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5 Most Common Myths

About Breast Reduction Surgery

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Introduction:

There is a tremendous amount of literature available online about breast reduction surgery; Unfortunately, there are also a number of myths that are circulating on the web.

Many patients come to us holding these myths as fact, and we wanted to take the time to educate you on the 5 most common myths we hear. Our goal is to make sure our patients (and anyone researching breast reduction) have the right information to make an educated decision regarding breast reduction surgery.



1. Insurance does not cover breast reduction surgery

There is a popular misconception about breast reduction surgery claiming insurance does not cover this procedure. This is not true in the majority of cases in my practice. Most of the time, if a breast reduction is not covered by insurance, it is because the procedure is seen as “cosmetic.” With the variety of medical issues that having large breasts can cause, many breast reduction candidates are covered by insurance.

While there are no guarantees your insurance company will cover your breast reduction surgery, my expert staff can guide you on whether it is worth going through the paperwork to try and get the surgery covered through your insurance. I do not consider the vast majority of breast reductions to be cosmetic surgery. There is a large body of evidence supporting relief of many breast related physical complaints, including neck, shoulder and back pain following breast reduction surgery.



2. “I will not be able to breastfeed after breast reduction surgery”

In all likelihood, women who have the ability to breastfeed prior to breast reduction surgery will also have the ability to breastfeed after breast reduction surgery. There is a small (around 10%) reduction in a woman’s ability to breastfeed after standard breast reduction surgery.

In a small percentage of all patients who need breast reduction surgery, the nipple is actually grafted in place. These are the only patients where there is no chance of breastfeeding after surgery. This important surgical detail will be made very clear at the time of the consultation. Again, using this specific nipple grafting technique during breast reduction surgery accounts for only a small (less than 5%) of all the breast reduction surgeries I perform.

3. Breast reduction surgery does not include a breast lift

All breast reduction surgeries include a breast lift. Lifting the nipple to a more appropriate position is a normal part of the redraping process after the excess tissue is removed in a typical breast reduction. Breast reduction surgery using liposuction only, produces the least amount of breast lifting and is most appropriate in cases where the nipple has not descended as much as the majority of women needing breast reduction surgery.

4. “My breasts will grow back after breast reduction surgery”

There are no guarantees that there will never be any change in breast size after breast reduction surgery. In general, the best way for women to avoid major issues with long-term results after breast reduction surgery is to achieve a stable breast size for 6 months to

one year prior to surgery and to be present for at least 6 months at a stable realistic body weight. Breast size can change with pregnancy/lactation, weight changes and other hormonal fluctuations such as menopause.

Not everyone who becomes pregnant and not every pregnancy will result in a larger, long-term cup size. While there are a lot of potential hormonal changes in women's lives, the only variable that can be controlled is body weight. There is no reaction by the body to grow larger breasts after a breast reduction. There are cases where people seek additional surgical treatment of large breasts after having breast reduction surgery earlier in life. There are a multitude of reasons for this. Luckily, it is not a common event.



5. “I need to wait until after I have children to have breast reduction surgery”

For some women, there are a variety of physical complaints such as back, neck, and shoulder pain. Some women experience chronic rashes under the breast folds or shoulder indentations from bra strap grooves. If someone is experiencing many of these symptoms at a young age, then waiting until after pregnancy may bring even more physical symptoms.

There are scenarios where waiting to have surgery can become problematic. Take the example of an average size woman, wearing a very large bra size (such as 38 E or above) who waits until after pregnancy to have breast reduction surgery. She may become significantly larger after pregnancy/lactation and end up with a breast size that may make breast reduction surgery more complicated and harder to achieve the smaller size the woman is hoping for. Like the above example, there are scenarios where waiting for breast reduction when starting out with very large breasts and undergoing pregnancy and lactation works against an ideal breast reduction outcome.

On the other hand, there are some women who may be better off waiting until after pregnancy/lactation. An example in this scenario would be someone who would be extremely disappointed if she could not breastfeed her child. In this situation, it is better to wait until after completing pregnancies prior to having surgery so there are no doubts whether the breast reduction negatively impacted lactation.

These are the most common myths we hear from patients and see online, but we know that many patients have even more questions around breast reduction surgery.

We invite you to call our office at (973) 775-9248 and our knowledgeable staff will be more than happy to answer any questions and address any concerns you may have.