

Breast Reduction

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Women with very large, pendulous breasts may experience a variety of medical problems caused by the excessive weight—from back and neck pain and skin irritation to skeletal deformities and breathing problems. Bra straps may leave indentations in their shoulders. And unusually large breasts can make a woman—or a teenage girl—feel extremely self-conscious.



Breast reduction, technically known as reduction mammoplasty, is designed for such women. The procedure removes fat, glandular tissue, and skin from the breasts, making them smaller, lighter, and firmer. It can also reduce the size of the areola, the darker skin surrounding the nipple. The goal is to give the woman smaller, better-shaped breasts in proportion with the rest of her body.

Breast reduction is usually performed for physical relief rather than simply cosmetic improvement. Most women who have the surgery are troubled by very large, sagging breasts that restrict their activities and cause them physical discomfort.

In most cases, breast reduction isn't performed until a woman's breasts are fully developed; however, it can be done earlier if large breasts are causing serious physical discomfort. The best candidates are those who are mature enough to fully understand the procedure and have realistic expectations about the results.

The procedure does leave noticeable, permanent scars, although they'll be covered by your bra or bathing suit. (Poor healing and wider scars are more common in smokers, so, I will not perform this surgery on patients actively smoking. Patients need to be nicotine free for at least 6 weeks before any surgery.) The procedure can also leave you with slightly mismatched breasts or unevenly positioned nipples. Future breast-feeding may not be possible, since the surgery removes many of the milk ducts leading to the nipples.

Some patients may experience a permanent loss of feeling in their nipples or breasts. Rarely, the nipple and areola may lose their blood supply and the tissue will die. The procedure involves an anchor-shaped incision that circles the areola, extends downward, and follows the natural curve of the crease beneath the breast. I remove excess glandular tissue, fat, and skin, and move the nipple and areola into their new position. He or she then brings the skin from both sides of the breast down and around the areola, shaping the new contour of the breast. Stitches are usually located around the areola, in a vertical line extending downward, and along the lower crease of the breast.

Although you may be up and about in a day or two, your breasts may still ache occasionally for a couple of weeks. You should avoid lifting or pushing anything heavy for six weeks. You will be instructed to avoid sex for a week or more, since sexual arousal can cause your incisions to swell, and to avoid anything but gentle contact with your breasts for about six weeks. A small amount of fluid draining from your surgical wound, or some crusting, is normal. If you have any unusual symptoms, such as bleeding or severe pain, don't hesitate to call me.

Although much of the swelling and bruising will disappear in the first few weeks, it may be six months to a year before your breasts settle into their new shape. Even then, their shape may fluctuate in response to your hormonal shifts, weight changes, and pregnancy.

Of all plastic surgery procedures, breast reduction results in the quickest body-image changes. You'll be rid of the physical discomfort of large breasts, your body will look better proportioned, and clothes will fit you better.

However, as much as you may have desired these changes, you'll need time to adjust to your new image—as will your family and friends. Be patient with yourself, and with them. Keep in mind why you had this surgery, and chances are that, like most women, you'll be pleased with the results.