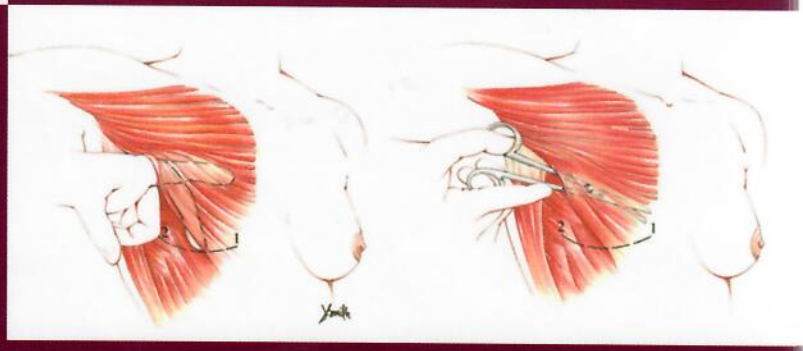
VOLUME TWO

SURGERY OF THE BREAST

Second Edition

Principles and Art



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Breast Reduction by Liposuction Alone

76

Martin Moskovitz

INTRODUCTION

Traditional breast reduction techniques use various incisions and pedicles to form a smaller and less ptotic breast. Technically, however, a breast reduction is an operation to reduce breast size. Ptosis correction, although desirable in many cases, has been a co-requisite of breast reduction surgery due to prior limitations of surgical technology that required skin incisions to accomplish reduction. Traditional breast reduction removes large blocks of skin, fat, and glandular tissue, often in contiguous pieces. Pioneering surgeons were logical in designing access incisions that maximize ptosis correction because ptosis is a common concurrent condition. Liposuction, however, has provided plastic surgeons with a method to reduce breast size without incisions. Liposuction breast reduction (LBR) is an excellent method to reduce breast size with minimal scarring and can be used in a large segment of the population. In addition, LBR provides a rapid recovery with minimal complications.

INDICATIONS

Breast hypertrophy is the obvious indication for reduction surgery. Candidates for LBR must have chief complaints directly related to their breast hypertrophy (Fig. 76.1). Pain, often in the neck, shoulder, and back, is a common complaint, and patients will often have a history of orthopedic or chiropractic care directed at these ailments. Intertrigo, poor posture, and bra-strap grooves are also common findings in breast hypertrophy patients. Difficulty with exercise and activities of daily living can also be directly attributable to hypertrophic breasts. Finally, although not necessarily medical conditions, difficulty finding proper clothing and awkwardness in social situations are common concerns for many patients with large breasts.

Candidates for LBR must also have a significant fatty component to their breasts. Patient biometrics and age are the best predictors of fat content. Patients with significant fatty deposits elsewhere on their bodies are those most likely to have fatty breasts amenable to LBR. Fatter patients tend to have fattier breasts, whereas thin patients often have predominantly glandular breast hypertrophy.

As patients age, they undergo significant glandular atrophy with replacement by fat. This process increases the success rate of LBR in older patients. Although many patients in their teens and twenties will do well with LBR, patients older than 40 years will almost universally have a successful outcome.

Asymmetry is another excellent indication for LBR. Traditional asymmetry correction relies on excisional techniques, breast implant placement, or a combination of the two procedures. These operations result in scars on the breast or possible long-term asymmetry due to implant action on one side of the chest alone. LBR removes mass without scars and does not introduce the unpredictable factor of unilateral implant placement. As long as patients will accept two breasts both of smaller proportion, LBR is an excellent alternative to traditional operations (Fig. 76.2).

Guidelines based on age, height, and weight are not universal or immutable, and there are relatively thin patients who have significant fat deposits in their breasts. Similarly, although the surgical success rate increases with age, many patients in their teens and twenties have excellent outcomes with LBR. It is important in preoperative