

**PURITY BRIDGE CLINIC**  
**CHECKLIST for Breast Reduction Pre-operative**

**Recommendations around the time of surgery**

- Clothing to wear to hospital – we recommend you wear a button or zip top for ease and comfort (such as a tracksuit top). You may find your arms and shoulders feel a little stiff after surgery
- Keeping your skin clean – we recommend regular washing before and after surgery with tea tree wash
- Good supporting sports bra – a good bra is essential after breast surgery. We suggest Macom bras, which you can purchase from the clinic. They offer good support and stretchy cups, meaning that they can accommodate your breasts during any post-operative swelling you may experience, and in addition, a cup size does not have to be decided on. They are also front fastening, which makes things easier after surgery. We would also suggest you purchased two bras, so one can be in the wash whilst wearing the other one. It is important to ensure that the bra fits comfortably around your chest.
- Wear the sports bra for 6-weeks day and night unless otherwise advised. Please bring garment to the hospital.
- Sleep for a few days with an extra pillow after surgery – this should help swelling to reduce
- Looking after your dressings – your wounds will be dressed in brown tape which stays on for two weeks. You can shower with the dressings on, but please have your back to the shower hose, so the tapes don't come off. It is essential that the dressings are dry prior to getting dressed – dab of excess water with a towel, then use a hair dryer on a cold setting to dry the tapes.
- Post-operative follow-up – you will have a check up with the nurse one week after surgery, and then a further appointment for the removal of tapes at 2-weeks and trimming of any stitch ends. Later follow-up will be arranged subsequently
- Take things easy & slowly after surgery. Gentle pottering about, no heavy lifting or jumping up and down for first 2-3 weeks. No wearing of underwire bras. No spray tan.

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- Driving can be started at 2-3 weeks
- After 6 weeks you can get back to normal exercise
- Scar management – this will be discussed with you at your 2-week post-operative appointment. Regular moisturizing and massage of your scars is important, and
- silicone gel can help ensure your scars settle down as quickly as possible.
- Some people find using arnica cream or tablets very helpful for their bruising and

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Any form of surgery carries a degree of risk. An individual's choice to undergo a surgical procedure is based on the perception and balance of risk and benefit. Although the majority of patients do not experience complications, it is important to consider them carefully in relation to how they might affect you if you were in the position to experience one (or more). If you have any questions or doubts you must discuss these with your plastic surgeon and postpone surgery until you are happy.

**EARLY COMPLICATIONS (WITHIN THE FIRST WEEK OF SURGERY)**

**Bleeding (haematoma)**

If there is any suggestion that bleeding into the breasts has occurred after surgery you will need to go back to the operating theatre to have the bleeding stopped and the wound washed out to evacuate the collected blood. Signs that a haematoma is developing include: the filling up of your drain bottle with blood (if you have one), swelling of the breast, increasing pain, a swollen and purple nipple and the development of severe bruising.

Patient initials.....

**Infection**

Rates of severe infection in breast reduction are low. However, minor wound infections or inflammation may occur. If you have had a Wise pattern (T-shaped) breast reduction, this is most common at the T-junction of the scars. Minor wound infections are dealt with using special dressings and antibiotics where appropriate. If a major infection develops, it might be necessary to go back to the operating theatre to wash out the wound. In severe cases, more than one return trip to theatre may be required, as well as the use of a specialised dressing, to try and get the wound to heal as quickly as possible.

Patient initials.....

**Blood Clots**

Blood clots in the veins of the legs (DVT - deep venous thrombosis) may occur after breast reduction surgery, which is why important preventative measures are taken (compression stockings, pneumatic calf pumps and blood thinning injections whilst in hospital). You should continue to wear the calf compression stockings for 2-weeks after discharge from hospital. If a DVT does develop, you will need various

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investigations and treatment as appropriate. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious, and again, appropriate investigations and treatment are instigated should this be suspected after your operation.

Patient initials.....

**INTERMEDIATE COMPLICATIONS (WITHIN 6-WEEKS OF SURGERY)**

**Suture spitting**

As described above, stitches (sutures) that are designed to dissolve sometimes do not dissolve as quickly as they are meant to. In these situations, there is a chance that they can work their way out of the wound and appear as sharp prickly filaments, occasionally with a surrounding area of redness. Should this occur, it is nothing to worry about - any sutures that are spitting out of the wound can be dealt with in the clinic, and the wounds should then heal over these areas uneventfully.

Patient initials.....

**Delayed wound healing**

In some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from overdoing it straight after surgery. Normally this is a minor inconvenience, which can be managed with special dressings as an outpatient. Occasionally it can lead to a more severe infection developing as described above.

Patient initials.....

**Nipple problems**

Nipples need to be re-sited during breast reduction surgery, and in some women having large breast reductions, this can mean they need to be moved a long way. If there is any problem with the blood supply to the nipple (possibly because the nipples have had to be moved a long way), this may affect the healing and even the survival of the nipples. In the worst-case scenario (which is fortunately very uncommon) the entire nipple may die. Otherwise, part of the nipple may form a scab, which will eventually heal underneath. If you are unlucky enough for this to

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happen, you may require revision surgery in the future to address poor scarring or to reconstruct a new nipple for you

Patient initials.....

