

Breast Lift/Breast Reduction

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Your Questions Answered



STAIANO
PLASTIC SURGERY

Why Am I Qualified To Talk About Breast Lift/Reduction?

I am a Consultant Plastic Surgeon with 20 years of experience. All plastic surgeons specialise in one particular area, although many still perform surgery on all parts of the body. During the last 6 years, I have focused on cosmetic breast surgery. I have performed countless breast lift and breast reduction procedures and have a well below average complication rate and an army of happy patients!

I run my own private practice, The Staiano Clinic, and we aim to be at the forefront of a new wave in plastic surgery with the focus on ethics and patient satisfaction. Everyone at the clinic is a specialist in their field and there are no advisers or salespeople.

“ I had forgotten how bad they were before! Surgery was one of the best decisions I’ve ever made. It’s made such a huge difference to my life – thank you so much for doing a brilliant job! ”

RB – Patient testimonial from breast reduction patient



Your Questions Answered

1. Breast lift versus reduction. What is the difference?

A breast lift and a breast reduction are similar procedures and the pattern of scarring is often the same. The scarring will always go around the nipple and there is usually a scar going straight down from the nipple. This is known as the lollipop scar. There may or may not be another scar in the fold of the breast creating what is known as the anchor scar, or inverted T. You are more likely to need the inverted T scar and it is likely to be longer if you are having a reduction. Breast tissue is removed with a reduction, whereas only skin is removed with a lift and so your cup size will be about the same following a lift whereas it will be less following a breast reduction. Because some breast tissue is removed from around the nipple, the potential for complications is also increased in terms of a possibility of alteration in nipple sensation, a small possibility of nipple loss and the possibility that you may not be able to breastfeed in the future. All of these things are risks with both but the risk is greater with a reduction.

2. Which is right for me?

The main question I ask patients is what bra cup size they are presently and whether they are happy with this. If you are happy with the bra cup size that you are now but are unhappy with the shape of your breasts, then a breast lift would be right for you. If you feel your cup size is too big and you would like to be smaller, then it is a breast reduction that you would need and if you would like your breasts to be bigger as well as a better shape, then it may be a breast lift with implants that you will need.

3. I have large breasts; can I still have a lift?

A lift is primarily focused at improving the shape of the breast and the size is not significantly altered. If you have large breasts, you can have a lift alone and keep the breasts about the size that they currently are; however, the larger the breasts the more gravity will work on them and so there is a risk that they will droop again in the future. For that reason, it is often helpful to remove some volume, particularly from the lower part of the breast, to reduce the risk of it drooping in the future, although this will necessarily make the breast smaller and so this is something that you would have to be comfortable with.

4. How long does a breast lift last?

A breast lift is aimed at restoring your breast higher up onto your chest, to a more youthful and natural shape. However, it will not protect you from the future and particularly if your breasts are large, then they can be acted on by gravity and droop again. The main reasons for needing a breast lift is if the skin has been stretched and this is commonly after having children, when the breasts become engorged with milk and then the milk production ceases, or following weight loss when the skin has been stretched when the breasts are bigger and then when your weight is reduced, the stretched skin does not recoil and this causes the breast to droop or sag. Whilst a breast lift will restore the breasts to a better shape, it will not protect you from what may happen in the future and so it is important to avoid significant weight fluctuations and further children following surgery, as this could cause the breasts to droop again.

5. What will a lift not do?

A lift is primarily focused on improving the shape of the breast and it does not significantly affect the size. There is some skin removed and so there will be a marginal reduction in the volume of the breast, although this is usually not as much as a cup size. I normally tell patients that their breast cup size will be broadly similar following surgery as it was before the surgery. However there will be significant changes in the shape, which can take some months to settle and so you should leave it about three months following surgery before being measured again.

6 .Can I have implants with a lift?

If you want your breast size to be bigger as well as the shape improved, then a breast lift can be combined with implants. This operation does carry with it increased complications because the skin is being made tight by the breast lift and then the addition of an implant can make it tighter still. This can cause problems with the wound healing and if there is infection in the area, then it might require the implant to be removed. It is for this reason that it is not unusual to perform the breast lift and insertion of the implants as two separate procedures. This does prolong the recovery period and increases the cost, but it reduces the risk of complications.

At The Staiano Clinic, we do perform a breast lift with implants in one operation, but it is not an operation to take on lightly, although it does have a dramatic affect on the overall appearance of the breast.

7. Can implants alone lift my breasts?

Implants are particularly good at adding volume to the breasts and making them larger, but they do not have a significant effect on the shape of the breast. If it is the shape of your breast that you are concerned about, then a lift is the best way to improve this. The shape of the breast can be manipulated to a degree by using different shaped implants and there are round, teardrop and conical-shaped implants, all of which come in low, medium, high and extra-high projections. By using an implant of a certain shape, you can get a degree of lift to the breast, although it is never as good as having a formal breast lift, although clearly the scarring is significantly less and the complications are fewer. By using an implant with a lot of projection, the shape of the breast can be improved to a degree and the conical implants are particularly good at this, although both round and teardrop implants could also be used. The effect is not as dramatic as when a lift is performed and it is only really suitable for patients who are borderline for a breast lift.

