NHS
Sandwell and West Birmingham
NHS Trust

Therapeutic Mammoplasty

Information and advice for patients

Breast

What is Therapeutic Mammoplasty?

Therapeutic mammoplasty is a is a surgical technique that combines cancer removal with cosmetic breast reshaping. This allows your surgeon to remove the cancer while aiming to maintain or improve the overall shape of your breast.

What Does the Procedure Involve?

- The procedure includes removal of breast tissue and skin, often with some repositioning of the nipple.
- It typically results in a smaller, reshaped breast, which is why it is most suitable for people with moderate to large breasts.
- Symmetry surgery on the opposite breast may be recommended - either at the same time or during a second operation.

Am I Suitable for This Operation?

Your surgeon will assess your suitability and discuss this with you. You may be suitable for therapeutic mammoplasty if:

- You have moderate to large-sized breasts.
- There is some drooping of the nipple (also known as ptosis).

Your surgeon will carefully evaluate your individual case and help you decide whether this is the right procedure for you.

What Happens Before Your Operation?

Your surgeon will talk to you in detail about the suitability of the procedure, including the potential benefits and risks.

During the assessment

- Breast measurements will be taken, which may involve marking your breast with a temporary marker during your clinic visit.
- Photographs of your breasts will be taken before and after the surgery for your medical records.

You will also be asked to attend a preadmission clinic, where you will receive information about pre- and post-operative care.

Smoking Advice

If you are a smoker, your risk of post-operative complications is significantly higher. It is strongly recommended that you stop smoking at least 4-6 weeks before your surgery to help reduce this risk.

This operation is usually performed as a day case procedure, meaning you can go home the same day. However, depending on your individual needs, you may need to stay in hospital overnight.

Surgery for the Armpit

As part of your breast cancer treatment, you may also need **surgery to the armpit (axilla)** in addition to the therapeutic mammoplasty.

This may involve:

- A sentinel lymph node biopsy – to check if cancer has spread to the lymph nodes.
- An axillary node clearance – to remove multiple lymph nodes if cancer involvement is confirmed.

A separate incision in the armpit area is usually required for this procedure. Your surgeon will explain which option is appropriate based on the extent of disease in your lymph nodes.

Common Types of Mammoplasties

There are multiple techniques used in therapeutic mammoplasty. The specific approach chosen for your surgery will depend on the location of the cancer and the size and shape of your breasts.

For large size breasts

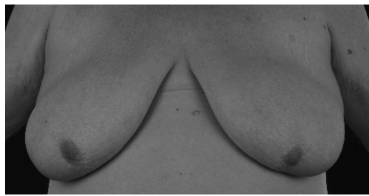
Wise-Pattern Reduction Mammoplasty

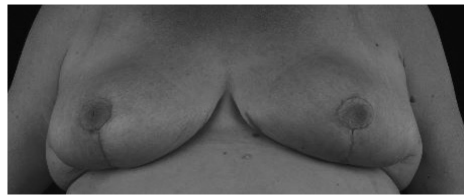
This type of mammoplasty is commonly recommended for individuals with moderate to large breasts and some degree of ptosis (drooping of the nipple).

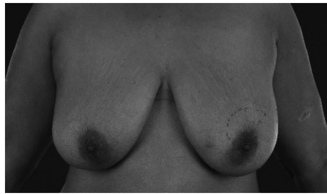
Procedure:

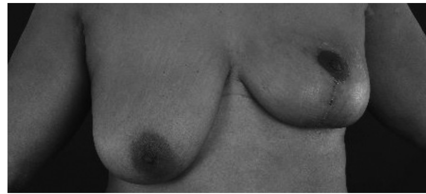
- This procedure involves an anchor-shaped cut. The cut allows the surgeon to remove the cancerous tissue and reposition the nipple.
- The remaining breast tissue and skin are reshaped and stitched to create a natural breast contour.
- To ensure both breasts are symmetrical, surgery on the opposite breast may be required. This can be performed at the same time as your initial surgery or delayed until after your additional therapy has completed. Additional therapy is given to reduce the risk of cancer coming back.

