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BREAST REDUCTION

Breast reduction can help relieve the physical symptoms associated with large or heavy breasts such as:

- Breast discomfort
- Neck ache
- Backache
- Shoulder pain
- Skin irritations underneath the breast fold
- Problems with clothes
- Indented bra-straps
- Difficulties and discomfort during exercise

On a purely cosmetic level, the operation can help patients who are unhappy with the shape, weight and droop of their breasts, by creating smaller and more uplifted breasts. Many patients with large breasts can be very self-conscious of their appearance and find that they attract unwanted attention.

WHAT SURGERY IS AVAILABLE, AND WHAT TECHNIQUES ARE INVOLVED?

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WHO WILL I SEE AS A PATIENT?

WHAT SHOULD I EXPECT IN TERMS OF TREATMENT, PROCEDURES AND OUTCOMES?

WHAT COMPLICATIONS CAN OCCUR?

What surgery is available, and what techniques are involved?

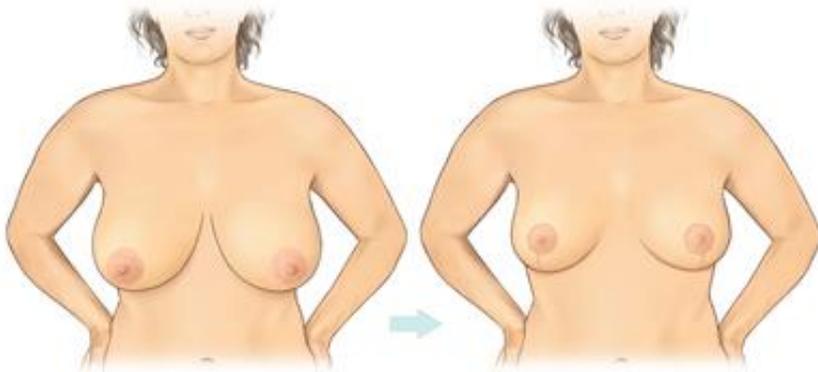
Most breast reduction surgery begins with the nipple, which is lifted into a new position and kept

alive on a pedicle, or stalk, of tissue. Excess skin and breast tissue is then removed, and the remaining breast tissue reshaped to create a smaller and more elevated breast.

The methods of reduction and reshaping vary, and depend upon the patient's breast size, wishes and needs. While the principle of all breast reductions remains the same, different techniques do result in different types of scarring in the breast area.

Anchor-type or Inverted T reduction

The most common and traditional type of breast reduction uses an anchor-type incision, also known as an inverted T. This technique results in an anchor-shaped scar, starting around the nipple, travelling vertically down and then horizontally across the breast crease.



Vertical scar reduction



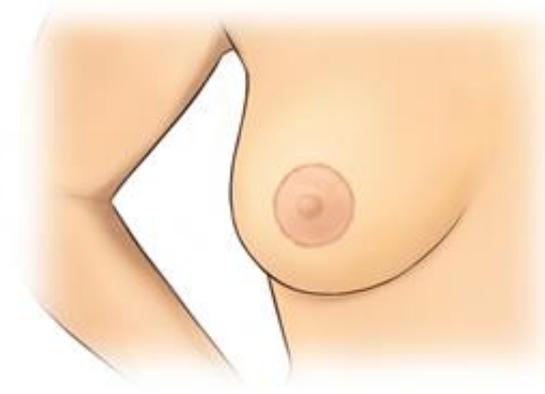
Another common type of reduction procedure is the vertical pattern breast reduction. With this technique, patients end up with a scar around the nipple that travels vertically down, but with no scarring underneath the breast. The reduced scarring is a distinct advantage. However, the vertical pattern is less effective and reliable when dealing with particularly large breasts. Furthermore,

because there is no horizontal excision of skin, the vertical incision is ridged up. This can cause the skin around the scar to look gathered in the early days after the operation, and a vertical pattern breast reduction will in general take longer to settle than an inverted T procedure.

Many plastic surgeons perform both the inverted T and the vertical pattern, more often than not

~~receiving the~~ vertical pattern for medium-sized breast reductions. However, some surgeons will use a T-shaped pattern for larger-scale procedures also, and this is something that patients can discuss during their pre-operative consultation.

