



NINA S. NAIDU, MD, FACS
PLASTIC & RECONSTRUCTIVE SURGERY

A Patient's Guide to Breast Reduction

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Dear Patient,

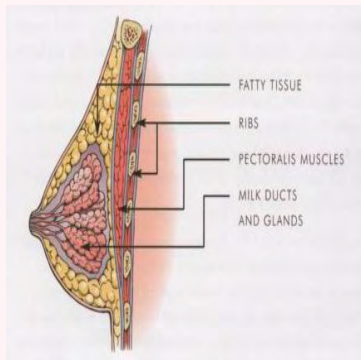
We are delighted that you have chosen to explore breast reduction (reduction mammoplasty) surgery with Dr. Naidu. This guide was written to help you understand the risks and benefits of breast reduction. Please read the following information in its entirety prior to your visit, as this will make your time with us more productive. If you have any questions about anything contained in this material, please print out the relevant sections and we will be happy to discuss them with you at the time of your consultation. If anyone else will be involved in your decision-making, we ask that you bring him or her with you to your visit. We look forward to meeting you!



When to consider a breast reduction

Very large breasts can be associated with both health and emotional issues. In addition to feeling self-conscious about their breast size, women may experience pain and discomfort. You are a good candidate for a breast reduction if you are physically healthy; do not smoke; your breasts limit your physical activity; you experience back, neck, or shoulder pain secondary to the weight of your breasts; you have indentations from your bra straps; you note skin irritation beneath your breasts; your breasts hang low and are stretched; your nipples rest below the breast crease when unsupported; or you have enlarged areolae.

Anatomy of the breast



All breasts are made of fatty tissue, glands, ducts, and skin. Deep to the breast is the chest muscle (pectoralis major). The pigmented tissue around the nipple is called the areola. Pregnancy, weight loss, and aging can stretch the skin and areolae, which may cause sagging of the breasts. No woman has two breasts that match exactly, and therefore your breasts may remain asymmetric after surgery as well.

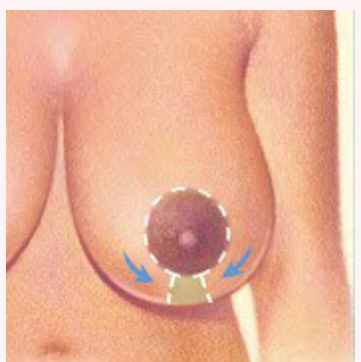


Procedural steps

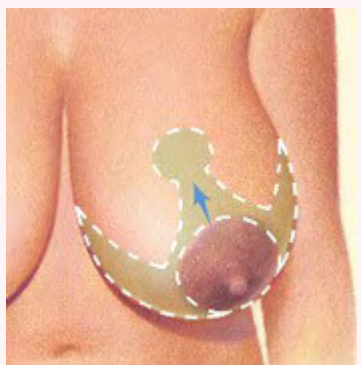
Breast reduction surgery involves the removal of excess breast fat, glandular tissue, and skin to achieve a breast size in proportion to your body, and to alleviate the discomfort associated with very large breasts. Incision options include:

- 1) the circumareolar pattern in which an incision is made around the areola;
- 2) the vertical incision, in which incisions are made around the areola and vertically down to the breast crease; and,
- 3) the inverted T or anchor incision, in which incisions are made around the areola, vertically down to the breast crease, and along the inferior breast fold.

After the incisions are made, the nipple is repositioned while it remains tethered to its original nerve and blood supply. The areola is reduced by excising skin at the perimeter, and the underlying breast tissue is reduced, lifted, and shaped. Sutures are placed in the deep tissue to support the breast, and the skin is re-draped and the incisions are closed.



Additional procedures



Liposuction is sometimes performed in conjunction with breast reduction surgery to shape the lateral aspect of the breast. In some cases, an abdominoplasty (tummy tuck) can be performed at the same time as a breast reduction. Additional procedures may

incur additional operating time, anesthesia, and surgical risks.

Surgery and Anesthesia

Surgery is performed on an outpatient basis, either in the hospital or in an ambulatory surgery center. The surgery lasts 3-4 hours, and is performed under general anesthesia. Many patients worry about the risk of general anesthesia, but it is very safe and it assures that you will be completely comfortable during surgery. Prior to surgery you will be required to obtain medical photographs, routine blood-

work, and in some cases pre-operative clearance from your primary medical doctor. The evening prior to surgery, you should not eat or drink anything after midnight. This ensures that you will have an empty stomach prior to surgery, which is very important for your anesthesiologist to care for you safely. You will need to have a responsible adult available to escort you home after surgery.



