

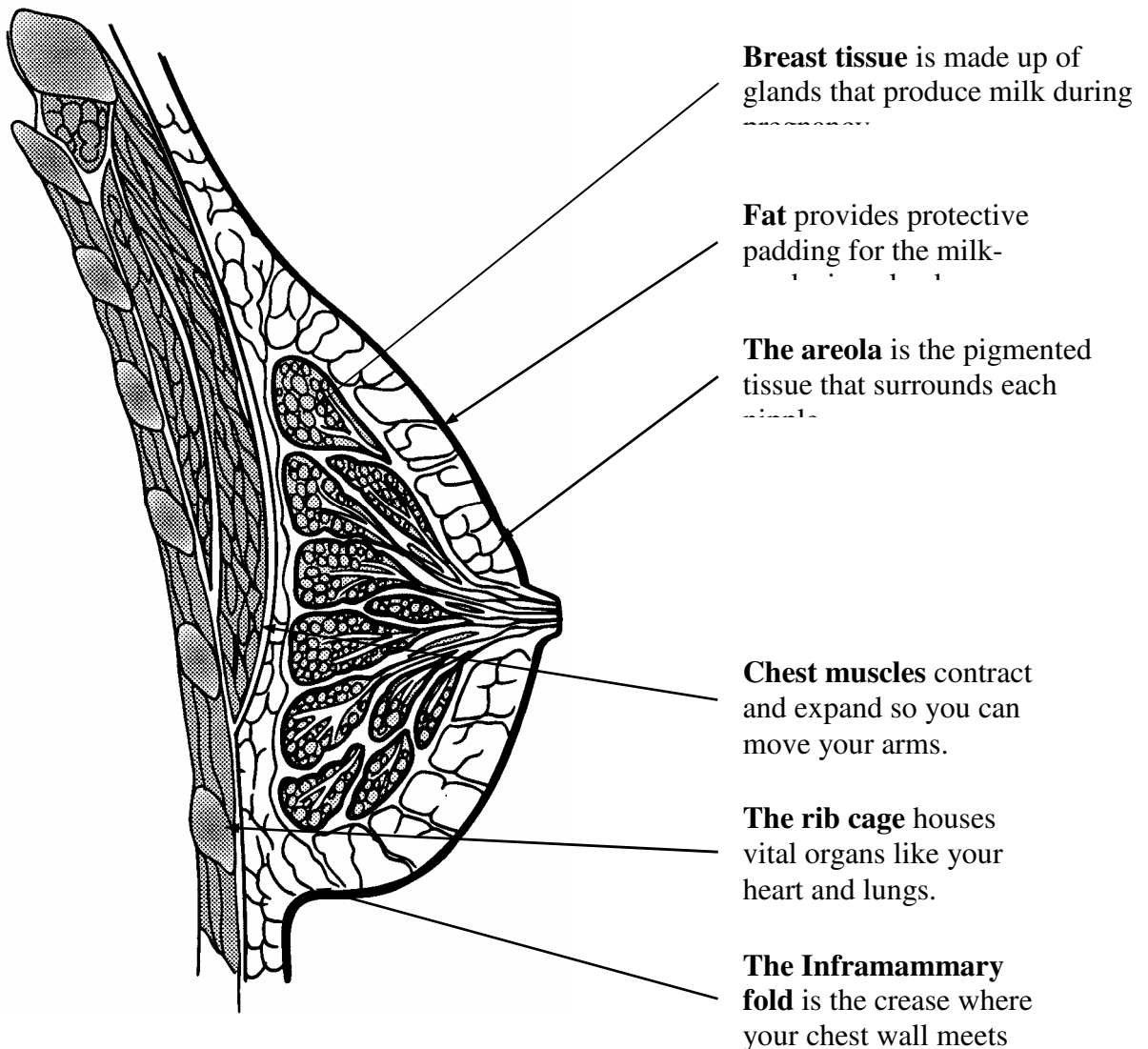
# BREAST REDUCTION

**B**reast reduction is an operation to reduce the size of the breast and at the same time achieve an aesthetic shape. This procedure also results in an improvement of the position of the breast on the chest wall.

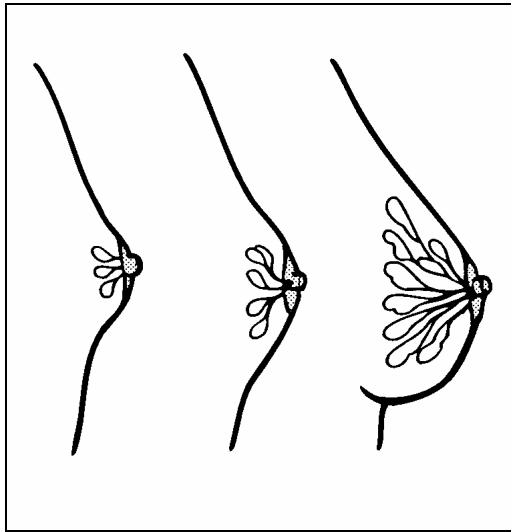
**W**ith age, child bearing and increased weight, the ligaments which maintain the youthful shape of the breast and the skin brassiere which contains the breast, stretch and elongate, leading to a drooping of the breast on the chest wall. This phenomenon is called ptosis and we aim to correct this at the time of breast reduction surgery.

