

## FREQUENTLY ASKED QUESTIONS - BREAST REDUCTION

### 1. What is Breast reduction operation?

Breast reduction, technically known as reduction mammoplasty, is designed for women with such problems.

The procedure typically removes fat, breast glandular tissue, and skin from the breasts, making them smaller, lighter, and firmer. It can also reduce the size of the areola, and lifts the position of the nipple and areola. The goal is to give the woman smaller, better-shaped breasts- more in proportion with the rest of the body.

### 2. Who is a good candidate for the Breast reduction surgery?

Please ask your self following questions?

Do I have large, pendulous breasts?

Do I experience a variety of medical problems caused by the excessive weight-from back and neck pain and skin irritation to skeletal deformities and breathing problems? Do I experience problems maintaining your posture?

Do bra straps leave deep indentations in my shoulders that make me extremely self-conscious?

Do I feel inhibited when going to the gym, jogging, swimming or just plain socializing?

Breast reduction is not just a cosmetic surgical procedure as it also addresses the functional problems effectively. In fact, it is a classic example of a procedure which trades rather significant scars for long-term physical relief and comfort. Broadly, breast reduction isn't recommended for young women before they have attained adulthood, that is, until their breasts are fully developed. In exceptional situations however it could be performed if the breasts are unduly large at an

early age causing serious physical and psychological distress.

The best candidates are those who are mature enough to fully understand the pros and cons of the procedure and have realistic expectations about the results. Breast reduction is not recommended for women who intend to breast-feed and who value their nipple sensations.

### 3. What are the risks and the complications of this procedure?

Breast reduction is by no means a small and simple operation, but it's normally safe when performed by a qualified Plastic Surgeon. Nevertheless, as with any surgery, there is always a possibility of complications, including bleeding, infection, or those related to the anesthetic. Although, the drains are commonly used after the surgery, haematoma or blood clot can still be formed.

There are also the risks associated with the general anaesthetic.

#### Specific risks of this procedure are:

1. Some patients develop small sores around their nipples after surgery usually treated with antibiotic creams. You can reduce your risks by closely following your physician's advice both before and after surgery.

2. Breast reduction procedure does leave noticeable, permanent scars, although they'll be covered by your bra or swim suit. Scars in general are unpredictable. Occasionally they can be widened, itchy or lumpy and may need scar treatment.

3. Asymmetry: Commonly the two breasts are naturally asymmetrical. Although every attempt is made to achieve symmetry between the two sides as close as possible, the procedure can leave you with slightly

mismatched breasts in their size, shape or position of nipples.

4. Future breast-feeding may not be possible, since the surgery removes many of the milk ducts leading to the nipples.

5. Most patients may experience some loss of feeling in their nipples or breasts, most of which is usually temporary. Rarely, however, the numbness may be permanent.

6. Rarely, the nipple and areola may develop serious disturbance to their blood supply and the tissue may die. (The nipple and areola can usually be reconstructed, however, using skin grafts from elsewhere on the body.)

7. Medical diseases such as diabetes, certain medications and smoking may affect healing and cause poor scars and skin or tissue slough.

8. Occasionally the fat tissue in the breasts may harden or become lumpy and may take several months to soften up.

9. Dog ears at the sides: Occasionally some touch up surgery may be needed for optimizing results.

You can reduce your risks by closely following post-operative advice both before and after surgery and by stopping smoking well before the procedure.

#### **4. What should you expect at consultation?**

In the initial consultation, it's important to discuss your expectations frankly with Dr. Gahankari, and to listen to his opinion. If your partner is involved in decision making, it is a good idea to invite him to participate in the pre-operative discussion.

During the consultation, it is also important to make Dr Gahankari aware of all the medications, allergies, previous surgical procedures on the breasts and habits such as smoking. During the consultation, Dr Gahankari will examine and your breasts, and will probably photograph them for reference during surgery and afterwards. He will also assess the current size and notice the pre-existing asymmetry. He will also measure the nipple distances from the reference point. He will then discuss the variables that may affect the procedure—such as your age, the size and

shape of your breasts, pre-existing scars, the medical conditions, your current medications and the condition of your skin. You may also discuss where the nipple and areola will be positioned; they'll be moved higher during the procedure, and should be approximately at even level with the crease beneath your breasts.

Dr Gahankari will take you through the procedure in detail, explaining its scars, the risks and limitations. He will explain the post-operative care and follow up. He will also give you approximate estimate of the costs. It is a good idea to check with your private health fund. The staff from Advanced Aesthetix will only be happy to give you all the assistance that they can to make it easy to plan your procedure.

