

## For select adolescents, breast reduction surgery safe, effective

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When a grown woman experiences significant back and neck pain from macromastia – or very large breasts – it is common practice for plastic surgeons to relieve her pain by performing breast reduction surgery. Breast reduction surgery in adolescents is not quite as common. A recent University of Rochester Medical Center (URMC) paper shows teens receive the same health and psycho-social benefits as adults, potentially to an even greater degree.

Adolescents with very large breasts can experience severe neck, back and shoulder pain. They can develop skin infections, have trouble participating in sports and develop deep grooves in their shoulders from the weight on their bra straps. In some cases, the problems can be so severe that it can be difficult to breathe and may cause spinal curvature. Additionally, they can have social problems due to the condition.

“These are not insignificant problems for these young women to endure,” said John Giroto, M.D., associate professor of Plastic and Reconstructive Surgery, Neurosurgery and Pediatrics. “This publication shows that they benefit greatly from the surgery. Why should we make them wait 20 years to relieve their physical and emotional pain?”

The paper, published in the [International Journal of Surgery](#), examined 76 patients younger than 18-years-old who had [breast reduction surgery](#) at URMC. The average age of the patients was just older than 16, the average cup size was DDD, and all operations were covered by insurance. Sixty-five percent of the patients were obese but none were

given the procedure before weight loss was first attempted through nutrition guidance and exercise.

“One of the interesting findings in this study was that cup size was not directly related to BMI,” said Peter Koltz, M.D., a plastic surgery resident at URMC and first author of the paper. “This indicates that breasts are not necessarily in proportion to the patient’s body size and shape.” He also noted that it can be very difficult for this population to exercise before the surgery because they can be, essentially, disabled.

Girotto believes macromastia is becoming more of an issue in adolescents because of the earlier onset of puberty and the rise in childhood obesity, but no previous studies have examined rates of macromastia in teens. This is the first, and largest, study to examine the reasons for having the surgery and outcomes among adolescents. Girotto said that often the teens are not the first in their family to get the surgery.

“Mothers who have already had the surgery often bring their daughters in. They don’t want their girls to have to wait as long they had to,” Girotto said. “Even when mothers learn it’s very possible their child will have to have another “touch-up” or revisional breast surgery later in life, they want to do it.”

Provided by University of Rochester Medical Center

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