

We hope this leaflet has answered some of your questions. If you require any more advice either before or after your procedure, do not hesitate to contact any of the Breast Care Nurse Specialists.

General statements made in this leaflet do not apply in every case, as each patient is an individual. Your doctor will advise you of any specific aftercare.

## Useful Phone Numbers

Lincoln Breast Unit: 01522 537662

Boston Breast Unit: 01205 445998

Grantham Breast Unit: 01476 593945  
Email: [breastteam.grantham@ulh.nhs.uk](mailto:breastteam.grantham@ulh.nhs.uk)

## References

If you require a full list of references for this leaflet please email [patient.information@ulh.nhs.uk](mailto:patient.information@ulh.nhs.uk)

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille please email the Patient Information team at [patient.information@ulh.nhs.uk](mailto:patient.information@ulh.nhs.uk)

# Breast Reduction Surgery

Breast Care Services

[www.ulh.nhs.uk](http://www.ulh.nhs.uk)

This leaflet will identify those who, for various reasons, may require breast reduction surgery.

A breast reduction is an operation to reduce the weight and size of the breast(s). During this procedure, fat and skin are removed from the breasts, which are then reshaped and the nipples repositioned.

### **Who can have a breast reduction?**

Women with large breasts and a medical history of chronic back/neck pain, asymmetry or following a mastectomy/breast reconstruction may be suitable candidates for reduction surgery.

**Please be aware that your General Practitioner (GP) will need to apply for NHS funding unless you have had breast cancer diagnosis. If your BMI is greater than 27 your surgeon may postpone your operation until you have lost weight.**

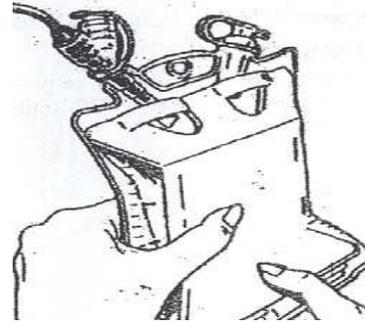
### **What happens next?**

You will need to be referred by your GP or consultant to one of the Breast Reconstruction Consultants in Lincolnshire. An appointment will be made for you to see the consultant. This is your opportunity to talk about your issues regarding the size, asymmetry and symptoms.

It is important to let the surgeon know the following information:

- If you are a smoker you will need to **STOP** at least three months prior to surgery as smoking can increase the risk of wound breakdown. This also includes E-cigarettes and nicotine patches. For advice and support about quitting smoking contact your GP or phone the Smokefree National Helpline on 0300 123 1044 (free) or visit the Smokefree website: [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree).
- If you have a medical condition this may affect your fitness for surgery.

Start suction again by gently bending up the bottom flap until the drain clicks.



This diagram shows how to bend the base of the drain to restart the suction.

Remember.....CLICK....CLOSE.....CLICK

**You should empty your drain once a day at the same time each day - usually 8am or 9am.**

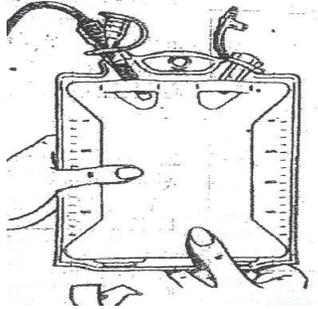
Once your drain measurement is below 30 mls in the last 24 hours then please telephone the breast clinic to arrange for it to be removed.

Should this occur over a weekend/Bank Holiday the drain may be left in until the next working day.

## Emptying and Measuring of Breast (J-Vac) Drain

### To Empty the Drain

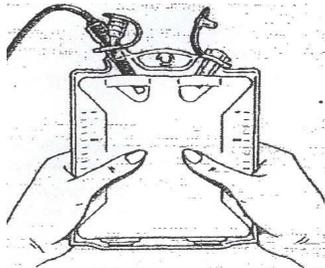
- You will need a measuring container and some tissue. Please disregard the measurements on the drain - they are a guide only.
- Wash hands thoroughly.
- Hold the drain and carefully open the exit plug to expand the reservoir.
- Empty contents into measuring container via exit plug.



This diagram shows the tap opening on the right hand side of the drain. The left hand side is where the fluid drains into the device.

### To Reactivate the Drain

- With exit plug still removed, hold the drain between the fingers and thumbs as indicated below.
- Press firmly until the reservoir clicks. then replace the exit plug.



This diagram shows how to position your hands on the top using the thumb Indicators.