## Anatomy of the Breast

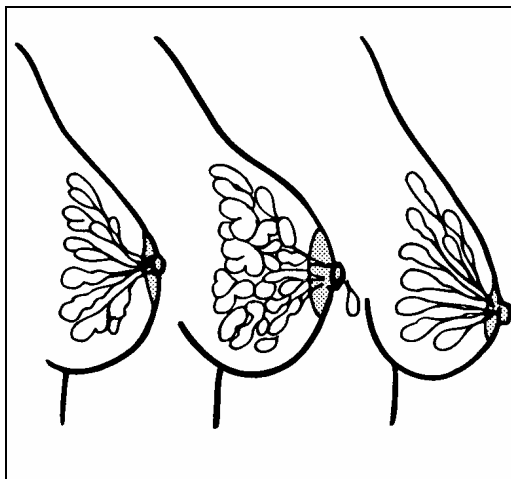
Attitudes about women's breasts have always been influenced by fashion trends. In the Twenties, women bound their breasts; in the Forties, more volume was desirable; then, in the Sixties, a less restricted look was popular. Contemporary styles reflect a trend toward fuller, yet natural-looking lines. But regardless of your breast size, all healthy breasts have the same basic anatomy. When you're considering breast reduction, it helps to know your anatomy so you can make informed choices with your surgeon's guidance.



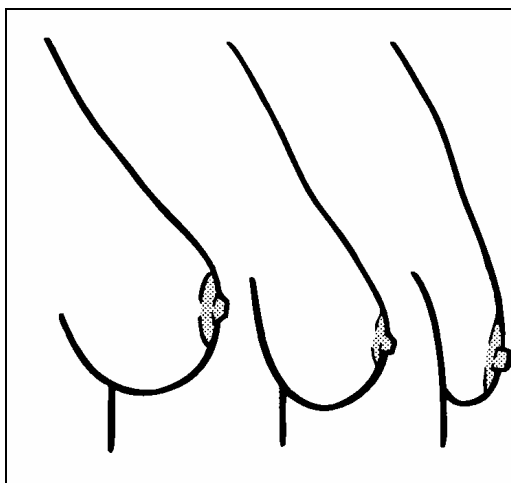
## Lifetime Breast Changes



**Breasts** develop in response to hormonal changes that occur



**During** pregnancy, breasts swell and prepare to produce milk. The suspensory ligaments and the skin brassiere are stretched. The fat may be dissolved away. After pregnancy, breasts may shrink



**Throughout** the natural ageing process, gravity causes the breasts to droop. Breasts may also lose some volume resulting in a smaller breast in a larger "bag" of skin

## Points To Consider

There are some factors which you need to consider (and perhaps discuss with Dr Olbourne) before deciding on surgery.

- Are you happy with your body weight or do you intend to lose weight in the future?
- Do you plan to have children in the future?
- Do you have a preconceived idea of how you would like your breasts to look?
- Have you considered the effects of surgery on the sensation of the breasts and nipples?
- Have you considered the prospect of scarring on your breasts?

## Your First Consultation

Your visit to Dr Olbourne's office is an opportunity to discuss your operation, your expectations and your concerns. Frequently you may not be able to absorb all the information the doctor feels you may need to have before making an informed decision to proceed with the operation. This is not uncommon, as research has shown that often only half of that information can be recalled at a future time. Do not be discouraged by this. We would encourage you to seek a **second consultation** if you are not entirely happy with the information you have retained. It is vital that you be relaxed and have the knowledge you feel you need before we proceed to an operation.

Your **breast history** and the history of other women in your family will help in the assessment of your suitability for breast surgery. Dr Olbourne may recommend preoperative mammograms and would want to know about any family history of **breast cancer**. Any **breast disease** or **biopsy** you have experienced will influence your surgeon's advice to you. A postoperative mammogram (say six months after surgery) may usefully serve as a baseline for future breast examinations.

At this consultation Dr Olbourne will look for abnormalities, lumps, and asymmetries of the breast or nipple. It is usual for one breast (and nipple) to be larger than the other or to be lower than the other. Whilst all attempts to achieve symmetry post-operatively will be made, it is unreasonable to expect that both breasts will be symmetrical in all respects after the operation.

