



Breast Reduction Surgery


Northland Plastic Surgery

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Northland Plastic Surgery

Surgery Handbook

Breast Reduction

A surgical procedure that removes excess breast tissue and skin, making the breasts more proportional to the body.

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PROCEDURE OVERVIEW - BREAST REDUCTION

Women who seek breast reduction surgery usually have large pendulous breasts that cause considerable physical discomfort and oftentimes emotional distress. Many women experience breathing difficulties, poor posture, bra strap indentations, chafing under the breasts, and back, shoulder, or neck pain because of the weight of their breasts. Some women feel embarrassment and less self-confident. Large breasts can also interfere with normal daily activities and exercise. The goal of breast reduction surgery is to achieve a smaller and more appropriately contoured breast.

Breast reduction surgery removes breast tissue, fat, and skin to reduce and reshape the breast. It can be performed at any age after puberty. Breast reduction surgery usually takes 2-3 hours using general anesthesia. It can be done on an outpatient basis or in the hospital. The incisions and resulting scars resemble an anchor, encircling the areola (pigmented skin around the nipple), extending down to and across the crease of the breast. Excess breast tissue, fat, and skin are removed, the nipple-areola complex is moved upwards to the desired location, and the skin edges are brought together to reshape the breast. All incisions are closed with dissolvable sutures and covered with gauze dressings. Discomfort after surgery subsides daily and is well controlled with oral medication. Patients are seen several times after surgery to assess healing and guide return to activity. Most people can return to work after 7-10 days, but a longer restriction may be required if their job is very physically active or strenuous.

After breast reduction, the breasts will be more proportional to the body. Clothes will fit more comfortably. Women may experience relief of their health problems if they were directly related to the weight of the breasts. Some women may experience an improved self-image. Some may find it takes a little time to adjust to the change in body shape. Overall, women who have breast reduction surgery are satisfied with the results.

Though the reduction in breast size is permanent, it is possible to have fluctuations of size in response to hormonal shifts, weight fluctuations, or pregnancy.

Patients over the age of 40 years need to have a base-line mammogram performed within the year prior to breast reduction. We recommend waiting a minimum of 12 months after surgery before resuming regular mammograms. Thereafter, patients should continue to follow routine self-breast examination and mammography guidelines according to the American Cancer Society.

PREPARING FOR SURGERY

STARTING NOW

- **STOP SMOKING AND ALL NICOTINE PRODUCTS:** We strongly recommend that you stop the use of ALL nicotine products at least one month before your surgery. Smoking reduces circulation to the skin and slows healing. In some cases, your physician may cancel your surgery if you do not follow this recommendation.

2 WEEKS BEFORE SURGERY

- **STOP 2 WEEKS PRIOR:** Fish oil, garlic, ginger, ginkgo biloba, ma huang, and vitamin E. Any herbal or homeopathic supplement.
- **STOP 10 – 14 DAYS PRIOR:** Do not take anti-inflammatories. Review the provided list of drugs to avoid and discontinue their use 10 – 14 days before your surgery. Such drugs can cause bleeding, delay in healing, anesthesia conflicts, infection, or problems during and after surgery. Use medications containing acetaminophen (such as Tylenol) instead. If you are unsure about discontinuing a medication, please consult with your primary physician.

24 – 48 HOURS BEFORE YOUR SURGERY

- **CONFIRM YOUR SURGERY TIME:** A nurse will call you 1 – 2 days before your surgery to review your medical status and confirm your surgery time. If a nurse has not reached you by 3:00 PM the day before your surgery, please call Lakewalk Surgery Center at 218-728-0650 or 877-728-0650 for your final preoperative instructions.
- **EATING AND DRINKING:** Do not eat or drink anything after 12:00 midnight the night before your surgery. This includes water. Do not drink alcohol within 24 hours of surgery.

