# Tuberous Breast Surgery

Tuberous breast (also known as tubular breast) is a term used to describe particular breast shapes that share some common features. Typically, the areola (pigmented area around the nipple) is enlarged and is usually puffy (with the puffiness worse when warm and relaxed). Often there is a shortage of skin and under-development of breast tissue in the lower part of the breast below the nipple-areola complex and the breast crease may be high and tight. There are also frequently significant differences in size and shape between both breasts. These shape characteristics can range from very mild to very severe and can have a very big impact on body image and confidence.

Surgery to correct tuberous breasts can take a few different approaches. The exact choice of surgery will depend on your breast shape, size and side to side breast differences as well as your desired breast goals in terms of changes in size and shape. This leaflet gives an overview of the different types of surgery available for tuberous breasts. Your surgeon will give specific recommendations regarding the most suitable choice(s) for your breasts.

**Types of tuberous breast surgery**

Please see the relevant information leaflet for more detail on individual procedures such as breast augmentation, breast augmentation mastopexy, mastopexy or lipofilling (fat transfer).

**Needle point cautery**

Sometimes if the puffiness of the areola is not too severe, needle point electrocautery can be used to help address this. This is a technique that uses multiple small needle point “stabs” into the anaesthetised areola to impart a small burn under the skin which eventually causes tightening and contraction of the areola. Whilst the outcomes of this can be variable, the advantage is that it is effectively scarless (although if a small scar is present, it appears similar to one of the Montgomery tubercle “bumps” that is present on a normal areola) and it can always be repeated.

**Unfurling flap techniques**
Unfurling flaps or internal breast reshaping relies on redistributing the existing breast tissue to allow the lower half of the breast to be filled. This is normally done via an incision around the areola. This is an excellent technique when an implant is not desired, and can be adjusted in the future as required using fat grafting or a breast implant. It “unfurls” the breast tissue in the middle of your breast and redistributes it to fill the deficient area in the lower part of your breast. Your breast will not be larger in size but will have an improved shape after this technique.

**Lipofilling (fat transfer)**
Lipofilling (fat grafting) relies on liposuction to other areas of the body to "harvest" fat. This is then processed in the operating theatre and injected carefully to enlarge the recipient site. For the breast, the fat is injected under the skin and under the breast gland itself rather than into the breast gland to minimise disrupting the breast's architecture. Furthermore, it is important to understand that the limit of fat that is injected is determined in the operating theatre using experience to minimise the risk of the fat dying (fat necrosis) or oil cysts developing. Fat grafting may require multiple separate operations (on average 2 to 3 if used instead of implants), each normally as day surgery procedures under a light general anaesthetic. We usually assess your areola shape after the first and second procedure to see if it warrants separate corrective surgery. With fat grafting approaches, we sometimes do not end up needing to do anything to the areola, so we do not always operate on the areola straight away. Fat transfer can also be used to ‘touch up’ or adjust shape after some of the other techniques such as unfurling flaps, or after breast implants, if needed.

**Breast augmentation (implants)**
Breast augmentation using silicone implants can be used to increase breast size, improve breast shape and improve breast symmetry. Usually in tuberous breasts, additional breast reshaping measures are needed as well including internal releasing of tight lower breast tissue, reshaping of the nipple-areolar complex and/or mastopexy (breast lifting and reshaping). But occasionally in milder cases of tuberous breast, a carefully chosen implant alone will provide a good solution for both size and shape. Your surgeon will advise on the type of implant that is most suitable for your breasts.

**Augmentation mastopexy**
An augmentation mastopexy combines a breast enlargement (breast augmentation using an implant) with a breast lift (mastopexy). The most common type of augmentation mastopexy in tuberous breasts is a circumareolar augmentation mastopexy whereby the implant is placed via a breast crease incision followed by breast lifting and reshaping via a scar around the areola. Sometimes more extensive mastopexy or lifting is needed and

you will be specifically advised regarding this by your surgeon after they assess your breasts. Your surgeon will also advise on the type of implant that is most suitable for your breasts.

**Mastopexy**
A breast lift or mastopexy is another option for tuberous breasts. This lifts and improves breast shape. The incision (and therefore the scar) will depend on the extent of mastopexy required. Without an implant or fat transfer, it will not increase your breast size.

**Combinations of the above procedures**
Sometimes the above techniques can be combined to achieve a better result for your breasts.

**Differential procedures**
Asymmetric breasts may need different procedures on each side to achieve better symmetry e.g. an augmentation mastopexy on one side and a mastopexy or implant alone on the other.

**Staged procedures**

While our surgeons normally carry out all the planned surgery in one procedure, there are situations where they will advise doing the surgery in two or even three steps. Usually a 3 to 6 month gap is placed in between procedures. This is normally planned in advance but may only be evident during the first planned surgery or afterwards as your breasts heal. Further operations can be more common in tuberous breasts, compared with other breaset plastic surgery, due to the complexity of condition.

