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PATIENT INFORMATION

Breast asymmetry

Correcting uneven breasts with implants, reduction, uplift or fat transfer

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This booklet explains breast asymmetry 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 correcting uneven breasts, or you're about to.

It explains what breast asymmetry is, the ways it can be 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 breast asymmetry correction involves

Almost everyone has some difference between their breasts. Correction is for a difference that shows in clothes or a bra, or that affects how you feel about your body.

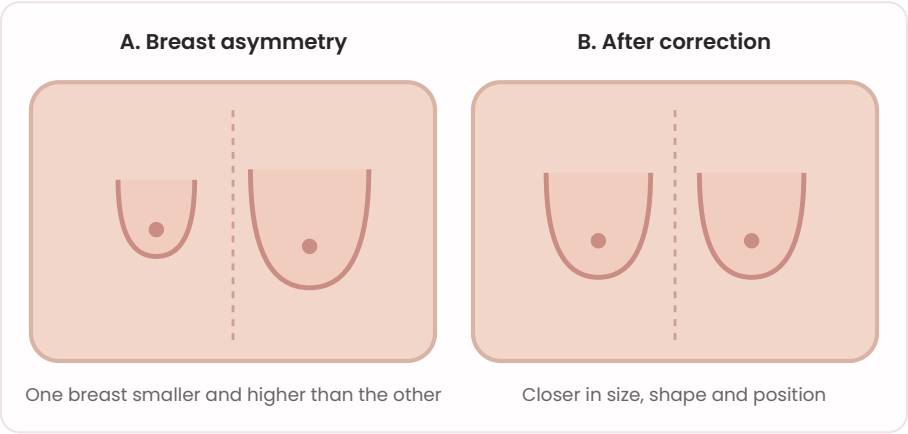

Figure 1. Breasts seen from the front, before and after correction. The dotted line is the middle of the chest. A simplified drawing for guidance only.

Asymmetry most often develops during puberty, when one breast grows more than the other. It can also follow pregnancy, breastfeeding or weight change, or be linked to tuberous breasts, Poland syndrome, a difference in the chest wall, or earlier surgery. It is harmless in itself, but any new change in one breast should be checked by your GP first.

Enlarging the smaller breast

An implant, or your own fat, increases the size of the smaller breast. Sometimes both breasts have implants of different sizes.

Reducing or lifting the larger breast

Excess tissue and skin are removed from the larger breast, or a lower breast is lifted, so it matches the other side.

Fat transfer

Fat taken by liposuction from another area, such as the tummy or thighs, is injected into the smaller breast. It suits smaller differences and may need more than one session.

Combining approaches

Each breast is planned separately, so you might have an uplift on one side and a small implant on the other.

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 breasts that look balanced, not identical

What the treatment won't do

- − **It won't make your breasts identical.** Some difference usually remains.
- − **It won't stop future changes.** Pregnancy, weight change and ageing can make breasts uneven again.

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 or recent changes
- 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:

- a padded or moulded bra, or a breast form on the smaller side
- surgery on one breast only
- fat transfer alone, for smaller differences
- doing nothing, as breast asymmetry is harmless

05 What you can expect from the result

The difference in size and shape is visible straight away, although the breasts are 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 balanced shape in a bra and in clothes, but no two breasts are ever identical, and a small further procedure is sometimes needed to fine-tune the balance.

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

Breast asymmetry correction is done under general anaesthetic. Many people go home the same day, and some stay one night.

08 The procedure

Mr Kumar marks your breasts with you before the operation, planning each side separately. An implant is usually placed through a small cut in the crease beneath the breast. A reduction or uplift uses scars around the areola, and often down to and along the crease. Fat is taken by liposuction through tiny cuts and injected into the breast.

The operation usually takes one to three hours, depending on what each breast needs.

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 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	UNCOMMON	RARE	VERY RARE
more than 1 in 100	1 in 100 to 1 in 1,000	1 in 1,000 to 1 in 10,000	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.
- Bruising and soreness where fat was taken, if you have fat transfer.

Other complications

- **Remaining asymmetry** COMMON
  Breasts are never identical. Some difference usually remains, or can return with pregnancy, weight change or ageing.
- **Further surgery** COMMON
  Sometimes needed to fine-tune the balance, adjust a scar or add more fat.
- **Change in nipple sensation** COMMON
  Usually improves, but can occasionally be permanent.

- **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. If an implant is affected, it occasionally has to be removed and replaced later.
- **Slow healing** UNCOMMON
  Small areas of slow healing, usually where scars meet after a reduction or uplift. These heal with dressings.
- **Noticeable or stretched scars** UNCOMMON
  Scars occasionally become red, raised or stretched. Most improve with time, massage or treatment.
- **Hardening around the implant (capsular contracture)** ABOUT 1 IN 10 OVER 10 YEARS
  If an implant is used, scar tissue can tighten around it, making the breast firm, misshapen or painful. Severe cases need further surgery.
- **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.

Rare but serious complications

Please read this section carefully.

- **Loss of nipple blood supply** RARE
  After a reduction or uplift, part or all of the nipple can very occasionally lose its blood supply. Smoking makes this more likely.
- **BIA-ALCL** RARE
  Breast implant-associated anaplastic large cell lymphoma is a rare cancer of the immune system in the scar tissue around an implant, linked mainly to textured implants. It usually shows as swelling years later, and is treated by removing the implant and capsule.

- **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

A small further procedure is sometimes needed to fine-tune the balance, for example adjusting a scar, the position of a nipple or adding 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

Breast asymmetry correction is usually considered cosmetic, so it isn't normally covered by health insurance, and NHS funding is only available in limited circumstances, usually where the difference is large, and varies 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 a 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.

My questions

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

Notes

Notes

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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