**Nipple sensation**

For similar reasons that the blood supply to the nipple may be affected, so too might the nerve supply. This means that there is a chance that your nipples are less sensitive (or even completely numb) following a breast reduction. In some cases, nipples may actually be more sensitive. This is important to understand prior to undergoing a breast reduction, as the change in sensation is likely to be permanent.

Patient initials.....

**Fat necrosis**

In the same way as there may be some trouble with the blood getting to the nipple to keep it alive, occasionally the same may happen to the fat in the breast. If this happens a pocket of fat may die – this is known as fat necrosis. If this happens to a small degree, it may just present as firm lumps in the breast. These will usually settle with time and massage. If you have more significant fat necrosis, you may produce an oily discharge from the wound. Depending on the assessment of the degree of fat necrosis, this may either be managed with dressings and wound washouts in the outpatient setting, or if it is more severe, it may require a further trip to the operating theatre for a formal washout of the breast.

Patient initials.....

**Seroma**

Normally wound fluid (that comes out into the drain bottles if drains are used) stops being produced by the body shortly after surgery. Sometimes, however, the body continues to produce this fluid for some time and the fluid can accumulate in the breasts, known as a seroma. If this happens it may be uncomfortable and there is a

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chance that the fluid can become infected. Therefore, should you develop a seroma, it may be necessary for it to be drained. This involves a fine needle being passed into the breast and the fluid sucked out (in a similar manner to how it previously came out into the drain bottle). The aspiration may need to be repeated on more than one occasion depending upon your situation. Fortunately, this is unusual in breast reduction.

Patient initials.....

**LATE COMPLICATIONS (AFTER 6-WEEKS FROM SURGERY)**

**Asymmetry**

As described earlier, everyone has a degree of breast asymmetry. Although every effort is taken to achieve the best symmetry possible, there will always be differences between your breasts. If there is a significant difference between your breasts, this will be discussed with you and together a plan can be made to address this if required

Patient initials.....

**Scarring**

The breast reduction scars will fade but this can take 1-2 years. Until this time scars may be red and firm. As described above, regular scar massage and moisturising is important to help the scars to mature and settle down as quickly as possible. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. Should these occur, this will be discussed with you as well as the best ways of treating them.

Patient initials.....

**The sub-optimal result**

Despite a successful breast reduction operation, some patients will feel their breasts are not exactly as they were hoping. This may be due to a number of factors but can be due to unrealistic expectations (for example, some patients are disappointed that they have visible scars, or that they have mild degrees of asymmetry). It is

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important to discuss any concerns you have. If further procedures are warranted, there may be further costs involved and this will be explained. It is crucial that you appreciate what you can expect from a breast reduction prior to undergoing the surgery.

Patient initials.....

**Coronavirus and COVID-19**

The Coronavirus Disease (COVID-19) global pandemic has had an impact on all of our lives. Despite the anticipated “worst” of the disease and the consequences being allegedly over, the disease still exists and can have an impact on surgical and non-surgical procedures. The disease can be acquired in the community and in healthcare settings, and it is impossible to determine accurately how someone might have caught the disease. It is therefore important that you appreciate that if you develop COVID-19 following your procedure, it is not possible to determine whether you caught it during your treatment (e.g. from medical staff or the clinical setting) or whether it was acquired elsewhere.

Furthermore, if you are an asymptomatic carrier of Coronavirus (even if a recent test for Coronavirus has been negative), there is evidence that symptoms can develop after a surgical procedure, particularly with a general anaesthetic. This risk must be acknowledged and accepted if you are to proceed with treatment. Should symptoms develop they could impact on your post-surgical recovery, and even require transfer or admission to an NHS hospital.

Patient initials.....

I acknowledge that I have read and understood the nature of a breast reduction operation. I have read the information booklet provided to me and I understand the potential risks and complications associated with this procedure. I agree to follow the postoperative care instructions given to me, including attendance at the postoperative follow up appointments, compliance with instructions to stop smoking/nicotine products (when relevant) and cessation of exercise and heavy lifting during the recovery after surgery. I agree to communicate any concerns I may have in a timely manner and to

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inform my surgeon of any changes in my health or circumstances that may affect my suitability for, or recovery from breast reduction surgery.

- **I, the undersigned, acknowledge that I have read and understood the nature of a breast reduction operation. I have read the information booklet provided to me and I understand the potential risks and complications associated with this procedure.**
- **I further recognise that during the course of an operation, medical treatment or anaesthesia, unforeseen conditions may necessitate different or additional procedures. I therefore authorise my surgeon and attendant medical staff to perform such procedures as deemed necessary by their professional judgement that are in my best interest.**
- **I consent to the administration of such anaesthetics considered necessary and advisable. I understand that all forms of anaesthesia involve risk and the possibility of complications.**
- **I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.**
- **I agree that all has been explained to me in a way I understand regarding the procedure(s), risks, potential benefits and possible alternative treatments.**

**Patient signature .....**

**Patient name.....**

**Date.....**

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