

Breast Reduction



ABOUT DR. DUFFY & OUR PRACTICE

"I believe it is important for any patient to know as much as possible about their surgery, their physician, and their options. I approach each patient on an individualized basis, learning as much as possible about their goals in my initial consultation. My office and practice is designed to provide patients with a comfortable atmosphere where they can feel safe and confident about their medical care."

Frederick J. Duffy, Jr., M.D., F.A.C.S.

Dr. Duffy practices in North Dallas. His main office is at Medical City Dallas Hospital but he also operates at Presbyterian Hospital of Dallas, Presbyterian Hospital of Plano, Medical Center of Plano, Baylor University Medical Center, Richardson Regional Hospital, and Children's Hospital. He operates on both adults and children, and his practice encompasses both reconstructive and cosmetic procedures. Because of Dr. Duffy's expertise in a variety of procedures, particularly involving microsurgical skills, his practice includes patients from all over the country.

Dr. Duffy received his undergraduate education at Boston College and went back to his home state of New Jersey for medical school at UMDNJ-Robert Wood Johnson Medical School. He then completed a general surgical residency at Deaconess-Harvard Surgical Service in Boston. He took two years off from his general surgical training to do plastic surgery research at Boston Children's Hospital. After completing his research fellowship and general surgical training, he received his plastic surgery training at Massachusetts General Hospital. Following this, he did an additional six-month fellowship at Brigham and Women's Hospital, also in Boston.

Dr. Duffy is board certified in plastic surgery by the *American Board of Plastic Surgery*. He is also board certified in general surgery by the *American Board of Surgery*. He is a member of the *American Society of Plastic Surgeons*, the *Texas Society of Plastic Surgeons*, the *Texas Medical Association*, the *Dallas County Medical Society*, and the *Dallas Board Certified Plastic Surgeons*. He is also a *Fellow of the American College of Surgeons*.

Teaching has always been one of Dr. Duffy's passions and he is actively involved in teaching of the plastic surgery residents at *The University of Texas Southwestern Medical School*. He participates in their training at Parkland Hospital and at Baylor University Medical Center.

Despite Dr. Duffy's busy clinical practice, his main focus in life is his family. He is married to an ear, nose and throat surgeon who practices part-time. He and his wife are the proud parents of two young boys. If you are ever hospitalized under Dr. Duffy's care you will likely have a chance to meet the boys, as he frequently rounds on his hospital patients on the weekends with one of his sons.

BREAST REDUCTIONS AND INSURANCE

Many patients have questions regarding whether their insurance will cover a breast reduction (or reduction mammoplasty). This is an increasingly complicated issue. To assist our patients we are providing this information.

Some insurance plans will cover a breast reduction if it is determined (by the insurance company) to be medically necessary. For most plans, some or all of the following conditions must be present for the plan to approve coverage:

1. Neck and/or upper back pain (many plans require the patient to first try physical therapy to treat the pain prior to authorizing the surgery)
2. Shoulder grooving
3. Chronic rashes beneath or between the breasts from the tissues rubbing

We always advise our patients to get a written predetermination of coverage from their insurance before proceeding with surgery. What this means is that the insurance company reviews the patient's case and makes a determination, prior to surgery, whether the procedure would be considered covered under that plan. We are happy to assist patients by writing a letter to their insurance company requesting this information. To do this, most insurance plans require us to provide:

1. Pictures of the patient
2. A description of any medical problems such as those noted above
3. Copies of office notes documenting the medical problems
4. Copies of any medical records from other physicians relating to these problems (such as physical therapy records)
5. An estimate of the amount of tissue to be removed
6. Height and weight of the patient

Getting a response from the insurance company typically takes 4-6 weeks. We will call you as soon as we have a response. If you have questions in the meantime, you can call your insurance company and ask them the status of the predetermination letter.

Sometimes an insurance plan will deny the surgery until the patient first tries physical therapy. Although some medical research indicates loss of weight will not result in a decrease in the size of breasts, some insurance plans will require a patient to first lose weight prior to trying surgery. If the amount of reduction that a patient needs is not a large amount, the insurance company may deny it as being cosmetic rather than medically necessary.

