PROCEDURE

Breast reduction

Breast reduction is surgery that removes breast tissue, fat, and skin to make the breasts smaller and lighter.

PURPOSE
Reduce breast weight, relieve symptoms, and improve proportion

PROCEDURE TYPE
Therapeutic; surgical removal of breast tissue, fat, and skin

WHERE IT IS DONE
Operating theatre, usually as day surgery

ANAESTHESIA
General anaesthesia

HOW LONG IT TAKES
2 to 5 hours

PREPARATION
Fasting; medicine, nicotine, and transport planning

RECOVERY
Same day or overnight; no driving until cleared

MAIN RISKS
Bleeding, infection, wound problems, altered nipple sensation

RESULTS
Visible immediately; final shape settles over several months

Overview

Breast reduction, also called reduction mammoplasty, is surgery to make one or both breasts smaller and lighter. A surgeon removes some breast tissue, fat, and skin. They reshape the remaining tissue and reposition the nipple and the darker skin around it, called the areola.

The operation may reduce physical discomfort caused by heavy breasts. It can also make the breasts more balanced with the rest of your body or correct a major difference in breast size.

Breast reduction leaves permanent scars. Their location depends on the technique used. Scars commonly circle the areola, run downward to the breast crease, and may continue along the crease. The operation cannot guarantee a particular bra cup size or perfect symmetry.

Why the procedure is performed

You may be offered breast reduction if the size and weight of your breasts are contributing to ongoing problems such as:

The operation is intended to reduce breast weight rather than treat every possible cause of pain. Your surgeon may assess whether another condition could also be contributing to your symptoms.

- Neck, shoulder, back, or breast pain
- Skin irritation or infections beneath the breasts
- Shoulder grooves from bra straps
- Difficulty exercising or taking part in daily activities
- Trouble finding supportive clothing or bras
- Significant distress related to breast size
- A marked difference between the breasts

Who should and should not have it

Breast reduction may be suitable if you understand the expected scars and risks, have realistic goals, and are healthy enough for surgery and anaesthesia. Your surgeon will ask about your general health, breast symptoms, previous operations, medicines, nicotine use, and plans for pregnancy or breastfeeding.

The procedure may be delayed if you have an active infection, an unexplained breast lump, uncontrolled health problems, or a condition that makes anaesthesia unsafe. Any concerning breast change should be assessed before surgery.

Nicotine reduces blood flow to healing skin. This raises the risk of wound problems and damage to the nipple or areola. Your surgical team may postpone surgery if you smoke, vape nicotine, or use nicotine products and have not followed its stopping instructions.

Future pregnancy or major weight change can alter the result. If you plan to become pregnant soon, waiting may be reasonable. Breast reduction can also reduce or prevent milk production, although some people can breastfeed afterward.

Age alone does not decide whether the operation is appropriate. In younger people, the team may consider breast development, symptom severity, emotional readiness, and the chance of further breast growth.

How to prepare

Your treating facility's own instructions take priority because fasting rules, medicine changes, and admission arrangements differ between services.

Tell the team about all prescription medicines, over-the-counter products, vitamins, supplements, allergies, and previous reactions to anaesthesia. If you take a blood thinner or medicine that affects clotting, do not stop it on your own. The surgeon and the clinician who prescribed it should provide a plan.

You may be asked to:

Shower as instructed and avoid putting lotions, deodorant, or powders near the surgical area if your facility says not to use them. Wear loose clothing that opens at the front.

The surgeon may mark your breasts while you are standing. These markings guide tissue removal and nipple positioning.

- Stop nicotine before and after surgery
- Avoid certain medicines or supplements that increase bleeding
- Have blood tests or breast imaging when appropriate
- Stop eating and drinking at the stated time
- Arrange for an adult to take you home and stay with you

What happens during the procedure

Breast reduction is usually performed under general anaesthesia, meaning you are unconscious and do not feel the operation.

The surgeon makes incisions using a pattern chosen for your breast size, shape, and the amount being removed. Common patterns create a scar around the areola and vertically down to the breast crease. Larger reductions may also need a scar along the crease.

The surgeon removes excess breast tissue, fat, and skin. Liposuction may sometimes be used as part of the operation. The remaining breast is reshaped, and the nipple and areola are moved higher while usually staying attached to tissue that carries their blood supply and nerves.

For a very large reduction, the nipple and areola may occasionally need to be removed and replaced as a skin graft. This causes permanent loss of normal nipple sensation and makes breastfeeding from that breast unlikely.

The incisions are closed with stitches. Dressings and a supportive surgical bra are applied. Some surgeons place temporary drainage tubes to remove blood or fluid, although drains are not needed in every case. Removed tissue may be sent to a laboratory for examination.

Recovery and what to expect afterward

Pain is usually strongest during the first few days. Tightness, swelling, bruising, tenderness, and brief shooting sensations can occur as tissues and nerves heal. Use pain relief as directed. Contact the team if pain is rapidly worsening or not controlled by the recommended plan.