Your surgeon will discuss the best option for you based on multiple clinical and personal factors.


Pre-operative photo


2 months after bilteral Wise pattern Mammoplasty


Pre-operative photo

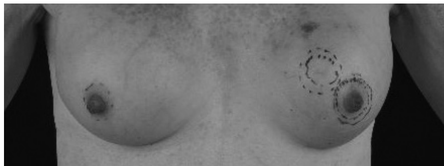

Day 10 after left Wise pattern Mammoplasty

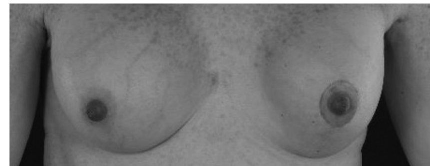
Round-Block Mammoplasty

This technique is typically used when removing breast cancer from a smaller breast with no or minimal nipple drooping.

Procedure:

- A doughnut-shaped area of skin is removed from around the areola.
- The cancer is removed through this incision and surrounding breast tissue is used to fill the defect.
- The resulting scar is limited to a circular line around the areola, providing a discreet and aesthetically favourable result as shown below. Skin is closed with dissolvable stitches.


Round-Block Mammoplasty + tumour marking before operation

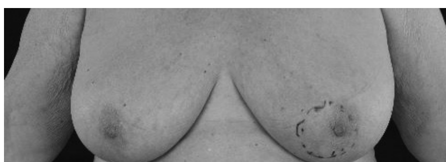

1 month after operation

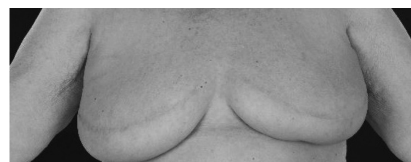
Melon-Slice Mammoplasty

This technique is primarily used for central breast cancers located near or involving the nipple–areola complex.

Procedure:

- A horizontal wedge of breast tissue is removed, often including the overlying skin and nipple–areola complex in most cases. The precise technique may vary depending on the individual case.
- The remaining tissue is reshaped to form a natural contour.
- The incision and resulting scar typically follow a horizontal line where the tissue wedge is removed - similar to a “melon slice” pattern.


Pre-operative photo

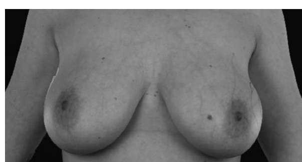

After 1 year of bilateral Melon-Slice mammoplasty

Lateral Mammoplasty

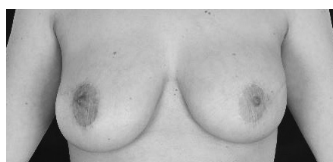
This procedure is primarily used for cancers located in the outer (lateral) half of the breast and suitable for skin excision over the tumour.

Procedure:

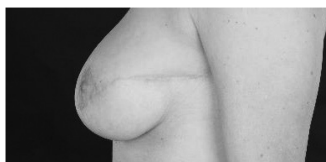
- The cancer, along with some normal breast tissue and overlying skin, is removed from the outer portion of the breast. The amount removed depends on your breast size.
- The remaining breast tissue on either side is used to reshape and close the defect, maintaining a natural breast shape.
- The resulting scar begins around the areola and extends outward toward the armpit, forming a “tennis racquet” incision.



Pre-operative photo



6 months after left breast lateral mammoplasty



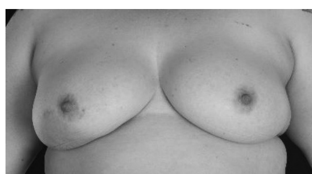
Lateral view of lateral mammoplasty scar (6 months)

Vertical Mammoplasty

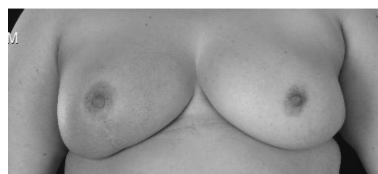
This technique is commonly used when the breast cancer is located in the lower half of the breast.

