

Breast Reduction – Surgery that can change a woman's life

By Dr Lily Vrtik (nee Chen)

Being a typical male who appreciates the female form – often blatantly in my presence ('wow, look at those... assets!') - my husband often says to me, 'You are a plastic surgeon, you are supposed to make them bigger, not smaller!' In the world according to him, breast reduction surgery should be banned and abolished; his theory: 'The Bigger, the Better'. My usual answer to his comment is: 'well, you are not the one who has to lug them around.'

Breast reduction surgery is one of the most satisfying procedures we perform as plastic surgeons, for both the patient and doctor; because we see how it changes our patients' Lives.

Symptoms associated with large breasts include neck and upper thoracic pain, pain associated with the bra straps and weight cutting into the shoulders, as well as recurring rash and fungal infections in the cleavage and inframammary fold. Many have a stooped posture due both the weight of the breasts, as well as self-consciousness. Some have a 'hump' over the upper thoracic area, as well as trapezius hypertrophy at the base of the neck. Large breasts can also exacerbate pre-existing conditions such as cervical spondylolisthesis, ankylosing spondylitis, osteoarthritis, as well as any pre-existing neck or shoulder injuries.

More importantly, the complaints I hear are those related to Quality of Life. Women tell me they are unable to exercise properly due to discomfort; they can't do activities such as horse-riding or even simple skipping; they are unable to cuddle or play with their children because their breasts 'get in the way'; they are embarrassed when they go shopping, as these women often cannot find bras or clothes which fit. They don't go to the beach, or even go out socially. Then, there are those who are just fed up with people 'talking to my boobs all the time'. I will always remember the patient who once said to a male colleague of mine – 'you try walking around with two watermelons in your shirt – and make sure you don't wear them too high, put them around your belly button.'

Who?

So who is suitable for breast reduction surgery? Obviously size is a subjective thing, but often, these patients are bigger than DD cup in their bra size and experienced the symptoms described. Two other factors in patient selection, which have been shown to be important in postoperative complications, are weight and smoking status. Wound dehiscence, edge necrosis, infection and delayed healing are the most common problems associated with breast reduction surgery, and these have been shown to have a significantly higher incidence in those with BMI above 30 and active smokers. Personally, my rules are: they have to have stopped smoking for 6 weeks, and their BMI should not exceed 32 (as I often allow their breasts to account for the extra 1-2kg in excess weight).

What?

What is involved in Breast Reduction surgery? If one graphically describes a breast reduction, it would be very difficult to convince anyone to have the surgery! But the basic principle involves degloving of the breast, resecting excess skin and breast tissue whilst preserving the nipple and its blood supply; then put it all back together into a tailor-made skin envelope which holds the breast in the right perky position on the chest wall!

Sounds simple, but there are many described techniques and skin patterns, and not every surgeon performs every variation. Apart from case series, there is no real comparative evidence to show that one particular technique has better long term results than others. In general, a surgeon chooses a particular technique based on the predictability of the cosmetic result (in their hands) as well as safety in regards to preserving nipple viability. The surgery takes approximate 1.5 to 2.5 hours under general anaesthesia. It can be done both as Day Surgery or Overnight stay.

Bilateral Breast Reduction has a medicare item number (if the patient suffers from any of the abovementioned symptoms), thus the surgical, hospital and anaesthetic fees are often rebatable from Medicare or private health funds.

When?

Does Age matter, and what about pregnancy and child birth? Having large breasts can be socially disabling and psychologically traumatic for a young woman in her teens. Breast reduction can be considered for those as young as 17, but preoperative counselling, especially with a parent present is very important, as these young women are not just exchanging their large breasts for a better size and shape, they will also be exchanging it for extensive scars on their breast. They will also need to consider other consequences such as the possible inability to breast feed, loss of nipple sensation, as well as the natural progression in change of shape with aging and future pregnancies.

Pregnancies, childbirth and breast feeding can alter the size and shape of breasts that has had breast reduction surgery. Some may require a revision or repeat reduction afterwards. Often, my advice for these women is to have the procedure after they have had all the children they want, and also to wait for at least 12 months after the last breast feed (which will allow the breast hypertrophy and swelling to deflate to their final volume).