Circumareolar reduction



In Circumareolar breast reduction the only scar is a circular scar around the areola

It is possible to carry out a relatively modest breast reduction by using a scar only around the nipple. This technique is suitable when only a small amount of tissue needs to be removed. It can also be good when only one breast needs to be reduced to match the other breast

Is this surgery available on the NHS?

Breast reduction is rationed on the NHS. In some parts of England the local commissioning group will allow consultations and operations for patients with large breasts in certain circumstances. These exceptional circumstances vary from region to region. In general, patients with very large breasts and lots of symptoms might be considered exceptional. Many areas will require you to not be overweight. Your GP will be able to tell you about the local rules that apply for where you live. BAPRAS is unhappy that this type of postcode rationing occurs and has worked with the Department of Health in drawing up [guidelines for commissioners](#) of cosmetic procedures on the NHS. However, at present it is the local commissioning group that decides what is available for their population. Different rules also apply in Wales, Scotland and Northern Ireland. If NHS treatment is not available to you, you will have to consult a plastic surgeon as a private patient and pay for the operation yourself.

Who will I see as a patient?

We would strongly advise that you consult your GP if you are considering breast reduction. They will be able to refer you to a local plastic surgeon to discuss your options. If you have access to NHS treatment this will be at a plastic surgery clinic in a nearby NHS hospital. Your GP can also refer you to a plastic surgeon as a private patient. Some patients will choose to approach a private hospital or clinic themselves- we have further information for people considering cosmetic surgery

available [here](#)

At your first consultation you will be asked what is bothering you about your breasts and about your expected outcome from the surgery. You will be examined and some discussion will follow about scar patterns and what size of reduction is appropriate. If you are considered suitable you will be told about the operation, the expected outcome and possible risks and complications. For patients who are eligible, NHS treatment is entirely free.

Private patients should be given a 'cooling-off' period before booking surgery, and will usually have a second consultation. You will be sent a quote regarding the cost. You should avoid any deal in which you are asked to pay any form of non-returnable deposit. Most hospitals will offer a package price that covers the cost of treating any complications arising in the initial weeks after the operation. Information on questions that you may wish to ask your surgeon are available [here](#)

What should I expect in terms of treatment, procedures and outcomes?

Breast reduction surgery involves fairly complex operations that take between one-and-a-half to three hours to perform. The operation is carried out under general anaesthetic. Patients are usually required to stay in hospital for one or two nights. You will have some dressings on your breasts and often some drains (plastic tubes attached to suction bottles). The drains will usually be removed before you go home. You will be given instructions about your dressings and stitches when you go home. Most surgeons will use mostly dissolving stitches, but some stitches might need to be removed. Post-operative pain in these procedures is easily controlled. Patients will be mobile from day one and should be back to full exercise within six weeks. Patients are recommended to take at least two to four weeks off work immediately after the operation in order to ensure they recuperate fully.

All breast reductions result in some scarring although the nature of the scars will depend on the technique that has been used. Scars tend to be quite red in the first six weeks, changing to purple over next three months and then fading to white. Most patients will form good quality scars over time, but occasionally and unpredictably some patients will get red lumpy scars that do not improve.

What complications can occur?

Whilst these operations are generally regarded to be highly successful, there are various negatives and complications that patients need to consider. This is a major operation and you must be prepared for the process and recovery period. Most patients are delighted with the physical and cosmetic improvements that breast reduction brings. However, it is impossible to guarantee that a particular cup size will result.

There will be minor asymmetries between your breasts and the scars. Occasionally patients will bleed immediately after the operation and need to go back to the operating room for this to be dealt with. Wound healing problems are quite common, particularly in the anchor scar procedure where the horizontal and vertical scars meet. Most wound problems are minor and can be managed with simple dressings.

However, more major wound problems can arise such as infections, skin loss, wound separation and delayed healing. Sometimes some fat beneath the skin will die. This can result in wound problems or lumpiness that takes time to settle. In some cases, the operation can result in the loss of the nipple. Wound problems, if they occur, can delay your recovery and result in worse scarring.

Some patients will get alteration in the feeling of the breasts, this will often improve after the operation, but it is possible that you will lose feeling in a nipple. After many breast reduction techniques it will still be possible to breast-feed, but this ability might be lost.

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[Visit our contact page](#)
[+44 \(0\)20 7831 5161](tel:+442078315161)
secretariat@bapras.org.uk

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