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## INFORMATION BROCHURE BREAST REDUCTION



### DEFINITION, GOALS, PRINCIPLES

Breast reduction (or reduction mammoplasty) is a procedure designed to reduce breast volume and correct any ptosis (breast sagging) or asymmetry that can accompany having large breasts. Importantly, breast reduction can also alleviate the frequent and underrated physical, functional and psychological distress that accompanies breast hypertrophy (disproportionately large breasts). Common physical and functional consequences of having heavy and pendulous breasts include chronic pain and tension in the neck, shoulders and back, skin irritation and maceration, discomfort during physical activity, and difficulty fitting into bras and clothing.

The associated psychological and emotional repercussions may be very significant, constituting compelling indications for therapeutic surgery.

Although breast reduction is most commonly performed to address the medical repercussions listed above, you can still pursue this intervention even if you are asymptomatic but remain unhappy with your breast size. This would be considered as an aesthetic procedure.

Health insurance may cover the operation if you experience physical or psychological distress due to having large breasts. In this case, a prior request must be made to your insurance by your surgeon.

Reduction mammoplasty can be done at any age after puberty once breasts have fully developed.

### TECHNIQUES

The surgical techniques for breast reduction differ with respect to skin resection pattern, breast tissue removal, and how the nipple is moved to its new location. The specific technique that will be used for your case will depend on your physical characteristics, preoperative breast size and ptosis, quantity of breast tissue to be removed, future scar locations, result goals, history of prior surgery, anticipated breastfeeding, etc. Along with these factors, which will be discussed during your consultation, your surgeon will use his judgment and experience to select the technique that is the most suitable for your case.

Nevertheless, some common surgical principles and steps are retained:

Incisions will be made, excess breast fat and glandular tissue will be removed from the lower breast area, and the remaining breast volume will be concentrated, lifted and remodelled. Internal resorbable sutures will be placed to maintain the shape of the new breast volume as well as to reduce tension for optimal healing. The areola will also be reduced in size and relocated into to a higher position. Excess skin will be removed so that the skin envelope matches the volume and shape of

the new breasts, which will be smaller, lighter and firmer. Finally, sutures will be placed to close the incisions. These final sutures will be the location of future scars.

### *Classic breast reduction with inverted T scar*

This technique leaves scars in the shape of an inverted T containing 3 components: peri-areolar (around the areola), vertical (between the lower pole of the areola and the inframammary fold) and horizontal (hidden in the inframammary fold). The length of the scars will depend on the volume of breast reduced and the significance of the ptosis prior to surgery.

An operation with this surgical technique lasts 2 to 4 hours, usually with a 24 to 48-hour hospitalisation.

### *Breast reduction with vertical scar (small reduction)*

In the case of minor or moderate breast hypertrophy and ptosis, it is possible to use the "vertical" breast reduction technique. In this case, there is no horizontal scar in the inframammary fold, so this technique reduces the scar burden to its peri-areolar and vertical components.

An operation with this surgical technique lasts 1.5 to 3 hours, usually with a 24-hour hospitalisation.

## **BEFORE THE OPERATION**

### **Consultation**

A consultation and a careful physical examination will be carried out by your surgeon to note all of the important parameters before the operation. This will include evaluating your health, medical and surgical history, discussing your expectations for breast size and appearance after the surgery, providing a detailed description of the procedure and its risks and benefits, and examine and measure your chest. At the end

of the consultation, you will be asked to sign a consent form to ensure that you fully understand the procedure, its risks and its potential complications.

### **Preparation**

In preparation for the intervention, a preoperative blood test will be done. Additionally, it is recommended that all patients aged 35 and over or those with a personal or family history of breast cancer undergo a screening mammography prior to the procedure (mammography, ultrasound). You will also have a consultation with the anesthesiologist, at the latest 48 hours before the operation.

It is important to avoid taking aspirin within 10 days of the operation because it can increase bleeding. You will also be strongly advised to stop smoking, at least one month before and one month after the operation, because tobacco can cause delayed healing. Stopping any oral contraception may be required, especially in the event of associated risk factors (obesity, poor venous condition, coagulation disorder).

