Breast Reduction Surgery



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Breast reduction: general information

A woman with large breasts may inquire about breast reduction surgery for any number of reasons. She may have pain in her neck, upper back, and shoulders. She may have developed painful grooves in her shoulders from her bra straps, or perhaps she has irritating rashes beneath her breasts. Tension headaches are common. She has likely endured uninvited comments and stares, and these may have created a sense of embarrassment, of uncomfortable self-consciousness. Whether she is 18 or 58, however, there is hope. Breast reduction surgery is available, and the results can be amazing! This procedure is a great option for a woman with large breasts who desires shapely, proportional breasts and improvement in her symptoms. Reducing the volume and weight of the breasts results in less strain on the back and neck and likely a substantial reduction or even elimination of those types of symptoms. This booklet will address how breast reduction surgery is accomplished and what a woman undergoing this process should expect.

Most women thinking about breast reduction want to know what bra size they will wear after surgery. In talking with these women, however, it is common to find that they do not know exactly what bra size they wear *before* surgery. Making this issue more complicated, a bra bought at Target fits differently than a bra bought at Dillard's or Victoria's Secret. So, it is almost impossible to tell someone exactly what bra size she is likely to wear after surgery. This booklet provides "before and after" photographs of women who have undergone breast reductions by Dr. Kunkel to demonstrate the types of changes frequently seen. The photographs are not meant to imply or guarantee a particular result but rather are presented to supplement the information provided in this publication.

Women often have questions about their health insurance and whether or not breast reductions are covered. Each insurance company has its own criteria related to breast reductions. For instance, Aetna indicates on its website that a woman may be considered for breast reduction only after she has undergone at least 3 months of treatments that may include medications like ibuprofen or muscle relaxers, physical therapy, chiropractic care or osteopathic manipulations, and proper bra support (wide straps). If these treatments have been tried and have not been successful, then Aetna may consider coverage of the procedure. Blue Cross/Blue Shield, UnitedHealthcare, and Cigna all have their own criteria. Women who seek insurance coverage of the procedure should have documentation provided by their primary care physicians regarding any care received related to their symptoms. Dr. Kunkel and his staff will provide this information and appropriate photographs to the insurance carrier; the insurance carrier then determines if the procedure will be covered by them.

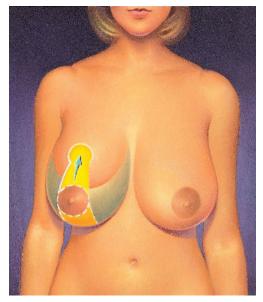
Finally, some women decide that, since they're already going to be under anesthesia and require some recovery time, why not take care of some other things? Tummy tucks, for instance, are commonly performed at the same time. If you have ever thought about something like this, be sure to ask.

Breast reduction surgery: how is it accomplished?

There are different ways to reduce the size of a woman's breasts, depending on her physical attributes and what she hopes to achieve. For some women liposuction alone may provide relief (see page 6). Most women, however, require a more thorough removal and reshaping of the breast tissue. This requires incisions that allow for direct removal of skin and underlying breast tissue. Different patterns of skin incisions, each resulting in different scar patterns, have been designed. The specific pattern that may provide the best result will be determined during the consultation. The images below and on the following page represent the most common type of breast reduction performed by Dr. Kunkel.

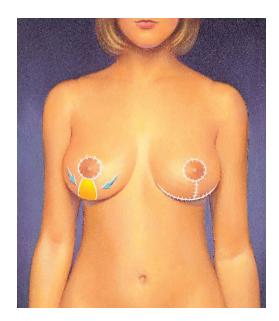


The image to the left depicts a fairly typical woman seeking breast reduction surgery. Her breasts are large and pendulous. The breasts are not exactly equal, with her left breast (the breast seen on the right in this picture) sitting a bit lower on her chest and the left nipple being lower than the right. Note the position of the breasts in relation to the elbow creases. When looking at "before and after" photographs on the following pages, comparing this position provides a nice way to see the degree of change obtained after breast reduction.