THE MORNING OF SURGERY

- **MEDICATIONS:** If you take a daily medication that must be taken in the morning, you may take it with a sip of water in the early morning. Absolutely do not eat or drink anything else.
- **ORAL HYGIENE:** You may brush your teeth but DO NOT swallow the water.
- **CLEANSING:** Shower or bathe using an antibacterial soap such as Dial the morning of your surgery.
- **TOPICALS:** Please do not wear moisturizers, creams, lotions, deodorant, or make-up.
- **CLOTHING:** Wear comfortable, loose-fitting clothing that does not need to be put on over your head. Remove hair accessories and jewelry. Please do not bring valuables with you.

MEDICATIONS TO AVOID

- We have provided a list of medications that should be avoided when you are having surgery. These medications can prolong bleeding and should be avoided for 10 – 14 days before your surgery. Your surgeon will advise you when it is safe for you to use anti-inflammatories after your surgery.
- Please review the list carefully. Check the labels of all medicines that you take, even those available without a prescription, to make sure you are not taking any of these substances. If you have questions about any of the medications that you are taking, please let us know or talk with your primary care physician. It is important that we know all the current medications, vitamins, herbs, or other supplements that you are taking.
- If you need a medication for pain during this time, you may use products containing acetaminophen (Tylenol).

Aspirin medications to avoid

4-Way Cold Tablets	Ecotrin products	Talwin
5-Aminosalicylic Acid	Empirin products	Triaminicin
Acetilsalicylic Acid	Excedrin products	Trilisate
Alka-Seltzer products	Equagesic	Vanquish
Anacin products	Fiorinal products	Wesprin
Arthritis foundation products	Goody's HA powder	Zorprin
Arthritis pain formula	Lanorinal	
Aspirin (ASA)	Magnesium Salicylate	
Ascriptin products	Midol products	
Aspergum	Meproamate	
Azulfidine products	Mesalamine	
BC powder or tablets	Methocarbamol	
Bayer products	Momentum	
Bismatrol products	Mono-Gesic	
Butalbital Compound	Nighttime effervescent cold	
Bufferin products	Norgesic products	
Cheracol	Oxycodone	
Coricidin	Pepto-Bismol	
Darvon	Percodan products	
Disalcid	Salicylate products	
Doan's products	Sine-off	
Dristan	Sinutab	
Easprin	Soma compound	

Nonsteroidal anti-inflammatory medications to avoid

Advil products	Ibuprofen	Ponstel
Aleve	Indocin products	Relafen
Anaprox products	Indomethacin products	Tordal
Ansaid	Meclomen	Trilisate
Bextra	Midol products	Voltaren
Cataflam	Motrin products	
Celebrex	Nalfon products	
Clinoril	Naprelan Tablets	
Daypro	Naprosyn	
Dolobid	Nuprin	
Feldene	Orudis products	
Fenoprofen	Oruvail	

Other medications to avoid

Accutrim	Heparin	Plavix
Aggrenox	Hydrocortisone	Pletal
Agrylin	Lovenox	Ticlid
Coumadin	Miradon	Warfarin
Dipyridamole	Persantin	

WHAT TO EXPECT AT LAKEWALK SURGERY CENTER

Going to the operating room is not a normal experience for most of us. Your surgeon and all the staff caring for you recognize the anxiety with which most patients approach this step in the process of achieving their goals. A description of the surgery experience will help you feel more comfortable.

