

MR SIVA KUMAR

CONSULTANT PLASTIC SURGEON

PATIENT INFORMATION

Tuberous breasts

Tuberous (tubular) breast correction with implants,
fat transfer and areola reduction

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Version 1.0
October 2026

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This booklet explains tuberous breast correction and what to expect.

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01 Why you have this booklet

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

It explains what tuberous breasts are, how they are corrected, what is realistic, how to prepare, 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 tuberous breast correction involves

Tuberous, or tubular, breasts develop differently during puberty. A tight band of tissue at the base of the breast stops it growing outwards normally, so the breast grows forward instead.

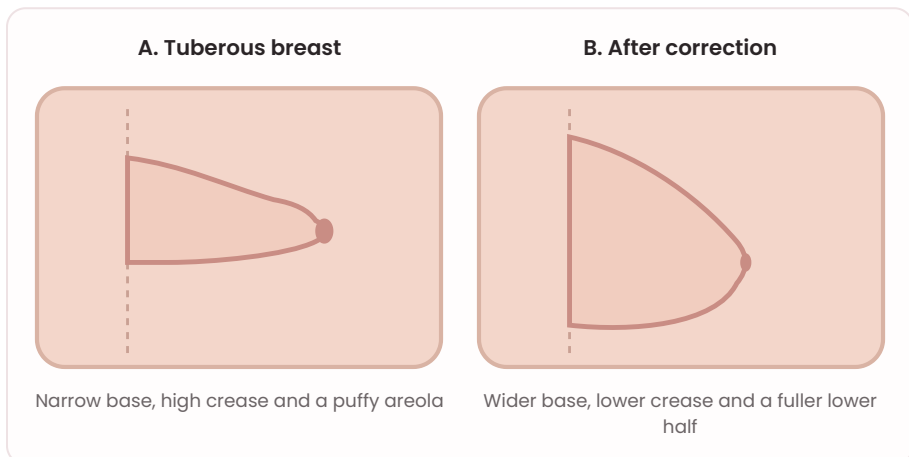


Figure 1. A tuberous breast seen from the side, before and after correction. The dotted line is the chest wall. A simplified drawing for guidance only.

Typical features include a narrow base, a high, tight crease beneath the breast, little fullness in the lower half, a large or puffy areola, and a wide gap between the breasts. One breast is often more affected than the other. Tuberosus breasts are harmless, but they can affect confidence and bra fitting.

Releasing the tight base

The constricting band is released from inside the breast so the lower half can expand, and the crease beneath the breast is lowered where needed.

Reshaping the areola

A puffy or wide areola is reduced through a scar around its edge, and the tissue pushing into it is reshaped.

Adding volume

An implant, your own fat transferred by liposuction, or both, fills the breast and gives it a rounder, more natural shape.

Two-stage correction

For severe constriction, a tissue expander may first stretch the tight skin over a few months, before it is replaced with an implant.

03 Before you decide

You're likely to be a good candidate if:

- ✓ your breasts have finished developing, usually from 18
- ✓ you are in good general health, and don't smoke or are willing to stop
- ✓ your weight is stable

- ✓ you have realistic expectations: the aim is a more natural, balanced shape, not perfect symmetry

What the treatment won't do

- **It won't make your breasts perfectly symmetrical.** Some difference usually remains.
- **It won't improve breastfeeding.** Tuberous breasts sometimes have less milk-producing tissue, and surgery cannot change this.

Please tell Mr Kumar if you have, or have had

- you plan to become pregnant or breastfeed in the future
- a personal or family history of breast cancer, or any breast lumps
- you take blood thinners or have a bleeding disorder
- allergies to medicines, plasters or latex
- you smoke or vape
- any previous breast surgery

04 Other options

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

- fat transfer alone, for milder tuberous breasts
- areola reduction alone, if the areola is your main concern
- padded or shaped bras, or breast forms
- doing nothing, as tuberous breasts are harmless

05 What you can expect from the result

The breasts look fuller and better shaped straight away, though swollen at first. They take three to six months to soften and settle, and the scars fade over 12 to 18 months. Most people see a much more natural, balanced shape, but breasts are never perfectly symmetrical, and further surgery is more often needed than after a standard breast augmentation.

