Breast Practice

Consultant Plastic, Reconstructive and Aesthetic Surgeon Francis X. Darmann explains the breast reduction and uplift procedures.

A significant group of patients undergoing cosmetic breast surgery are concerned with a possible risk of breast cancer. Studies in humans undergoing breast surgery, with or without silicone implants, have not demonstrated any increase in the development of breast cancer. This follows numerous scientific studies on hundreds of thousands of women exposed to silicone or undergoing uplift or reduction operations.

DO: What are the main reasons for a patient to undergo breast reduction or uplift? FD: Breast reductions are usually performed for relief of these symptoms rather than to enhance the appearance to achieve a breast size in proportion with the patient’s height and weight. Breast augmentation involves a variety of techniques and will be dealt with separately in a future issue of Doctor’s Orders.

A breast uplift is a surgical procedure to raise and re-shape sagging breasts. Factors such as pregnancy, nursing, change in weight, ageing and gravity produce changes in the appearance of a woman’s breasts. As the skin loses its elasticity, the breasts often lose their shape and begin to sag. This operation can also reduce the size of the areola, the darker skin around the nipple. If the breasts are small or have lost volume after pregnancy, breast implants inserted in conjunction with a breast uplift can increase both firmness and size.

Breast reduction involves the removal of excess breast fat, glandular tissue and skin to achieve a breast size in proportion with one’s body. Women who have large breasts may experience a variety of problems from the weight and size of their breasts, such as back, neck and shoulder pain, and skin irritation. Breast reduction is usually performed for relief of these symptoms rather than to enhance the appearance of the breasts.

Can any patient undergo these procedures? FD: Most of the time, aesthetic breast surgery is performed to improve image and self-esteem. However, there are situations where a woman with large breasts would require reduction surgery to alleviate back, neck and shoulder pain. Women with large breasts are usually overweight and would require weight reduction before undergoing breast reduction surgery.

How long do uplift and reduction interventions last? What are the risks? FD: Both uplift and breast reduction surgery usually take between three to four hours, and sometimes longer. This depends on the individual case. Every surgical procedure involves some risk and it is important that the patient understands the possible complications associated with them. In addition, every procedure has limitations. An individual’s choice to undergo a surgical procedure is based on the comparison of the risk to the potential benefit. Although the majority of patients do not experience these complications, they are still discussed with the patient.

These operations are performed under general anaesthesia, there are complications through uncommon, that are related to the anaesthetic – however, these are easily controlled. Other complications, as in all surgical procedures, include the risk of an unfavourable scar, bleeding, infection, poor wound healing (especially in smokers and diabetics), fluid accumulation, deep vein thrombosis, cardiac or pulmonary complications, allergies to tape, suture material, topical preparations or injectables. There is also the possibility for the need of revision surgery for the correction of complications or minor adjustments to ameliorate the surgical result.

In breast uplift and reduction surgeries, there is the remote possibility of changes in nipples or breast sensation – which are usually temporary – breast contour or shape irregularities, potential skin loss where incisions meet each other and difference in breast sizes.

Breast reduction surgery involves the removal of excess breast fat, glandular tissue and skin to achieve a breast size in proportion with the patient’s height and weight. Breast augmentation involves a variety of techniques and will be dealt with separately in a future issue of Doctor’s Orders. Mr Darmann qualified MD (Malta) in 1984, was elected Fellow of the Royal College in Ireland and trained in plastic surgery in Ireland. He is the national representative of the Mediterranean Council for Burns and Fire Injuries, and an international member of the American Society of Plastic Surgeons. His special interests include breast reconstructive and aesthetic surgery, especially of the face and breast.