An increasing number of insurance policies have specific exclusions against breast reduction surgery. This means these plans will not cover breast reduction surgery regardless of the reason.

If your insurance denies the surgery, you can appeal this with them. However, due to the time involved in the predetermination process, our office is unable to appeal the predeterminations. We will be happy to provide you a copy of our predetermination letter to assist you in your own appeal.

You should be aware that an insurance giving prior approval for a breast reduction is still not a guarantee that they will cover the procedure. Insurance companies will never guarantee coverage of a procedure until after it has taken place. However, by having a predetermination letter done prior to the surgery, you get as much assurance as possible.

As always, if you have any questions about this information, or your procedure, please call our office.

PROCEDURE DESCRIPTION

Breast reduction is one of the most common reconstructive procedures that plastic surgeons perform and breast reduction patients are among our most grateful. As long as patients understand the risks associated with this procedure, they are almost uniformly happy with the results this procedure can deliver. Like other body contouring procedures, this involves trading scar for improved contouring. The breast is both reduced and lifted in the process so that the nipple is elevated up on the chest and the breast is given a much more natural and youthful appearance. The procedure is typically performed as an outpatient.

It is important for the patient and the surgeon to talk before surgery about what the surgery can deliver and about how large the patient wants the breasts to be following surgery. Photographs are typically taken at the initial consultation to facilitate a predetermination letter to the patient's insurance company. Most insurance companies still cover breast reduction but some do not. You should check with your insurance company to determine if breast reduction is a covered procedure. Insurance companies will often insist upon a preoperative trial of physical therapy and/or weight reduction prior to authorizing breast reduction surgery.

Preoperative markings will be made on the patient's breasts the day of surgery. The goal is to lift and reduce the breast in such a way as to produce a natural, well-shaped breast following surgery. Minor asymmetries after surgery can be resolved in the office under local anesthesia if need be.

Dressings following surgery are usually removed a couple of days after surgery and a week or so later patients are placed back into a mild compression garment such as a jogging bra. The swelling and bruising will disappear in the first 4-6 weeks and it may take 6 months to a year before the breasts settle into their final shape. Though the scars from a breast reduction usually heal quite well, it is important to realize these scars are permanent.

SCHEDULE OF APPOINTMENTS

During your initial consultation, we will discuss the surgical procedure, the risks associated with each procedure and the anesthetic and answer any questions you may have. Pictures will be taken for your patient chart and to use with your insurance company if a predetermination letter is being done. You are welcome to call our office if you have any questions after you leave. You are welcome to return to our office for another consultation, as well.

Your next appointment will be your preoperative visit. During this time, we will discuss the risks for the procedure(s) as well as the risks for the anesthetic in detail. This is not meant to scare or discourage you, but we feel that it is our responsibility to make you well informed about the risks for any and all procedures. After the risks are understood and agreed by you, the patient, you will be asked to sign the consent for the facility and for Dr. Duffy. These are kept in your patient chart and your facility chart. A copy is available upon request. If any further pictures are needed for your chart, they will be taken at this time.

After your preoperative visit you will be sent to the facility your surgery is scheduled to pre-register.

PREPARING FOR SURGERY

UPON SCHEDULING YOUR PROCEDURE

Healthy patients recover from surgery more quickly, heal better, and are less likely to have complications following surgery. It is crucial that you discuss any underlying health problems with Dr. Duffy so that the risk of complications can be minimized.

Smoking may lead to poor wound healing. Smokers are much more likely to have delays in healing as smoking reduces circulation to the skin and tissues. We strongly encourage you to stop smoking before surgery. If you are a smoker, please inform Dr. Duffy.

It is important that you discuss any and all medications you are currently taking. It may be necessary to stop taking medications containing aspirin or ibuprofen (Advil or Motrin) before surgery. Both of these drugs are blood-thinning agents and can cause bleeding problems during and after surgery. It is also important that you inform us about any herbal or holistic supplements you are taking. Some of these products may be associated with bleeding problems. You may need to consult with your primary care physician if you have any concerns about the medications that you are currently taking. Do not discontinue taking any medication without the approval of the prescribing physician.

