Bigger Isn’t Necessarily Always Better

BY ERIC CHANG, M.D.

When most people think of plastic surgery, they think immediately of breast augmentation surgery. The breast implant has become so ubiquitous in our culture that many people think the “plastic” in plastic surgery refers to silicone implants. In reality, the term “plastic surgery” comes from the Greek word “Plastikos,” which means “to mold.”

Breast reduction surgery or “reduction mammoplasty” is exactly this “molding” of tissue. Over 100,000 breast reduction surgeries were performed in the U.S. in 2006. Most of these procedures were performed to treat symptoms such as back, neck, and shoulder pain, as well as rashes underneath the breasts. Symptoms can be markedly improved with the removal of breast tissue, literally “taking a weight off of the chest.” However, this needs to be done with the goal of matching one’s breasts to the rest of her body.

Here are some common questions that patients ask about breast reduction surgery.

Does insurance cover breast reduction surgery?

Sometimes. To have breast reduction surgery covered under insurance, most plans require proof of chronic problems related to enlarged breasts. In addition, they ask for documentation that less invasive treatment options have been exhausted. In the case of back and neck pain, has a trial of Motrin been tried? What about physical therapy? If rashes underneath the breasts are the primary problem, have powders or creams been attempted?

Insurance companies expect the problem to be severe enough that the patient’s primary care doctor is involved in treatment. Finally, most insurance companies require a certain weight of tissue be removed from the breasts to deem the surgery “reconstructive” in nature. Also, be sure to check to make sure that breast reduction surgery is not an “excluded benefit.”

Will I lose sensation in my nipples after breast reduction surgery?

Most of the time, the answer is no. The nerves that supply touch sensation to the nipple travel from the lateral chest wall out through the breast tissue and to the nipple. Your surgeon will attempt to preserve these nerves as much as possible. Transiently, however, nipple sensation can often be reduced for several weeks. In fact, some people have the opposite—hypersensitivity after surgery—like a “pins and needles” feeling. Over 80% of patients eventually recover normal sensation to their nipples after surgery.

Is it possible to breastfeed after breast reduction surgery?

Studies show about 85% of women who had breastfed in the past could still breastfeed after surgery. Most breast reduction techniques do not separate the breast gland from the ducts or the nipple. The volume of glandular tissue is of course reduced, but this does not necessarily correlate with a reduction in milk volume.

Will breast reduction surgery increase my risk of breast cancer?

No. In fact, reducing the volume of breast tissue can in theory reduce the risk of breast cancer. The more breast tissue one has, the more normal breast cells that have the potential to degenerate into cancer cells.

What techniques are available for breast reduction surgery?

Up until about 10 years ago, almost all breast reduction surgeries performed in this country were performed with the “inferior pedicle” technique. This refers to keeping the blood supply of the nipple attached to the breast tissue beneath the nipple. The resultant scars from this surgery are commonly called the “keyhole” or “anchor” scars.

This changed with the introduction of the “vertical reduction.” This technique limited the scar on the breast to the scar around the nipple and down the breast. The scar along the entire base of the breast was no longer needed. The advantages of better healing, a “ perkier” and more youthful shape, as well as a longer lasting shape were other advantages to this technique. About 80% of the breast reductions that I perform are done with this “short scar” technique.

I have waited 20 years to have my breast reduction done and now you have made my dream come true. You are an extremely gifted physician who understands and values the importance of connecting with your patient. Your genuine kindness and caring puts you in a class above all the rest. I am extremely pleased with the results of my procedure and will highly recommend you to anyone seeking your expertise.

—S.S.

What kind of recovery can I expect after breast reduction surgery?

For the young, healthy woman, breast reduction surgery is usually an outpatient procedure. Surgery itself lasts from three to five hours, depending on the size of the breast and the techniques used. Most patients take about two to three weeks off work to recover. I ask that patients remain in a soft sports bra full time for six weeks after surgery.

Breast reduction surgery is one of the most rewarding procedures for patients. Improving not only the physical symptoms of enlarged breasts, but also the body image issues is hugely rewarding for me as a surgeon as well.

Dr. Eric Chang is a native of Maryland and a Board Certified Plastic Surgeon. He graduated Magna Cum Laude from Yale University for his undergraduate studies, and received his medical degree from Columbia University in New York City. During his six-year residency at Stanford University Medical Center, Dr. Chang trained in all aspects of plastic surgery, including aesthetic and reconstructive surgery of the body and breast. He was recognized by Frederick Magazine as one of Mid-Maryland’s Top Plastic Surgeons. Dr. Chang is the first physician in Maryland to offer the new Smartlipo MPX. His office has been designated the exclusive Maryland training center for this new, revolutionary technology. For more information, please visit www.columbiaesthetic.com or call us at 410-740-9330. Mention The Women’s Journal and receive half off your cosmetic consultation!