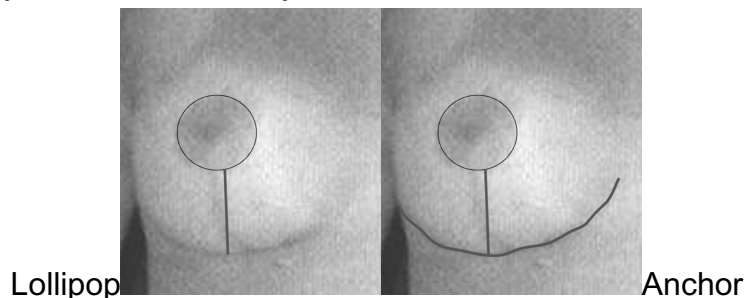


## Breast Reduction

Many women have excessively large breasts which cause problems such as back pain, rash beneath the breasts, and a number of other symptoms. There are only two ways to reduce the size of the breasts and relieve these problems: weight reduction or surgery. Unfortunately, not all women with macromastia (the medical term for excessively large breasts) are successful in reducing the breast size through weight reduction, leaving surgery as the only viable option for those individuals. Many women undergo breast reduction surgery, both here in Roseburg and across the country.

We do breast reduction surgery either at the outpatient surgery center or at the hospital. Sometimes people go home on the same day as the operation, and sometimes they spend the night in the hospital. The operation is done under general anesthesia (you go to sleep), and it takes three to four hours to complete the operation.

I do the operation in slightly different ways depending on various factors that I will discuss with you. One way leaves an “anchor”-shaped scar and creates a breast that has good shape at the end of the operation, while the other leaves a “lollipop”-shaped scar on the breast and takes a couple months for the breast to take shape (see diagram). A surgical drain is placed on each side, and that is removed on the first day after surgery. Stitches are usually removed two weeks after the operation. You should not lift more than 10 pounds, and no “bouncy” activities (like jogging or aerobics), for 6 weeks after the operation. I also ask you to wear a bra 24 hours/day for 6 weeks. There are usually no restrictions on your activities after 6 weeks.



There are some risks with breast reduction surgery. Like all operations, there is a small risk of infection or bleeding problems, possibly requiring a return trip to the operating room.

The operation interferes with the blood supply of the breast, and some of the tissues will have to get their blood supply through a “detour.” This could leave some of the tissues of the breast with inadequate blood supply, causing those tissues to die. This would be a terrible event, of course, but I do all I can to prevent this problem, so up to this point it has not been a significant problem. Even so, there is still some small risk that some of the tissues (like the nipple and areola) could die. Smoking increases this risk, so I require that all smoking be stopped at least six weeks prior to and after surgery.

The nerve supply to the nipple accompanies the blood vessels, so there is some risk that those nerves could be injured, causing loss of sensation in the nipple area. However, most times the sensation of the nipple is maintained after the operation.

The ability to breast feed can also be interfered with by the operation. Sometimes people can breast feed after the operation, and sometimes not. If this is a major issue for you, it may be best to postpone breast reduction surgery until you are finished having children.

Of course, the operation does leave scars on the surface of the breast (see diagram), but I do all I can to minimize the scarring. Scarring also occurs inside the breast, causing lumpiness, but the lumps will usually fade away over time. Also, the scar tissue can cause changes on mammograms, and that may lead to an increased risk of needing a breast biopsy at some point in the future. We try to minimize this risk by getting a new baseline mammogram about three months after surgery in people over 35 years of age. Although the operation may increase the risk of you needing a breast biopsy in the future, breast reduction surgery does not increase the risk of developing breast cancer.

Breast reduction surgery usually significantly improves the appearance of the breast, but occasionally there may be cosmetic changes that you don't like. The biggest problem isn't with the breast at all, but instead involves the sidewall of the chest. Some women have a roll of extra tissue that extends from the side of the breast, around the side of the chest, all the way to the back. I do what I can to try to eliminate that problem (using liposuction and other techniques, if necessary), but sometimes it can't be

completely avoided. If it remains as a significant problem, you may opt to have it corrected with a little “touch-up” operation later on.

It is possible that “anesthetic” complications may result (such as pneumonia, blood clots in the legs that can go to the lungs and make you sick, etc.). These problems can arise after any operation, but are infrequent after breast reduction because people are generally healthy when they undergo the operation.

Finally, a few words about back pain. Having large breasts is only one of many reasons why people may have back and shoulder pain. There is no test that can be done to determine if your back pain is caused by your large breasts or from some other cause. Even so, in patients who have back pain that is in the pattern typically experienced by women with large breasts, there is a high likelihood that the pain will be improved by removing a significant amount of weight from the breasts.

The good news is that people generally love this operation! It has good success in improving both the way you feel and the way you look.