



KIMBALL M. CROFTS, MD

385 West 600 North
Lindon, Utah 84042
801-785-8825

BREAST REDUCTION

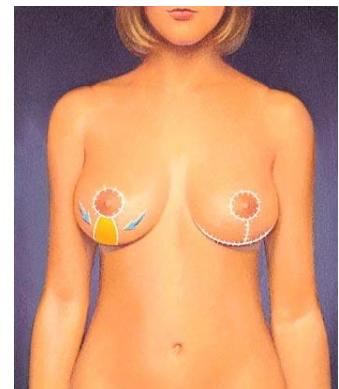
Reduction mammoplasty is performed to reduce disproportionately large, asymmetric and sagging breasts. It can also reduce the size of the areola (the dark pink skin surrounding the nipple) which frequently becomes enlarged as the breast develops. The extent of the procedure depends on what changes are desired and what Dr. Crofts deems appropriate.

Although you will be admitted to 23 hour observation as an outpatient, the procedure is performed in a hospital or a surgical center under general anesthesia.



The Procedure

The most commonly employed technique involves both horizontal and vertical incisions that follow the contour of the breast. The vertical incision creates a keyhole shaped pattern around the areola. Working through the incisions, the excess breast tissue, fat and skin are excised from the breast. Skin is removed from the area within the vertical incisions and around the areola. The nipple, areola and underlying tissue are moved through this space to a new higher location. Another technique involves completely detaching the nipple from the breast before relocating it. Since a transplanted nipple loses all sensitivity, this approach is performed only when deemed necessary for patients with extremely large breasts. After the nipple is repositioned, skin on both sides of the breast is re-draped around the areola and then brought together to recontour the breast.



Sutures are used to close the wounds under the breast and around the nipple area. Dermabond adhesives may also be used. Following surgery, a gauze dressing may

be applied to the breasts or the patient may be placed in a surgical brassiere. Depending on the extent of the surgery, the procedure usually lasts about three hours.

After surgery, pain that is abated by narcotic medication will subside in a day or two. Swelling and skin discoloration around the incisions generally will subside in a few days to a few weeks. After surgery, there may be a loss of sensation in the nipples and breast skin. If it occurs, this condition will usually improve with time; however, it can be permanent in a small number of cases.

Although every effort is made to keep scars as inconspicuous as possible, reduction mammoplasty scars are extensive and permanent. The patient must be willing to accept the change from large uncomfortable breasts without scars to small comfortable breasts with scars. Scars remain highly visible for a year following surgery, then fade to some degree. Since incisions were made around and below the nipples, scars should not be noticeable even in low-cut clothing.

The objective of this surgery is smaller breasts, which are in better proportion to the patient's physique. Since no two breasts are the same size and shape before surgery, usually a slight variation will exist after surgery.

Although you may be up and about in a day or two following surgery, you should avoid excessive exercise and refrain from overhead lifting for 2-3 weeks. The decision on when to return to work and normal activities depends on how fast you heal and how you feel.

Since reduction mammoplasty usually is performed for the relief of physical discomfort, the surgeon's fees and other costs may be partially or even fully paid by your insurance carrier. You will need to check with the benefits coordinator at your place of employment to confirm this. Determination is based on the amount of breast tissue removed in proportion to your body build.