

PATIENT INFORMATION

Breast reduction

Reduction mammoplasty
Vertical and anchor techniques

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This booklet explains breast reduction, from deciding whether it is right for you to your recovery.

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01 Why you have this booklet

You've been given this booklet because you've talked to Mr Kumar about breast reduction, or you're about to.

It explains what the operation involves, the scars, and the risks and recovery.

It won't answer every question, and it isn't a substitute for talking things through with Mr Kumar, so please note down anything you want to ask and bring it to your next appointment. There is space for your questions at the back.

02 What breast reduction is

Very large breasts can cause back, neck and shoulder pain, grooves from bra straps, rashes under the breast and difficulty exercising. Breast reduction removes excess breast tissue, fat and skin, reshapes the breast and moves the nipple to a higher, more natural position.

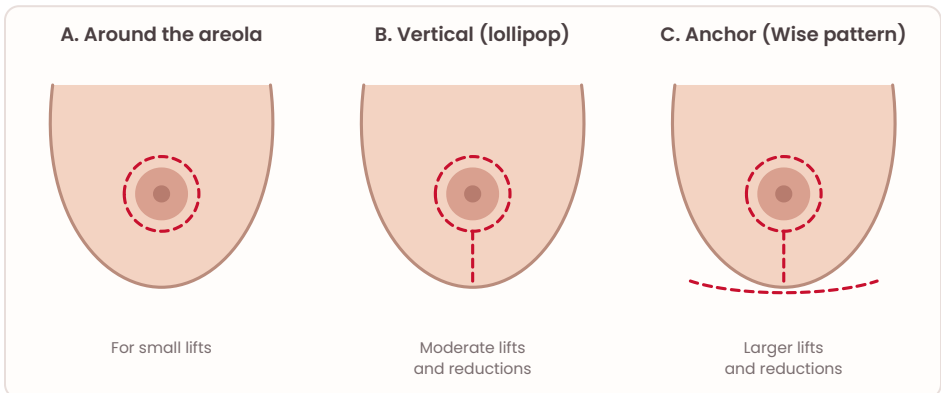


Figure 1. The usual scar patterns for breast reduction and uplift. A simplified drawing for guidance only.

Vertical (lollipop) moderate reductions

A scar around the areola and straight down to the fold under the breast.

Anchor (Wise pattern) larger reductions

Adds a scar along the fold under the breast, allowing more skin and tissue to be removed.

The nipple usually stays attached to a stalk of tissue (a pedicle) that keeps its blood supply. For very large reductions it occasionally has to be removed and replaced as a graft, which means it loses sensation.

03 Is it right for you?

You're likely to be a good candidate if:

- ✓ you have physical or emotional discomfort from large breasts
- ✓ you are close to a stable, healthy weight
- ✓ you are in good general health and don't smoke
- ✓ you accept the scars

What the operation won't do

- **It won't leave the breasts without scars.** They fade but are permanent.
- **Breastfeeding afterwards can't be guaranteed.**
- **It won't stop the breasts changing** with weight, pregnancy or age.

Please tell Mr Kumar if you have, or have had

- a personal or family history of breast cancer, or any breast lump, discharge or previous breast biopsy
- when you last had breast screening (a mammogram), if you are over 40
- plans for a future pregnancy, or you are pregnant or breastfeeding
- plans to lose a lot of weight, or you use weight-loss injections
- you smoke, vape or use nicotine replacement
- high blood pressure

Please tell Mr Kumar if you have, or have had (continued)

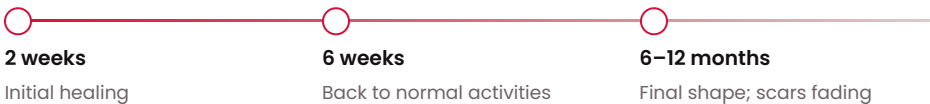
- a bleeding or clotting disorder, or you take blood thinners, aspirin or supplements such as fish oil, garlic, ginkgo or vitamin E
- diabetes, heart or lung disease
- a tendency to keloid or thickened scars
- body dysmorphic disorder, or hopes that surgery can't realistically meet

04 Other options

You don't have to have this operation. Depending on what bothers you, the alternatives include:

- weight loss, if you are above a healthy weight
- a professionally fitted supportive bra
- physiotherapy for back and neck pain
- liposuction alone, in a small number of cases
- doing nothing for now.

05 What you can expect from the result



- Most people say it is one of the best decisions they have made.
- The scars are red at first and fade over 12–18 months.

06 Getting ready

Before your operation you'll have a pre-operative assessment, with your medical history, an examination, photographs and sometimes blood tests. You'll also be asked to:

- ✓ **stop smoking, vaping and nicotine replacement** for at least 4–6 weeks before and after surgery
- ✓ **stop aspirin, anti-inflammatory painkillers and supplements** such as fish oil, garlic, ginkgo and vitamin E, usually 1–2 weeks beforehand. Please don't stop any prescribed blood thinner without checking first.
- ✓ **follow the fasting instructions** you are given if you are having a general anaesthetic or sedation
- ✓ **arrange for someone to take you home** and stay with you for the first night
- ✓ **buy a soft, non-wired sports bra**, or bring the surgical bra you are given
- ✓ **avoid long-haul flights** for about 4–6 weeks after surgery

07 Anaesthetic and where it happens

Breast reduction is done under general anaesthetic. Most people stay one night.

08 The operation

Mr Kumar marks your breasts with you standing. The operation takes about 3 hours. Excess tissue and skin are removed, the remaining tissue is reshaped and the nipple is moved up. Liposuction may be used to refine the sides. The wounds are closed with dissolving stitches and a support bra is put on.