Procedure:

- The cancerous tissue is removed from the lower portion of the breast, along with some surrounding normal tissue and overlying skin - depending on your breast size.
- The remaining breast tissue on either side is rearranged to close the defect.
- The nipple is lifted to a more natural, higher position to suit the new breast shape.
- The resulting scar forms a “lollipop” shape - going around the areola and vertically down to the bottom of the breast.



Pre-operative photo



6 months after right vertical mammoplasty

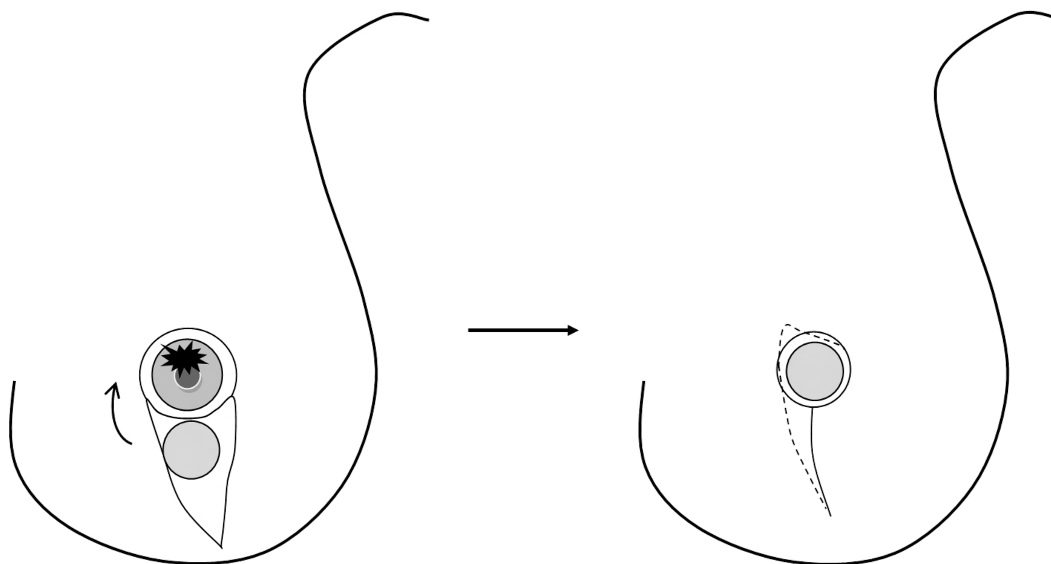
For moderate size breasts

Grisotti Flap

This approach is for a central tumour involving the nipple-areolar complex.

Procedure:

- Vertical wedge design on the lower breast extending from the nipple-areolar complex (NAC) downwards with a circular flap of skin.
- The Skin flap is placed in the defect to create a new NAC.
- The remaining breast tissue on either side is rearranged to close the defect.

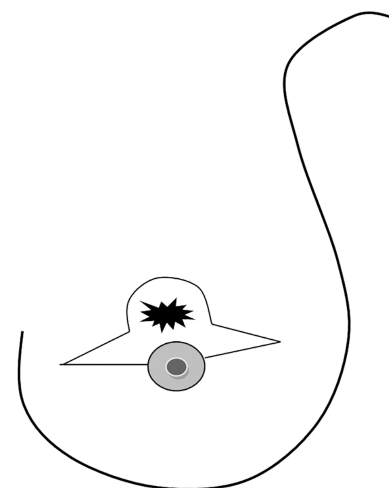


Bat wing incision mammoplasty

This surgical approach is used for tumours located close to the skin, particularly those situated directly over the nipple-areolar complex (NAC).

