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SPECIALIST PLASTIC SURGEON
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A PATIENT GUIDE

Breast Reduction Surgery

*Reduction mammoplasty — lightening the load, restoring
comfort & proportion*

*Most women who come to me about breast reduction have carried heavy
breasts for years. This guide explains what a reduction really does — and
how I think about it as a surgeon.*

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Aesthetic Breast & Body Surgery | Melbourne's Eastern Suburbs

Most of the women who come to me about breast reduction have been thinking about it for years — not months. What they describe first isn't how they look; it's the weight of it — the neck and back ache, the headaches, the two bras worn just to get through the day. For most of my patients this isn't vanity. It's relief, it's freedom, and the honest word for the rest of it is proportion.

What is actually happening during a breast reduction?

A breast reduction is often thought of as simply "taking tissue away." It's more considered than that. Your breast is glandular tissue and fat within a skin envelope, and over a lifetime — through weight, pregnancy, breastfeeding, hormones and gravity — that tissue settles low and out to the side, and the nipple descends.

What I'm really doing in theatre is restoring the breast to where it began — bringing it to a more balanced, natural position on the chest wall. I manage three things together: the extra volume, the skin and the shape — all while keeping the breast, and the nipple, safe and well supported. My aim is targeted: as little scarring as the operation allows for the greatest improvement.

You'll still wear a bra afterwards

You still have breasts, and as long as you carry weight on your chest it needs support — gravity keeps working on all of us. A reduction lightens the load; it doesn't switch gravity off.

I want to see the world through your eyes

Before I decide *how* to operate, I want to understand what *you* are hoping for — what you want to be able to do, and how you'd like to feel in your body. The right operation depends far more on your vision than on any single measurement.

I'll always be honest about what surgery can and can't do. Many women feel a real improvement in the discomfort — but I never promise a reduction will fix your back, neck or shoulder pain; those symptoms are multifactorial, and I can't guarantee it. Sensation can change too: many women recover the sensation they had before, while some have more and some have less. I'd rather you have the honest picture from the start.

Is a breast reduction right for me?

This is one of the most important parts of the consultation, and it's about far more than your breasts. What I'm really working out is whether surgery is likely to give you an excellent result that will also *last*.

Alongside your breasts, I consider the whole picture:

- the physical symptoms you're living with — pain, heaviness, skin irritation, the limits on exercise
- your general health and how well your body is likely to heal
- your nutrition and overall wellbeing, which genuinely affect recovery
- whether your weight is relatively stable
- whether significant hormonal change or a pregnancy is underway or planned
- how much your breasts are affecting your comfort, confidence and quality of life

Life continues after surgery. A reduction can't stop gravity or ageing, but it can reset where you start from, and the best timing is usually when your body and life have reached a stable point. I often think of suitability in two simple words: **willing and able**.

Reduction, a lift, or a lift with implants?

It's rarely about cup size. When I assess a breast I'm really asking three things:

- **How much** breast tissue do you have?
- **Where** is that tissue positioned?
- Is there **too much, too little, or enough tissue in the wrong place?**

If there's excess tissue causing weight, droop and symptoms, a **reduction** lightens the load and restores shape at once. If there's enough tissue but it has descended, a **lift** alone may be enough. If volume has genuinely been lost, a **lift with implants or fat transfer** may add fullness. There is no one-size-fits-all operation.

My approach to technique

There isn't a single "breast reduction" — there's a family of techniques, and part of my job is choosing, and sometimes combining, the ones that suit your anatomy and goals.

- My core method is the **Hall-Findlay technique**, a vertical ("lollipop") approach that gives strong control over shape while avoiding a long horizontal scar. I've attended a workshop with Dr Elizabeth Hall-Findlay to refine it first-hand.
- For very large or heavy reductions, an additional horizontal scar (an "anchor" pattern) is sometimes needed to reshape safely — I'll always tell you honestly if that applies to you.
- The nipple stays attached to a **pedicle** — a flap of your own tissue carrying its blood supply and nerves. Depending on your anatomy the best pedicle may be superomedial, lateral or another design; I choose the one that suits your breast.
- For predominantly fatty breasts, **liposuction** can sometimes do part of the work through smaller incisions, and I may use it to address lateral (side) fullness.

