

BREAST REDUCTION SURGERY

Breast Reduction Surgery: Why



Macromastia is defined as disproportionately large breasts compared to the body. Symptomatic macromastia includes neck, upper thoracic and shoulder pain. In addition to these symptoms a large percentage of patients have skin irritations termed intritigo. These skin irritations lead to skin infections and ulcerations. Conservative management of these complaints by the physician and patient involves the use of anti-inflammatory and muscle relaxant medications.

Physical therapy and chiropractic manipulation is also recommended. Unfortunately all of these interventions uniformly fail and most patients complain of medication side effects. In addition, the medical literature supports the fact that patients with macromastia are often restricted in their level of physical activity which often compounds pain syndromes and obesity issues. Breast Reduction surgery relieves musculoskeletal pain and chronic intritigo almost entirely. In fact, 2 recent plastic surgery articles showed that the improvement in quality of life after breast reductions is comparable to that after major joint replacement.

“Dr. Stefanacci & Staff, I want to thank you all for doing such a wonderful job with my surgery. Looking at the before and after pictures you sent me, my eyes filled with tears. You have helped change my life in so many ways. I no longer feel burdened and insecure about my chest and the pain is gone!”

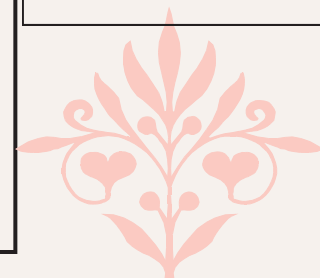
CM Age 22

“If I had known how my life would change after this surgery I would not have wasted all those years in pain. I am now active with my children, have joined an exercise class and have lost 40 pounds! By the way I have also thrown away all those pills”

KT Age 42

OUR GOAL IS TO:

- ◆ Educate Physicians and Patients about Breast reduction Surgery
- ◆ Dispel myths about breast reductions.
- ◆ Discuss who is the best candidate for this surgery
- ◆ Chronicle the actual steps to surgery
- ◆ Share the thoughts and feelings of actual patients who have undergone this procedure



Breast Reduction Surgery: Myths

Every time I interview a patient on their initial consult for evaluation for breast reduction surgery, I am always surprised if not shocked by some of the myths that exist.

Breast Reductions are very painful

False. Our survey confirmed that our post-operative patients took an average of 6-10 narcotic pain pills after surgery. Most were taking Tylenol or Ibuprofen within the first 3 days after surgery. None of our patients took prescription narcotic pain medication 1 week after surgery.

Recovery from breast reduction surgery is terrible.

False. Ninety percent of our patients including those with physical professions such as nurses, police and correctional officers returned to work within 3 weeks of surgery. The majority of patients with non-physical duties returned to work within 10 days.

Breast Reductions leave terrible scars

False. I have performed over 450 breast reductions in practice and have performed 2 partial scar revisions. In the past 4 years we have changed our suture choice and modified the surgical technique in addition to adding a post-operative scar remedy. So far I have not performed a scar revision nor treated a patient for hypertrophied or keloid scar.

Women are unable to breast feed after breast reduction surgery

False. The plastic surgery literature has a number of articles on this topic. Patients who have undergone breast reduction

without nipple grafting are able to breast feed with the same frequency as the general population.

Survey of our patients confirmed that they did not have any trouble with breastfeeding.

Loosing weight will get rid of heavy breasts:

False. Patients with large symptomatic breasts will hold on to breast tissue despite weight loss. In my practice weight loss is recommended to decrease operative morbidity only.

Breast Reduction: Who



The best candidates for breast reduction surgery are patients with symptomatic macromastia who are within fifty pounds of their ideal weight . The plastic surgery literature has cited numerous studies that confirm that 90% of patients will have full relief of their musculoskeletal pain. Ninety percent of patients completely stop taking any medication for neck, back and shoulder pain. Self-esteem,

In my practice however, smoking is a deterrent to surgery. Smokers have an unacceptably higher risk of surgical and post-surgical complications. Patients are asked to stop smoking 6 weeks before undergoing breast reduction surgery.

functional capacity and activity levels of 95% of patients increased significantly after surgery.

Patients that are 50 pounds or heavier than their ideal weight still benefit from this surgery however each patient needs to be evaluated for presence of risk factors for general anesthesia.

