BREAST REDUCTION
Reduction Mammaplasty

The Symbol of Excellence in Plastic Surgery
A public education service of the American Society of Plastic Surgeons®.
Plastic surgery involves many choices. The first and most important is selecting a surgeon you can trust. A doctor's board certification is one of the best indicators of his or her training. Ask for certification from The American Board of Plastic Surgery® (ABPS), the only one of the 24 boards approved by the American Board of Medical Specialties (ABMS) that certifies physicians in plastic surgery of the face and all areas of the body. To be ABPS board-certified, a physician must meet these rigorous standards:

- Graduate from an accredited medical school
- Complete at least five years of surgical training following medical school with a minimum of two years of plastic surgery residency training
- Pass comprehensive oral and written exams

**American Society of Plastic Surgeons (ASPS) Members must:**

- Be certified by the ABPS or in Canada by The Royal College of Physicians and Surgeons of Canada®
- Complete continuing medical education including patient safety each year
- Perform surgery in accredited, state-licensed or Medicare-certified surgical facilities
Overly large breasts can cause some women to have both health and emotional problems. In addition to self image issues, you may also experience physical pain and discomfort. The weight of excess breast tissue can impair your ability to lead an active life. The emotional discomfort and self-consciousness often associated with having large pendulous breasts is as important an issue to many women as the physical discomfort and pain.

Also known as reduction mammaplasty, this procedure removes excess breast fat, glandular tissue and skin to achieve a breast size in proportion with your body and to alleviate the discomfort associated with overly large breasts.

**Is it right for me?**
Breast reduction is a highly individualized procedure and you should do it for yourself, not to fulfill someone else's desires or to try to fit any sort of ideal image. Breast reduction is a good option for you if:

- You are physically healthy
- You have realistic expectations
- You don’t smoke
- You are bothered by the feeling that your breasts are too large
- Your breasts limit your physical activity
- You experience back, neck and shoulder pain caused by the weight of your breasts
- You have regular indentations from bra straps that support heavy, pendulous breasts
- You have skin irritation beneath the breast crease
- Your breasts hang low and have stretched skin
- Your nipples rest below the breast crease when your breasts are unsupported
- You have enlarged areolas caused by stretched skin
The success and safety of your breast reduction procedure depends very much on your complete candor during your consultation. You’ll be asked a number of questions about your health, desires and lifestyle.

**Be prepared to discuss:**
- Why you want the surgery, your expectations and desired outcome
- Medical conditions, drug allergies and medical treatments
- Use of current medications, vitamins, herbal supplements, alcohol, tobacco and drugs
- Previous surgeries
- Family history of breast cancer and results of any mammograms or previous biopsies

**Your surgeon may also:**
- Evaluate your general health status and any pre-existing health conditions or risk factors
- Examine your breasts, and may take detailed measurements of their size and shape, skin quality, placement of your nipples and areolas
- Take photographs for your medical record
- Discuss your options and recommend a course of treatment
- Discuss likely outcomes of breast reduction and any risks or potential complications
- Discuss the use of anesthesia during your breast reduction
Preparing for surgery

Prior to surgery, you may be asked to:

- Get lab testing or a medical evaluation
- Take certain medications or adjust your current medications
- Get a baseline mammogram before surgery and another one after surgery to help detect any future changes in your breast tissue
- Stop smoking well in advance of surgery
- Avoid taking aspirin, anti-inflammatory drugs and herbal supplements as they can increase bleeding

Special instructions you receive will cover:

- What to do on the day of surgery
- Post-operative care and follow-up

Your plastic surgeon will also discuss where your procedure will be performed. Breast reduction surgery may be performed in an accredited office-based surgical center, outpatient/ambulatory surgical center, or a hospital.

You’ll need help

If your breast reduction procedure is performed on an outpatient basis, be sure to arrange for someone to drive you to and from surgery and to stay with you for at least the first night following surgery.
Breast reduction is usually performed through incisions on your breasts with surgical removal of the excess fat, glandular tissue and skin.

In some cases, excess fat may be removed through liposuction in conjunction with the excision techniques described below. If breast size is largely due to fatty tissue and excess skin is not a factor, liposuction alone may be used for breast reduction.