THE DAY PRIOR TO SURGERY

In most cases you will be given a prescription for postoperative medications when you come to our office for your final appointment before surgery. We recommend you go ahead and fill that prescription at your pharmacy before the day of surgery, so that it will be available to you when you return home after surgery. If you have any questions about your medications, you can consult your pharmacist or ask Dr. Duffy when he sees you prior to the surgery.

You will be unable to drive yourself home after surgery, and the hospital/surgical facility will not allow you to leave in a cab by yourself. Therefore it is important to arrange to have someone take you to surgery and bring you home after you are released from the surgical facility. It is also required that you have someone stay with you for at least 24 hours after surgery.

We recommend avoiding any alcoholic beverage for 24 hours prior to surgery as alcohol may dehydrate you. It is also very important that you do not eat or drink anything, including water, after 12:00 midnight the night before surgery. If you need to take any medications during this time, take it with as little water as possible.

Your anesthesiologist will call you the night before surgery. If they are not able to reach you, you will be able to ask any questions upon your arrival at the surgical facility.

THE DAY OF SURGERY

It is important you have nothing to eat or drink, including water, after midnight prior to surgery. If you eat or drink prior to surgery it may be necessary to cancel the surgery. If medications are to be taken, please take them early in the morning if possible with only a sip of water. All medications should only be taken if authorized with the anesthesiologist or Dr. Duffy.

Be sure to wear comfortable, loose-fitting clothing that does not have to be pulled over your head. Do not wear hairpins or jewelry. Do not bring any money or valuables with you to the surgical facility.

WHAT TO EXPECT AFTER SURGERY

Every patient's experience following breast reduction surgery will be somewhat different. However, there are some common concerns and this handout is designed to answer questions that will likely arise either before or after your surgery. If you have additional questions following surgery, please call the office during business hours. If you feel it is an emergency, Dr. Duffy can be reached by calling the office and the answering service will page him.

Dressings & bandages: You will be fitted with a dressing (bandage) placed by Dr. Duffy at the conclusion of your surgery. This dressing will be removed at your first postoperative visit, which is typically 2 or 3 days following your surgery. After your initial dressing comes off, you will be instructed on what sort of dressing to wear for the next couple of weeks, or you may need none at all. Do not attempt to wear any bras until Dr. Duffy releases you to do so. You will be unable to wear underwire bras for some weeks after surgery. All sutures used during the surgery are absorbable and the incisions will be covered with Steri-Strips (tape-like closures). These pieces of tape will eventually fall off and as they begin to curl up you may gently remove them.

Swelling and bruising: Moderate swelling and bruising may occur after any surgical procedure. If they are excessive or continuous, it may be indicative of bleeding or infection and our office should be notified as soon as possible.

Pain: You will definitely be sore, particularly the first few days following your surgery. This pain typically persists for a week or so but is usually worse the first couple of days. You will be given pain medication following your surgery. You should plan on eating and drinking very lightly the evening after your surgery, as nausea following general anesthesia is fairly common. The pain medicine will not totally alleviate your pain but the goal is to make you as comfortable as possible, particularly in the first few days.

Numbness: During the procedure, it is likely that some of the sensory nerves to the skin will be cut. It is also possible to experience some numbness from the local anesthetic that is administered during the procedure. It can be expected that most normal nerve activity will return within 2-3 months as the nerve endings heal. However, some procedures are associated with a higher risk for areas of permanent numbness. Some patients experience a decrease or loss of nipple sensation following a breast reduction. The sensation will eventually return for most patients but some patients lose the sensation permanently.

Itching: You may experience some external itching following your surgery. The surgical prep solutions can cause some skin dryness and the surgical tapes occasionally irritate the skin. Keeping the skin clean and moisturized should minimize the discomfort from the irritation.

Bleeding: It is normal to experience some bleeding from the incision site. You may notice some blood on your dressings following your surgery. It should not be excessive and you should notify the office if any excessive bleeding occurs.

