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LARGE SAGGING BREASTS MAY BE REDUCED IN SIZE AND MADE FIRMER TO PRODUCE A MORE PROPORTIONATE SIZE AND IMPROVED SHAPE

Breast reduction to reduce the size and improve the shape of one's breasts, is a commonly performed operation in this practice. Patients have their breasts reduced to relieve physical traction symptoms on the shoulders and neck, to fit clothing and underwear better, improve severe drooping breasts and reduce stretched areolae. The operation is usually performed once the breasts are fully developed from puberty onwards, once the patient is mature enough to fully understand the operation and implications thereof.

WHICH OPERATION IS BEST FOR ME?

The best operation option is decided on at consultation as different techniques are offered depending on breast size and patient requirements. Different techniques leave varying amounts of scars and we endeavor to limit scars as much as possible for each patient.

BEFORE THE OPERATION

Patients are encouraged to lose weight preoperatively to their goal weight and stop smoking altogether for 4 weeks before surgery to decrease the risk of serious complications. Anticoagulant medication (blood thinning agents like low dose Disprin and Arnica) should be avoided for 2 weeks before breast surgery.

DAY OF THE OPERATION

Patients have photographs taken and the design for the operation is drawn on the breasts beforehand. The procedure requires general anaesthetic and most patients stay in hospital overnight. Dressings are removed a week afterwards, supportive bras are worn for 6 weeks and the scars are taped for 6 months to obtain the best possible result. Scars take 1 year to mature to pale soft lines.

AFTER THE OPERATION

Recovery periods vary according to the extent of the operation but most patients are able to drive themselves for short distances in a comfortable vehicle after 10 days and return to work at 2 weeks after surgery. Arms can be lifted fully after 3 weeks and strenuous physical activity and sport allowed after 6 weeks. Patients from abroad should stay in the area for 2 weeks after surgery.

PLASTIC | AESTHETIC | RECONSTRUCTIVE | SURGERY

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COMPLICATIONS

Possible complications include postoperative bleeding, wound infection and tissue fluid oozing or crusts on the wounds, which may take several weeks to stop. A small percentage of patients will have changed nipple/areola sensation or numb nipples after reduction and some patients will notice temporary numbness of skin under the breasts for the initial 4-6 months. Scars are very obvious at first, with puckered skin and ears at their ends, all of which improves over time. Some patients will need minor revision of scars after 6 months if they have not settled sufficiently. Lumps of calcification or fat necrosis may remain within the breast tissue for months afterwards. Exact symmetry cannot be guaranteed and small differences between the breasts may remain. Breastfeeding is possible provided that nipple sensation is present. Dark skinned patients are more prone to hypertrophic scars and hyper pigmentation of their skin after surgery.

Serious complications such as wound abscess, open wounds requiring secondary repair or nipple/areola necrosis are rare and more likely in patients who have extremely large breasts, are significantly overweight, are diabetics or smokers. Patients are therefore encouraged to lose weight and stop smoking altogether for 4 weeks before surgery to decrease the risk of serious complications.

THE GOOD NEWS

Breast reduction results are dramatic and patient satisfaction levels are high. The operation results in a marked improvement in one's figure, makes exercise easier, clothes fit better and patients experience an improvement in self-image, self-confidence and self-esteem. Breast reduction patients are amongst the happiest in a plastic surgery practice and the procedure comes highly recommended.

P L A S T I C | A E S T H E T I C | R E C O N S T R U C T I V E | S U R G E R Y

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