

It is actually natural and normal to have some degree of asymmetry of the breasts. When an excessive difference is present, this can be corrected surgically to achieve a better symmetry. There are a number of methods which we use to achieve this depending on patient choice and body shape. At a consultation we aim to address your specific expectations and provide realistic options. Different methods include;

- A breast augmentation can be performed on the smaller breast to match the size of the larger breast.
- The larger breast can be reduced to match the smaller.
- The insertion of implants of different sizes in both to create symmetry between the breasts.
- A lift with or without implants for one or both breasts.

We believe that your surgery should be tailored to you. Breast asymmetry has many causes and is often congenital (present at birth), but may not be obvious until puberty and breast development.

- **Breast Hypoplasia:** This is a descriptive term for total absence or deficiencies in breast development. Characteristically, the breast is either absent or small overall. This is the most common form of asymmetry.
- **Tuberous Breast Deformity:** This can occur on one side (unilateral) or on both sides (bilateral). Tuberous breast deformity can have the following characteristics:
 - i. Asymmetry in size
 - ii. Deficiency of volume in the lower part of the breast
 - iii. Large areola and nipple on the affected breast
 - iv. 'Tube' like shape, with narrow base and long projection
 - v. Droopy, with nipples sitting low or pointing downwards

Correction of tuberous breast deformity can be challenging and would be performed either as a single stage or multi-staged plan, so as to get an optimal result.

- **Poland's Syndrome:** Children and adolescents with Poland's Syndrome show a spectrum of abnormalities of the chest wall. However, characteristics associated with underdeveloped breast may include:
 - i. Absence of chest wall muscles – such as pectoralis major, latissimus dorsi and others
 - ii. High nipple position or even absence of nipple
 - iii. Narrow chest width on the affected side
 - iv. Absent bony structures of the chest wall
 - v. Finger and hand abnormalities on the affected side

Depending on the severity and number of under developed structures, different techniques are used to correct the contour and shape of the chest wall. Latissimus dorsi flap and implants are the most common methods of reconstruction for young girls.

- **Rib-Cage Abnormalities:** It is not uncommon for children or adolescents with rib-cage abnormalities to present for correction of their breast shape and size. These abnormalities are often misdiagnosed as underdeveloped breasts when, in actual fact, their breasts are normal, but appear small because of the sunken chest wall. Chest wall deformities can be unilateral or bilateral. If these abnormalities are mild enough, simple breast augmentation with implants, are adequate to correct the shape and volume.

When is the right time for corrective surgery?

Young girls in their adolescence are often most affected by breast asymmetry. It is a fragile period during which self-esteem, self-confidence and self-identity is established. Even though the most optimal result is achieved when full breast development has been reached, each case is assessed on an individual basis. Adjustable implants can be used so that the implant can be inflated with sterile saline injection (through a port under the skin) to keep up with development of the normal breast until maturity is reached, at which time, the port can either be removed, or the implant can be changed over to something more suitable.

Future revisions will be required as weight fluctuations, pregnancies, breast-feeding and aging change the appearance of the natural breast as well as the corrected breast. Life-long monitoring of the implant is also essential to verify its integrity.

Common questions about Breast Asymmetry

How long does the procedure take?

In most cases, this procedure takes 1 to 1 ½ hours.

What kind of anaesthesia will be required?

General anaesthesia is the preferred method of anaesthesia.

Can I have my breasts enlarged at the same time?

Yes, patients often have a combined procedure, which corrects differences in shape or form of their breasts and augments their volume too. Breast augmentation will add approximately 30 to 45 minutes to the lifting procedure.

When can I resume my normal activities?

Most patients can return to light activity and work within a few days. We recommend 4 weeks to resume normal physical activity, including sports however it is important that a supportive sports bra is worn 24 hours a day for the first 4 weeks after surgery. We will see you at regular intervals for your follow up care. Your first appointment will be approx one week after surgery, then at four weeks and finally three months however we are always happy to see you sooner should you have any concerns.

Are there any risks to breast asymmetry surgery?

Generally, breast surgery is a very safe and reliable procedure. Risks are uncommon and the vast majority of patients enjoy an uneventful surgery and recovery period. At your consultation we will discuss complications associated with the procedure you have chosen for your symmetry.