

Breast Hypertrophy and outcome of Breast Reduction Surgery

'Almost no woman regrets having the operation; on the contrary, women who have their breast reduction midlife often regret that they did not have the surgery earlier'

This thesis sets out to increase our knowledge of breast hypertrophy in women, its associated problems, and the outcomes of breast reduction.

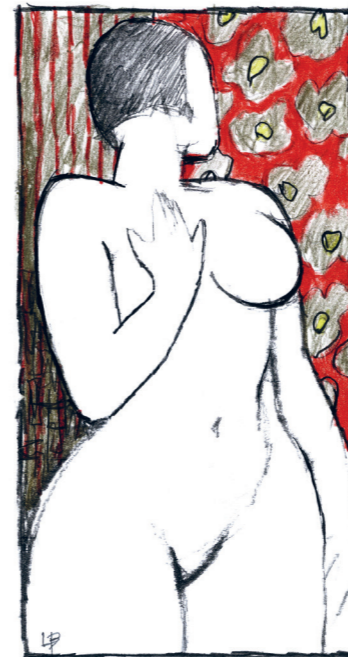
The first of four studies is a retrospective study of risk factors and the prevalence of complications. The second study looks at the effect of intervention with prophylactic antibiotics on postoperative infections. The third is a validation study of the Breast Evaluation Questionnaire, while the fourth is an evaluation study of health-related quality of life after breast reduction surgery.

The key conclusions are that (I) sternal notch to nipple distance, body mass index, resection weight, diabetes mellitus, and smoking are independent risk factors for complications after breast reduction surgery; (II) prophylactic, single-dose, intravenous Cloxacillin or Clindamycin does not significantly reduce the incidence of postoperative infections; (III) with certain modifications, the Breast Evaluation Questionnaire has good validity and reliability; and (IV) women with breast hypertrophy have reduced health-related quality of life, which is either strongly improved or normalized after breast reduction surgery. Those with a higher body mass index, a long sternal notch to nipple distance, a large preoperative breast volume, or large volume of breast resection enjoy gains in health-related quality of life that are similar to, although not greater than, other women.

ISBN 978-91-628-9706-2 (PRINT)
ISBN 978-91-628-9707-9 (PDF)

Printed by Ineko AB, Gothenburg

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