The right combination is decided together at consultation, once I've assessed your tissues. Not every technique suits every patient.

Can I have a second (repeat) reduction?

More women are asking me this, and the honest answer is yes. Breasts keep living — weight change, pregnancy, hormones and menopause can bring back size and heaviness a woman thought she'd left behind, and she is just as entitled to relief the second time. A re-reduction is a more considered operation: wherever possible I want to know what was done the first time, because protecting the nipple's blood supply and sensation is the central concern once a breast has been operated on. The risks are a little higher the second time, and I'll talk you through them honestly.

What a good result looks like — and a word about scars

A good result isn't measured in cup size. What I'm really working towards is proportion and balance for your body — the shape and position of the breast, the quality of the tissues, and how it all sits with the rest of your figure, so you feel balanced and comfortable, and seen for yourself.

You will have scars — cutting leaves scars, and I never minimise that. What I can do is place them as inconspicuously as possible, keep them as short as the operation allows, and guide your healing, so that with good scar care most soften and fade over the first year. There are also internal scars you don't see, and they matter — that scar tissue supports your new shape.

“Your scars are your friends — they're your healing.”

The surgery & your recovery

A breast reduction is performed under general anaesthetic, usually takes around two to three hours, and generally involves a night in hospital. You'll wear a support garment afterwards, and drains are sometimes used. Recovery is gradual rather than a single event.

First 1-2 weeks	Rest and limited activity; most women don't drive in the first week.
Weeks 2-4	Many return to non-strenuous work and light daily activity.
Weeks 4-6	A gradual return to light exercise as you heal.
6 weeks +	The breast continues to settle and soften into its final shape over the following months.
Follow-up	I review you closely — commonly at 1, 2, 4 and 6 weeks, then 3, 6 and 12 months.

Risks & complications

A breast reduction is a significant operation and, like all surgery, carries risks — I'd rather you understand them clearly than be surprised later. These can include bleeding, infection, delayed wound healing or wound separation, visible or thickened scarring, changes in nipple or breast sensation, asymmetry, partial loss of the ability to breastfeed, and — uncommonly — problems with the blood supply to the nipple or skin. There are the general risks of anaesthesia, and the small risk of serious complications such as blood clots (DVT or pulmonary embolism). Occasionally a further procedure is needed to refine the result. We discuss all of this honestly at your consultation.

What does it cost?

There's no single price for a breast reduction, because no two operations are the same. Your quote is made up of several separate parts — the **surgeon's fee**, the **anaesthetist's fee**, the **surgical assistant's fee** and the **hospital fees** — and depends on the technique required, the complexity and your hospital stay. After I've assessed you, my team will provide a clear, itemised quote.

Where a reduction is done for functional reasons — the pain and physical symptoms — there are cases where Medicare criteria can be met and your private health insurance may contribute. It's never automatic, and it's assessed on your individual situation; we work through exactly where you stand together at your consultation.

Taking the next step

At your consultation I'll listen to what you're hoping for, examine you thoroughly, and give you honest, personalised advice — which may be a reduction, another option, or sometimes to wait. And a reminder I mean sincerely: you are allowed to look after yourself.

A GP referral is now essential for any type of surgery, so please arrange one before your appointment. A consultation fee of **\$300** applies, payable when you book.

To arrange a consultation:

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This guide is general information only and is not personal medical advice. All surgery carries risks and possible complications; results vary from person to person and cannot be guaranteed. This material is intended for people aged 18 and over. Any surgical or invasive procedure carries risks — before proceeding, seek a second opinion from an appropriately qualified health practitioner. © Dr Carmen Munteanu.