- When you arrive at Lakewalk Surgery Center you will be escorted to a private room. You will be asked to change into a gown and robe and a nurse will do a general assessment (blood pressure, pulse, etc.). An IV (intravenous line) will be started in your hand or forearm. Your surgeon and a member of the anesthesia staff will meet with you before you enter the operating suite. This is the time for final surgical planning; for certain procedures the surgeon may draw on your skin to aid him later during the procedure. There will be time for last minute questions.
- Once you enter the operating room, the staff will do everything they can to make you feel secure. Monitoring devices will be connected to you to ensure your safety during the procedure. Medicines that will make you drowsy will be administered through your IV.
- When your surgery has been completed and your dressings are in place, you will return to a private room for recovery. During this period, a registered nurse will take care of you and monitor you until you are ready to leave the surgery center. All the nurses at Lakewalk Surgery Center are certified for advanced cardiac life support. The surgery center is equipped just like a hospital, and is one reason Lakewalk Surgery Center is fully accredited.
- Your stay in the recovery area will vary depending on the type of surgery and length of anesthesia. Family or personal friends may be with you in the recovery room. The nurse can contact significant others when you arrive in recovery or when you are ready to be discharged. Even though you will be awake during this time, it is not unusual to not remember much about your recovery after surgery. This is related to the effects of the medications used during anesthesia.
- You can be assured that the staff at Lakewalk Surgery Center will do everything possible to make your surgical experience safe, comfortable, and confidential.
- **You must arrange for someone to bring you to and drive you home from the surgery center. Under no conditions will you be allowed to drive or take a taxi after surgery. It is also important that you have a family member or friend remain with you the first 24 hours after surgery while the effects of anesthesia wear off.**

GENERAL ANESTHESIA INFORMATION

- When general anesthesia is used, you will be sound asleep and under the care of the anesthesia staff throughout the operation. Lakewalk Surgery Center operating rooms have been designed to be spacious and comfortable. Once you are lying on the operating table, you will be connected to several monitors. After you have breathed pure oxygen for a few minutes, you will be given a sedative to help you fall asleep. You will breathe an anesthetic gas and be given medications through your IV to keep you asleep and pain free. The anesthesia staff will monitor your medical condition and assist your breathing throughout the procedure.
- The anesthesiologist or CRN-A (certified registered nurse anesthetist) spends all their time during the procedure ensuring your safety. Extremely sensitive monitors are used during surgery and have greatly reduced the risks of anesthesia. A tiny change in the oxygen level in your blood, the amount of carbon dioxide you breathe out, the percentage of anesthetic gas being administered, your heart rate, or your blood pressure are reported and treated immediately.
- Today's anesthesia monitoring equipment is much safer than in the past. The anesthesia and monitoring equipment is routinely maintained and is the same quality as the equipment in any major hospital.
- Many precautions are taken before and during your surgery to prevent side effects from anesthesia. Minor side effects can include dry throat, soreness of the jaw, nausea, vomiting, or memory lapse. Significant risks are rare especially for patients having elective surgery and who have good general health.

SURGICAL RISKS

We want you to fully understand the risks involved in surgery so you can make an informed decision. Although complications are infrequent, all operations have some degree of risk. We will use our expertise and knowledge to avoid complications in so far as we are able. If a complication does occur, we will use those same skills to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated. In general, the least serious problems occur more often, and the more serious problems occur rarely. Most complications involve a lengthened recovery period rather than any permanent effect on your final result.

NORMAL SYMPTOMS

- **SWELLING AND BRUISING:** Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may be a symptom of persistent bleeding or development of an infection.
- **DISCOMFORT OR PAIN:** Mild to moderate discomfort or pain is normal after any surgery. If pain becomes severe and is not relieved by pain medication, you should call our office.
- **CRUSTING OR SCABBING:** You may develop some crusting or scabbing along the incision line. You may apply a small amount of antibiotic ointment on these areas until they are healed.
- **ITCHING:** Itching and occasional shooting electrical sensations often occur as the skin and nerve endings heal. Ice, skin moisturizers, and massage are sometimes helpful. These symptoms are common.
- **REDNESS OF SCARS:** All new scars are red, dark pink, or purple. Scars on the breasts or body may take a year or longer to fade and become flesh colored. All wounds take at least one year to fully mature. You will have scars after an operation. The final look of the scar(s) CANNOT be predicted. Everyone heals differently. The scar is permanent.

COMMON RISKS

- **HEMATOMA:** Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.

