

## QUESTIONS TO ASK YOUR SURGEON: BREAST REDUCTION

### **Do you use the superiomedial pedicle technique or do you use a different pedicle?**

The superiomedial pedicle technique preserves the most crucial breast tissue located in the upper pole or upper chest. The most common aesthetic complaint among women with large, sagging breasts is the lack of breast tissue in their upper chest with excess in their lower chest. The superiomedial pedicle technique utilizes this upper tissue to preserve the blood supply to the nipple, whereas the inferior pedicle technique removes the upper tissue, with preservation of the blood supply from the bottom.

### **What is my insurance company's minimum reduction requirement? Will that be too much for my breasts?**

Cautionary note: Make sure that your breasts are not over-reduced in an effort to meet insurance guidelines. Many insurance companies have strict volume reduction requirements in order for you to qualify. Some doctors may remove too much breast tissue in an effort to meet these requirements, leaving patients with breasts that are now too small.

### **Will your proposed volume reduction keep my breasts proportional in their individual dimensions?**

Often, patients will tell their surgeon that they would like to be a small C, and to their dismay, when the swelling settles and 6 months have gone by, their breasts look wide and flat, not small and round like an attractive breast. This is the result of over-reduction.

- **Will you reduce my breasts with a consideration for shape, not just size?**

In many cases, breast reductions are considered solely from a size perspective and aren't approached with the same aesthetic consideration as other cosmetic procedures. Doctors may feel that a patient with smaller breasts will be happy irrespective of the shape, as the primary goal is reduction in volume. However, without proper markings, patients may find their breasts are boxy or misshapen after breast reduction surgery.

- **Do you make the markings while I'm standing up or while I'm lying down?**

Some physicians feel they can do the markings during the surgery. This may lead to incisions that are longer than necessary, leading to one of the most common complications, which is a visible scar within the cleavage and the axilla or armpit. Doctors who try to do their markings on the table don't have the benefit of a standing patient to guide them.

- **Do you sit me up during surgery to ensure the proper size and symmetry?**

In the operating room, patients' arms should be safely secured on arm boards, allowing them to be safely sat up during surgery. One of the main methods to ensure accuracy and attractive outcomes is sitting the patient up multiple times throughout the surgery. While this may take extra time for a physician, this critical step allows for him to see the progression of his breast reduction and create symmetry.

- **Do you offer a second consultation prior to my procedure?**

Every patient goes through a thorough pre-operative process. This begins with a pre-op visit two weeks prior to surgery. This is similar to a second consult. During this time, you will go over the details of your surgery with Dr. Rahban, and you will get a second opportunity to ask questions and go over your procedure, thus ensuring a complete understanding.



- **How many follow-up appointments do we have?**

After a breast reduction, Dr. Rahban schedules a total of five follow-up appointments. Most plastic surgeons schedule two follow-ups, during which time you may not even see the doctor. During every follow-up appointment, Dr. Rabhan sees his patients personally.