Breast Reduction
(Reduction Mammoplasty)

Reduction mammoplasty is surgery to reduce the size of the breasts. To do this, a surgeon removes fat, tissue and excess skin from the breasts. There are some common reasons for reduction mammoplasty. In some women, large breasts contribute to poor posture or chronic neck and back pain. Sometimes a rash develops under the breasts. Large breasts can also make it difficult to exercise. Before the procedure, you and your surgeon will decide on a new size and shape for your breasts.

After breast reduction, the breasts will be smaller. This should make movement easier. This surgery should also relieve discomfort that large breasts might have caused.

BEFORE SURGERY

- As the surgery date nears:
  - Avoid aspirin, ibuprofen or herbal supplements for 2 weeks before surgery.
  - Do not take vitamin E for 2 weeks before surgery.
  - Quit smoking. Smoking makes healing more difficult. It also makes scarring more likely.
  - If you are older than 35, your surgeon might want you to have a mammogram (*breast X-ray*) before surgery.
  - Let your surgeon know if you develop a fever or a cold. You want to be well for your procedure.

- Right before surgery:
  - Stop eating or drinking any fluids for 8 hours before your surgery.
  - You might be asked to shower with a special antibacterial soap, before coming in for the procedure.
  - If your surgery is an outpatient procedure, you will go home the same day. Someone responsible should come with you to receive discharge instructions and drive you home.

LET YOUR CAREGIVER KNOW ABOUT THE FOLLOWING:

- Allergies.
- All medications you take. This includes herbal supplements, eye drops, over-the-counter medicines, creams, and prescription drugs.
- Any use of steroids (by mouth or in creams).
- Previous problems with anesthetics.
- Possibility of pregnancy, if this applies.
- History of blood clots or bleeding problems.
- Previous surgery.
- Other health problems.

THE PROCEDURE

Most breast reduction surgeries are done under general anesthesia. This means that you will be asleep during the procedure. The surgery usually takes 2 to 4 hours.

Before the procedure begins, the surgeon will make some marks on your breasts. These will show where the cuts (*incisions*) will be made.

During the procedure, the surgeon will first remove fat, tissue, and excess skin. Then the surgeon will start to reshape your breasts. The nipples also might be removed, and then replaced, when the reshaping begins. The incisions will be closed with tiny stitches. The surgeon might place some small tubes under the skin, to allow the wound to drain for a few days. You will be taught how to care for the drains.

At the end of the surgery, your breasts will be bound securely with gauze and elastic bandages. This will protect them for the first few days, so they can heal.

POSSIBLE RISKS AND COMPLICATIONS

- Excessive bleeding.
- Blood clots in your legs or lungs.
- Pool of blood forming near the wound (*hematoma*). This is caused by a broken blood vessel.
- Infection.
- Slow healing.
- Pain. You might feel shooting pains in your breasts.
- Total or partial loss of feeling in your breasts or nipples. Discuss this with your surgeon before the operation.
- Scarring.
- Damage to your areola (*dark area around the nipple*).
- Uneven breasts after healing.
- Loss of ability to breast-feed.
- Pneumonia (*disease of the lungs*). This is a risk with many surgeries.

AFTER SURGERY

You will be taken to a recovery area. There, a nurse or other health care worker will watch your progress. Your vital signs (heart beat, breathing rate, temperature, blood pressure) will be checked. If you had outpatient surgery, you will be able to go home when you are stable and able to drink fluids. If you had inpatient surgery, you will be taken to your room.

Before you go home, make sure someone has clearly explained how to take care of yourself at home. Also, be sure you know when to come back for a follow up visit. You might be given a special bra to wear while your breasts heal.

HOME CARE INSTRUCTIONS

- If needed for pain or nausea, take prescription medicines that your caregiver prescribes.
- Only take over-the-counter medicines for pain or fever if your caregiver says it is OK. Do not take aspirin or ibuprofen. That increases the chances of a bleeding problem.
- If antibiotics are prescribed, finish them.
- Carefully follow the instructions about caring for your incisions. If drains were put in, they will be taken out by the surgeon in a few days. Stitches are usually taken out in 7 to 10 days.
- Rest for the first few days after surgery. However, get up and walk around several times in the morning and evening. Moving around will help prevent blood clots and pneumonia.
- Do not shower or take a bath for a few days after surgery. Take a sponge bath instead.
- For 3 weeks after surgery, do not lift anything that weighs more than 5 pounds.
- Limit driving until you are not taking narcotic pain medicines. They can make you sleepy.
- Do not do heavy physical work for 1 month. This includes yard work and moving storage boxes.
- How soon you can return to work depends on what type of work you do. For instance, if you have a desk job, you may be back to work in 2 weeks. If you do manual labor, it may take longer.

Remember, it takes months for your breasts to start to look “normal” again.

SEEK MEDICAL CARE IF:

- The area around the incisions becomes red or swollen, pain increases, or fluid oozes from any of the wounds.
- The pain medication that was recommended is not controlling your pain.

- You feel sick to your stomach (*nauseous*) or you throw up (*vomit*) for more than 2 days after surgery.
- You have an oral temperature above 102° F (38.9° C).
- You develop a cough.
- Moving your arm is difficult or painful.
- You see pockets of blood or fluid in either breast.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have pain in your chest.
- Your legs or arms start to swell.
- You are suddenly short of breath.

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