

Breast Asymmetry Correction Surgery

It is normal to have breasts of slightly different sizes and shapes. However, some women may have a noticeable difference in breast size. Others may experience different breast shapes, where one breast may be rounder or more elongated compared to the other.

There are a variety of surgical procedures available that may help you if you have breast asymmetry. These possible operations include breast reduction, breast uplift (mastopexy), breast implants (augmentation), inflatable breast implants (expanders) and fat grafting. These can be performed singly or in combination depending on your specific circumstances and desires. Correcting breast asymmetry can bring a renewed sense of confidence and vitality in patients of any age, even after other breast surgeries. Breast asymmetry surgery isn't the right choice for everyone. It's a very personal decision which, ultimately, only you can make.

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, seroma, poor scarring, capsular
	contracture, rippling, implant rupture
Recovery	5-10 days until socialising with close friends and
	family
	2-3 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

Breast asymmetry correction 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 breast

KATARZYNA MACKENZIE

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asymmetry correction surgery 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, 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.

Introduction

No two breasts are alike: nearly all women have breasts that are slightly different from each other. As we say, they are not twins, they are sisters. In most women, the slight differences between the breasts are not very noticeable, but for others, there can be visible differences between the two breasts. This difference can be a result of genetics (eg Poland syndrome), hormonal changes, puberty or even trauma.

For many women with severe breast asymmetry, surgery to create a more even appearance of the breasts has significant benefits in terms of self-esteem, quality of life as well as mental health.

Differences in size or position can lead to discomfort and, in some cases, have impact on posture and balance. In cases like this, breast asymmetry correction (mammoplasty) may be on option to help change the size of symmetry and balance. The surgeon can use individualized techniques on each breast—for example, a breast augmentation mammoplasty on one breast and a breast reduction on the other.

The ideal situation from a plastic surgeon's perspective is one in which the larger breast can be reduced to match the smaller breast. This is because the ability to achieve symmetry in terms of volume but also in terms of behavior and character of the breast is far more predictable. However, of course, the patient may desire a final breast size that is larger than her smaller breast in which case at a later stage, a breast augmentation may be performed. This might also be possible at the same time.

Complete breast symmetry is not always possible, so it is always important to remember that results from breast asymmetry surgery are to be considered an improvement rather than perfection.

What is breast asymmetry?

Breast asymmetry is a condition where one breast is larger or shaped differently than the other. A small amount of asymmetry is common. Most causes are not severe and may be congenital but are often of no significance. However major asymmetric differences often justify corrective surgery.

What types of breast asymmetry can be addressed by surgery?

The most common breast asymmetry which can be addressed by correction surgery include:

- 1. Breast asymmetry such as different breast size, shape, volume, position
- 2. Nipple areola complex such as size, shape, and height of nipple

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What are the options for correcting breast asymmetry?

There's no one standardized approach that suits all patients. There are a variety of surgeries and techniques that can help improve the appearance of asymmetric breasts. The surgeries include one or a combination of:

- 1. Breast reduction
- 2. Breast lift (mastopexy)
- 3. Breast augmentation with breast implants
- 4. Fat transfer (lipofilling)
- 5. Tissue expander

What are the complications of breast asymmetry corrective surgery?

In general, breast surgery is safe with an associated high degree of patient satisfaction. Nevertheless, any surgical or invasive procedure carries risks. Before proceeding, you should seek a second opinion from an appropriately specialist plastic surgeon.

All general anaesthetics carry risks such as deep vein thrombosis and chest infection but with modern anaesthetic techniques, these are minimised. Possible complications and risks associated with breast asymmetry correction surgery may include bleeding, infection, swelling, bruising, scarring, seroma, fat necrosis, breast implant associated complications, nipple necrosis, asymmetry, breastfeeding difficulties, loss of nipple sensation, revisions.