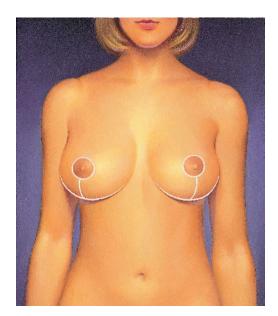


An incision is made around the areola and the nipple is lifted to its new position. The nipple is left attached to the underlying breast tissue to help preserve sensation and blood supply. In rare cases the nipple may need to be physically separated from the underlying tissue and reattached as a skin graft. This will be discussed during the initial consultation. Other incisions are made and breast tissue is removed. The amount of tissue removed varies and is determined by a number of factors including the woman's desires, the amount and location of the breast tissue, and the pattern of incisions used.

Breast reduction surgery: how is it accomplished? (continued)



After removing a substantial amount of breast tissue the overlying skin edges are brought together and the incisions closed. This is accomplished using dissolving sutures placed under the skin. The body eliminates these sutures over approximately 4 months. A few sutures may also be placed in the skin that may need to be removed in the office after a few weeks.



This image shows the most common scar pattern that results when Dr. Kunkel performs a breast reduction. The scars are bright pink in color for about 5 months and will itch during that time. It takes about a year for the scars to fade, although some amount of visible scarring will be permanent. Scar creams or other treatments may be recommended to help minimize the scars over time.

Note the position of the breasts in relation to the elbow creases, and look at the first image on page 2. While the exact appearance, bra size, or shape of the breasts cannot be guaranteed, these types of changes are often seen in women who undergo breast reduction surgery.

The drawings in this booklet are reproduced with permission from the American Society of Plastic Surgeons.

Breast reduction: case examples



Breast reduction: more examples



This 41 year-old woman is 5'4" tall and weighs 196 pounds. She had 1307 grams removed from her right breast and 1443 grams from her left (6 pounds altogether). She reported wearing a 42DD bra before surgery and 38DDD after.



This 21 year-old woman underwent a breast reduction, removing 882 grams from her right breast and 886 grams from her left. She wore a 36F bra before surgery and a 38D after. The 'after' photographs were taken 4 months after surgery.

DISCLAIMER:

Photographs are provided to help in the understanding of breast reduction surgery. The photographs do not imply or guarantee a particular outcome. Results will vary from person to person.

Breast reduction surgery: what are the risks?

Women who undergo breast reduction surgery tend to be extremely happy with their results. However as with all surgery, there are some risks. For instance, one breast could end up being larger or smaller than the other, and one nipple could end up in a slightly different position than the other. The scars on one side may be longer than the scars on the other side. Infection, while uncommon, is possible. Some women may have difficulty healing parts of the incisions. About 20% of women will lose sensation of one or both nipples, and it may not be possible to breast feed after this type of surgery. The size and shape of a woman's breasts will change if she gains or loses weight after undergoing a breast reduction. Most women with large breasts also have some fullness under their arms. That fullness may be more noticeable after breast reduction surgery than it was before. It is possible to lose a nipple altogether due to a loss of circulation. A woman may end up with breasts that are larger or smaller than she thinks ideal, and her bra size may not be what she anticipated. There are additional risks related to anesthesia, and the anesthesia provider will more specifically discuss those with you. There are no guarantees about the size, shape, appearance, or sensation of the breasts or of satisfaction with the results.

Breast reduction using only liposuction

For some women liposuction alone may provide the improvement they hope to obtain. Liposuction is performed using a small diameter tube ("cannula") placed through a few miniature incisions. The cannula is attached to a suction device, allowing fat to be withdrawn from the breast. This procedure works in women who have fatty breasts rather than breasts containing a lot of glandular tissue. Women in their late 40's and older are more likely to have this type of breast, while younger women usually have much more glandular tissue. The advantages of using liposuction alone include smaller incisions, less discomfort, and less recovery time. The disadvantages? Liposuction alone does not result in removal of the overlying skin. When the underlying fullness is removed without reducing the amount of skin present the breast shape may remain substantially "droopy". The nipples are not repositioned when liposuction is performed, so the nipples will likely remain low. If substantial volume is removed but the overlying skin envelope is not reduced and the nipples are not repositioned, the final result may be smaller breasts that are low on the chest, appear droopy, with the nipples low on the breasts and possibly pointed down.