## Understanding Your Options

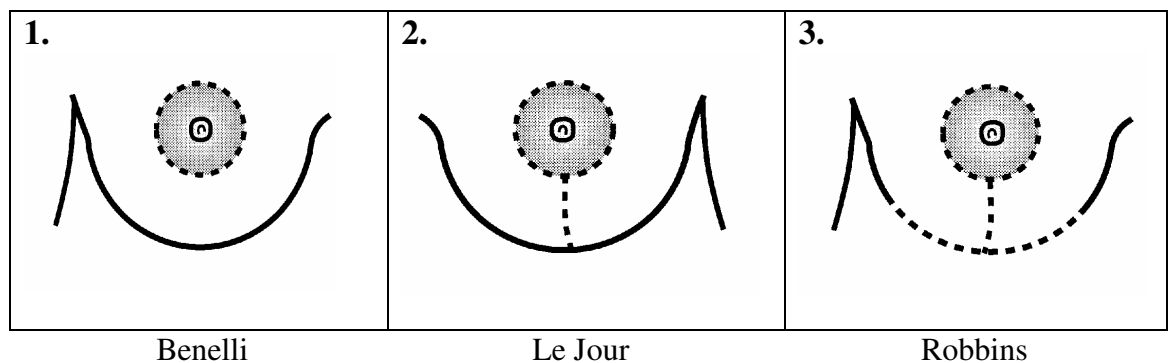
If you have chosen to proceed with the operation of breast reduction there are various decisions that you and Dr Olbourne must make. Dr Olbourne will discuss these with you and obviously will make recommendations based on his experience and your particular needs. Take your time to consider the options before deciding on a procedure. Clear up any questions before surgery is scheduled.

### 1. Breast Size

The size that you aim for depends on your current size and shape and your stature. It is important to realise that bust measurement is a number and a letter (e.g. 16DD). The number is the chest circumference at the level of the nipples. The letter is the breast, and it is the breast we are altering. Therefore, do not expect to go from say 16DD to 12B. We can make you a "B" cup, but the chest circumference will probably not change.

### 2. Incision and Scar

It is not possible to have a breast reduction without a scar. All incisions leave scars. This will be discussed later in more detail. However, there are different designs of breast reduction procedures which leave scars which are different in location and length. We, as surgeons, do all that is possible to achieve scars of superior quality and minimal length. You can be sure that we will discuss the various types of breast reduction with you and help you to choose the one most appropriate to your problem.



## **Preparing For Surgery**

Once you have decided to have breast reduction surgery, Dr Olbourne and his nursing staff will guide you in your preparation. You will be given instructions to help make your surgery and recovery go smoothly and you may be given various tests so that your medical records are as up to date as possible before proceeding to an operation.

### **Pre-op Evaluation**

You may be ordered a baseline mammogram (depending on your age and medical history) to evaluate your breasts' health before surgery. As with other types of surgery, a urinalysis and blood tests may be necessary to assess your general health. Dr Olbourne may want photographs of your breasts in your medical record to document the problem and to compare results.

### **Pre-op Instruction**

Dr Olbourne will ask that you stop taking aspirin-containing products two weeks before surgery to minimise bleeding. You will also be asked to stop smoking before surgery because it restricts the blood flow and may affect healing, resulting in wound breakdown due to infection or fat necrosis and less than optimal results.

### **Blood Transfusion**

Transfusion is rarely, if ever, needed in this type of surgery. A decision on this will be taken in the light of your preoperative blood count. If you have any concerns about blood bank transfusion, feel free to discuss them preoperatively.

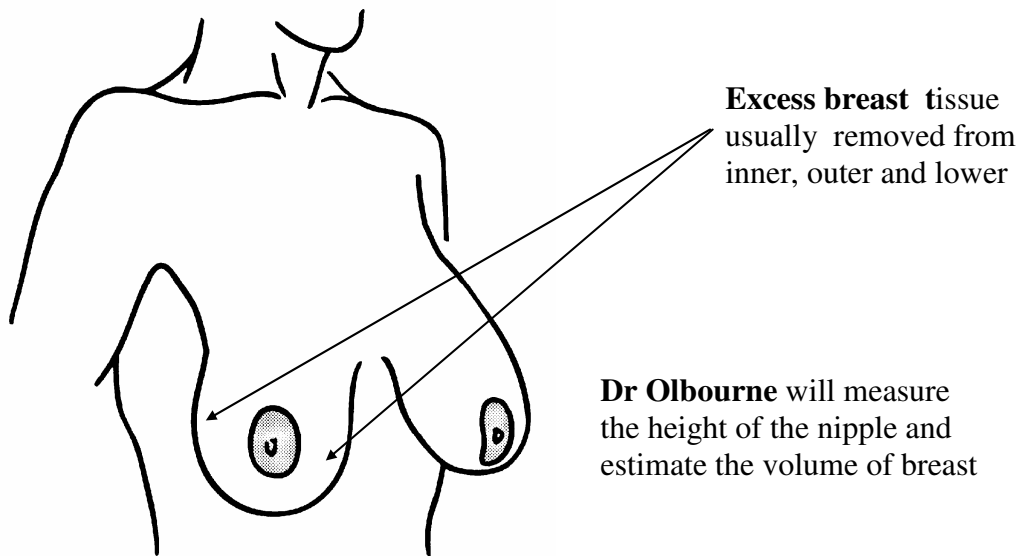
### **Brassiere**

After your operation a brassiere will be required for good support and to facilitate moulding of your breast to the desired shape. The style, size and brand of brassiere may be able to be predicted before operation. However, it is usually advisable to defer this decision until after operation or until the situation stabilises. Please ask our office for directions regarding this. Be prepared to wear your bra day and night for at least six weeks after the operation to support the healing breast and facilitate the best possible shape.