#### **5. What is routine preoperative preparation?**

Dr Gahankari may need you to have a mammogram or ultrasound (breast x-ray) before surgery. Advanced Aesthetix staff will give you specific instructions on how to prepare yourself for surgery, including guidelines on eating and drinking, smoking, and taking or avoiding certain vitamins and medications.

Breast reduction doesn't usually require a blood transfusion. However, if a large amount of breast tissue will be removed, auto-transfusion (your own blood –pre-drawn and stored) may be used occasionally.

While you're making preparations, be sure to arrange for someone to drive you home after your surgery on your discharge from the hospital and to help you out for a few days if needed.

#### **6. What hospitals does Dr Gahankari operate in?**

Dr Gahankari is accredited to several Gold Coast hospitals and would help you choose the hospital that suites mutual convenience. Typically your stay in the hospital is likely to be a short one. The surgery itself usually takes two to three hours.

## **7. What are common surgical techniques used by Dr Gahankari?**

Breast reduction is nearly always performed under general anesthesia. You'll be asleep through the entire operation.

Techniques for breast reduction vary, but the most common procedure involves an anchor-shaped incision that circles the areola, extends downward, and follows the natural curve of the crease beneath the breast. Dr Gahankari would remove excess glandular tissue, fat, and skin, and lifts the nipple and areola into their new position. He would then judge the skin excess and bring the skin flaps from both sides of the breast down and around the areola, shaping the new contour of the breast. Liposuction is sometimes performed to remove excess fat from the armpit area. Sometimes he uses the dissolvable sutures on the sides to contour the breasts. The sutures may cause temporary dimpling for several weeks.

In most instances, the nipples are kept attached to the stalk of the breast tissue with blood vessels and nerves. Rarely however, if the breasts are very large or pendulous, and the nipple-areola discs may have to be completely removed and grafted into a higher position. Mostly the stitches used are dissolvable, although some may need removal in few days. Sometimes, especially in smaller reductions, Dr Gahankari may consider shorter scar or only vertical scar technique. If this is possible, he will discuss this aspect with you. Dr. Gahankari is familiar with most of the modern techniques of the breast reduction surgery.

## **8. What is the usual post-operative care after breast reduction surgery?**

1. After surgery, you'll be wrapped in a mildly compressive dressing or a surgical bra over gauze dressings. Drainage tubes may be placed in each breast to drain off blood and fluids for the first few days.

2. The dressings will be removed a few days after surgery, though you'll be advised to wear the soft compressive bra (without under wire)

continuously for several weeks, usually until the swelling and bruising disappears. The skin stitches if used, will be removed in one to three weeks.

3. It is normal to feel some pain for the first few days-especially when you move around or cough, and some discomfort for a week or more. You would be normally prescribed some antibiotics and pain killers to make you comfortable.

4. Dr Gahankari often would advise use of specific tapes for several weeks to improve the scars.

5. Your first menstruation following surgery may cause your breasts to swell and hurt. It is also common to experience random, shooting pains for a few months and some loss of feeling in your nipples and breast skin, caused by the swelling after surgery. This usually fades over the next six months or so. In some patients, however, it may last a year or more, and occasionally it may be permanent.

## **9. When would you be able to get back to driving and work?**

Although you may be up and about in a day or two, your breasts may still ache occasionally for a couple of weeks. You should avoid lifting or pushing anything heavy for three or four weeks.

Your surgeon will give you detailed instructions for resuming your normal activities. Most women can return to work (if it's not too strenuous) and social activities in about two weeks. But you'll have much less stamina for several weeks, and should limit your exercises to stretching, bending, and swimming until your energy level returns. You'll also need a good athletic bra for support.

You may be instructed to avoid sex for a week or more, since sexual arousal can cause your incisions to swell, and to avoid anything but gentle contact with your breasts for about six weeks.

A small amount of fluid draining from your surgical wound, or some crusting, is normal. If you have any unusual symptoms, such as bleeding or severe pain, please do not hesitate to call 'Advanced Aesthetix'.

## **10. When can you expect to see results?**

Although much of the swelling and bruising will disappear in the first few weeks, it may be six months to a year before your breasts settle into their new shape. Even then, their shape may fluctuate in response to your hormonal shifts, weight changes, and pregnancy.

Although breast reduction scars are relatively long and permanent. They eventually fade to thin white lines in most cases. Fortunately, the scars can usually be placed so that you can wear even low-cut tops.

Of all plastic surgery procedures, breast reduction results in the quickest body-image changes. You'll be rid of the physical discomfort of large breasts, your body will look better proportioned, and clothes will fit you better. However, as much as you may have desired these changes, you'll need time to adjust to your new image-as will your family and friends. Be patient with yourself, and with them. Keep in mind why you had this surgery, and chances are that, like most women, you'll be pleased with the results.