The technique used to reduce the size of your breasts will be determined by your individual condition, breast composition, amount of reduction desired, your personal preferences and the surgeon’s advice.

Step 1 - Anesthesia
Medications are administered for your comfort during the surgical procedure. The choices include intravenous sedation and general anesthesia. Your doctor will recommend the best choice for you.

Step 2 - The incision
Incision options include:
  • A circular pattern around the areola

The incision lines that remain are visible and permanent scars, although usually well concealed beneath a swimsuit or bra.
Procedural Steps:
What happens during breast reduction surgery?

- A keyhole or racquet-shaped pattern with an incision around the areola and vertically down to the breast crease

- An inverted T or anchor-shaped incision pattern

**Step 3 - Removing tissue and repositioning**
After the incision is made, the nipple -- which remains tethered to its original blood and nerve supply -- is then repositioned. The areola is reduced by excising skin at the perimeter, if necessary. Underlying breast tissue is reduced, lifted and shaped. Occasionally, for extremely large pendulous breasts, the nipple and areola may need to be removed and transplanted to a higher position on the breast (free nipple graft).

**Step 4 - Closing the incisions**
The incisions are brought together to reshape the now smaller breast. Sutures are layered deep within the breast tissue to create and support the newly shaped breasts; sutures, skin adhesives and/or surgical tape close the skin. Incision lines are permanent, but in most cases will fade and significantly improve over time.

**Step 5 - See the results**
The results of your breast reduction surgery are immediately visible. Over time, post-surgical swelling will resolve and incision lines will fade. Satisfaction with your new image should continue to grow as you recover.
The decision to have breast reduction surgery is extremely personal and you’ll have to decide if the benefits will achieve your goals and if the risks and potential complications are acceptable. Your plastic surgeon and/or staff will explain in detail the risks associated with surgery. You will be asked to sign consent forms to ensure that you fully understand the procedure you will undergo and any risks or potential complications.

The risks include:

- Unfavorable scarring
- Infection
- Changes in nipple or breast sensation, which may be temporary or permanent
- Anesthesia risks
- Bleeding (hematoma)
- Blood clots
- Poor wound healing
- Breast contour and shape irregularities
- Skin discoloration, permanent pigmentation changes, swelling and bruising
- Damage to deeper structures -- such as nerves, blood vessels, muscles, and lungs -- can occur and may be temporary or permanent
- Breast asymmetry
- Fluid accumulation
- Excessive firmness of the breast
- Potential inability to breastfeed
- Potential loss of skin/tissue of breast where incisions meet each other
- Potential partial or total loss of nipple and areola
- Deep vein thrombosis, cardiac and pulmonary complications
- Pain, which may persist
- Allergies to tape, suture materials and glues, blood products, topical preparations or injectable agents.
- Fatty tissue deep in the skin could die (fat necrosis)
- Possibility of revisional surgery
More facts about the safety and risks

You should know that:

- Breast reduction surgery can interfere with certain diagnostic procedures
- Breast and nipple piercing can cause an infection
- Your ability to breastfeed following reduction mammoplasty may be limited; talk to your doctor if you are planning to nurse a baby
- The procedure can be performed at any age, but is best done when your breasts are fully developed
- Changes in the breasts during pregnancy can alter the outcomes of previous breast reduction surgery, as can significant weight fluctuations

Where will my surgery be performed?
Breast reduction may be performed in your plastic surgeon’s accredited office-based surgical facility, an ambulatory surgical facility or a hospital. Your plastic surgeon and the assisting staff will fully attend to your comfort and safety.

When you go home
If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee. In some situations, it may not be possible to achieve optimal results with a single surgical procedure and another surgery may be necessary.

Be careful
Following your physician's instructions is key to the success of your surgery. It is important that the surgical incisions are not subjected to excessive force, abrasion, or motion during the time of healing. Your doctor will give you specific instructions on how to care for yourself.

Be sure to ask questions: It's very important to address all your questions directly with your plastic surgeon. It is natural to feel some anxiety, whether excitement for the anticipated outcome or preoperative stress. Discuss these feelings with your plastic surgeon.
When your procedure is complete, dressings or bandages will be applied to the incisions. An elastic bandage or support bra may be worn to minimize swelling and support the breasts as they heal. A small, thin tube may be temporarily placed under the skin to drain any excess blood or fluid that may collect.