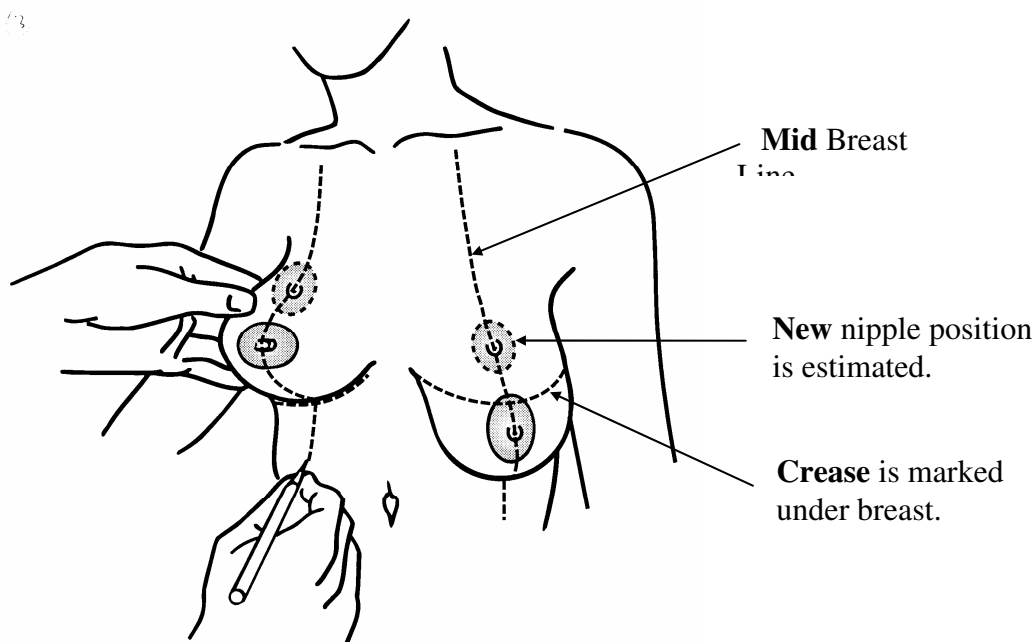
## **Your Surgical Experience**

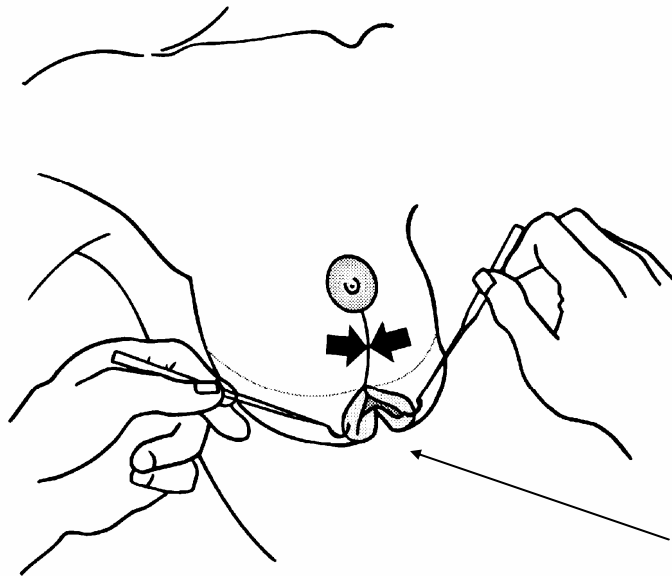
The hospital, admission date and admission time will all be arranged preoperatively. If you are to be admitted on the day of surgery it is vital that you adhere to all the instructions regarding smoking, tablets, eating and drinking, that may be given to you by the hospital or the doctor's staff. If in any doubt be sure to ask.

On the day of surgery, after your preoperative shower, Dr Olbourne will draw on your breasts, marking the incision lines and making other relevant measurements decided on at the preoperative consultation.