In regards to how old can the patient be – the short answer is - as long as the patient doesn't have significant medical co-morbidities and can survive a 3-hour anaesthetic. The surgery can be considered for elderly women to improve their symptoms and function.

Consequences & Complications

The most common complications from a breast reduction are those associated with wound healing; the wounds are quite extensive and the skin envelope is often made quite tight to give the breast a concurrent lift. Other general complications which may occur include haematoma, wound infection, hypertrophic or stretching of the scar, DVT and those associated with a general anaesthetic.

Some patients can develop lumpy areas in their breast approximately 1-2 months after their operation due to localised fat necrosis. These generally settle with gentle massage after 4-6 months. If the lumps rapidly change in texture and size, or persists beyond 6 months, a mammogram or ultrasound is usually performed to exclude other causes.

Breast reduction does not increase the incidence of cancer. All breast tissues excised intra-operatively are sent to histopathology, and screening slices are taken. The incidence of finding breast cancer in a routine breast reduction is very low, and the most common type is lobular carcinoma in situ. All breast reduction patients of mammography screening age is advised to have their mammogram prior to surgery and a baseline mammogram done at approximately 6-12 months after surgery. Breast reduction surgery does not affect mammogram screening.

Outcome

Patient satisfaction in breast reduction surgery is all about realistic expectations. It has a low satisfactory rate when it is being done solely for Breast Pain with no other symptoms. However, it is extremely effective in alleviating neck, shoulder and upper thoracic pain – many patients report this as early as day one postoperatively. In the longer term, it allows the woman to move without discomfort and physically interact with their children. It transforms their postures and the way they dress (goodbye to baggy tents, and hello to fitted tops!). Most of all, it allows these women to do things they've never been able to do before.

It changes their Lives.

So, until my husband is willing to lug two watermelons on each side of his navel in an oversized bra (an image which makes me shudder!), I will be keeping this operation in my repertoire and continue to tell people the relevance and benefits of this procedure.

To learn more about this operation, check out the official website of ASPS (Australian Society of Plastic Surgeons): www.plasticsurgery.org.au/Patients-and-Consumers/ to view the 3D Procedure Animation on Breast Reduction. This is a website to help both health care providers and patients understand more about plastic surgery, the procedures we do and allows you to search for credentialed and registered plastic surgeons in your area.



Dr Lily Vrtik (nee Chen)

Plastic & Reconstructive Surgeon

Dr Lily Vrtik (nee Chen), has been in private practice at North West Private Hospital for just over 12 months. Lily is constantly looking for ways to provide a better service for her referring practitioners and patients.

As such, she has recently made some improvements to her practice including:

- All skin cancers are seen within 2-4 weeks. Each case is individually triaged and appointment times made as appropriate. Please fax your referrals to 3353 6733 and ask the patient to ring for an appointment time.
- Acute Hand Trauma referrals can be made directly to her rooms on 3353 7008 during working hours and her mobile 0421 739149 after hours.
- Lily now has her own Practice Nurse, Marnie Took. Marnie has an extensive background in plastic surgery nursing. She is contactable at the rooms for any advice on wound care and is responsible for the Postoperative Dressings Clinic. Marnie can also answer any queries in regards to Perioperative Care and the range of services provided by Lily.
- Lily now has access to Minor Procedure Facilities at North West Private Hospital and Sunnybank for both medical and aesthetic procedures under local anaesthetic.
- Lily has commenced her non-surgical Aesthetic Service which includes Botox injections, dermal fillers, microdermabrasion, chemical peels and skin care.
- Lily will continue to provide services for DVA and Worker's compensation patients.

Finally, some of you may be aware of Lily's recent nuptials! After much discussion and debate (!) Lily has changed her surname to Vrtik. This will happen gradually – apologies if this causes confusion during the next few months. Please note that all contact details will remain the same.

Lily welcomes any feedback you or your patients may have to help provide an even better service in 2010. Please don't hesitate to contact her via email on info@drlilyvrtik.com.au

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