You will be given specific instructions that may include: How to care for your surgical site(s) following surgery, medications to apply or take orally to aid healing and reduce the risk of infection, specific concerns to look for at the surgical site or in your general health, and when to follow up with your plastic surgeon.

Be sure to ask your plastic surgeon specific questions about what you can expect during your individual recovery period.

- Where will I be taken after my surgery is complete?
- What medication will I be given or prescribed after surgery?
- Will I have dressings/bandages after surgery? When will they be removed?
- Are stitches removed? When?
- When can I resume normal activity and exercise?
- When do I return for follow-up care?
The results will be long-lasting

The results of breast reduction surgery will be long lasting. Your new breast size should help relieve you from the pain and physical limitations experienced prior to breast reduction. Your better proportioned figure will likely enhance your self image and boost your self confidence. However, over time your breasts can change due to aging, weight fluctuations, hormonal factors and gravity.
How much will breast reduction surgery cost?

Cost is always a consideration in elective surgery. Prices for breast reduction can vary widely. A surgeon's cost for breast reduction may vary based on his or her experience as well as geographic office location. Many plastic surgeons offer patient financing plans, so be sure to ask.

Cost may include:
- Surgeon's fee
- Hospital or surgical facility costs
- Anesthesia fees
- Prescriptions for medication
- Post-surgery garments, and
- Medical tests

Breast reduction surgery is generally considered a reconstructive procedure and may be covered by health insurance when it is performed to relieve medical symptoms. Many insurers define breast reduction surgery as reconstructive based on the amount of tissue that will be removed. However, pre-certification is required for reimbursement or coverage. Each insurance policy varies greatly. Carefully review your policy to determine coverage.

Your satisfaction involves more than a fee
When choosing a plastic surgeon for breast reduction, remember that the surgeon's experience and your comfort with him or her are just as important as the final cost of the surgery.
**Words to know**

**Areola:** Pigmented skin surrounding the nipple.

**Breast reduction:** Also known as reduction mammoplasty, the surgical removal of breast tissue to reduce the size of breasts.

**General anesthesia:** Drugs and/or gases used during an operation to relieve pain and alter consciousness.

**Hematoma:** Blood pooling beneath the skin.

**Intravenous sedation:** Sedatives administered by injection into a vein to help you relax.

**Liposuction:** Also called lipoplasty or suction lipectomy, this procedure vacuums out fat from beneath the skin's surface to reduce fullness.

**Local anesthesia:** A drug injected directly to the site of an incision during an operation to relieve pain.

**Mammogram:** An x-ray image of the breast.

**MRI:** Magnetic Resonance Imaging; a painless test to view tissue similar to an x-ray.

**Reduction mammoplasty:** The surgical removal of breast tissue to reduce the size of breasts.

**Sutures:** Stitches used by surgeons to hold skin and tissue together.
Questions to ask my plastic surgeon

Use this checklist as a guide during your consultation

☐ Are you certified by the American Board of Plastic Surgery?
☐ Are you a member of the American Society of Plastic Surgeons?
☐ Were you trained specifically in the field of plastic surgery?
☐ How many years of plastic surgery training have you had?
☐ Do you have hospital privileges to perform this procedure? If so, at which hospitals?
☐ Is the office-based surgical facility accredited by a nationally- or state-recognized accrediting agency, or is it state-licensed or Medicare-certified?
☐ Am I a good candidate for this procedure?
☐ What will be expected of me to get the best results?
☐ Where and how will you perform my procedure?
☐ What surgical technique is recommended for me?
☐ How long of a recovery period can I expect, and what kind of help will I need during my recovery?
☐ What are the risks and complications associated with my procedure?
☐ How are complications handled?
☐ How will my ability to breastfeed be affected?
☐ How can I expect my breasts to look over time? After pregnancy? After breastfeeding?
☐ What are my options if I am dissatisfied with the outcome?
☐ Do you have before-and-after photos I can look at for this procedure and what results are reasonable for me?

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