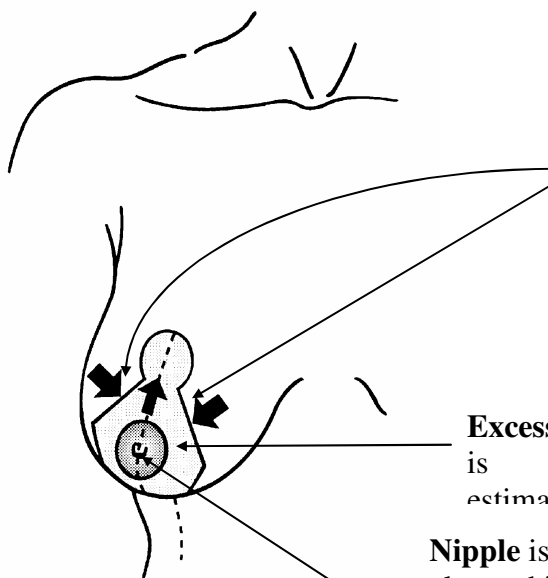


Once you are asleep and lying down the landmarks change as the breast assumes a different shape to that we observe when you are standing. The following diagram demonstrates the “landmarks” your surgeon uses to achieve the result.





**“Dart”** of excess skin is often removed in inframammary crease line. This can be calculated and marked. In the Lejour procedure this dart is quilted



**Skin edges** will approximate after excess breast gland removed.

**Excess skin** is estimated

**Nipple** is elevated into new position. It is **not** detached from the underlying

The operation is performed under general anaesthesia. At the end of the operation a firm dressing or brassiere is placed around your chest. Drainage tubes may be in place to eliminate any blood that may accumulate. These drains are removed within 2-3 days of the operation.

## Understanding The Risks And Complications

As with any surgery, breast reduction involve risks and potential complications. You need to understand and accept these in order to make an informed consent to the operation. Some risks are more likely to occur than others. Please ask Dr Olbourne for as much detail as you need to fully understand the procedure, its benefits and its risks.

### (a) General Risks

#### 1. Infection

Infection can occur after any surgical procedure and does not indicate a breakdown in surgical or operating room technique. Should it occur, bacteriological identification of the infecting organism and appropriate antibiotic therapy should control the problem. The normal treatment of infection may involve drainage of any collection and packing as needed. Frequent dressings at the clinic, hospital or by a home nursing service may be required. The result of infection is a compromised shape to the breast which will often require further reshaping surgery to achieve a reasonable cosmetic result.

#### 2. Bleeding and Haematoma Formation

Post-operative bleeding can be caused by a variety of factors. One of these is the taking of blood thinning medications such as Asprin and aspirin-containing compounds. We can give you a list of the drugs that can cause this problem. It is our experience that if bleeding does occur, and a haematoma develops, it can lead to abnormal thickening of the scar or to increased possibility of infection. It is therefore appropriate that if bleeding does occur in the first 24 to 48 hours, then the patient be returned to theatre for cleaning out of the abnormal blood which has accumulated.

Several things are done to prevent abnormal bleeding. After the operation, bandages are applied to the chest and small drain tubes are inserted into the surgical space so that small amounts of blood will be drained away. There will be small scars left at the site of the drain insertion. These invariably heal well leaving unobtrusive marks on the skin.

If abnormal bleeding does occur, excessive pain will be experienced and the breast on that side will be swollen compared to the opposite side. This is always in the early post-operative stage and should be reported to Dr Olbourne for prompt attention.

### 3. Scarring

A sequel of any surgical procedure is scarring. Each and every time the skin is cut either by scalpel or laser, a surgical scar is produced. The quality and appearance of scars vary widely with the individual's healing process, the position of the scar on the body and degree of tension placed on the scar. The types of scars a patient acquires are influenced by personal, familial and racial factors and **cannot be controlled** by your surgeon.

It is the plastic surgeon's objective to **try to hide** these scars as far as possible, but with some operations, the scar will always be visible and with some areas in the body there is an **unpredictable healing response**. Some patients may form hard, red, thick hypertrophic scars which **cannot be anticipated** by any surgeon. However, the type of scarring which has been produced by previous surgery **may** give an indication to the type of scarring that might result from your breast reduction.

Some types of surgery will usually produce **reasonably good scars** (such as the scar in front of the ear when face lift surgery is performed). Other operations such as breast reduction or abdominal surgery produce scars which are **frequently** prone to stretching, thickening, redness and tenderness. In the worst cases, these scars will take one or two years to reduce in thickness and will never end up as thin lines. The degree of stretching depends on **personal healing** qualities and the area on the body where the incision is situated. This can be quite wide on occasions.

Scars will **nearly always** mature and flatten, but the time interval for this to occur varies, extending from several months to several years. In the worst instance a keloid scar may develop which will remain raised, red, thick, tender and itchy, and despite various treatments, may recur after treatment.

Surgical scars, when settled or mature, are **always** white, (they contain no pigment producing cells) but occasionally, with more superficial skin injury such as dermabrasion or chemical peel they can **over-pigment**. This is usually due to sun exposure, but can be exacerbated with certain skin types, oral contraceptive pill (and other hormone treatment) and certain drugs. It is **always important** in the early stages to **protect a scar from sun exposure**.

