AESTHETIC SURGERY

Breast Reduction and Breast Lift: A Planning Guide

Two operations that share a technique and solve different problems – how each is planned, where the scars sit, and what recovery involves



The first question in the consultation is not the size you want. It is whether what bothers you is where the breast sits, how much of it there is, or both – because each answer points to a different operation.

THE TWO OPERATIONS SIDE BY SIDE

Breast lift (mastopexy)

Reshapes and raises the breast; volume stays much the same.

- Removes excess skin
- Repositions the nipple higher
- Restores a firmer shape
- Does not make the breast smaller

Breast reduction

Everything a lift does, plus removal of tissue.

- Reduces volume and weight
- Relieves back, neck and shoulder strain
- Raises and reshapes at the same time
- Often improves posture and comfort

WHICH DIRECTION DOES YOUR ANSWER POINT?

If you could change only one thing, would it be the position, the size, or both?

POSITION

A lift. The breast sits lower than you want, but the size is acceptable.

SIZE

A reduction. Weight, discomfort or disproportion is the main complaint.

BOTH

A reduction, which lifts as it reduces. The two are rarely separate operations.

A lift on its own does not add fullness. If you want the upper breast fuller as well as higher, that is a lift with an implant – a different plan, discussed in our breast augmentation guide.

Describe what bothers you in your own words and ask which operation it points to.

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Why patients ask for a reduction

Reduction is one of the few aesthetic operations where the main reason is often physical. The relief it brings is why satisfaction rates are among the highest in plastic surgery.

WHERE THE WEIGHT IS FELT



Neck, shoulders and upper back carry the load. Bra straps groove the shoulders; the fold beneath the breast can chafe.

THE REASONS GIVEN MOST OFTEN

- ✓ **Pain.** Chronic neck, shoulder and upper-back ache that improves when the weight is supported.
- ✓ **Skin problems.** Rashes and chafing in the fold beneath the breast, especially in summer.
- ✓ **Activity.** Running and sport made uncomfortable or impractical.
- ✓ **Proportion.** Clothes that fit the body but not the chest, or the other way round.

WHO TENDS TO BE A CANDIDATE

Stable weight

Large changes afterwards alter the result.

Family plans settled

Pregnancy can change the breast again; it does not rule surgery out.

Good general health

Non-smoker, or willing to stop; healing depends on it.

A clear goal

Relief and proportion, not a specific cup size.

A note on timing

Many patients wait years before asking about reduction, often because they assume the scars will be worse than the problem. The consultation is the place to compare the two honestly, with photographs of healed scars.

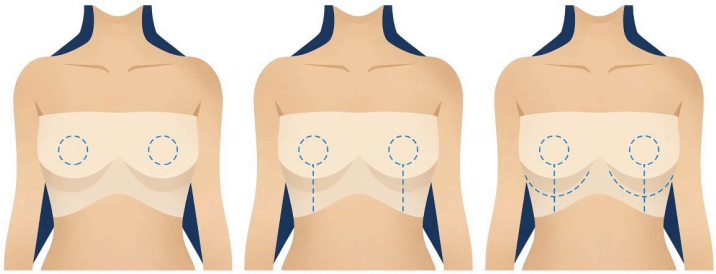
Ask for examples of healed scars at six and twelve months.

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Incisions, scars and how the plan is drawn

The incision pattern is chosen by how far the breast has to be lifted and how much tissue has to be removed – not by preference. Each pattern leaves a scar in a predictable place.

THE THREE PATTERNS



Around the areola only; around the areola with a vertical line; and the anchor, which adds a line in the fold. More lift and more reduction call for more pattern.

WHICH PATTERN FOR WHICH CASE

PATTERN	SCAR	USUALLY USED FOR
Periareolar	Around the areola only	A small lift with minimal excess skin
Vertical (lollipop)	Around the areola, plus a line down to the fold	Moderate lift; many reductions
Anchor (inverted T)	Areola, vertical line, and a line along the fold	Larger lifts and most larger reductions

Scars fade over twelve to eighteen months and sit where a bra covers them.

WHAT THE SURGEON MEASURES BEFORE DRAWING

What sets the plan

1. **Nipple position** — How far it has to move upward.
2. **Skin excess** — How much has to be removed.
3. **Volume to remove** — In a reduction; weighed afterwards.
4. **Symmetry** — Most breasts differ; the plan corrects for it.
5. **Blood supply** — The technique must keep the nipple nourished.

Ask which pattern your examination would point to, and why.

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Recovery and the result over a year

The first week is about rest and a support bra. The first months are about swelling leaving and the shape settling. The scars take the longest – and fade the most.

RECOVERY, STAGE BY STAGE

DAY 1–2
Hospital
Usually one night; drains, if used, out before discharge.

WEEK 1
Home routine
Support bra day and night; light movement.

WEEK 2–3
Back to work
Desk work; no lifting; stitches checked.

WEEK 6
Activity
Most exercise resumes on your surgeon's say-so.

MONTH 3
Shape settles
Swelling largely gone; breasts soften.

MONTH 12
Scars mature
From red and raised to pale and flat.

WHAT THE FIRST WEEKS INVOLVE

- A support bra, worn for as long as instructed
- Sleeping on your back, slightly propped
- No lifting, pushing or upper-body training
- Scars protected from sun for the first year

WHAT TO EXPECT OF THE RESULT

- **Shape first, scars later.** The shape pleases early; the scars catch up over a year.
- **Sensation.** Nipple sensation often changes and usually recovers over months; it may not fully.
- **Breastfeeding.** Often possible after a lift; less predictable after a large reduction.

THREE QUESTIONS ASKED IN ALMOST EVERY CONSULTATION

Will I lose the scars?
No, but they fade substantially and sit where a bra covers them. Silicone sheets and sun protection help.

Will the result last?
For years, yes. Gravity, weight change and pregnancy still act on the breast, as they do on everyone's.

Can a reduction be combined with other surgery?
Often with liposuction of the sides; sometimes with abdominal surgery. Safety sets the limit, not wish lists.

YOUR NEXT STEP

Talk to us before you decide anything

Free Consultation
A conversation with a coordinator, with no commitment.

Send Your Photos
Our medical team reviews them and replies with an assessment.

WhatsApp Us
Questions answered in your own language, usually the same day.

✓ Free consultation · Free medical evaluation

WHATSAPP US

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WHY ESTECENTER?

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This guide is for informational purposes.
Treatment suitability is determined after medical evaluation.