09 Straight afterwards

Your breasts will feel sore, tight and swollen. This is usually well controlled with painkillers.

10 Recovery

When	What to expect
Days 1–3	Discomfort and tightness, controlled with painkillers. Wear your support bra day and night.
Week 1	Most people return to desk work after about 7 days. Avoid lifting and stretching your arms above your head.
Week 2	Wound check. Driving once you can wear a seatbelt and make an emergency stop comfortably.
Weeks 4–6	Gradual return to exercise. Keep sleeping on your back and wearing your bra day and night for 6 weeks.
3–12 months	The breasts soften and settle; scars mature and fade.

11 Risks and complications

Most people recover without any serious problems. But like any procedure it carries risks, and you should understand them before you decide. Where reliable published figures exist, we've given an approximate, rounded figure. Where they don't, we've used these standard terms:

COMMON more than 1 in 100	UNCOMMON 1 in 100 to 1 in 1,000	RARE 1 in 1,000 to 1 in 10,000	VERY RARE fewer than 1 in 10,000
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Your own risk may be higher or lower depending on your health, whether you smoke, and the details of your procedure. Mr Kumar will talk through what applies to you.

What almost everyone experiences

These aren't really complications. They're a normal part of healing.

- Swelling, bruising and tightness for several weeks.
- Altered feeling in the nipples and breast skin.
- Firm areas while healing, which soften.

Other complications

- **Slow healing where the scars meet** COMMON

Small areas, usually where the vertical and horizontal scars meet, may open and need dressings for a few weeks.

- **Change in nipple sensation** COMMON

Reduced or increased sensation, which may be permanent.

- **Collection of blood (haematoma)** ABOUT 1 IN 50

May need a return to theatre.

- **Infection** UNCOMMON

Usually treated with antibiotics.

- **Fat necrosis** UNCOMMON

Firm lumps from fat that has lost its blood supply. It is harmless but may need a scan to check.

- **Asymmetry** UNCOMMON

Small differences in size, shape or nipple position.

- **Reduced ability to breastfeed** COMMON

Many people can still breastfeed, but it can't be guaranteed.

- **Noticeable or thickened scars** COMMON

Scars may stay red or raised for longer, particularly at the ends.

Rare but serious complications

Please read this section carefully.

- **Loss of part or all of the nipple** RARE

If the blood supply to the nipple fails. More likely in very large reductions and in smokers.

- **Blood clots in the leg or lung** RARE

Deep vein thrombosis or pulmonary embolism. A clot in the lung can be life-threatening. Walking early, drinking plenty and any stockings or injections you are given reduce the risk.

Complications of the anaesthetic

Modern anaesthesia is very safe. Feeling sick, a sore throat or feeling drowsy are common for a short time afterwards. Serious problems, such as a severe allergic reaction, are very rare. Your anaesthetist will meet you before the operation and explain the risks for you personally.

12 Further treatment

Occasionally a further procedure is needed to refine the result, for example if healing leaves an area uneven or a scar needs revising. This isn't usually considered until things have fully settled, often 6–12 months afterwards. The cost of any further procedure isn't automatically included in your original fee; the clinic team can explain our policy.

13 Photographs and records

Photographs are taken before and after your procedure and kept in your medical records. They help Mr Kumar plan your treatment, record how things looked beforehand and follow your progress. This is standard good practice. If we ever want to use your photographs for teaching, publication or marketing, we will ask you separately and specifically, and saying no won't affect your care in any way.

14 Costs and time to think it over

You'll receive a written quote covering your treatment, aftercare and any follow-up included in the price, together with our deposit and cancellation policy. Self-pay consultations cost £250 and follow-ups £150.

Time to think it over

We recommend waiting at least two weeks between your consultation and your operation. This follows good practice for cosmetic surgery, and gives you time to think things over and ask more questions. You can change your mind at any point before surgery, even on the day, and you don't need to give a reason.

15 Your decision

This is your decision and you have the right to:

- ✓ take as long as you need to decide, and bring someone with you to appointments
- ✓ say no to treatment, or withdraw your consent at any stage, without having to explain why and without it affecting any other care you receive
- ✓ ask for a second opinion from another surgeon.

16 Your personal information

Your personal and medical information is kept securely and used in line with UK data protection law (the UK GDPR and the Data Protection Act 2018). It's only shared with the people directly involved in your care, or where the law requires it, unless you give your consent for anything else.

17 Who to contact, and when to get help urgently

If you have any questions or worries, please contact the clinic during opening hours on **020 3026 9695** or **info@theuclinic.com**.

Call 999 or go to your nearest A&E immediately if you have

- chest pain, shortness of breath, a fast heartbeat, or coughing up blood
- one breast becoming rapidly swollen, tight and painful
- confusion, unusual drowsiness, or feeling faint or collapsing

Contact us promptly if you have

- a painful, swollen calf
- swelling or bruising that is much worse on one side
- redness that is spreading, warmth, discharge from a wound, or a temperature
- a wound opening up
- an area of skin or the nipple becoming dark, purple or black
- bleeding that doesn't stop with 10 minutes of firm pressure

Out of hours, your emergency contact number will be given by the treating hospital or clinic.

18 What happens next

Before your procedure, Mr Kumar will go through this information with you again and take your written consent. If anything in this booklet has raised a question, or if anything changes with your health, your weight or your medication before then, please let us know.

My questions

Note down anything you want to ask Mr Kumar and bring it to your next appointment.

Notes

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Questions or worries?

Please contact the clinic during opening hours. Out of hours, your emergency contact number will be given by the treating hospital. In an emergency, call 999.

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