Scarring also occurs in the deeper layers of skin, and muscle and is much more likely if fat necrosis or infection have occurred. It is also **more frequent** when the skin and other layers have been separated and these deep scars **can** behave in the same way as skin scars, becoming thick, lumpy, raised and tender. Distortion of breast shape is common and can on occasions be significant. As with skin scars, this type of scarring will settle and mature with time, but the process may take many months. The most noticeable areas where this deeper type of scarring can occur are the cheeks of face lifts and liposuction. **Massage** and other types of treatment

can help with maturing and flattening the scar, but time is always necessary.

**SCARS ARE ALWAYS VISIBLE, THEY ALWAYS TAKE TIME TO MATURE AND THE DEGREE AND QUALITY OF A SCAR CAN NEVER BE GUARANTEED.**

There are many variations of the breast reduction procedure, each of which leaves a different scar. Dr Olbourne will explain the location of the scar and its likely development after advising you on the surgical procedure most applicable to your problem. Dr Olbourne has representative photographs of each operation and the usual type of scar. Please feel free to ask to see them.

Should Dr Olbourne elect to drain the operative field there may be a small puncture wound at the exit of this drain. This will also leave a tiny scar which invariably heals well.

## **(b) Specific Risks**

### **1. Nipple Necrosis**

Loss of nipple (partially or even completely) is an unusual complication of surgery and depends on the idiosyncrasies of the blood supply to your particular nipple. Should it occur (and it rarely does) some form of reconstruction would be indicated. Smoking can influence circulation to the nipple and Dr Olbourne should be notified if you smoke.

### **2. Nipple Sensation**

It is not uncommon for nipple sensation to be altered after breast surgery. Sometimes, the nipple becomes over sensitive and can be irritated by clothing. This occurs when the nerves supplying the nipple have been stretched by the surgical procedure. This phenomenon occurs in about 10% of cases and the sensation usually returns to normal.

Sometimes (in about 20% of cases) nipple sensation is diminished post operatively. Some nerves are damaged or even divided in the course of the procedure depending on the design of the operation and the pattern of nerve supply to your nipple. Usually, but not inevitably, the nipple sensation will recover. Permanent diminution of sensation or numbness of a nipple can occur in any breast operation. This is something for you to consider if sensitive nipples are important to you.

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### 3. Asymmetry

Although careful measurements and planning are undertaken preoperatively, the surgery is performed with you, the patient, lying down. It is not possible to achieve perfect symmetry in breast size and shape or nipple size and position in all cases. You should understand these limitations of surgery.

### 4. Breast Feeding Potential

What is surprising is that with many of the modern techniques of breast reduction, breast feeding may be possible post operatively. If this capability is important to you, discuss it with Dr Olbourne and he will choose a procedure that will maximise this possibility. However, no guarantee can be given that post operative breast feeding will be possible.

### 5. Wound Breakdown

The reasons for post operative wound breakdown are complex. They often relate to infection or fat necrosis. Sometimes it can be the result of an intolerance to a particular suture material by some patients so that small cysts or abscesses form. These heal rapidly and completely when the offending material is removed. In other patients, the nourishment of the skin is less than desirable and the wound, after healing initially, then seems to break down. Re-operation is rarely required unless the wound breakdown is the result of significant infection or fat necrosis when it becomes inevitable. Repeated dressings almost always lead to complete healing. At a later stage, scar revision may be indicated to achieve a better result.

## **Your Recovery Plan**

After your surgery, you wake up in a recovery room. Dr Olbourne and the nursing staff monitor you, checking your blood pressure, temperature and pulse. Once you are alert, you may be discharged. However, if Dr Olbourne feels it is necessary, you may remain in recovery until later that day. In most cases, an overnight stay may be recommended. You may be given prescriptions to relieve pain and prophylactic antibiotics are commonly prescribed. Have someone fill the prescription, drive you home and take care of you as you recover. Follow any post-op instructions given to you. Remember, a decision to keep you in hospital for a few days post operatively doesn't indicate a problem. It may be deemed to be in your interests to do so, or it may be Dr Olbourne's preferred practice.

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## **Your First Postoperative Visit**

Some days after surgery you return to Dr Olbourne's office and your bandage is removed. Your wound is checked for bleeding and infection, and some of your sutures may be removed. Here, you begin to see the results of your reduction despite some initial swelling. Dr Olbourne will advise you how to care for your wound and dressing and whether you'll need to wear a bra for an extended period of time. Sometimes, we will apply tape or silicone sheets to the scars on the breasts in the healing period. This may be required for some months. Your adherence to this routine may significantly impact upon the quality of the final result.

## **Follow-up**

During your follow-up visits Dr Olbourne will monitor the shape of your breasts and watch for infection. Your sutures may dissolve or be removed during the first few weeks. Healing takes several weeks or longer, depending on how long swelling lasts. Swelling normally takes up to six weeks to settle. The regime for wearing a brassiere and resumption of normal activities and exercise will be discussed at these visits.



## **CALL DR OLBOURNE IF YOU EXPERIENCE THE FOLLOWING:**

- ☞ Excessive pain or bleeding
- ☞ Abnormal swelling
  - ☞ Fever during the first 24 hours or especially during the first 7 days

## **Returning To Your Daily Activities**

You can return to your activities at a slow, gradual pace. You may be back to work as soon as five to seven days after surgery and may begin light exercise in a week or so.

