CAOLÍN

PATIENT INFORMATION

REDUCTION BREAST

BREAST REDUCTION

We encourage you to read this guide thoroughly and note down any questions you may have before the pre-examination.

PRE-EXAMINATION

Before deciding on a breast reduction, you should meet with our surgeon for a pre-examination. During this meeting, you will discuss your expectations, and the surgeon will assess what will provide the best results for you. You will also receive a detailed overview of your options and the risks associated with surgery. The surgeon will inquire about your health to ensure you are suitable for the procedure.

Based on your expectations and the surgeon's recommendations, you will plan the surgery together.

You are welcome to bring a relative to the consultation as there is a lot of information to consider.

According to the law, you must have a 7-day reflection period after the consultation before you can give your final consent for the surgery.

EXPECTATIONS

In a breast reduction at Caolín, the surgery is tailored to your individual shape and desires.After the surgery, your breasts will be swollen and tight, but this will subside over the first 3-9 months, after which they will attain a natural and soft shape.

It is important to understand that the results of cosmetic surgery are not permanent. The natural aging process and body's aging rate are influenced by hereditary factors and lifestyle factors such as smoking, sun exposure, and weight changes.

Additionally, it is crucial to be aware that surgery always carries a risk of complications, and the final result may not always fully meet your or the surgeon's expectations.

If you are significantly overweight or underweight, there is an increased risk of complications with anesthesia and wound healing. If your BMI is over 30, we may not be able to offer you the surgery.

PREPARATION

Before the surgery, you should:

- Stop taking acetylsalicylic acid-containing medications such as Magnyl, Aspirin, Ibuprofen, and Treo one week before the surgery.
- Avoid herbal medicines, especially fish oil, ginger, and vitamin D, as they can increase the risk of bleeding. Stop all herbal medicines three weeks before the surgery.
- Any blood-thinning medication may need to be paused. This will be discussed further with the surgeon during the pre-operative consultation.
- Smoking should stop at least 4 weeks before and 6 weeks after the surgery. Smoking can negatively affect the cosmetic result, increase the risk of infection, and is generally harmful to your health. We often choose not to offer surgery to smokers.

It is a good idea to do your shopping and meal preparation before the surgery so you can focus on recovery afterward.

On the day of the surgery, take a shower and thoroughly wash your body and hair with soap. Avoid using body lotion or cream on the area to be operated on. Wear loose, comfortable clothing, preferably a shirt with a zipper and flat shoes. Remove and leave behind any jewelry and piercings.

MAMMOGRAPHY

If you are over 40 years old or have a family history of breast cancer, a mammogram is recommended before the surgery.

ANESTHESIA

The surgery will be performed under general anesthesia.

You should fast for 6 hours before the surgery (no eating, chewing gum, smoking, or similar). You may drink water and sugary drinks in small amounts up to 2 hours before the surgery, but do not drink milk, juice, etc.

It is very important to follow the fasting rules, as not being fasted can make anesthesia dangerous, and the surgery may need to be canceled.

SURGERY

On the day of the surgery, you will arrive at the clinic at the scheduled time, where the nurse will greet you. You will be shown to your room, change into a gown, and have an IV placed. The anesthesiologist will discuss anesthesia with you, and finally, you will meet with the surgeon to ensure you feel comfortable and well-informed. You will also be marked in the area to be operated on.

The surgery will be performed under general anesthesia and will last 1-2 hours. Excess breast glandular and fat tissue will be removed and sent for routine examination to ensure there are no changes in the tissue. The placement of scars and the extent of the surgery will depend on what you and the surgeon have determined to be best for you, based on your desired shape and placement of your breasts.

BREAST REDUCTION

We encourage you to read this guide thoroughly and note down any questions you may have before the pre-examination.

In some cases, the surgeon may place one or two drains (small plastic tubes) to remove any blood and wound fluid from the healing areas. To reduce the risk of infection, you will receive antibiotics during the surgery.

The wounds will be sutured with self-dissolving stitches, and tape will be applied over the wounds along with an absorbing dressing. Finally, you will be given a bra to wear.

AFTER THE SURGERY

After the surgery, you will be taken to the recovery room, where the nurse will monitor you. You will be given food and drink, as well as pain relief if needed. Depending on the extent of the surgery, you may be discharged after a few hours.

Before you go home, the plastic surgeon and nurse will review post-operative care instructions and answer any questions to ensure you feel comfortable. You should not drive yourself home, so it's a good idea to arrange for someone to pick you up.

DAYS AFTER THE SURGERY

Since the surgery was performed under general anesthesia, you will be tired and groggy the first day, and you may experience nausea and dizziness. We recommend having an adult stay with you for the first 24 hours.

It is important to take it easy the first day after the surgery and generally listen to your body's signals to reduce the risk of bleeding and swelling. Make sure to stay well-hydrated and eat a sensible diet.

PAIN

After the surgery, your breasts will often feel tight and firm, especially in the first few days, which is normal. The breasts may continue to feel tight, swollen, and have slightly uneven shapes during the first few weeks. Additionally, you may experience itching, tingling, and burning in the scars.

It is important to take the medication prescribed to you. The medication will help reduce pain, but you should expect some discomfort during the first 3-4 days.
You will be prescribed Panodil tablets and Ibuprofen tablets to be taken together four times a day. Additionally, you will receive a stronger painkiller, a synthetic morphine preparation, for severe pain if needed.