Finally, you will be asked to have an empty stomach (not to eat or drink anything) 6 hours before the procedure.

*Smoking: Scientific data is currently unanimous on the harmful effects of smoking in the weeks surrounding surgery. These effects are multiple and can lead to major scarring complications, surgical failures and promote implant infection. For procedures involving skin manipulation such as abdominoplasty, breast surgeries or neck and face lifts, tobacco can also be the cause of serious skin complications. Apart from the risks directly related to the surgical procedure, tobacco can be responsible for respiratory or cardiac complications during anesthesia. The community of plastic surgeons therefore requests complete smoking cessation at least one month before the operation and during the healing phase (usually 15 days after the operation). This also applies to electronic cigarettes.*

## **THE OPERATION**

### **Anesthesia and hospitalisation modality**

In the vast majority of cases, you will be under general anesthesia during the procedure, during which you sleep completely.

A hospitalization of 1 to 3 days is usually necessary.

### **Operation**

Each surgeon adopts his own technique, which he adapts to each case to obtain the best results. The operation will last between 1.5 to 4 hours, depending on the complexity and the surgical technique used.

A small drain may be put in place, designed to remove any blood or lymphatic fluid that may collect.

After your breast reduction, the removed tissue is usually sent to a specialized laboratory to be analysed under a microscope (histopathological examination).

Finally, a modeling dressing, with elastic bands in the form of a bra, will be placed, which will help relieve the weight on the breast, maintain your new breast shape during the healing process and help minimize swelling.

## **AFTER THE OPERATION**

Postoperative pain is generally tolerable, requiring only simple analgesics. You may, however, feel tightness during the first few weeks. Swelling and bruising of the breasts are also commonly seen but will resolve spontaneously in a couple of weeks. Discomfort with raising the arms is also frequently experienced.

If drains were used, they will be removed within the first 3 days after the procedure.

The first compression bandage will be removed after 24 hours and replaced with a lighter bandage or medical bra. The compression bra has to be worn day and night for approximately 4 to 6 weeks.

Discharge will take place 1 to 3 days after the operation, and you will then be seen in consultation a few days later for a check up.

In most cases, the sutures used are absorbable. However, if non-absorbable sutures were used, they will be removed between 7 to 20 days after the procedure.

Recovery and time off work usually lasts 7 to 21 days and we recommend that you wait 6 weeks before resuming physical activity.

## **THE RESULT**

Although most patients are very satisfied with the immediate post-operative result, satisfaction should continue to increase with time. The final result can be assessed after 1 year: your chest will be smaller in size, symmetrical or close to symmetrical, and more harmonious and in proportion with your body silhouette. Beyond any aesthetic improvements, your new breast size will relieve you from the pain, physical limitations and psychological repercussions that you may have experienced prior to your breast reduction.

To obtain optimal results, it is essential to attend the postoperative check-up consultations scheduled by your surgeon. These will be at the rate of 1 visit approximately every 3 to 6 months for 1 to 2 years. Patience will also be required the time your scars heal.

The goal of this surgery is to improve rather than to perfect. If your wishes are realistic, you should be very satisfied with the result.

## Result imperfections

Result imperfections are mainly attributed to the scars, which are therefore subject to attentive monitoring. Scars take on a pinkish and swollen appearance during the second and third postoperative months. Scars never disappear completely, but rather fade, flatten and improve over time. This is the case for most patients after the first year. However, since the healing process is variable from person to person, some patients may have scars that take longer to heal, remain enlarged or retain a white or sometimes even dark color. It is therefore important that the surgical incisions are not subjected to excessive force, abrasion or motion during the time of healing. Your doctor will give you specific instructions on postoperative care to optimize results.

Other result imperfections include asymmetry in volume, shape, height, size or orientation of the breasts or areolas. In these cases, secondary surgical correction can be done, but at least a year or two should be waited.