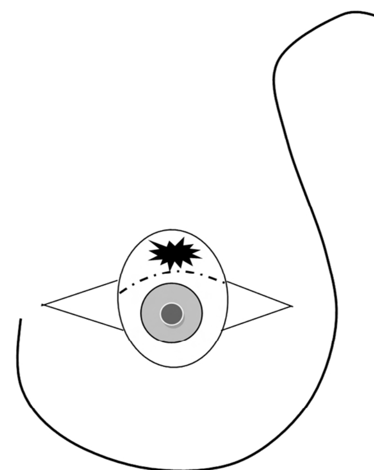
Procedure:

- The tumour is removed along with the overlying skin, including the area over or near the NAC if necessary.
- A bat wing-shaped cut is made to facilitate wide local removal while still allowing for optimal aesthetic closure.
- Lateral extension of the incision is created to aid in surgical access and closure.
- Glandular mobilisation is performed to fill the defect created by the tumour removal and to achieve the best breast shape.



Magnified Doughnut Incision

This technique is ideal for small tumours that require skin excision, particularly when there is an increased nipple-to-inframammary fold (IMF) distance, which may otherwise lead to cosmetic deformities if not addressed.

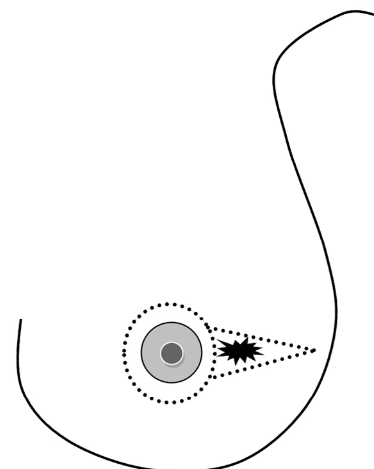


Procedure:

- The cut follows a concentric circle pattern around the NAC, with magnified lateral extensions for tumour access (see figure).
- Tumour and overlying skin are removed through the opening.
- Glandular reshaping and skin closure are performed to restore breast contour and minimize cosmetic impact.

Racqet Incision

The Racquet incision is used in cases where the tumour is located close to the skin and/or nipple, and there is a need to excise overlying skin while also repositioning the nipple for cosmetic or oncologic reasons.

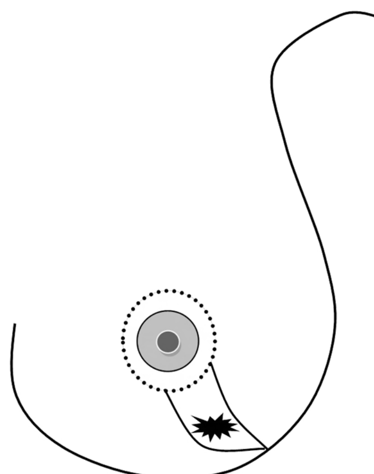


Procedure:

- The cut will be made around the edge of your nipple and then extended outward toward where the lump is, in a shape like a tennis racquet.
- The skin overlying the tumour is removed, ensuring adequate margins.
- The nipple-areolar complex (NAC) is repositioned as needed and the remaining glandular tissue is mobilized and reshaped to fill the defect.

J Mammoplasty

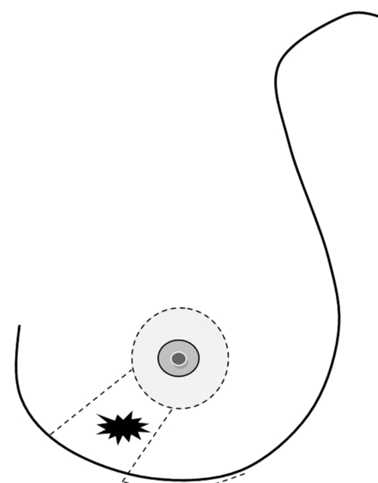
The J mammoplasty technique is typically used for tumours located in the lower part of the breast. Patients who may benefit from breast reduction or lift in combination with oncologic surgery.



Procedure:

- The cut will start around the edge of your nipple, go straight down, and then curve sideways along the natural lines of your skin, making a J-shape.
- The tumour and surrounding glandular tissue are removed through this approach and the remaining breast tissue mobilised to restore the contour of the breast.
- The skin is closed to achieve a symmetrical and lifted appearance, with the final scar resembling a “J” shape.