- **INFLAMMATION AND INFECTION:** A superficial infection may require antibiotic ointment. Deeper infections are treated with oral antibiotics. Development of an abscess usually requires drainage.
- **THICK, WIDE, OR DEPRESSED SCARS:** Abnormal scars may occur even though we use the most modern plastic surgery techniques. Placement of silicone sheeting on the scars, massage, injection of steroids into the scars, laser treatment, or further surgery to correct the scars may be occasionally necessary. Most scars improve significantly with time. Areas of the body scar differently and people form scars differently depending on ethnicity, skin color and type, and other factors that affect scar development. Your own history of scarring should give you some indication of what you can expect, although even this can change with time.
- **WOUND SEPARATION OR DELAYED HEALING:** This can be a common occurrence. Any incision, during the healing phase, may separate or heal unusually slow for several reasons. These include inflammation, infection, wound tension, decreased circulation, smoking, or excess external pressure. If delayed healing occurs, the outcome is usually not significantly affected. Occasionally revision of a widened scar may be indicated.
- **SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE:** Occasionally, allergic reactions or sensitivity may occur from soap, ointment, tape, or sutures used during or after surgery. Such problems are unusual and are typically mild and easily treated. In extremely rare circumstances, an allergic reaction can be severe and require aggressive treatment or even hospitalization.
- **INCREASED RISKS FOR SMOKERS:** Smokers have a greater chance of skin loss and poor healing because of decreased skin circulation. We strongly recommend that you discontinue smoking and use the of all nicotine products at least one month before your surgery.
- **INJURY TO DEEPER STRUCTURES:** Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.

RARE COMPLICATIONS

- If they are severe, any of the problems mentioned under Common Risks may significantly delay healing or necessitate further surgical procedures.
- Medical complications such a pulmonary embolism, severe allergic reaction to medications, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life-threatening problems. Informing us of all pertinent medical data before surgery is extremely important; failing to do so may cause serious problems for you and for the medical team during surgery.

SURGICAL RISKS – BREAST REDUCTION

- **INCISIONS AND SCARS:** After bilateral breast reduction surgery, you will have incisions that encircle the areola, drop vertically from the areola to the crease beneath the breasts, and run horizontally near the crease. The overall shape of the scar resembles an anchor. Any of these scars may thicken and remain red for many months. Although the scars will be permanently visible, they will soften and fade over time.
- **LOSS OF SENSATION:** Patients commonly experience areas of partial or complete numbness of the breast skin. Few experience permanent loss of feeling, but it may take several months to years for normal sensation to return. Permanent loss of sensation of the nipple can occur.
- **ASYMMETRY:** Very few women have perfectly symmetrical breasts. After surgery you will likely still have some asymmetry. This usually improves as swelling subsides. If the asymmetry is significant, surgical revision may be reconsidered.
- **INTERFERENCE WITH BREAST FEEDING:** Breast reduction surgery may allow some breast feeding but milk production will likely be reduced. There is some risk that breast feeding may not be possible. If this is an issue that may affect your future plans, please discuss it with your surgeon.
- **WOUND HEALING AND TISSUE LOSS:** Delayed healing, poor scar formation, and loss of skin or fat can occur because of infection, bleeding under the skin, or poor circulation. Healing problems usually occur along an incision line and involve little more than daily dressing changes and a longer healing period. Rarely, larger areas of skin or the nipple could be lost, requiring further reconstructive surgery. Smoking greatly increases the risk of tissue loss.
- **PAIN:** Reducing breast size and weight usually helps chronic neck, back, and shoulder pain but such relief may not occur in every case.
- **HARDNESS WITHIN BREASTS:** Postoperative scarring within the breast tissue may cause areas of hardness. Usually scar tissue will soften gradually over time. However, areas of hardness may cause worries about cancer especially when discovered later after surgery. In some cases, mammography or biopsy may be indicated.
- **BOTTOMING OUT:** As you heal, the skin on the lower part of the breasts could stretch out, causing the breast tissue to move below the level of the nipple and the nipple to point upward. This condition is called bottoming out. If this unlikely event occurs, it may require a minor procedure to excise some of the extra skin along the lower incision lines.