Lifting and strenuous moving may be restricted for several weeks or longer. Follow the golden rule - "If it hurts, don't do it".

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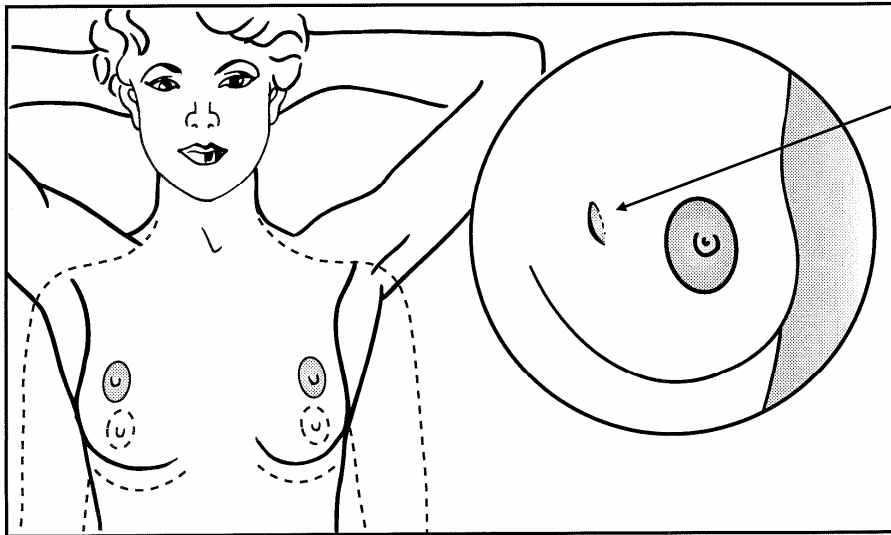
## **Breast Self-Examination**

You should resume normal breast examination at three months after surgery. This is one suggested routine you may care to follow. The best time for your breast self-examination is a week after your menstrual cycle begins.

Look in the mirror with your arms raised, then lowered, hands on your hips. Turn from side to side, checking for dimples, lumps and discharge from the nipple.

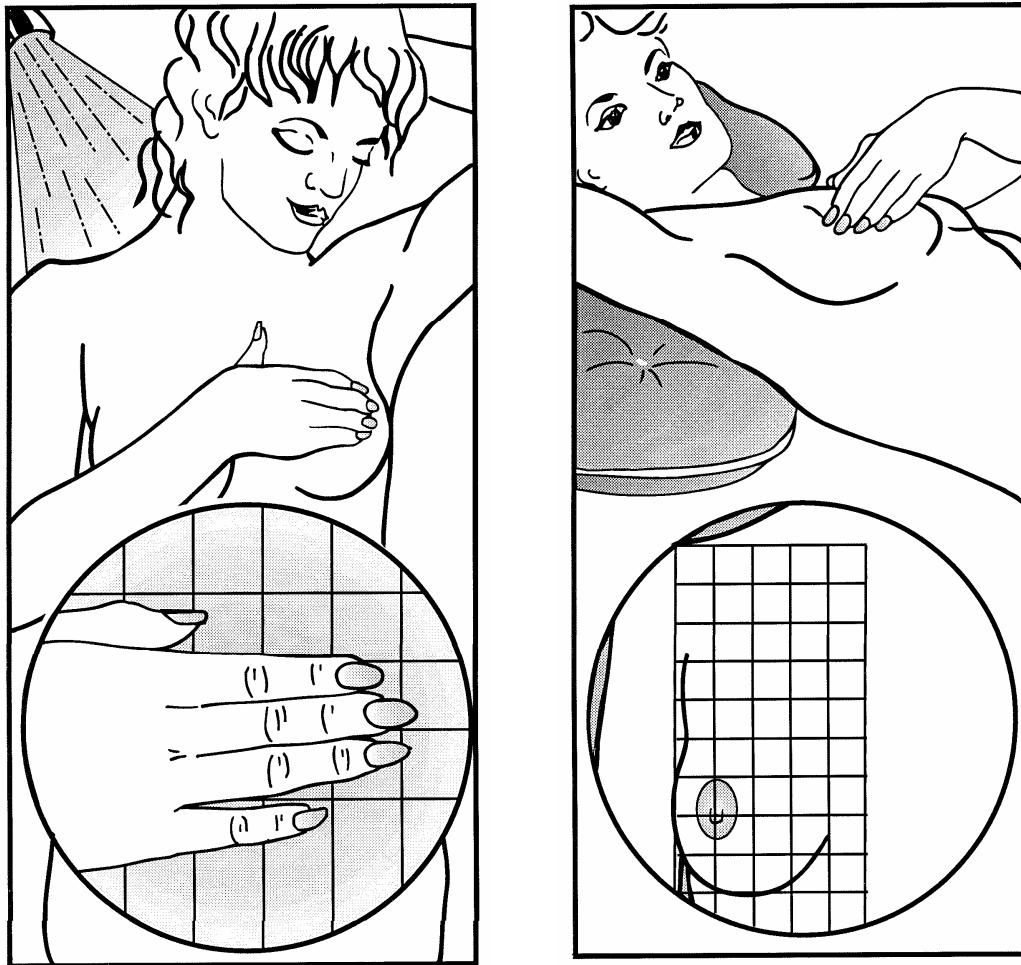
Mentally divide your breast into several sections, and use the same pattern for every examination.