Seeing Your Results: You will obviously be able to see a significant improvement in your breast size immediately after surgery. However, because you will be swollen, the actual final result will not be evident for several weeks. Be aware your results will continue to improve as the swelling resolves.

Smoking: Smoking, even after surgery, will delay the healing process. If at all possible, smoking should be stopped 2 to 3 weeks prior to surgery and you should make every effort not to smoke for at least a month following surgery.

Workout Routine: You will not be able to perform any excessive physical activity for at least the first two weeks, particularly any activity involving lifting heavy items or raising your arms over your head. Walking will be encouraged, but no weight lifting exercises should be done until Dr. Duffy releases you to do these activities.

Sexual Activity: It is advisable to abstain from sexual activity at least until after your first post-operative appointment.

You will likely feel tired and weak for a variable amount of time after your surgery. You may have intermittent nausea and some dizziness. Constipation is also occasionally a problem because of the pain medicine you are taking. You will gradually get better, although you may experience periods of ups and downs. If you have any questions, we encourage you to call the office. We will make every effort to make this procedure as pleasant for you as it can possibly be.

GENERAL SURGICAL RISKS

It is important that you fully understand the risks associated with any surgery. We encourage you to obtain as much information as possible about the surgical procedure and the associated risks. If you have questions and concerns about the procedure or risks, we encourage you to ask us to help you to better understand them. We want you to make an informed decision about your surgery.

As with any surgery, there are risks associated with the anesthesia and with surgery in general. Pulmonary embolism (blood clots of the lungs), severe allergic reactions to medications of anesthetic, cardiac complications, heart attack, stroke and even death are rare but potential risks of any surgical procedure. You will receive a detailed surgical consent prior to surgery and will have the opportunity to discuss the risks. The risks listed below are only some of the more common risks associated with a breast reduction. All of these are infrequent, but it is important you are aware of the possibility of these risks.

Thick, wide or depressed scars: You will have a scar under each breast in the inframammary fold, as well as a vertical scar extending from the areola down to the inframammary incision and a scar around the edge of the areola. The exact size of the scar will depend upon your own breast size. As your incisions heal, your body creates new collagen that forms a scar. The majority of the healing process takes place in the first few weeks after surgery. However, you should be aware that scars take up to a full year to reach their final appearance. Depending upon the healing process, a scar may be abnormally wide, dark, or depressed. You will be started on a program of scar massage several weeks following your surgery to help the healing process. If abnormal scarring occurs, there are a variety of non-surgical and surgical solutions that will be presented to you. However, you should be aware there will always be a scar in this region.

Delayed healing: Some patients heal at a slower rate than others. Factors that play a role in delayed healing include (but are not limited to) infection, decreased circulation and smoking, poor nutrition, advanced age, prior surgery or radiation, Lupus, or other diseases such as Diabetes. It may be necessary to have wound care treatment of a delayed open area for weeks after surgery if you have any wound healing complications. Dr. Duffy specializes in wound care and is the director of a Wound Care Center so he will be able to provide you experienced care if you have any healing complications.

Unsatisfactory result: You have decided to have a board-certified plastic surgeon perform a procedure to enhance or improve the appearance of a specific part of your body. Plastic surgeons are specially trained and strive to give you the most pleasing and aesthetic result. Although these procedures are performed to improve the appearance of an area, it is important to remember that complications occur and that sometimes expectations are not achieved. Some procedures will require a secondary procedure or revision surgery to help achieve the result you were striving for. It may even be possible that the result you want cannot be achieved.

Bleeding: It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding.

Infection: Infection is unusual after this type of surgery. Infection is more likely when there is delayed wound healing. If an infection occurs, treatment may be necessary including antibiotics or hospitalization.

Asymmetry: Just as no woman’s natural breasts are exactly the same size and position, your breasts following reduction will also be somewhat asymmetrical. Dr. Duffy strives to achieve as much symmetry as possible but you should be aware there will be some inevitable asymmetry.

Breast disease: Breast disease and breast cancer can occur independently of breast reduction surgery. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to American Cancer Society guidelines, and to seek professional care should a breast lump be detected.