- **BREAST DISEASES AND BREAST CANCER:** Breast reduction surgery will not protect you from normally occurring breast diseases and cancer. Routine self-examination and mammography according to the American Cancer Society guidelines are strongly recommended.

ALTERNATIVES:

- Breast reduction is an elective procedure. Alternatives include not having surgery, wearing support bras, weight loss, and physical therapy.

MEDICATIONS AFTER BREAST REDUCTION

You will be given prescription(s) the day of your surgery. It is important that you use the medications as directed unless you experience abnormal symptoms that might be related to medication use. Symptoms such as itching, development of a rash, wheezing, and tightness in the throat could be an allergic reaction. Should these occur, discontinue all medications and call the office for instructions.

INSTRUCTIONS

- **PAIN:** You will be given a handwritten prescription for pain medication after your surgery. Take the pain medication only as prescribed. We require a minimum of a 24-hour notice if you are requesting a refill of the narcotic. Contact your pharmacy for a refill. There will be no medications prescribed after hours, on weekends, or on holidays. Contact your physician before you start taking aspirin or ibuprofen.
- **ANTIBIOTICS:** You will be given an antibiotic through your IV during surgery. Additional oral antibiotics after surgery are not indicated unless you develop signs and symptoms of infection.
- **NAUSEA:** Scopolamine (Transderm Scope). A patch containing a medication to reduce nausea may be placed behind your ear after your surgery. You may experience mild blurred vision and dilation of the pupil on the side of your head that the patch was placed. This will resolve after the patch is removed. You should remove the patch 24 hours after surgery. Discard the patch and wash your hands thoroughly to avoid contact of the medication with your eyes. If you have trouble with nausea, please call our office for advice.

POSTOPERATIVE INSTRUCTIONS

- If you have bleeding, pain (not controlled by your medication), or swelling (increasing or expanding), call our office at (218) 724-7363, day or night, or go to the Emergency Room.
- You must have a responsible adult stay with you during the first 24 hours after surgery.
- DRESSINGS: Keep your dressings as clean and dry as possible. DO NOT REMOVE THEM UNLESS INSTRUCTED TO DO SO.
- ACTIVITY: TAKE IT EASY during the first week after surgery. You may perform activities of daily living but no matter how good you feel, do not clean the house, go shopping, etc. Light activity such as walking is encouraged but too much activity may cause bleeding and/or more swelling. DO NOT LIFT, PUSH OR PULL MORE THAN 10 LBS.
- COLD COMPRESSES: Use of cold compresses after surgery will help to reduce swelling, bruising, and pain. Apply cold gel packs, frozen peas or crushed ice cubes in a zip-lock bag over the surgical area for a period of 20 minutes at regular intervals during the first 24 – 48 hours after surgery. This should help, not hurt. If the ice feels too uncomfortable, don't use it as often.
- DIET: It is not unusual to experience mild nausea after anesthesia. When you begin eating, start with liquids and bland foods. If those are well tolerated, progress to a regular diet. To avoid exaggerating nausea, take your pain medication with food.
- DON'T SMOKE OR USE NICOTINE PRODUCTS: Smoking reduces the flow of blood through the small vessels in your skin. This can affect wound healing. It is important that you do not smoke until released to do so by your physician.
- ALCOHOL: Alcohol dilates the blood vessels and could increase postoperative bleeding. Please do not drink until you have stopped taking the prescription pain pills, as the combination of pain pills and alcohol can be dangerous.
- DRIVING: Do not drive for at least 24 hours after general anesthesia, IV sedation, or while taking prescription pain pills. You may feel normal and alert, but your judgment and reactions may be affected by the medications.
- POSTOPERATIVE APPOINTMENTS: It is important that you follow the schedule of appointments we establish after surgery.
- FEVER: Measured fever of 101.5 (oral temperature) CALL THE OFFICE at (218)724-7363.