Liposuction alone is more likely to be effective in women age 45 and above who have moderate but not substantial enlargement of their breasts and who desire improvement in their symptoms but are not as concerned if their breasts still appear low and droopy.

Finally, insurance companies typically consider liposuction to be a cosmetic procedure and are less likely to pay for breast reductions accomplished using this technique.

Breast reduction: other information you should know

Outpatient surgery: Breast reduction surgery is performed at an ambulatory surgery center or a hospital; Dr. Kunkel does not perform this procedure in his office. General anesthesia is used, meaning a breathing tube is inserted and the woman is completely asleep for the surgery. The operation is performed on an "outpatient" basis, with a woman undergoing this procedure going home the same day. The surgical facilities request that she arrive about two hours before the scheduled time of the surgery. The operation takes about 3 - 4 hours, then she will spend about 1½ hours in the recovery room and outpatient surgery department. Altogether a woman should expect to spend about 8 hours at the facility on the day of her surgery.

Dressings: Gauze dressings are placed at the end of the surgery. These dressings remain in place for one or two days. Some blood will often be noticed on the gauze dressings over the next day or two. The dressings will be changed and the woman will be shown how to take care of the breasts at the time of her first postoperative visit.

Discomfort: Some amount of pain or discomfort will occur and prescriptions for pain medications (acetaminophen with codeine or tramadol, and gabapentin) are provided. Dr. Kunkel suggests women also obtain over-the-counter naproxen (brand names: Aleve, Ultra) and take this twice daily after surgery as well.

Diet: After arriving home from surgery, the patient should start with clear, sugary drinks like Gatorade, Sprite, cranberry juice, or apple juice (not diet drinks). Saltine crackers work well too. After two or three hours, when she is wide awake and has done well with sugary drinks and crackers, she may advance to soups and salads. Thick, heavy foods are best avoided until 24 to 48 hours after surgery.

Activity: the first few days: It is important to walk and move around quite a bit beginning the afternoon and evening of the surgery. This helps reduce risks of problems like blood clots and pneumonia.

Activity: the first six weeks: A woman who has undergone breast reduction surgery should avoid strenuous physical activity, lifting anything weighing more than 10 pounds, weight lifting, running, yoga, horseback riding, golf, and lifting small children during the first six weeks after surgery. She should also avoid submersing herself in bodies of water like hot tubs, lakes, pools, and bath tubs during this time. Too much stress placed on the chest and the incisions in the first six weeks could cause the wound edges to open or separate. If this were to occur, additional wound care and possibly even surgery could be required.

Work: Most women are able to return to some type of work after one to three weeks. In most cases by that time the incisions are healing well, pain is minimal or absent, and women have returned to most normal daily activities. Limitations of activities remain, however, for a full six weeks from the day of surgery. For women with physically demanding jobs, some employers offer opportunities to be at work in temporarily less-demanding positions. If modifications including the limitations discussed above are provided, returning to work after 1-3 weeks is allowed and potentially even beneficial. Otherwise a longer time off may be required.

Final result: The shape of the breasts changes over several months. In the first four weeks the breasts appear bruised and the bottoms of the breasts look tight and flattened. It takes about two to three months before the shape of the breasts is more like what is expected. The final shape is seen at about 6 months. The scars are bright pink for many months, fading to a more normal flesh-tone over about a year.

Breast reduction surgery has been shown to provide relief of symptoms while at the same time resulting in shapely, proportional breasts. The operation is performed as an outpatient, and although individual results will vary most women have relatively little discomfort and are back to work after two or three weeks. While no surgery is without risk, women who undergo breast reduction surgery tend to be among the happiest patients seen in Dr. Kunkel's practice and it is common to hear them say they wish they had done the procedure 10 years earlier. This booklet was created to provide the information someone interested in this type of surgery should know. Please feel free to contact the office with questions or if additional information is needed!

Notes/questions

This area has been left blank so you may take notes and write questions you may have

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