Breast feeding: Although some women have been able to breast feed after breast reduction, in general this is not predictable. If you are planning to breast feed following breast reduction, it is important that you discuss this with your plastic surgeon prior to undergoing reduction mammoplasty.

Change in nipple and skin sensation: Some change in nipple sensation is not unusual right after surgery. After several months, most patients have normal sensation. Partial or permanent loss of nipple and skin sensation may occur.

Nipple loss/necrosis: During a breast reduction it is often necessary to “move” the nipple so that it will remain properly located relative to the new breast size. This is called a free nipple graft. In some cases the nipple will not survive after grafting or a portion of it may not survive. If a nipple and/or the surrounding areola tissue necroses after surgery, the nipple and areola can be reconstructed. However, the reconstructed nipple will have little or no sensation and it will not be possible to breast feed from a reconstructed nipple.

Firmness: Excessive firmness of the breast can occur after surgery due to internal scarring or fat necrosis. The occurrence of this is not predictable. If an area of fat necrosis or scarring appears, this may require biopsy or additional surgical treatment.

Seroma: Fluid accumulations infrequently occur beneath the skin. Should this problem occur, it may require additional procedures for drainage of the fluid.

Long term effects: Although a breast reduction is designed to improve the breast appearance, subsequent changes may occur due to age, weight loss or gain, pregnancy, or other circumstances.

Breast size: Just as natural breasts are never perfectly symmetrical, after a breast reduction your breasts will not be exactly symmetrical. Your surgeon will work to make you as symmetric as possible. In addition, it is impossible to determine exact breast size during surgery. During your preoperative visit Dr. Duffy will discuss with you what size you hope to achieve and he will strive to provide you that size. However, due to swelling and other factors it is impossible to determine an exact breast size during surgery. You should also be aware the size may change substantially in the weeks following surgery due to swelling.

Additional Surgery: Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with breast reductions. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

INFORMATION ABOUT SCARS AND SCARRING

Every surgical procedure involves some form of scarring. The amount of scarring, length of the scars, and the location of the scars is very much a function of the type of surgery that is performed. The scars may be small and straight such as in a breast augmentation, or they may be very long and prone to widening such as in a tummy tuck or abdominoplasty.

With any surgical procedure, it is important to realize that every scar, regardless of size, goes through a process of healing that lasts as long as a year. Regardless of the size of a scar, scars are often initially slightly raised and somewhat reddened. They are occasionally painful. As scars heal, patients will occasionally note that the scars are very sensitive and this may take months to resolve.

Scars will soften as they heal and become less reddened and usually end up pale and flush with the skin. However, it is important to realize that any scar may be raised, widened, or permanently numb as can the skin around the scar. Most patients' scars go through the normal process of healing and rather quickly end up looking very good. However, problems can occur with any scarring and wound healing process regardless of the success of the operation itself. Each individual patient heals differently, and even the same patient may notice a difference in the healing process from one surgery to the next.

There are a number of things that you, the patient, can do to minimize the appearance of surgical scars. Dr. Duffy encourages all patients to begin a program of scar massage several weeks after surgery. This improves the blood supply to the skin and he believes this softens the scars quicker. It is also very important to strictly avoid sun exposure to any scar for a year following any surgical procedure, particularly on the face or other sun-exposed area. If you need assistance choosing a sunblock product, please speak with our esthetician. Additionally, smoking has an extremely detrimental impact on any wound healing process and may result in a poor scar appearance.

If a scar is prominent there are treatments which may be recommended including scar revisions. These treatments are designed to improve scarring where possible, but it is not possible to "erase" a scar. The goal is to avoid a problematic scar. Some patients are prone to hypertrophic scars or keloids. If you have a history of problematic scars you should be certain Dr. Duffy is made aware of this prior to any surgical procedure.

It is always our goal to have patients well informed prior to any surgery. Because it is impossible to do a surgical procedure without some type of scarring, Dr. Duffy provides this information to help you be aware of the process of scarring and wound healing. It is important to realize the healing process does occur over time and may take weeks, months, or even a year or more to achieve a final result.

If you have any questions regarding the location and type of scarring associated with the particular procedure(s) you are considering, please do not hesitate to ask for additional information.