Some examples of staged procedures include:

- Performing a mastopexy at a later stage – for example in situations where there is mild laxity to the breast tissue, but a reasonable breast shape
- Performing lipofilling (fat transfer) at a second stage to improve shape or smooth irregularities particularly of the lower breast after unfurling flaps or augmentation mastopexy.
- Lipofilling may need more than one session to achieve the end goal as there are limitations on how much that can be placed in a breast in one stage with a good chance of survival.
- Placing a breast implant at a later stage if not enough volume was achieved with fat transfer or additional volume was desired after unfurling flaps.

- Adjusting lower breast or nipple-areola shape when tuberous breast shape characteristics could not be fully corrected in the first procedure.

**Post-operative course**

You will have bruising and swelling in your breasts afterwards which will peak at day 2 to 3 and slowly resolve over the weeks following this. Most of this will go in the next 4 to 6 weeks but swelling can persist for up to six months. You will have a scar, the location and extent of which will be discussed in advance with you and will depend on the exact surgery that you require. It may take 6 to 12 months for the shape of your breasts to fully settle following tuberous breast surgery. You will need to wear a support bra for 6 weeks postoperatively. This helps to provide support to your breasts and to keep swelling controlled.

**Recovery**

Most people return to work after 1 to 2 weeks depending on the nature of their work. Exercise or strenuous activities need to be avoided for 6 weeks post-surgery. Light activities can be resumed within 2 weeks and normal activities are usually unrestricted after 6 weeks.

**Complications**

As with any surgery, there are some complications associated with tuberous breast surgery. Please see the individual information booklet or sheet for complications relating to the procedures generally e.g. breast augmentation, breast augmentation mastopexy, mastopexy or lipofilling (fat transfer). Regarding tuberous breast surgery specifically, please note the following:

**Unexpected findings in surgery**
Occasionally during tuberous breast surgery, unexpected events can occur or there are unexpected findings which affect or prevent performing the planned surgery or require adjustments to the surgical plan or procedure. Should this happen, your surgeon and/or the operating room team will carry out any emergency treatment required and will adhere as much as possible to the planned surgery if safe to do so. If this should occur, you will be informed of this, any consequences of this and if any further treatment or assessment is required at the earliest opportunity.

**Damage to the skin of breast or nipple**
On rare occasions, reshaping/releasing the lower breast or reshaping the nipple-areolar complex can damage the skin, breast or nipple tissue. This is higher risk in very tight or severe tuberous breasts as there is less breast tissue and it requires more complex manoeuvres to remove the "memory" of the original breast shape.

**Asymmetry**
No-one is perfectly symmetrical and we all have differences between the two sides of our body. These differences persist after surgery but are usually small enough that they are not overly visible and do not require any treatment. With tuberous breast surgery, the risk of persistent asymmetry is higher than for other types of breast plastic surgery, as there is often quite significant breast asymmetry before surgery and usually more complex surgery is needed than in non-tuberous breasts.

**Retaining the memory of your original breast crease**
Quite often in tuberous breasts, the breast crease is higher than normal or higher on one side than the other and it needs to be lowered to a better position as part of reshaping your lower breast. Sometimes the retained memory of your original breast crease is very strong and can reappear or not be removed fully. This gives the impression of a line or groove in your lower breast above the new breast crease. It is sometimes called a 'double-bubble'.

**Loss of transferred flap or fat**
Tissue that is transferred from one part of the body to another or reshaped significantly has to heal or settle into its new position. Sometimes this does not happen completely and all or some of the transferred tissue is lost. This risk is much higher in those who smoke or take nicotine or are diabetic. Further procedures may be needed to correct shape or size problems if this happens.

**Disappointment with the result**
Sometimes after undergoing tuberous breast surgery, patients are disappointed with the result. This may be due to one of the problems described above occurring or due to unrealistic expectations of the surgery e.g. very severe tuberous breast shapes and/or asymmetries or very small tight tuberous breasts whereby it is not possible to achieve all your goals in one surgery or there are limitations on what can be achieved safely (improvement rather than perfection or complete correction). It is important that you discuss your expectations in advance of the surgery so that you can understand what to expect from the surgery and so this situation is avoided as much as possible. (Additional costs may be incurred for further procedures.)

**Longevity of procedure**

Tuberous breast surgery is usually very successful and can significantly improve breast shape and symmetry. The improvement in your breast shape and/or size is apparent early on although it is 6 to 12 months before the final result can be seen. The results are usually long-lasting.

The natural ageing process of the body continues regardless of surgery and so may over time alter your breast shape or size leading to recurrence of asymmetry, changes in shape or sagging of the breast tissue. Significant changes in weight or the hormonal changes of pregnancy, breast feeding and menopause can affect the longevity of tuberous breast surgery. Breast implants are also long-term rather than life-long devices and will have to be replaced in the future in due course.