Recovery

Following surgery, you will awaken in the recovery area. Once you are fully alert, you will be transported to the step-down area where you will be given something to eat prior to discharge. A surgical bra will be placed at the conclusion of the procedure. A responsible adult will need to be available to escort you home.

The day after surgery, you may shower while leaving the tapes on your skin intact. Patients are seen in the office one week

following surgery. Most sutures placed will dissolve on their own.

Walking is permitted the day after surgery, but strenuous activity and heavy lifting should be limited until two weeks following surgery. Most patients do not complain of severe pain following this surgery, but note that their breasts feel sore for several days. Most patients report that their back, neck, and shoulder pain resolves immediately following

surgery. Pain medication is prescribed for any discomfort. Swelling will be present for the initial 3-4 weeks after surgery. The scars will continue to fade and soften for up to one year following surgery, although they will never completely disappear.

Risks of Surgery

All surgery carries risks. The most frequently reported complications after breast reduction surgery are as follows:

Hematoma: A collection of blood underneath the skin can occur following surgery. Should this happen, you will most likely note a sudden increase in the size of one or both breasts. Bleeding requires an immediate return to the operating room to stop the bleeding vessel and evacuate any blood.

Seroma: A seroma is a collection of clear fluid underneath the skin. Some patients will notice small amounts of clear drainage from the breast incisions for several weeks following surgery.

Infection: Infection following breast reduction surgery is rare. Infection may necessitate intravenous antibiotics or additional surgery. You will be given an antibiotic prior to surgery to help prevent an infection.

Scarring: You will have permanent scars following breast reduction surgery. Although the scars improve with time, they will not completely fade. In some cases the scars may become thick or wide, but this cannot be predicted.

Necrosis: Necrosis, or the death of skin and fat, may occur in smokers, following an infection, or with the use of steroids. This complication may require additional surgery.

Pain: Most patients report only mild discomfort following surgery. A small number of patients may have permanent pain.

Blood clots: Blood clots may form in the legs, or travel to the lungs, following surgery. This is a potentially fatal complication, and therefore preventive measures, including the use of leg compression devices during surgery, are taken with every patient.

Numbness: Most patients will note some numbness over the breasts and nipples which usually resolves within several weeks. A small number of patients may note persistent changes in sensation.

Asymmetry: Some patients may have asymmetry of the breasts or breast contour and shape irregularities.

Potential inability to breast-feed: Some patients will be unable to breastfeed following breast reduction surgery.

Future pregnancy: Your breasts will become temporarily larger if you become pregnant following a breast reduction. In most cases, your breasts will return to their pre-pregnancy size, but in some cases the breasts will remain large. A second breast reduction can be performed if necessary.

Anesthesia risks: Although general anesthesia is very safe, all patients are screened for any personal or family history of anesthesia reactions.



For more information about breast reduction surgery

Additional sources of information about abdominoplasty surgery can be found online at the following sites:

Nina S. Naidu, MD, FACS: www.naiduplasticsurgery.com

American Society of Plastic Surgeons: www.plasticsurgery.org



About Dr. Naidu

Nina S. Naidu, MD, FACS is Board Certified by the American Board of Plastic Surgery and is a Clinical Assistant Professor of Surgery at Weill Cornell Medical College. Her practice focuses on aesthetic and reconstructive surgery of the face, breast, and body, with a special emphasis on aesthetic breast surgery, abdominoplasty (tummy tuck), and rhinoplasty (nasal reshaping) surgeries.

Dr. Naidu completed her undergraduate studies at The Johns Hopkins University and obtained her medical degree from Cornell University Medical College. After completing her general surgery and plastic surgery training at New York Presbyterian – Weill Cornell Medical Center, she performed an additional year of fellowship training at the University of Pennsylvania. She is an active member of the American Society of Plastic Surgeons and is a Fellow of the American College of Surgeons. Dr. Naidu maintains privileges at several prominent New York hospitals including New York Presbyterian Hospital – Weill Cornell

Medical Center; Manhattan Eye, Ear, & Throat Hospital; Lenox Hill Hospital; and the Center for Specialty Care.

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