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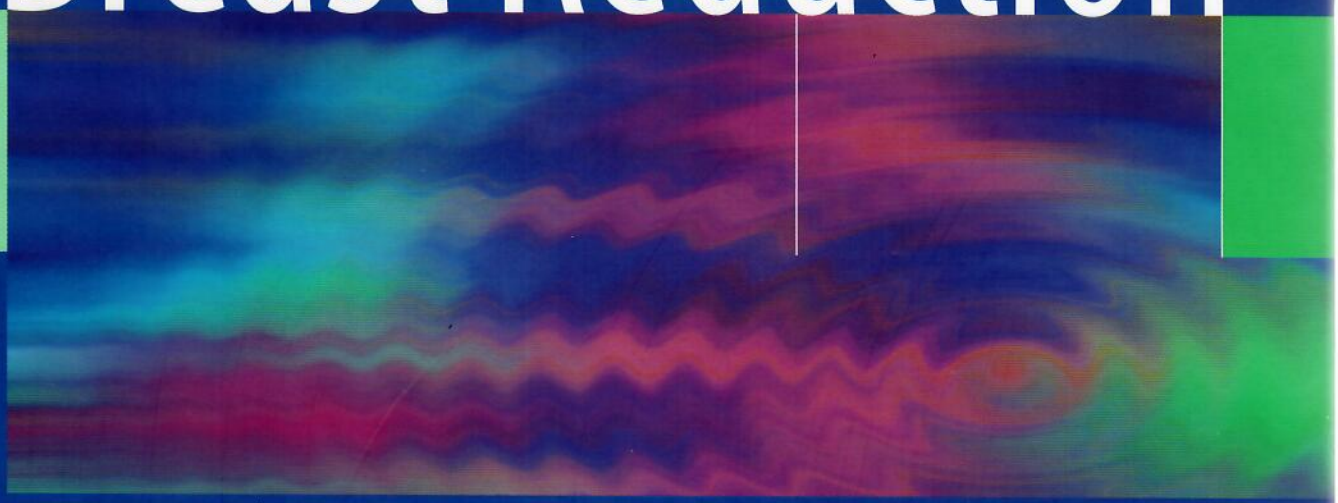
Editor

Mastopexy and Breast Reduction



Principles and Practice

Springer

Liposuction Breast Reduction

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Martin Jeffrey Moskovitz

73.1 Introduction

Over one hundred thousand women underwent breast reduction surgery in the United States in 2006. This represents 23% increase in the number of cases over the past 6 years [1]. Women undergoing breast reduction surgery complain of a spectrum of physical symptoms from pain in the back, neck, and shoulders, to intertrigo and hand numbness. Many social issues also come into play with women finding it difficult to buy clothing, attend social functions, and maintain a normal athletic regimen due to their large breasts. By definition, the key factors affecting breast hypertrophy sufferers are breast size and weight. It is only logical that surgical attempts at treating breast hypertrophy aim at treating breasts' size and weight issues. Traditional surgery uses a scalpel to cut skin, gland, and fat from the breast in order to achieve reduction in weight and size. Growing experience has demonstrated that liposuction alone can remove excess weight and achieve functional results similar to that of traditional breast reduction surgery.

73.2 History

Modern breast reduction surgery dates back over 50 years to the dermal pedicle techniques of Strombeck and McKissock and has moved to multiple types of parenchymal pedicle techniques popular today. Common to all these operations is the use of a scalpel to cut and remove skin, gland, and fat, of the breast and subsequently mold the breast into a smaller form. Ptosis correction and breast reduction take place concurrently since access to the breast requires incisions and those incisions may as well be used to correct skin excess.

Introduction of liposuction in the 1980s provided plastic surgeons with a powerful tool for body sculpting. Tumescent infiltration and other important advancements in liposuction technique allowed surgeons to safely and predictably address problems with localized adiposity which had been previously unsolvable or required unsightly and unacceptable scarring. Liposuction provided nearly scar-free passageway to solve issues of localized fat excess.

Use of liposuction in treatment of male breast excess (fatty gynecomastia) was rapid and multiple authors reported excellent results [2, 3]. Although efficacy in men was proved during the 1980s, liposuction was not applied to female breasts for many years and even then with severe limitations. Matarasso and Courtiss [4] advanced the concept of liposuction breast reduction but incorporated restrictions on its use that excluded the vast majority of patients. Foremost in these restrictions was exclusion of patients with any degree of breast ptosis. The concept behind the restriction was that the female breast should be corrected to a more youthful and tighter form at the same time as reduction and that liposuction alone could not achieve such a result. There are, however, errors with this concept.

The first misconception is that all women want tighter and more youthful breasts. Many women want smaller and lighter breasts. Historically, incisions needed to reduce the breast were used to concurrently lift the breast and accomplish a dual result. This result, however, comes at the cost of additional scars, longer recovery times, and higher complication rates. It is only logical that we offer an alternative to patients that reduces breast size alone without attacking the problem of ptosis in those patients unconcerned with ptosis.

The second misconception is that liposuction breast reduction will result in additional ptosis once fat has been removed. The ptosis present in macromastia patients is due to weight of the breast pulling down on breast skin. Once this weight is reduced by liposuction, skin recoils back significantly and in no case will the degree of ptosis be worse than preoperative. In many cases, skin recoil will be extreme and ptosis correction will be significant.

73.3 Patient Selection

Considering the evolution of liposuction breast reduction (LBR), the key issue in its use is patient selection. Patients whose main complaint is breast ptosis are not usually good candidates for LBR, while those who complain about

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