8. Will I need two operations for a lift with implants?

In view of the fact that there is a significant complication rate with a lift with implants, many surgeons do perform it in two stages. This does reduce the risk of complications and does have its merits. At The Staiano Clinic we do perform this operation in one stage because of the benefits with regards to the downtime and one recovery period. However, we warn all patients of the potential complications associated with the surgery and if you did want to have it in two stages then this would be perfectly reasonable. If you are unsure whether you need the lift or the implants and are a borderline case, then this would be an indication for just performing the one stage, either the lift or the implants and then letting things settle to see whether the second stage will be required.

9. Can I have lifts between pregnancies?

It will be absolutely fine to have a breast lift between pregnancies, although it is not particularly recommended because if you go on to have children, then the breasts will become engorged with milk and bigger and then they get smaller when the milk flow ceases and this can cause the skin to stretch and the breasts to droop again. It is also unpredictable as to whether you will be able to breastfeed following a breast lift or reduction and so this should be considered.

10. Will I be able to breastfeed?

It is unpredictable as to whether you will be able to breastfeed following a breast lift or reduction. There is a common misconception that the nipple is removed during surgery, but this is only very rarely required. However, the nipple is manipulated and moved to a higher position on the breast and there is a chance that some of the milk ducts might be interrupted. If it is particularly important for you to breastfeed, then you should complete your family before having surgery.

11. Am I a suitable candidate?

The main criteria for suitability for surgery are that you are not overweight and are happy and stable with your weight and that you are a nonsmoker. Being overweight and smoking both significantly increase the chances of complications with the surgery to the extent that if you are unable to give up smoking then I would question whether you should undergo the surgery at all. It is also important to avoid any significant weight fluctuations following surgery as this can affect the size and shape of the breasts and similarly, having children following surgery can affect the result and so ideally you would have completed your family. There may be other factors which will affect your suitability for surgery such as other medical problems, for instance diabetes which can increase your risk of wound infection and so may need to be taken into consideration.

12. Is there a right age?

The general principle with all breast surgery is to avoid operating on the breast while it is still developing and so ideally you should be over 18 so that you can get an idea of your final breast size before having breast reshaping surgery. There is no upper age limit for breast reduction or lift and it can give significant improvement in quality of life. This should be balanced against the risks of surgery so that you can make an informed decision as to whether the risks outweigh the benefits for you.

13. What does the examination involve?

You will be examined before undergoing surgery. This will involve a general breast examination to determine the symmetry of volume between your breasts and your breast dimensions, particularly in terms of the distance from the sternal notch to the nipple. This will dictate how far the nipple has to be moved, and the further the nipple is moved, the greater the risk of complications. Examination will also involve looking for general chest wall deformities in terms of asymmetries of the ribcage or asymmetries of the spine. A note will be made of any scars on your breasts from previous surgery or biopsies and your general skin condition, particularly in terms of rashes or intertrigo in the fold of the breast.

14. How is my nipple position determined?

Before surgery you will be examined and marked with a marker pen. The new position of the nipple is determined using several factors. The aim is to have the nipple sitting centrally in the breast with approximately 40% of the breast volume above the nipple and 60% below. A line will be drawn down the meridian of your breast and your new nipple will be placed on this line (which may or may not be in line with your current nipple position). A line is projected forward from your inframammary fold, which is the fold where the wire of your bra sits, and the nipple should be at or slightly above this line. It can also be measured at a certain distance from the sternal notch which is usually 21-24cm. Finally, it can be measured at a certain distance from the upper pole of your breast, usually 10cm. When the position is marked on one side, care is taken to ensure that it is marked symmetrically with the other side. This marking will be performed by your surgeon preoperatively while you are awake and in a sitting position, usually while you are on the ward prior to surgery.

15. How is the surgery performed?

You will be positioned on the operating table under general anaesthetic and your surgical markings will be refreshed. A stalk of tissue is designed leading to the nipple and this tissue will be left intact. This is known as the pedicle. The skin markings will be incised and the tissue within the skin markings will all be removed except for the pedicle to the nipple. Everything is closed using dissolvable sutures, usually in several layers and drains may or may not be used depending on surgeon preference and the amount of bleeding. Dressings will be applied in theatre and you will be transferred to the recovery ward where you will wake up and we will make sure you are comfortable before we take you back to your room on the ward.

16. Do you remove my nipples?

There is a technique for breast reduction that does involve removing the nipples but this is not commonly performed and the nipples are usually left on the breast with a stalk or pedicle of tissue attached to the nipple. This allows some blood supply and nerve supply to keep going to the nipple as well as some milk ducts and so you may still have normal sensation and there is a possibility that you may still be able to breastfeed after surgery although this cannot be guaranteed.

17. Can I have my areola reduced at the same time?

It is a normal part of the procedure to have the areola reduced and we have markers in theatre to measure this which is usually around 4cm in diameter although it can be reduced to any size that you wish.