Finally, although the benefits of breast reduction are long-lasting, your operated breasts will remain subject to the physiological changes that occur with age, gravity, and hormonal and weight variations.

## **POSSIBLE COMPLICATIONS**

Breast reduction is a true surgical intervention, so like all operations, whether major or minor, it involves risks and potential complications which remain unavoidable. Surgery remains particularly subject to the hazards associated with living tissue, the reactions of which are never entirely predictable. Fortunately, serious complications are rare with this operation and most complications that do occur are minor and do not require additional surgeries. Complications may be related to the anesthesia or to the surgical procedure.

## Complications related to anesthesia

You will be informed on the anesthetic risks during the compulsory preoperative consultation with the anesthesiologist. You should be aware that anesthesia induces certain reactions in the body that are sometimes unpredictable and more or less easy to control. However, having a competent anesthesiologist in hand and a qualified surgical context, the risks of complications are statistically very low. It should be kept in mind that the techniques, anesthetics and monitoring methods have made immense progress over the last thirty years, offering optimal safety, especially when the intervention is performed in an elective setting and in a healthy person.

## Complications related to the surgical procedure

These risks are limited when your plastic surgeon is qualified, competent and has had adequate training for the specific operation. In practice, the vast majority of breast reductions do not experience complications, the postoperative effects are elementary, and patients are fully satisfied with their results. However, every surgical procedure is never completely free from possible complications, and despite their low frequency, you should still be aware of them:

- Infection: Rare after this type of surgery. If it occurs, it will require antibiotic treatment and sometimes surgical drainage.
- Hematoma (bleeding): The accumulation of blood inside the breast is an early complication that may require, if it is important, a return to the operating room to evacuate the blood and to stop the bleeding.
- Seroma: An accumulation of lymphatic fluid is a fairly frequent phenomenon immediately after surgery. It is often associated with edema causing a transient increase in breast volume. The swelling will gradually disappear with time.
- Necrosis of the skin, gland or areola: Rarely seen with modern techniques, but the risk is greatly increased with tobacco use. A surgical revision is often required.

- Delayed wound healing: Can sometimes be observed, which lengthens the postoperative healing period. Smoking and diabetes are risk factors to poor wound healing.
- Unfavorable scarring: It may happen that the scars, on the long run, do not become as discreet as expected. Scars may retract, become hyper or hypopigmented or enlarge to form either hypertrophic scars or, much more rarely, keloids. Unfavorable scarring may compromise the aesthetic appearance of the result and require specific local treatments which are often lengthy. However, in the vast majority of cases, the results of this intervention, when well-planned and correctly carried out, are very well appreciated in spite of the inevitable scarring.
- Changes in breast sensation: Most common in the nipple and areola region, but normal sensation most often reappears within 6 to 18 months. Rarely, some degree of dysesthesia (decreased or exaggerated sensitivity to touch) may persist, especially on the areola and nipple.
- Thromboembolic events (phlebitis, pulmonary embolism): Although generally very rare after this type of intervention, are among the most important. Strict preventive measures minimize their incidence: wearing anti-thrombotic stockings, early mobilisation, and possibly anticoagulant therapy.

Overall, we should not overestimate the risks but simply be aware that even a seemingly simple surgical procedure will always involve some degree of risk. Choosing a qualified plastic surgeon ensures you that your doctor has the competence required to manage complications if they arise.

### MORE INFORMATION

#### **Pregnancy and breastfeeding after breast reduction**

A subsequent pregnancy is possible after a breast reduction, but it is advised to wait at least 6 months after the operation.

Breastfeeding is possible in most cases but inability to do so is possible in certain cases and thus should be discussed with your surgeon during your consultation.

#### **Breast reduction and cancer**

Undergoing breast reduction does not increase the risk of cancer.

*The information provided in this brochure is in addition to the discussion you will have with your surgeon during your consultation. We recommend you keep this document, read it over before and after your consultation and reflect upon it. If any new questions arise, we are available to discuss them during another consultation, by phone, or even on the day of the intervention.*