Wedge excision with glandular rotation - Lower Inner



This oncoplastic technique is used for tumours located in the lower inner quadrant of the breast, particularly when skin excision is required over the tumour and when NAC repositioning is needed.

Procedure:

- A wedge-shaped cut is made to remove the tumour.
- The cut will be extended sideways toward the crease under your breast. This helps the surgeon move tissue from the side and bottom of your breast to fill the space where the lump was removed.

Possible risks and complications

Bleeding

Sometimes bleeding occurs inside the wound after the operation. Your wound will be checked for this by the surgeon and the nurses on the ward before you are sent home. If you notice any bruising or increased swelling after you go home, you should contact the breast care nurses.

Bruising and swelling

Your breast will be swollen and bruised immediately after the procedure, but this should improve after a few weeks. If the bruising and pain increases or there is no improvement, please contact the Breast care nurses.

Seroma

After the lump is removed, some fluid can collect in the space where it was. This can cause discomfort or pain. About 1 in 4 people (20–35%) get this fluid, called a seroma. Usually, your body absorbs it within a few weeks. If it becomes large or the skin over it turns red (which could mean infection), you may need a simple drainage procedure in the breast clinic.

Delayed wound healing

There is a small chance (about 3 to 15%) that your wound may take longer to heal after breast surgery. If you had a Wise pattern mammoplasty this usually happens where the vertical scar meets the horizontal scar (the T-junction). This area has the weakest blood supply, so the skin may not heal well and can open-up, leaving a sore patch. Sometimes this can be quite large and will need regular dressings for a few weeks until it heals completely.

Wound Infection

There can be some redness around the wound area, and it might be accompanied with fever and wound discharge. Wound infection is most commonly managed with antibiotics and dressings. If you notice signs of infection, please contact the Breast Care Nurses as soon as possible to arrange an appointment. If we are unavailable, please seek alternative medical advice from out-of-hour services such as NHS 111.

Nipple complications

Your nipple sensation may be lost or altered, and this may be temporary or permanent.

There is also a small risk of nipple loss from this type of surgery, either total or partial loss. A total nipple loss will need surgical intervention.

Asymmetry / Poor cosmetic results

After surgery and radiotherapy, your breast may look different in size and shape. We can do a matching procedure on the other breast to make them more similar, but perfect symmetry isn't possible. Your breast will not look the same as before the operation.

Scarring

Initially the scars will be fine, bright red lines. In most cases these heal well and soften becoming much paler and less obvious in six to 12 months. Some patients tend to form red, lumpy scars (hypertrophy) or keloid scars, which are broad raised scars. This scarring will be permanent. Moisturiser can be applied 4-6 weeks post operation if your scar is completely healed.

Fat necrosis

There is a small chance (about 3 to 10%) of developing fat necrosis in your breast after surgery. This means some fatty tissue inside the breast can become firm or form small hard lumps. It can happen months or even years later. Sometimes these areas can become sore, red, and feel like an infection. Usually, this settles with anti-inflammatory medicines, but in rare cases, surgery may be needed to remove the affected area.

Re-excision of margins

There is around a 20% risk that the margins around the removed lump come back as pre-cancer/ cancer cells after lump removal. If this happens you will need another operation to achieve a clear margin. This involves a shorter operation using the same incision as the first operation. This will be discussed in your post operation clinic appointment if it is needed.

Chronic Pain

In rare cases, you may have long-lasting pain where the surgery was done. Doctors aren't sure exactly why this happens, but it may be due to nerve irritation, scar tissue, muscle strain, or swelling. This pain can last for months or even years and may not respond well to regular painkillers. Things that increase the risk include older age, larger lumps, radiotherapy, chemotherapy, and stress or low mood. Treatment can include pain relief, gentle exercise and physiotherapy, emotional support, and relaxation techniques.

After Surgery

Most of these surgeries are done as day case procedures.

Will I get drain in my wound?

If a drain is needed, it will be put in place after the procedure. You will be sent home with the drain in place. Your doctor will tell you when it can be removed and it will be taken out in the breast wound clinic.

