

# Reduction Mammoplasty Reduces Physical and Psychological Pain

**T**he breast is a symbol of femininity in our society. It is a major physical component of completeness as a woman and marks graduation from adolescence to maturity. Women who perceive problems with their breasts suffer in many ways. When too large, the pain may be physical as well as emotional. When too small, there can be a feeling that they have been denied an aspect of physical attractiveness. When age, gravity and pregnancy change a firm, youthful breast to limp and drooping, women fear that their sensuality is diminishing. Breasts that are asymmetrical in size and shape stigmatize their pubescent possessors who feel deformed at a very psychologically impressionable time.

Large breasts can be problematic both physically and psychologically. Excessive weight on the chest wall can result in back pain and poor posture. Pressure from brassiere straps can cause deep grooves on the shoulders as well as skin discoloration. Rashes often develop under large breasts from sweating and rubbing against the skin of the abdomen.

Emotional anguish often accompanies pendulous breasts. Young girls are often stared at and commented on as sex objects. Self-consciousness results in attempts at concealment. They may shy away from sports or social events. Shopping for clothing—a great pleasure for most young girls—becomes a chore. Instead of going to the lingerie section

of stores, they are visiting the corsetiere. of sensation especially when correcting very large breasts. This most often affects sensations to light touch but not to erotic stimulation. Of equal importance is the understanding that this sculpting surgery leaves scars.

Reduction mammoplasty surgery usually takes between three to four hours and is performed under general anesthesia. Hospital stay is usually 48 hours following surgery. Since this is an elective procedure, I encourage all my patients to donate their own blood so if transfusion is required, it is absolutely safe.

Many insurance carriers view this surgery as reconstructive, especially with large reductions and will provide reimbursement. Some carriers, however, still consider it truly cosmetic. A check with your company for pre-authorization is wise.

Most commonly, reduction techniques are performed either of two ways. If breasts are moderately large, excess tissue is removed and the nipple areolar complex is relocated while remaining attached to its blood supply on the breast. Therefore, viability and sensitivity are maintained. If, however, the breasts are tremendous, then living nipple transfers cannot always be successfully done. In these cases, the nipple areolar complex is detached from the breast and repositioned as a graft. With this, all sensation is lost, but slowly returns over a one-year period. The incision lines for this surgery are around

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A very important step for women who are bothered by large breasts would be an in-depth consultation with a plastic surgeon. By learning about the risks and benefits of this surgery, decisions about undertaking recontouring or leaving them as is can be made.

The ideal patient for reduction mammoplasty is one who has achieved a body weight that is appropriate for her size and maintained it. Large weight swings up or down after surgery will influence the breast size and alter the outcome.

Age is not a barrier to reduction breast surgery. I have operated on many older women who could "no longer tolerate the burden." As far as youth is concerned, breast development should be complete before surgery is performed. Also, with younger patients an endocrine or hormone evaluation is recommended to ensure that there is no imbalance that may allow the breast to continue to grow in spite of the surgery.

Women who are contemplating pregnancy in the near future are encouraged to defer surgery as child bearing markedly influences the breasts' size and shape. Also, the ability to breast-feed may be impaired. For those who are bothered but have no immediate goals for pregnancy or do not plan to breast-feed, surgery is encouraged.

Two other issues deserve special consideration, especially for young women. Reduction operations can diminish nip-

ple sensation especially when correcting very large breasts. This most often affects sensations to light touch but not to erotic stimulation. Of equal importance is the understanding that this sculpting surgery leaves scars. Following this, the incisions are closed and a brassiere dressing applied.

Post operative pain is usually minimal. Between seven-10 days the sutures are removed. I have my patients wear a support bra continuously for three weeks except when showering. At six weeks all pre-surgical activities can be resumed. Light activities such as desk work, school or just being social can be resumed in a matter of days following hospital discharge.

The early complications of this surgery are bleeding and wound separation. The late problems involve thickening of scars. If these occur they can be remedied.

Breast reduction surgery is extremely rewarding for both the patient and surgeon. Despite the scarring, women are extremely happy with their new contour.

*Next month—enlargement surgery for small-breasted women.*

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