

TUBEROUS BREAST CORRECTION

Tuberous breasts describe a developmental breast abnormality in which the breast tissue bulges through an enlarged areola (the pigmented area around the nipple). In addition, most tuberous breasts are underdeveloped and have a high and tight breast crease. In order to correct the situation, all of these factors must be addressed. The breast is usually enlarged using a breast implant. The optimum surgical technique for you will be to correct your tuberous deformity after a careful pre-operative assessment. Sometimes the breast tissue must be redistributed to drape over the implant, all through an incision (scar) around your areola. Alternatively, a separate incision may be made in the breast crease to place the implant, followed by surgery around the areolar. The aim is to reduce the size of the areola and tighten it to stop the breast tissue bulging through. This leaves you with a circular scar around the areola and sometimes also with a scar underneath the breast. Sometimes a different procedure needs to be performed on the other breast if it is not tuberous, but, for example, enlarged.

WHAT DOES IT INVOLVE?

The operation is performed under a general anaesthetic (with you asleep). You will wake up with surgical tapes along the wounds and a surgical drain (tube) coming out of each breast. You will need to go into a supportive post-surgical or sports bra the evening of the surgery (or the next day).

WHAT ARE THE BENEFITS?

This procedure corrects the problems concerning the shape of your breasts as well as their size in one operation. Many other procedures described for tuberous breasts involve 2 or 3 different operations.

HOW LONG IS THE SURGERY

The surgery takes about 2-3-hours.

WHAT IS THE RECOVERY PERIOD?

The procedure requires an overnight stay in hospital after the surgery. This is to ensure that there is only minimal fluid coming into your drains, which may then be removed. You should wear a sports bra day-and-night for at least 6-weeks after surgery.

HOW LONG BEFORE DAILY ACTIVITIES MAY BE RESUMED?

Strenuous activity should be avoided for at least 2-weeks. Driving should wait until 4-weeks after the surgery -you need to be comfortable performing an emergency stop or similar manoeuvre. If you drive too early and you need to do an emergency stop, the wounds may come apart.

WHAT ARE THE SUCCESS RATES?

Tuberous breast correction is a challenging operation, but provides good results. Occasionally, minor revisional surgery is needed to perfect the outcome.

WHAT ARE THE POSSIBLE COMPLICATIONS?

- Wound infection & wound breakdown
- Bleeding or haematoma (a collection of blood in the wound resulting in the need to take you back to theatre to stop the bleeding)
- Capsular contracture is an important possible complication to be aware of -this refers to a tightening of the naturally forming scar tissue around the implant that may change the shape of the breast or cause discomfort. This would mean further surgery to replace the implant and release the tight scar tissue.
- Lumpy scarring (hypertrophic or keloid scarring) which can be difficult to treat
- Nipple problems, including a change in nipple sensation (usually less sensitive, but occasionally more) and complete or partial loss of your nipple (a rare but important complication)
- Breast asymmetry -no breasts in any woman are identical, and although every effort is made to make both sides as equal as possible, there will be differences between them
- Deep vein thrombosis (DVT) and pulmonary embolus (PE) -these are blood clots that may occur in the leg (DVT) and travel to the lung (PE) which may be very serious -fortunately they are not common.
- Further surgery may be needed to make adjustments to correct for imperfections or significant differences between the breasts