“I cannot express how much you have changed my life. I have wanted this for so long. I would trade the pain from before for this healing process any day”

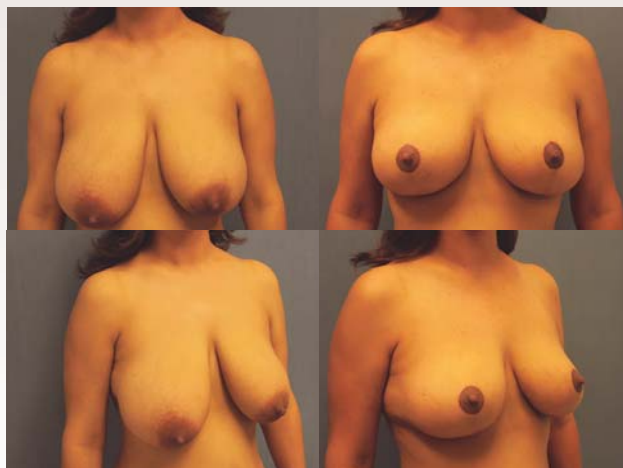
KC Age 16

“ The only regret I have is putting the surgery off for this long.”

ES Age 70

Breast Reduction: Dr. Stefanacci’s Experience 2002-2008

- ◆ I have performed over 455 breast reduction surgeries between 2002-2008.
- ◆ Over 450 surgeries were done as an outpatient procedure.
- ◆ 5 surgeries were done in the hospital..
- ◆ All the surgeries were performed under general anesthesia
- ◆ The surgical procedure took an average of 2 hours to perform.
- ◆ We were fortunate not to have any major complications.
- ◆ The patients’ ages ranged from 16-75 years.
- ◆ One patient had an infection that needed a second surgical procedure.
- ◆ One patient had to return to the operating room for bleeding.
- ◆ 400 surgeries were covered by insurance
- ◆ 155 patients combined this surgery with a cosmetic abdominoplasty or liposuction procedure.



30 year old with 2 children who underwent a 600g breast reduction Before and 6 months after surgery.



Breast Reduction: The Patients' Experience

Patients are evaluated during the initial consultation. They are screened for any contraindications to surgery by reviewing their medical history. They are shown a large number of before and after pictures and I estimate the amount of breast tissue that I can reasonably remove.

We then send a letter and pictures to the patient's insurance company for pre-authorization for surgery.

When we get the pre-authorization, the patient is scheduled for surgery.

The patient is seen again for a

pre-operative visit. The details of pre and post-operative care are reviewed with the patient. Appropriate laboratory tests are ordered.

On the morning of surgery the patient is seen and pre-operative markings are done on the body.

The surgery takes about 2 hours to perform.

The patient is observed in the post-operative area for 1-2 hours then discharged home.

The patient is seen the very next morning and the initial surgical dressing is removed and she is placed in a post-operative compressive

garment.

The patient is seen 1 week after surgery again to remove a few sutures, the majority of the sutures dissolve.

The patient is seen again at 2 weeks, 3 months, 6 months and 1 year.



56 year old after 2000g breast reduction



51 year old 3 months after a combined Breast Reduction and cosmetic Abdominoplasty

22 year old after 1800g breast reduction



32 year old with severe asymmetry after 400g breast reduction



References

“Self-esteem and functional capacity outcomes following reduction mammoplasty”. Aesth. Surg. J. 2008 July-Aug, 28(4) 417-20.

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About



Dr. Stefanacci has been in practice in Fresno for 7 years. Her practice includes all aspects of Aesthetics and Reconstructive Plastic Surgery.

She graduated from University of California at Davis with a B.S. in Physiology and an MD from Albany Medical College in Albany New York.

She completed five years of General surgery training at UCSF/ Fresno Medical Education program and is

board-certified in General surgery. Dr Stefanacci completed 3 years of Plastic and reconstructive Fellowship as well as a Fellowship in Breast and Facial Cosmetic Surgery. She is Board-certified in Plastic Surgery.

Dr. Stefanacci is a member of :

Amer. Soc. of Plastic Surgeons
Amer. College of Surgeons
Amer. Soc. of Aesthetic Surgeons

Reconstructive Procedures:

Breast Reduction
Scar Revision
Excision of Skin Cancer
Breast Implant Surgery

Cosmetic Procedures:

Breast Augmentation
Breast Lift
Abdominoplasty
Arm and thigh Lift
Facial Surgery and Non-invasive Rejuvenation

Surgery After Massive Weight Loss



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