- If you take regular medications including the contraceptive pill and homoeopathic or herbal medicines, you may need to stop taking them prior to surgery. Ask your consultant first before you stop any medications.
- If you're planning to have children it may be advisable to postpone surgery until you have completed your family as during pregnancy, hormones will change breast size and shape.
- How much alcohol you drink. It is important that you keep to the recommended alcohol unit guidelines set by the Department of Health. If you drink more than the recommended allowance this will mean that **your surgery will not take place until your alcohol intake is keeping within NHS guidelines.** For practical information on alcohol, visit NHS Change for Life. [www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx](http://www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx).

After the surgeon has obtained your medical history they will examine your breasts and discuss size. The size will be determined by your body frame and weight. Following this you will be asked to have a photograph taken. This forms an Important part of your medical records and your face will not be visible in them. The consultant will inform you if you can be placed on the waiting list or if your GP needs to apply for NHS funding.



## **Late risk and complications following your surgery**

- Wound infection or breakdown may occur underneath the breast. We call this the T junction.
- If this happens you may be prescribed antibiotics and may require a regular change of dressing until healed.
- Asymmetry - unequal breast size, which is normally slight.
- Reduced nipple sensation.
- Inability to breastfeed although a significant proportion of women find it difficult to breastfeed anyway.
- There is a chance of nipple loss which can be complete or partial. This is due to the fact that the blood supply to the nipple can become compromised as the nipple and surrounding areola are fed by a small number of blood vessels.
- The breast can droop with time (known as ptosis).

Please note the risks will differ for each person.

## **What happens when I return to the ward?**

Once you return to the ward the nurses will monitor your urine output and record your blood pressure, pulse and temperature. The nurse will check your nipples for colour, warmth and sensation. Dressings will be checked to ensure that they are clean and dry. The nurse will also check that your drains are working effectively.

## **Will I have any pain after the operation?**

You may experience some discomfort but we will give you painkillers to control any pain you have. Please note this may vary from person to person depending upon the individual's pain threshold.

## **When can I start eating and drinking?**

You can eat and drink as soon as you are awake.

## **What happens the next day after the operation?**

The nurse will check your dressings the next day according to the doctor's instructions. If you have drains they will be removed providing the blood loss is between 30 to 50 mls. It is important to bring a recommended non-wired sports type or compression bra into hospital and this should be worn day and night for six weeks following surgery. The nurse will help fit your bra to ensure that it is fitted correctly.

## **How do I care for my wound?**

The nurse will advise you when to shower and how often the dressings need to be changed. Stitches are normally dissolvable. However, if you do have any stitches that need to be removed this will be done about two weeks after surgery. You will be given an appointment prior to going home to attend the Breast Unit approximately 10 to 14 days following surgery.

## **What can I do after the operation?**

You will be limited as to what you can do for a few days after the operation. It is advisable to take simple painkillers such as Paracetamol to aid discomfort which will help your mobility and movement. You should avoid lifting, carrying, vacuuming and any other strenuous activities for at least two weeks after your operation as this may cause pain or overstretching of the breast tissue. Exercise such as aerobics and swimming can commence eight weeks after your operation. The consultant will see you in clinic about two to three months after the date of surgery.

## **Where will my scars be?**

The surgical incision may be in the crease under the breast, around your nipples or towards the arm pit. Swelling and bruising round your breast will take a few weeks to settle. However, your scars are permanent and may take between 6 and 12 months before the scars and the shape of the breast is fully settled. But the scars will fade. Although some women may experience some red raised scarring; this can improve with massaging.

## **When can I start to massage?**

Once the wound is completely healed the nurse will show you how to massage your wound when you come to clinic.

## **When can I return to work?**

This all depends on what type of work you do. We normally say 2 to 4 weeks recovery period. However, this does not apply to all so please bear in mind that some patients may take longer to heal than others. The ward will give you a sick note for the duration of your stay. If you feel you need longer please consult your GP.

## **When will I be able to drive?**

We advise you not to drive for about three weeks after the operation. You should be able to perform an emergency stop without experiencing any discomfort. Many insurance companies may not provide cover if you are involved in an accident. Wearing a seat belt can be uncomfortable.

## **Are there any risks?**

After surgery there may be some risks including the following:

- Bleeding at the end of the operation can be problematic. Occasionally a collection of blood (haematoma) develops. This may require a return to the operating theatre for drainage of the haematoma and occasionally a blood transfusion.
- Deep vein thrombosis or blood clots in the calves is a risk following your surgery. If these clots remain in the calves they can cause some minimal local problems (pain, redness, swelling). But they have the ability to travel to the lungs, where they are known as “pulmonary emboli”. Here, they could have potentially lethal side-effects. To reduce the risk of blood clots developing, patients are given an injection of heparin to help thin the blood. Inflatable boots are used during the operation to keep the blood circulating through the calves and you are asked to wear white stockings for the duration of the hospital stay. You are encouraged to mobilise as soon as possible to prevent complications.