Using the soft pads of your middle fingers, feel your breasts in a circular motion.



**Dimples** may mean a small tumor inside is tugging on your breast.

Feel for lumps while lying down or standing up, using three degrees of pressure - light, medium, then firm - without lifting your fingers from the breast. Lotion makes breast examinations lying down easy, and soapy water helps when you're showering.



### **Professional Examinations**

In addition to your monthly breast self examinations you should have a professional breast examination by a surgeon or family practitioner on a yearly basis. Inform any doctor who examines your breasts that you have had a breast reduction.

If you are in the habit of having regular mammograms, it is a sound idea to have a repeat examination about six months after your operation. Surgery will change the radiological architecture of your breasts. A mammogram taken after surgery will serve as a useful comparison for future radiological investigations

## **QUESTIONS FREQUENTLY ASKED ABOUT BREAST REDUCTION**

### ***How long can I expect to be off work?***

For the average woman doing non-strenuous clerical-type work, it is generally less than one week after surgery before you may be able to return to work. For other types of jobs, however, which may require heavy lifting, it may be longer. This is something you must discuss with the doctor, since each woman is different.

### ***How long will my stitches be in?***

Some stitches used are dissolving and these will not have to be removed. In the event that sutures need removal, this is done between one and three weeks after surgery.

### ***How long will it take for the swelling to go down after surgery?***

Although swelling is minimal after breast reduction, there will be some puffiness. You can expect all of this to be gone after one month.

### ***How long must I wear a special bra after breast reduction?***

As the brassiere is an essential instrument of breast moulding, the bra we recommend should be worn day and night for up to eight weeks. You should remember, though, now that you have a breast of relatively normal volume, this will always require a good bra support to reduce the degree of sagging. Gravity over the years takes its toll, and any breast of reasonable volume will eventually show some degree of droop without good support.

### ***How is the size, shape and position determined?***

This is discussed at the preoperative visit. The more information you give to Dr Olbourne the more likely he is to achieve your objective.

### ***How will I feel?***

Naturally you may feel "woozy" as the anaesthetic wears off. You may feel some soreness, swelling or discomfort, but this is quite natural. You may also feel tired and exhausted after surgery, but this and the soreness is normal and will last only a short while.

### ***How long will it be before I can start normal activities?***

Following surgery, Dr Olbourne will give you specific instructions regarding your participation in everyday activities, athletics and sexual relations.

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***Will I be able to breast feed?***

This depends on your potential before the operation and the style of operation you decide on after discussion with the doctor.

***Will I have feeling in my breasts and nipples?***

There may be reduced feeling right after surgery. With few exceptions, experience shows sensation in both breasts and nipples will improve in a few months.

**Conclusion**

Breast reduction is an operation designed to improve the shape and size of your breast to give a more aesthetic appearance. Providing you understand the limitations of this procedure and abide by the pre and post-operative instructions, you can look forward to enjoying a renewed personal confidence in your improved breast size and shape.

**How Much Will The Procedure Cost?**

The costs of this surgery relate to:

- a) surgeon and assistant surgeon
- b) anaesthetist
- c) hospital
- d) ancillary charge (pharmacy, brassiere, etc)

Dr Olbourne can tell you his fee and give you some indication of the costs of the other people involved in your care.

You must appreciate that the ultimate cost to you will depend on where you choose to go for your procedure and what rebates you will receive from your medical fund and Medicare. This in turn depends on who you may be insured with and what level of insurance you have chosen. Please advise Dr Olbourne if your insurance has a front end deductible cost or "excess". With all the relevant information the doctor's office should be able to give you a very close approximation of what your final costs might be.

Private insurance including Medicare may pay the cost of part of the operation itself, but not the cosmetic part. If so, they would also contribute to the anaesthetic and hospital costs.

It is always preferable to arrange all your finance prior to surgery to avoid unnecessary stress afterwards which will detract from your enjoyment of having achieved your goal.

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**Further Information**

For further information on this or any other cosmetic procedure, feel free to contact our office. Our staff are dedicated to assisting you and will do all they can to make your surgical experience as comfortable as possible.

You can also assist us by advising us of any aspect of your experience that has not been adequately covered in this brochure. We are always seeking to improve the information we give to patients. Your input will help us achieve that goal.

Contact: **Dr. Norman A. Olbourne**  
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