

NURSING AFTER BREAST SURGERY

Stephanie
Lawson

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BREAST AUGMENTATION

- Step 1 - Anesthesia
- Step 2 - The incision
- Incisions are made in inconspicuous areas to minimize visible scarring. These include:

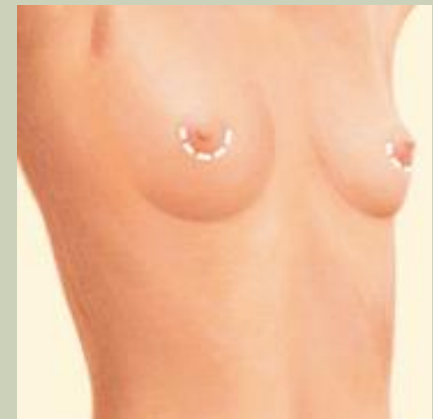
- **Inframammary**



- **Transaxillary**



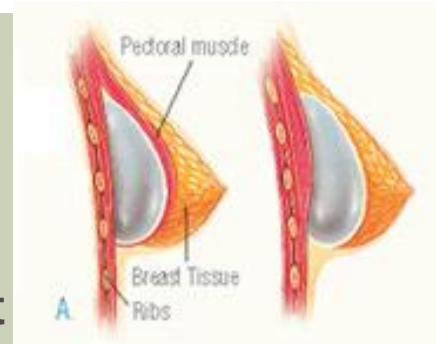
- **Periareolar**



- Incisions vary based on the type of implant, degree of enlargement desired, your particular anatomy, and patient-surgeon preference.

BREAST AUGMENTATION

- **Step 3 – Implant Choice**
- **Options for Breast Implants**
 - Saline Breast Implants
 - Silicone Breast Implants
- **Step 4 - Inserting and placing the breast implant**
- **After the incision is made, a breast implant is inserted into a pocket either:**
 - Under the pectoral muscle (a submuscular placement), or
 - Directly behind the breast tissue, over the pectoral muscle (a submammary/ subglandular placement)
- **Step 5 – Closing the incisions**
 - Incisions are closed with layered sutures in the breast tissue and with sutures, skin adhesive or surgical tape to close the skin. Over time the lines will fade.



CAN THEY BREASTFEED?

- Research has been limited on the effects
- Overall, there is no difference between women who have had breast augmentation than women who have not had surgery
- If the incisions were made around the areola there seems to be an increased risk in nerve damage and decreased suckling reflex, thus making it harder to breastfeed.

BREAST REDUCTION^{ASPS}

- **Step 1 – Anesthesia**
- **Step 2 - The incision**
Incision options include:
 - A circular pattern around the areola



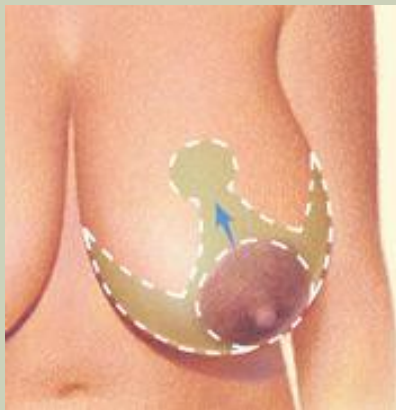
- The incision lines that remain are visible and permanent scars, although usually well concealed beneath a swimsuit or bra.

BREAST REDUCTION

- A keyhole or racquet-shaped pattern with an incision around the areola and vertically down to the breast crease



- An inverted T or anchor-shaped incision pattern



BREAST REDUCTION

- **Step 3 - Removing tissue and repositioning**
- After the incision is made, the nipple (which remains tethered to its original blood and nerve supply) is then repositioned. The areola is reduced by excising skin at the perimeter, if necessary.
- Underlying breast tissue is reduced, lifted and shaped. Occasionally, for extremely large breasts, the nipple and areola may need to be removed and transplanted to a higher position on the breast (free nipple graft).
- **Step 4 - Closing the incisions**
- The incisions are brought together to reshape the now smaller breast. Sutures are layered deep within the breast tissue to create and support the newly shaped breasts; sutures, skin adhesives and/or surgical tape close the skin. Incision lines are permanent, but in most cases will fade and significantly improve over time.

CAN THEY BREASTFEED?

- A systematic review was done by Thibaudeau et al, who reported that there is no difference in ability to breastfeed in women who have had breast reduction or women who have not.

- **“Successful lactation seems to be dependent on having intact lobules remaining in the breast, the presence of lactiferous ducts draining these lobules to the nipple, and the presence of intact nerve supply to the nipple serving the suckling reflex. Consequently, the surgical technique, the amount of glandular tissue removed and the resultant nipple sensitivity have been considered important factors influencing lactation.” - Thibaudeau**

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QUESTIONS?