You can usually drink and eat once you are awake and not feeling sick. Begin with light food if anaesthesia has made you nauseated.

Gentle walking is encouraged, but avoid heavy lifting, strenuous exercise, and stretching that pulls on the incisions until your surgeon allows them. Wear the recommended support bra. Sleep in the position advised by your team, often on your back at first.

Do not drive home. General anaesthesia, pain medicines, restricted arm movement, and discomfort can make driving unsafe. Resume driving only when you are no longer taking impairing pain medicine, can wear a seat belt comfortably, and can control the vehicle and perform an emergency stop. Follow your surgeon's specific restriction.

Time away from work is often measured in weeks rather than days. A desk job may be possible sooner than work involving lifting, reaching, or strenuous activity. Your surgeon will base advice on healing and the demands of your job.

Risks and possible complications

Breast reduction has risks even when it is carefully planned. These include:

Scars are permanent but usually fade and flatten with time. Some people develop thick or raised scars. The breasts will also continue to change with aging, weight changes, hormones, and pregnancy.

- Bleeding, a collection of blood, or the need for another operation
- Infection or fluid collecting under the skin
- Slow healing, wound opening, or widened scars
- Permanent or temporary changes in breast or nipple sensation
- Uneven breast size, shape, nipple position, or scarring

- Reduced ability to breastfeed
- Fat necrosis, meaning firm areas where fatty tissue has been damaged
- Partial or complete loss of nipple or skin tissue from poor blood supply
- Blood clots, breathing problems, or reactions to anaesthesia
- Dissatisfaction with size or shape, sometimes leading to further surgery

Results and follow up

Your breasts will look smaller immediately, but swelling and a high or firm shape can hide the final result. The breasts usually soften and settle over several months. Scars may continue changing for a year or longer.

Cup size is not standardized between bra manufacturers, so your surgeon cannot promise an exact size. Some natural difference between the breasts may remain.

Routine follow-up visits allow the team to check the wounds, remove drains or dressings if needed, and advise you about bathing, bras, activity, scar care, and returning to work. Keep these appointments even if healing seems straightforward.

If tissue was sent for laboratory examination, ask when and how you will receive the result. Continue routine breast screening recommended for your age and personal risk. Tell future imaging staff that you have had breast reduction because surgery can change the appearance of breast tissue on scans.

Alternatives

You do not have to have breast reduction surgery. The best alternative depends on what you hope to improve.

A professionally fitted supportive bra may reduce movement and shoulder pressure without surgery. It does not remove breast weight or provide a permanent size change.

Pain relief, skin care, or treatment for rashes may manage individual symptoms. Physiotherapy may help posture, muscle strength, or pain from another cause. These options avoid surgical risks but do not reduce breast tissue.

Weight loss may reduce breast size when the breasts contain a substantial amount of fatty tissue. It cannot target the breasts, may not improve loose skin, and may have little effect on dense glandular tissue.

Liposuction alone can reduce fatty volume through smaller incisions in selected people. It removes less skin and usually provides less lifting and reshaping than standard breast reduction. It is not suitable for every breast shape or degree of drooping.

Choosing no treatment avoids scars, anaesthesia, and recovery time, but the breast size and related difficulties are likely to remain.

When to call your healthcare team

Attend routine appointments for wound checks and recovery advice. Between visits, contact your surgical team promptly if you have increasing redness, warmth, swelling, drainage, a bad smell, fever, a wound that is opening, or pain that is getting worse rather than better.

Seek urgent assessment if one breast suddenly becomes much larger, firmer, or more painful than the other. Also seek urgent advice if the nipple or breast skin becomes unusually pale, dark, cold, or blistered.

Call emergency services for severe difficulty breathing, chest pain, coughing up blood, fainting, or a painful swollen leg with sudden breathlessness. These can be signs of a serious blood clot or another emergency.

Common questions

Will I be asleep?

Usually, yes. Breast reduction is generally performed under general anaesthesia, so you are unconscious during the operation.

Can I drive home afterward?

No. Arrange for a responsible adult to take you home. Do not drive again until you meet your surgical team's safety requirements.

How painful is breast reduction?

Pain, tightness, and tenderness are expected, especially during the first few days. Prescribed or recommended pain relief usually helps. Rapidly increasing or severe pain needs prompt assessment.

When will I know my final breast size?

The reduction is visible immediately, but swelling affects the early appearance. Your breasts may take several months to soften and settle into their longer-term shape.

Will I be able to breastfeed?

Breastfeeding may still be possible, but milk production can be reduced or lost. The risk is influenced by the surgical technique and how much tissue is removed. Discuss future feeding plans before consenting.

What will the scars look like?

Most scars are around the areola and down to the breast crease; some continue along the crease. They are permanent but commonly fade over time.

Sources

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- Perdikis G, Dillingham C, Boukovalas S, and colleagues. American Society of Plastic Surgeons evidence-based clinical practice guideline revision: reduction mammaplasty. Plastic and Reconstructive Surgery . 2022;149(3):392e-409e.
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