18. Will breast reduction address my side boob?

No, breast reduction does not affect the side boob directly although more tissue is removed on the lateral part of the breast to try and empty out this area. If there is a significant fullness to the sides of your chest then breast reduction can be combined with liposuction to address this area.

19. Where is the scarring?

The scarring for breast lift and reduction is always around the nipple and usually extends going straight downwards (lollipop scar) with or without an extension in the fold of the breast (anchor or inverted T shape scar).

20. How long does the procedure take?

On average a breast lift or reduction would take three hours although it would depend on the complexity of the case. You will also need to take into account time for the anaesthetic and time for recovery so relatives or loved ones waiting for you on the ward can expect you to be away for three to four hours.

21. Will I have drains?

Drains are being used less and less in cosmetic breast surgery as they can be uncomfortable to remove and do not necessarily reduce the risk of haematoma or blood clotting in the breast. However, for particularly large breast reductions or if there is troublesome bleeding you may require a drain although it should be removed before you go home.

22. Will I require a general anaesthetic?

Breast lift or reduction is usually performed under general anaesthetic.

23. Will I need to stay in hospital?

There is an overnight stay included and due to the length of surgery it is usually advisable to stay in hospital. However, if the surgery is performed early in the morning and you are keen to go home in the evening this might be possible but it is usually best to plan to stay overnight.

24. How will I look and feel initially?

You will have dressings on your breasts initially and the breasts will feel quite full and swollen and will be sitting high on your chest. It will take some weeks and months for the swelling to go down and the shape to settle. There is often numbness or altered sensation in your nipples or the skin of the breast and this can take several months to settle and can occasionally be permanent.

25. Will I have medications and dressings?

Your breasts will be dressed postoperatively and you will not be able to get them wet. However, you will be able to sit in a shallow bath. After the first week your dressings will be removed and you should be able to shower. You will be given painkillers to go home with and a postoperative advice sheet with advice on what to do and important contact numbers.

26. When can I expect to see the end result?

It takes around three months for the swelling and shape to start to settle and can take 6, 12 or even 18 months for everything to fully settle. The scars will be red and obvious for the first three to six months and you should avoid exposing them to the sun during this time as this can result in the development of pigmented (brown) scars.

27. How long will my result last/is it permanent?

Once the shape has settled the result will be permanent and the breast tissue will not grow back. However, if you were to have children or have significant weight fluctuations, your breasts may change in size and/or shape. Unfortunately, gravity works on all of us, so if you still have a large volume of breast tissue, then your breasts may droop again in time.

28. What are the risks?

There are risks with general anaesthetic although these are very rare these days and there are risks with the surgery itself. There is inevitably scarring which is red and obvious and can take one to two weeks to heal although occasionally takes longer. There is a risk of wound healing problems and infections, particularly of the T junction of the scars. There is a risk of dog ears which are bumps at the end of the scar which usually settle but can be easily removed if they do not. There is a risk of an alteration in nipple sensation and a small risk of nipple loss. It is unpredictable as to whether you will be able to breastfeed following surgery and if this is important to you, you should complete your family before having a breast reduction. Occasionally some areas of fat can get cut off from their blood supply and form fat necrosis which are hard lumps in the breast although these usually settle but they can be removed if they do not. There is a risk of asymmetries although these are usually mild and usually settle. There is always a risk that the size of the breasts will not be to your liking. We cannot guarantee the final cup size and aim to safely remove the breast tissue while leaving enough tissue attached to the nipple to maintain the sensation and the viability of the nipple. The focus is on giving a good shape to your breast that is in proportion with your frame rather than trying to deliver a specific cup size. We will work with you in your consultation to give you a realistic expectation of what can be achieved with surgery and to deliver the cup size that you would like to achieve.

29. When can I get back to work/gym?

It is always advisable to check with your car insurance company as to when you can start to drive, but it is usually two to three weeks following breast reduction or lift and after this time you can usually get back to work as long as it is not too strenuous. With regard to the gym you can start exercising your lower body after two to three weeks on the exercise bike or the stepper although you should avoid any strenuous upper body activity or jogging. Heavy lifting or strenuous activity can be started around six weeks and it is best to start this gently. If the breasts swell or become uncomfortable then more time may be needed.

30. When can I wear a normal bra?

You will be given a supportive bra to wear following surgery. You should avoid wearing a wired bra the first month after surgery. After this time you can start wearing a wired bra again although sometimes it irritates the scar and you may need longer. If you prefer the design of a wired bra then you can remove the wire from a wired bra as you might find this more comfortable.

31. Will my back pain improve?

Patients with large breasts often have back and shoulder pain and this can be attributed to the weight of the breasts in the bra. By removing this weight, the likelihood is that this pain will be improved although this cannot be guaranteed as it is possible to get back, neck and shoulder pain in patients with small breasts and in men. It is therefore likely that this pain will be improved although this should not be the sole indication for surgery. All that can be guaranteed is that the breasts will be smaller and more in proportion with your frame.

If you have a question which hasn't been answered here, feel free to get in contact with us. I'd be happy to answer your questions!

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