



PIPS *Steps*

A PUBLICATION OF THE PITTSBURGH INSTITUTE OF PLASTIC SURGERY

When **BIGGER** *isn't* **BETTER**

If I were to choose one group of patients who are more appreciative of my efforts on their behalf than are any other group of patients, that group would be those women upon whom I have undertaken **Bilateral Reduction Mammoplasty** (Bilateral Breast Reduction). These are women who are bothered, usually from a very early age, with large, pendulous breasts which often are far out of proportion to the remainder of their bodies and are associated with constant neck pain, upper back pain and bra strap irritation/grooving. Some women even develop relatively severe chafing of the skin where breast skin comes into contact with lower chest and upper abdominal skin. Not only do these women contend with pain and disability, in the sense that everyday physical activities are problematic for them, but more often than not they contend with embarrassment, secondary to stares, wisecracks, etc. Most women so afflicted handle their "deformity" with humor. A patient of mine recently told me, "I'm built for comfort, not speed".

Large breasts probably are a result of a hypersensitivity or an over response on the part of developing breasts to hormonal changes (particularly that of estrogen) in pubertal women. While large breasts, which technically are known as "hyperplastic" or "hypertrophic" breasts, may be familial in nature, in the sense that they often arise in women who are daughters and granddaughters of large breasted women, large breasts can arise in an individual whose other female family members are small or normal breasted.

Fortunately, most health insurers regard large breasts as a legitimate medical problem. Health insurers recognize that the chronic "tug" of large breasts upon the neck, upper back and shoulders may lead later in life to significant problems with the cervical and upper thoracic spine which, at the very least, may be a source of chronic pain and, even worse, may result in a herniated cervical disc. Consequently, most

health insurers are motivated to "cover" the cost of a Bilateral Breast Reduction now, in the hope that doing so will avoid more costly orthopedic or neurosurgical care in the future.

Just about any Bilateral Breast Reduction can be undertaken on an outpatient basis, or at most requires a one night hospital stay afterwards, and fortunately results in only a few days of postoperative discomfort and a couple of weeks of postoperative disability, in terms of limitation of shoulder and upper arm movement.

Essentially two techniques of Bilateral Breast Reduction are in vogue today. One technique attempts to preserve the integrity of the lactiferous (milk) ducts between the nipple and the underlying breast gland. Such a technique is suited particularly to young women who may want to breastfeed future children. While an individual who undergoes such a procedure cannot be assured of her ability to breastfeed in the future, since even a "normal" breast is not always capable of milk production, at least the procedure preserves that potential. One drawback to the foregoing technique is that it is not well suited to those breasts which are not just large but very, very large. In such a situation a technique employing transplantation (or detachment and reattachment) of the nipple-areola is best, although such a technique effectively eliminates any possibility of future breastfeeding.

Either technique results in comparable scarring, essentially an anchor-shaped scar encircling the areola and extending to and along the inframammary fold. Scars resulting from Bilateral Breast Reduction certainly do not qualify as "hairline" scars, owing to the tendency of thick skin and skin subject to stretch (breast skin

qualifies on both counts) to form scars which widen with time. Nonetheless, these scars prove acceptable and usually are regarded as a small price to pay for relief from pain and postural difficulties. Furthermore, the location of the scars allows camouflage of the scars by an ordinary bra or bathing suit, even a two piece bathing suit, as well as other revealing clothing. And, like any scars, Bilateral Breast Reduction scars which don't prove to be aesthetically pleasing can be "revised" at a later date with good probability of assuming a more appealing appearance.

For more information about this and other cosmetic and non-cosmetic procedures, please call The Pittsburgh Institute of Plastic Surgery at 1-800-321-7477 or The Plastic Surgery Information Service at 1-800-635-0635.

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