POSTOPERATIVE INSTRUCTIONS – BREAST REDUCTION

- **SLEEPING:** For at least the first week after surgery, try to sleep on your back. Using two pillows to elevate and support your head and back will help reduce swelling. A pillow under your knees and arms may help you feel more comfortable in this position. It is more important for you to sleep than to rigidly adhere to this suggestion.
- **SHOWERING:** You may shower 48 hours after surgery. After showering, pat the breasts dry. **DO NOT RUB!**
- **DRAINS:** A drain may be placed under each breast at the time of surgery. If so, it will be brought out through the end of the incision under the arm. These drains remove the fluid that accumulates after surgery and helps you to heal faster. The drain will likely be removed the day after your surgery. Please refer to the drain care instruction sheet for more information.
- **DRESSINGS:** Gauze dressings will cover the incision lines after surgery. You may experience slight oozing of blood onto the dressings. Replace the gauze dressings each day until the incisions are dry. After this you may leave the incisions uncovered.
- **BRA WEAR:** A bra or ace wrap may be placed at the time of surgery or a day or two later depending on your surgeon's preference. The bra acts as a dressing and helps to protect and support the breasts. When you are wearing a bra, it is important that it is comfortable; it should not be tight! We will review bra wear with you as you heal.
- **ACTIVITY:** Any type of strenuous activity can cause swelling and bleeding, especially during the first 2 weeks. Do not lift anything heavier than 10 pounds for the first 2 weeks. Limit your exercise to walking during the first month. After this, you may start easing yourself into your usual exercise routine. In general, guide your activities by your discomfort; if an activity hurts, do not do it. If your job keeps you rather sedentary, you may feel well enough to return to work in 7-10 days. You will tire easily and may want to limit your hours the first few days. Remember, do not push yourself too quickly.
- **SCAR MANAGEMENT:** Scars take at least one year to completely heal. During this time, you must protect them from the sun. Always wear sunscreen with a SPF of at least 30 when in the sunshine or a tanning bed. Most scars heal well without intervention; gentle massage of the scar tissue on a regular basis may help soften the scar more quickly.

AS YOU HEAL

FAMILY & FRIENDS

- Support from family and friends is helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result to be. Please trust in our knowledge and experience when we discuss your progress with you.
- After having cosmetic or reconstructive surgery, your friends may be reluctant to bring up and discuss what they believe is a private matter. Patients occasionally feel upset that “no one noticed” or “said anything.” If you feel comfortable discussing your surgical experience, do so openly. When people ask how you are, respond by saying, “I’m recovering from surgery and I’m doing really well.” This lets people know that they may talk freely with you. Often when patients are open, they find that their friends and acquaintances are interested in discussing the subject.

DEPRESSION

- Quite frequently patients experience a brief period of “let down” or depression after surgery. Some may subconsciously have expected to feel and look better “instantly” even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As healing occurs, these thoughts usually disappear. If you feel depressed, understanding that this is a normal phase of the healing process may help you to cope with these emotions.

HEALING

- The capacity and speed of healing varies from person to person. Several factors such as your genetic background, and your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.) can affect how you heal. Every patient heals at their own rate.
- Another major factor while healing is whether you follow the postoperative instructions that are given to you. Such guidelines are designed to promote the healing process and prevent the occurrence of anything that may interfere with recovery. It is important you recognize that you are a partner in this process and have a responsibility to follow instructions carefully.
- Unexpected occurrences are infrequent. If, however, you experience a setback, we will do everything possible to facilitate your healing. Should an unexpected event occur, it is in your best interest to ally yourself with us. We will support you through any difficulties and assist you in reaching your goal.