



# ADVANCED AESTHETIC SURGERY

T H O M A S B L I N T N E R , M D

C O M P A S S I O N A T E A R T I S T R Y

## **BREAST REDUCTION**

“Too much of a good thing is not necessarily a good thing.” Many women are unhappy with and physically impaired by large and pendulous breasts. Having reasonably sized breasts which fit a woman’s frame is an achievable goal through breast reduction surgery.

Secondarily and possibly more importantly, the limitations of activity and psychological consequences from overly large breasts can be overcome with this procedure.

Breast reduction surgery is performed to change the size and shape of the breast for women who feel their breasts are too large. The surgical goals are to reduce the size and reposition the areola to its appropriate place.

Breast reduction surgery is divided into two parts:

Insurance covered breast reduction—sometimes, through an incredibly tedious and often unsuccessful process (called pre-certification) some insurance companies will pay for some, most or all of your procedure. Coverage obviously varies with provider; it usually takes a minimum of six weeks to accomplish and requires a very large volume of tissue removal and an equally large amount of luck to prove medical necessity.

Cosmetic breast reduction—these are not deemed medically necessary and involve a lesser amount of tissue removal.

My staff and I can help you determine which category you fit into regarding if you are a candidate to pursue insurance coverage for this procedure.

The biggest mistake that I see in this procedure is over reducing the breast. A lot of women who come in for consultation are so frustrated by the years of limitation and ill fitting clothes almost beg for “A” size breasts. I prefer to go for a more proportional size breast based on their body frame. Also, patients should be aware with increased activity allowed by smaller breasts; a majority of patients will lose weight without even trying thus reducing the breast even more. I try to anticipate the changes in the breast size that occur naturally over time. The breasts will not remain perky permanently following this procedure--this only lasts 6-12 months. They will not fall and droop the way that a non-reduced breast does, the nipple typically remains in position and the breast drops behind. This is called “bottoming out” and your surgeon (if it is not me) should anticipate this and take measures to avoid the “skyward pointing” nipple.

Patients should also be aware that they are trading improved breast shape for scars on the breast itself. Most women are extremely pleased with the results despite the scars, which with time do fade and certainly don't look unattractive by any means. My goal for you and all my patients is to provide the best shape with the least amount of visible scarring.

For patients that have mild breast enlargement but that are seeking a perky, yet reduced breast we do what I call an "exchange," where I would exchange some of your breast tissue for a small breast implant, which would provide perky and full yet still reduced breasts. The two types of implants you could choose from are silicone shelled saline (salt water) filled or silicone gel filled. Both are extremely safe, but honestly, I prefer silicone gel filled and would and have recommended them to my family and friends when the discussion has come up. When the FDA limited the use of these implants in the early 90's, it set guidelines for usage based on diagnosis, one of which is the need for breast reconstruction. Since you are having a technically reconstructive procedure you do get a choice of which implant you can have. The advantages of silicone are they feel much more natural and are less likely to ripple. The down side is they do cost slightly more and have a slightly increased risk of hardening (capsular contracture). I feel very strongly that gel implants do create the most natural result and would never endorse a medical product I was not absolutely sure was 1000% safe to use. The advantages of implants-regardless of silicone or saline (and it really is your choice) are:

1. Fuller more perky breast, particularly in the upper portion of the breast (like in every magazine)
2. Less floppiness (which means an open lower breast fold)
3. Adding an implant could also shorten the inframmary incision in some cases.

In general, breast reduction patients usually do not need an implant, as they are trying to decrease total breast volume.

Breast reduction involves an incision around the areola, a vertical incision from the nipple to the inframmary fold and a horizontal incision in the inframmary fold itself. The procedure takes approximately 2 ½ to 3 hours of time in surgery. Recovery is usually about 3-4 weeks, with return to work within 2 weeks, depending on your job responsibilities.

Complications: While very rare, there are risks to surgery. We feel it's very important for you to understand what can happen and what you can do to help prevent complications.

- PE, DVT: These are blood clots that can go to your heart and lungs. This is a serious matter that can result in hospitalization. VERY, VERY, RARE—because we insist that all our patients get up and move around the evening of their surgery...but realize because this is a very serious matter, we have a low index of suspicion, if you call with any concern that we feel could be a result of the above, we send you immediately for evaluation by a vascular surgeon. Remember, people who fidget, don't get blood clots. Please let us know if you have any family history of bleeding or clotting disorders.

- Infection: we prescribe antibiotics for 5 days after your surgery. You are also given a dose of antibiotics through your IV during your surgery. Your job is to let us know if you have any signs or symptoms of infection-earlier rather than later, so we can treat any issue that you are having. It is a rare occurrence after surgery, but it can happen. Sometimes it involves a drain site (which is a port of entry) or a skin incision, and most of the time, easily remedied with oral antibiotics.
- Bleeding: When we operate, we use a cautery device (“Bovie”) which is basically an electric knife to do dissection. It uses heat to coagulate (cut through and close off) tiny vessels and capillaries in the tissue. On occasion, too much activity, or doing the wrong activity or even a strong sneeze can cause one of these vessels to ooze and bleed. A little bleeding we expect and is quite normal but a larger bleed means a return to surgery. We try to be very specific with each procedure things that are off limits, if you follow those restrictions your risk of bleeding is really pretty low. If you have a doubt, than listen to it-you don’t need to be out on a jet ski 3 days after surgery.
- Wound healing issues: We encourage good nutrition (high protein) after surgery, as well as not smoking, getting rest and activity restrictions in order to provide an ideal environment for your body to heal. Please keep in mind that we can only do so much if you choose to not follow these suggestions. A healthy person generally has no problems with wound healing. If you have any medical history like thyroid disorders, diabetes, etc, please make sure you let know, it will help us help you to heal your best! Also, not to be repetitive, if you think you are having wound healing issues, call us; it’s what we are here for.

The patient satisfaction rate with this procedure is incredible. I have a patient whose mother swears she grew 3” after surgery—she’s just standing up straighter because she’s no longer embarrassed and weighed down by her breasts. Self confidence increases, your clothes fit better, you can be more active...it’s great.

Thank you for allowing us the privilege to care for you!

Thomas B. Lintner, MD, FACS  
711 Canton Road, NE Suite 400  
Marietta, GA 30060  
770-771-5151  
[www.tomlintnermd.com](http://www.tomlintnermd.com)