



KATARZYNA MACKENZIE
PLASTIC SURGEON

Tuberous/tubular breast deformity

Tuberous breasts (also known as tubular breasts) are a common developmental breast condition that has a widely variable impact on breast shape where the breast develops in a characteristic tubular shape. The lower part of the breast is underdeveloped compared to the rest of the breast which affects both shape and size. Very commonly one breast sits higher than the other, there can be significant size differences between both breasts and the areola (pigmented area around the nipple) can often be very puffy and enlarged with herniated breast tissue behind it.

With numerous labels including tuberous breast deformity, tubular breasts, constricted breasts, and herniated areolas, the physical manifestations of varying severity and asymmetry can have a profound effect on breast aesthetics, balance, and self-perception.

Length of surgery	1-4 hours
Anaesthesia	General anaesthetic
Hospital stay	Day case or 1 night
Risks/complications of surgery	Frequent: Bruising, swelling, temporary numbness Infrequent: Infection, bleeding (haematoma), delayed wound healing, nipple necrosis, asymmetry, poor scarring, capsular contracture, rippling, implant rupture
Recovery	5-10 days until socialising with close friends and family 1-3 weeks until return to work and normal social engagements 4-6 weeks until swelling and bruising disappears 6 weeks sports bra day and night. Wired bra after 2 months 4-6 weeks until return to gym and other strenuous activities 3-6 months until final result
Driving	1-2 weeks
Sleeping position	Sleep on your back
Follow up	1 week, 6 weeks, 3 months, 6 months
Duration of results	Long-lasting unless pregnancy and weight gain/loss

Tuberous/tubular breast information sheet

Any plastic surgery procedure is a very personal choice and understandably there are several questions that arise. This information sheet is a general guide for patients considering tuberous breast correction under the care of Dr Mackenzie. It should provide the answers to some questions that you may have. There are many factors that can affect your individual operation, your recovery, and the long-term result. Some of these factors include your overall health, previous breast surgery, severity of tuberous breast, chest size and body shape, any bleeding tendencies that you have and your healing capabilities, some of which will be affected by smoking, alcohol, and various medications. Such issues that are specific to you need to be discussed with Dr Mackenzie and are not covered here. Please feel free to ask her any further questions before you sign the consent form.

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Introduction

Breast shape, size, symmetry, and nipple areola complex size are common insecurities in women. Many seek plastic surgery to correct these, such as breast augmentation, breast lift, fat grafting or breast reduction.

Tuberous breast, also known as tuberous breast syndrome, is a congenital abnormality in which breast tissue doesn't develop fully during puberty and the mammary glands stop growing, resulting in abnormal development in the shape and size of the breasts. This only becomes apparent during puberty.

The deformity is typically characterized by a conic or tubular shape, breast hypoplasia (underdevelopment) horizontally and vertically and protrusion of the nipple and areola. A unique surgical approach is required to correct tuberous breast deformity.

Tuberous breasts are common among women, and many don't seek out corrective surgery. They have varying characteristics, not just underdeveloped breasts. Typical characteristics of tuberous breasts include:

- Small breast base
- The tubular, conic or cylindrical shape
- Large, protruding nipples/areolas
- Wide-set breasts
- Deficiency in tissue volume
- Droopy breasts or downward-pointing breasts
- Elevated inframammary fold
- Underdevelopment in the lateral and lower portions of the breasts
- Breast asymmetry
- Peripheral breast constriction

What are the different grades of tuberous breasts?

The types of tuberous breasts are categorized by the presence of specific symptoms. The condition is graded according to the kind of deformity and the severity of asymmetry. There are a few types of tuberous breasts:

Type I

This is the mildest tuberous deformity and is characterized by the following:

- Underdevelopment in the lower and inner portions of the breast
- Breasts usually have normal volume
- Wide-set breasts
- Potentially outward-pointing breasts /nipples

Type II

This type of tuberous breast deformity is more severe and is characterized by the following:

- Underdevelopment in the outer, inner, and lower portions of the breast
- Conic or oval breast shape
- Slight drooping of the breasts
- Slight deficiency in breast volume

Type III

It is more severe than type II, the type III breast deformity is characterized by the following:

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- Underdevelopment in the outer, inner, and lower portions of the breast
- Deficiency of skin and tissue under the areola
- Nipples/areolas may sit very low in the breast
- Droopy breasts
- Oval, conic, or cylindrical shape
- Large, bulging (herniated) areolas & nipples

Type IV

This type is not characterized by underdevelopment or skin deficiency but by the following characteristics:

- Small breast base
- Constricted breast development
- Large, bulging (herniated) areolas & nipples
- Cylindrical/oval shape

Type 0

Another type of tuberous breasts was described later: this type does not display many characteristics of the other types. Type 0 is characterized by herniation of the Nipple-Areolar-Complex (NAC) with a normal breast base. You may have type 0 if you have the following:

- Large, bulging (herniated) areolas & nipples
- Normal breast volume
- Normal breast shape

What surgery can be done?

This is very individualised or bespoke surgery although based on some core principles established over the years to gain good and consistent results. The complexity of the surgery will depend on the tuberous breasts and the final result that you would like to achieve. The recommended procedures can include one or a combination of the following surgeries:

- Breast augmentation
- Mastopexy (breast lift)
- Breast augmentation with breast lift
- Tissue expansion
- Areola lift
- Areola reduction

Breast augmentation and tuberous breast correction are different procedures, although both may be performed simultaneously in a single breast surgery.

A precise balance between reshaping, areola balancing plus augmentation is appropriate for moderate to severe tuberous breast deformity. In other words, every tuberous breast scenario is different and needs to be addressed accordingly.

The general appearance of smaller tuberous breasts can often be improved with the careful use of breast implants. A common tuberous breast correction procedure is to release constriction of the lower breast pole. This surgery assists by rounding the breast from the inside. The breast gland tissue may need to be altered to cover the implant or fat grafting can also be used to give more fullness to the lower part of

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the breast. Simply placing an implant without other manoeuvres will give an inadequate correction. If the tuberous breast correction is coupled with breast augmentation there are several factors to consider:

- Placing the implant in a pocket determined by the chest muscle structure
- Incision locations
- Procedures for correcting asymmetry, areolar hernation or breast droop
- A single operation or surgery carried out over several stages

In most cases, the correction and augmentation can be carried out in a single operation. In situations where there are complex underlying issues with skin or breast tissue, several stages may be recommended. In these situations, a tissue expander (adjustable saline implant) may be temporarily fitted to expand the breast skin and tissue.

What is the recovery after this surgery?

In general, you will be advised to gently mobilise carefully the first week or two. On average 1 to 3 weeks off work are needed. No heavy lifting or strenuous activity is allowed for the first 6 weeks. Some forms of exercise can be restarted at 4 weeks. Most exercise is restarted at 6 weeks. Driving is not allowed until you are safe to perform an emergency stop. Individual procedures will have specific factors about their recovery as well and that is discussed during consultation and on their separate webpages.

What are the complications of tuberous breast surgery?

In general, tuberous breast surgery is safe. Nevertheless, no surgery is without risk.

All general anaesthetics carry risks such as deep vein thrombosis and chest infection but with modern anaesthetic techniques, these are minimised.

Some of the complications that can happen include slow healing, infection, bleeding, poor scarring, asymmetry, pain, numbness or sensitivity in the skin, contour irregularities, seroma, loss of nipple sensation, loss of nipple or breast tissue, implant rupture, implant malposition, capsular contracture and BIA-ALCL (a rare lymphoma associated with some breast implant types).