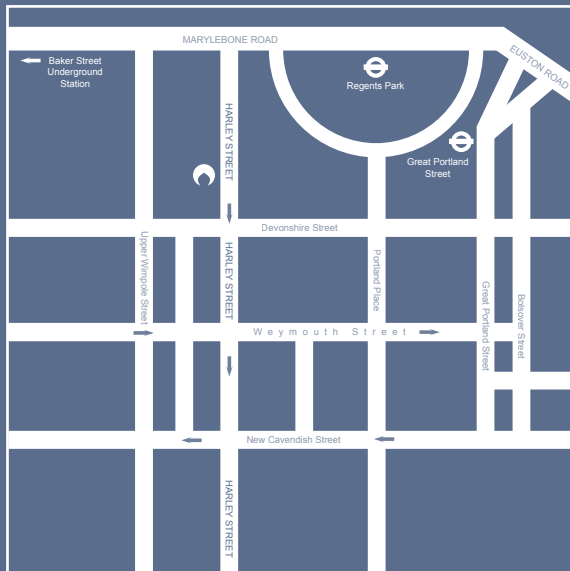
Ms Angelica Kavouni FRCS EBOPRAS Cosmetic Plastic Surgeon graduated from the medical school of Thessaloniki, Greece and continued her postgraduate studies at the University of Bristol Medical School on a scholarship from the Erasmus European Institute.

She trained in Plastic Surgery in London NHS Hospitals; following her certification by the European Board of Plastic, Reconstructive and Aesthetic Surgery she specialised in Cosmetic Surgery as a fellow at London's Institute of Aesthetic Plastic Surgery and then spent two more years working as an associate cosmetic surgeon to Mr Jan Stanek, a busy cosmetic surgeon. She completed her doctoral thesis (MD) on growth hormone and wound healing for the University of Thessaloniki.

On the General Medical Council specialist register in Plastic Surgery her qualifications include:

- Fellowship of the Royal College of Surgeons of England FRCS
- European Board of Plastic, Reconstructive and Aesthetic Surgery EBOPRAS
- Fellowship of the European Boards in Plastic, Reconstructive and Aesthetic Surgery
- Membership of the Hellenic and International Federation of Plastic, Reconstructive and Aesthetic Surgery IPRAS

Personal: Ms Kavouni is married to a fellow Plastic Surgeon, is the busy mother of two small boys, but manages to find the time to enjoy tennis, winter skiing and actively supports the WRVS amongst other charities.



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