What kind of stitches and dressing will I have?

Your scar will be covered with steri-strips and a waterproof dressing. Occasionally special dressing such as PICO which promote wound healing can be used.

Stitches are dissolvable and will be placed under your skin, so there will be no stitches to be removed. Surgical glue can sometimes be applied over the edges of wound, forming a protective seal.

Can I take a shower?

The dressing comprises of paper thin steri-strips covered by a waterproof dressing on the top. The dressings are waterproof, so you can shower but avoid completely soaking the dressing.

How can I lie down?

You can lie on your back or on your side as you feel comfortable. However, avoid lying on your front for the first 4 to 6 weeks after your operation.

Can I wear a Bra after my surgery?

Yes, you need to wear a front fastening post operative supportive bra. This will support the newly reconstructed breast which will be swollen for several weeks. We recommend wearing a well-supported bra all day and all night after your surgery for 3 to 4 weeks. However, if you feel uncomfortable then you can take it off for a few hours. It is important that you do not wear an under-wired bra for at least 3 months after your surgery.

When can I drive?

You should avoid driving for the first 4 to 6 weeks after your surgery. You can only drive when you can confidently perform an emergency stop without hesitation and putting pressure on your wound. It is wise to contact your insurance company to inform them when you are ready to drive.

When can I have sex?

You may have sex whenever you feel that you can comfortably do so. You may need time to adjust to your new breast and have self-confidence and be comfortable within yourself. Everyone is different, so whenever is right for you.

When can I go back to work?

This depends on the type of work you do. Generally, you should be able to return to office type duties in 4 to 6 weeks after your surgery. If you do heavy manual work, you should not return until advised by your consultant.

Can I smoke?

You should ideally stop smoking at least 4 weeks before your operation. This can reduce the risk of wound complications significantly. If you are determined to start smoking again, you should not do so for at least 4 weeks after your operation or until your wounds have completely healed if longer.

Can I swim and exercise?

You should not swim until the doctor says your wounds have fully healed. Heavy exercise such as running, jumping, heavy lifting and push ups should be avoided for at least 4 to 6 weeks after your surgery.

Emotional feelings

This operation will result in some changes to the shape of your breast, and it will take time to get used to it. You may feel like your new breast does not really feel like you. You may need time to get used to the new shape and change or loss of sensation. If you have a partner, it may also take time to feel comfortable with them. These feelings are normal. However most women tend to like the new uplifted breasts.

You may experience many different emotions and feelings, especially feelings of loss for your previous appearance and sense of well-being. Remember your care team are here to help.

Contact Us

If you have any concerns, please contact your breast care nurse on **0121 507 4976 (Monday to Friday)**

Please leave a message – with your name, hospital ID (which can be found on your letters), a contact number so we can call you back, and a brief message about your current issue.

SWBH Switchboard - 0121 554 3801

Breast secretaries - 0121 507 (4593, 5111, 5961)

Surgical Assessment Unit (SAU) at Midland Metropolitan University Hospital (MMUH) - 0121 507 2591

We hope this leaflet has answered some of your questions.

General statements made in this leaflet do not apply in every case, as each patient is an individual. Your doctor will advise you of any specific aftercare.

Sources used for information in this leaflet

Photographs taken and supplied with consent by the Breast Surgery Department, Sandwell & West Birmingham NHS Trust.

Line diagrams drawn and taken from Breast disease management presentation, by Prof Geeta Shetty, Oncoplastic and Reconstructive Breast Surgeon, Sandwell & West Birmingham NHS Trust.

If you would like to suggest any amendments or improvements to this leaflet please contact SWB Library Services on ext 3587 or email **swbh.library@nhs.net**.

A Teaching Trust of The University of Birmingham

Incorporating the Midland Metropolitan University Hospital, City Health Campus, Sandwell Health Campus and Rowley Regis Hospital.

© Sandwell and West Birmingham NHS Trust

M8781
Issue Date: April 2026
Review Date: April 2029