The nurse will thoroughly review the medication with you before you go home and provide written materials detailing the medication instructions.

DRAINS

If drains are placed during the surgery, they are often removed before you are discharged. If not removed, you will receive detailed instructions on how to care for them and when they should be removed.

ACTIVITY

In the first few days after the surgery, it may be difficult to get out of bed, so it's a good idea to have someone help you. It's important to get back on your feet quickly to reduce the risk of blood clots. Make sure to move around a bit, take short walks, but also take breaks in between.

You should not engage in strenuous exercise for the first 6 weeks after the surgery, but it's important to keep your body active with light activities, such as short walks.

We recommend that you do not lift more than 2 kg per arm for the first 6 weeks after the surgery, and avoid lifting your elbows above shoulder height during this period. However, remember to move your shoulders to avoid stiffness.

You should refrain from driving until you can safely operate the vehicle and no longer need strong painkillers. Always use seat belts, whether you are the driver or a passenger.

SLEEPING POSITION

We recommend lying on your back for about 4 weeks after the surgery. You may lie slightly on your side, possibly with a pillow behind your back.

WORK

You can resume sedentary work after 1 week. Physical labor should be avoided for 2-4 weeks before resuming.

BATHING

You can shower 24 hours after the surgery or when there is no more drainage from the wounds (unless you have drains). Before showering, remove the bra and the absorbing dressing. The brown plaster should be left in place until your follow-up appointment. It can tolerate water. Just take a gentle shower, rinse the wounds, so that soap residues are washed away (do not wash or scrub the wounds), and pat dry with a clean towel before putting the bra back on.

You may only take baths, swim, or go to the sauna once the stitches are removed and the wounds are completely healed.

BLEEDING

There may be some oozing from the wounds in the first few days, which is

We encourage you to read this guide thoroughly and note down any questions you may have before the pre-examination.

normal. You will be given extra dressings for this purpose.

However, it is important to monitor for bleeding from the breast in the first few days. Should bleeding occur, which is a rare complication, the breast may become hard and swollen. If this happens, contact the clinic for an evaluation.

BRA

After the surgery, you will be given a supportive bra to wear for 6 weeks. You can remove the bra when you shower or when it needs washing.

Underwire bras should not be used until after 3 months.

You may, of course, purchase an extra bra from the clinic if you want more to alternate between.

SCARS

The scars from the surgery will typically be red and swollen but will improve over 6-24 months. The scars will often become narrow and lighter over time, but in some cases, they may become wide and darkly pigmented.

You may apply a moisturizing cream to the scars once they are completely healed. Avoid smoking as it increases the risk of infection, slow healing, and unattractive scars.

CONTACTING THE CLINIC

You will be given a phone number upon discharge to contact the clinic 24/7 in case of urgent needs. You can also expect a call from a nurse the day after your surgery to ensure you are doing well and to answer any questions. If your surgery takes place on a Friday, Saturday, or public holiday, you will be contacted by phone on the next business day.

FOLLOW-UP

After 10-14 days, you will return for a follow-up with the nurse. The dressings will be removed, and the wounds will be checked. You will not need to have stitches removed as they are self-dissolving.

New tape will be applied and given to you, which you should change every 10-12 days for about 3 months after the surgery. The tape helps to keep the scars narrow, flat, and level with the rest of the skin.

We will discuss how to manage the scars, any pain, etc. You will be offered a follow-up appointment with the plastic surgeon 3-6 months after the surgery. If you have any issues before then, you are always welcome to contact us.

COMPLICATIONS

- Infection: Infections are very rare. Symptoms typically appear after a week and include redness, warmth, swelling, throbbing pain, and possibly fever. If an infection occurs, you will be treated with antibiotics.
- Swelling and Bruising: This is expected and will subside over the first few months.
- Unattractive Scarring: Scarring can vary greatly from person to person. Most scars become nice and white over time, but some people may develop red and thick scars, known as hypertrophic scarring. This process can take several years.
- Bleeding: In very rare cases, bleeding may occur in the operated area. If this happens, it may require another surgery and could affect the final result.
- Sensory Changes: Sensory disturbances may occur in the skin in the operated area. This usually resolves after 6-9 months, but in some cases, it may be permanent.
- Asymmetry: Many people naturally have slight asymmetry in their breasts. In some cases, this asymmetry can be corrected during the surgery, but there is a risk of uneven results. Poor skin quality increases the risk of skin laxity developing over time and the asymmetry not being uniform between the breasts.
- Small Wounds: If the sutures are tight, varying degrees of small wounds or defects may appear in the scar. These often heal within a few weeks.
- Pain: Some people experience a stabbing and shooting sensation in one or both breasts long after the surgery. This is normal and due to the nerves reconnecting. These sensations may last up to 1 to 1½ years after the surgery.
- Fluid Accumulation: In rare cases, fluid may accumulate in the operated area. If this occurs, it may be necessary to drain the fluid with a thin needle.
- Tissue Death: This means that parts of the skin lose their blood supply and die. If this occurs, it may require surgical removal or waiting for the body to heal the area from within, as assessed by the surgeon. The risk is higher if you are overweight or smoke.

CAOLÍN