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 for your general anaesthetic
- ✓ 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

Tuberosus breast correction is done under general anaesthetic. Most people stay one night.

08 The procedure

Mr Kumar marks your breasts with you before the operation. Through a scar around the edge of the areola, and sometimes one in the crease beneath

the breast, he releases the tight band at the base of the breast, lowers the crease where needed and reshapes the tissue behind the areola.

An implant is then placed, or fat is transferred, and the areola is reduced and closed with a stitch that holds its new size. The operation takes about two to three hours.

09 Recovery

- ✓ **Days 1–3:** tightness and discomfort across the chest. Wear your support bra day and night.
- ✓ **Week 1:** most people return to desk work after 7 to 10 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, and the scars mature and fade.

10 Your implants

If you have implants, you will be given details of their make, size and type. With your consent, they are recorded on the national Breast and Cosmetic Implant Registry, so you can be contacted if there is ever a safety concern. Implants are not lifetime devices, and you may need further surgery at some point.

11 Risks and complications

Most people recover without any serious problems. But like any treatment 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

Your own risk may be higher or lower depending on your health, whether you smoke, and the details of your treatment. 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.

- Tightness, swelling and bruising for 2–3 weeks.
- Altered feeling in the nipples and lower breast for a few weeks or months.
- A sloshing or squelching sensation for a few days, from air and fluid, which settles.

Other complications

- **Further surgery** **COMMON**
More likely than after a standard breast augmentation, to refine the shape, symmetry or areola, or for implant problems.
- **Hardening around the implant (capsular contracture)**
ABOUT 1 IN 10 OVER 10 YEARS
Scar tissue tightens around the implant, making the breast firm, misshapen or painful. Severe cases need further surgery.
- **Collection of blood (haematoma)** **ABOUT 1 IN 50**
Usually in the first 24 hours. It needs a return to theatre.
- **Infection** **ABOUT 1 IN 100**
Usually treated with antibiotics. Occasionally the implant has to be removed and replaced later.

- **Change in nipple sensation** **COMMON**
Usually improves, but can occasionally be permanent.
- **Remaining asymmetry** **COMMON**
Tuberous breasts are often uneven to start with, and some difference usually remains.
- **The areola widening or the shape partly returning** **UNCOMMON**
The areola can stretch again, or the tissue behind it push forward, and may need a small further procedure.
- **Noticeable or stretched scars** **UNCOMMON**
Scars around the areola and beneath the breast occasionally become red, raised or stretched. Most improve with time, massage or treatment.
- **Fat not surviving, or lumps** **COMMON**
If fat transfer is used, some fat is reabsorbed and small firm lumps can form. Further sessions may be needed.
- **Rippling or visible edges** **UNCOMMON**
More likely in slim people, or where there is little breast tissue.
- **Implant rupture** **UNCOMMON**
The risk increases with the age of the implant. A ruptured implant is usually replaced.

Rare but serious complications

Please read this section carefully.

- **BIA-ALCL** **RARE**
Breast implant-associated anaplastic large cell lymphoma is a rare cancer of the immune system in the scar tissue around the implant, linked mainly to textured implants. It usually shows as swelling years later, and is treated by removing the implant and capsule.

- **Breast implant illness** UNCOMMON

Some people report tiredness, joint pains or other symptoms they attribute to their implants. The cause is not understood, and some improve after the implants are removed.

- **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

Further surgery is more often needed than after a standard breast augmentation, for example to refine the shape or symmetry, adjust the areola or add more fat. 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 treatment 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 insurance

Tuberous breast correction is usually considered cosmetic, so it isn't normally covered by health insurance, and NHS funding is only available in limited circumstances, which vary by area. If you are paying for yourself, you'll receive a written quote first. Self-pay consultations cost £250 and follow-ups £150.

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.

Contact us promptly if you have

- redness that is spreading, warmth, discharge from the wound, or a temperature
- one breast becoming much more swollen, tight or painful than the other
- bleeding that doesn't stop with 20 minutes of firm pressure
- pain, swelling or redness in your calf, or breathlessness or chest pain

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

18 What happens next

Before your treatment, 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 or your medication before then, please let us know.

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

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.

Telephone

020 3026 9695

Email

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Tuberous breast correction information leaflet. Version 1.0, October 2026. This booklet is for general information and does not replace a consultation with Mr Kumar.