

CALHN

Department of Plastic and Reconstructive Surgery



Breast reduction surgery guidelines

Breast reduction surgery is offered to women who suffer breast enlargement or hyperplasia where their breasts are large enough to cause functional symptoms including skin rashes and infections, back and neck pain, psychological and body image issues and exercise capacity impediments that adversely effect on their quality of life.

Breast reduction surgery provides significant improvements in patients overall physical health, psychological well-being and willingness to engage in social activities and improves employment potential and function. Furthermore there is some evidence to suggest that breast reduction surgery can reduce the risk of breast cancer in some women. (1-7)

These studies all show significant health benefits for breast reduction surgery rivalling the physical benefits of procedures such as coronary artery bypass grafting (8) and only exceeded by the long term benefit of hip replacement (UK NHS HSCIC website).

Many women who have functional problems related to their breast hyperplasia are also obese. Women who are obese also achieve significant health benefits from breast reduction surgery and some authors suggest there is no evidence to exclude obese women from breast reduction surgery services. However it is also true that increasing BMIs lead to increased post-operative morbidity (wound breakdown, postoperative infection, haematoma, nipple areola complications) leading to increased demand on outpatient services and consumable costs. (9 – 11)

Many of these studies for or against using BMI as a selection criteria are retrospective and as such breast reduction surgery within the South Australian public health system should only be offered within an outcomes based protocol so that the benefits of these surgeries can be analysed prospectively. In order to balance the known health benefits of breast reduction surgery with the known increased morbidity from this procedure as BMI raises, BMI will be used as a selection criteria. The BMI level is set arbitrarily and may change in the future depending on research outcomes and periodic (3 yearly) reviews of these guidelines.

It should be noted that breast reduction surgery is also appropriate in the correction of traumatic or congenital or post-surgical breast asymmetry and in some cases, plays a role in a women with functional disabilities due to breast ptosis alone.

Patients may be eligible for breast reduction surgery if they meet the following criteria.

- Women eligible for breast reduction surgery must have a BMI of less than or equal to 35Kg per m2. In the event that a patient exceeds a BMI of 35 but suffers exceptional functional problems which will benefit from surgery, then they may be considered for breast reduction surgery at the discretion of the treating surgeon and based on the assumption they are fit for safe anaesthesia.
- Patients with BMIs of less or equal to 35 Kgm2 must also have associated physical and psychological functioning deficits. These include:
 - Demonstrable recurrent skin irritations, intertrigo in the inframammary fold and rashes that have been resistant to medical management with topical treatments and antibiotics over a six month period;
 - > Demonstrable indentations of the shoulders from the bra straps that support heavy pendulous breasts;
 - > Acquired thoracic kyphosis;
 - Chronic breast pain, headaches, paraesthesia of the upper extremity;

- Congenital or traumatic or post-surgical breast deformity or asymmetry of greater than 10%;
- > The nipple areolar complex sits below the inframammary crease when the breast is unsupported;
- > The patient's breast size limits physical activity;
- > The patient is emotionally and socially bothered with large breasts with resultant low self-esteem and episodes of documented depression.
- > Patients must be non-smokers;
- > The patient's weight must have been stable (+/- 5Kg) for a 12 month period;
- > Patients must be aged 18 years and over.
- > Patients who have achieved massive weight loss following bariatric surgery, or diet and exercise alone, must also fulfil these criteria.

Longitudinal Follow-up and benefit analysis.

Patients who fulfil the criteria for breast reduction surgery will be invited to be involved in preoperative and postoperative research questionnaires (Breast Q SF 36) and studies.

References

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For more information

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