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Breast Asymmetry Correction / Breast Symmetrisation Surgery Patient Information Leaflet

Introduction

Breasts are very seldom exact mirror images of each other. It is often said that breasts are “sisters, not twins.” Minor differences between the breasts are normal and may involve more than breast size.

Breast asymmetry may include differences in:

- Breast size or volume
- Breast shape and contour
- Nipple and areola size
- Nipple and areola position
- The height or position of the breast fold
- The breast base or “footprint” on the chest wall
- The amount or distribution of tissue surrounding the breasts

In some patients, these differences are more noticeable and may affect clothing choices, physical comfort, body confidence, or emotional well-being.

Breast asymmetry may be present from puberty or may develop following pregnancy, breastfeeding, weight changes, ageing, injury, breast disease, or previous surgery.

Breast asymmetry correction is individually planned. Surgery aims to improve the balance between the breasts and create a natural-looking result that is proportionate to the patient’s body.

What is Breast Asymmetry Correction?

Breast asymmetry correction, also known as breast symmetrisation surgery, involves changing the size, shape, position, or base of one or both breasts to improve their overall balance.

Treating breast asymmetry usually requires an individualised combination of procedures. The recommended treatment depends on the differences between the breasts and the surrounding tissues.

Treatment may involve:

- Operating on one breast only
- Operating on both breasts
- Treating tissue surrounding the breasts, where appropriate
- Lifting one or both breasts
- Reducing one or both breasts
- Enlarging a breast using an implant
- Adding volume using fat transfer or “fat fill”
- Repositioning or reshaping the nipple and areola
- Combining two or more of these procedures

Different procedures may be performed on each side. For example, one breast may require an uplift or reduction while the other requires augmentation or fat transfer.

Why is Breast Asymmetry Correction Performed?

Breast asymmetry correction may be considered for:

- Unequal breast size or volume
- Differences in breast shape or contour
- Unequal nipple or areola size
- Unequal nipple, areola, or breast position
- Differences in the breast base or fold
- Uneven breast development during puberty
- Tuberous or constricted breast development
- Underdevelopment or absence of breast tissue
- Differences following pregnancy or breastfeeding
- Changes following significant weight loss
- Asymmetry following injury or previous breast surgery
- Asymmetry following treatment for breast disease

New, unexplained, or rapidly developing breast asymmetry should be medically assessed before cosmetic or reconstructive surgery is considered.

Planning the Procedure

A detailed examination is required to assess:

- Breast size, volume, and shape
- Chest wall differences
- The breast base or footprint
- The position of the breast folds
- Breast, nipple, and areola position
- Nipple and areola size
- Skin quality and elasticity
- The amount of existing breast tissue
- The distribution of tissue surrounding the breasts
- Previous scars or surgery
- Body proportions
- The patient's goals and expectations

Photographs and measurements may be taken as part of the surgical planning process.

The recommended treatment will depend on the cause and degree of asymmetry. More than one type of procedure may be required, and further surgery may occasionally be necessary to achieve the best possible result.

Surgical Options

Breast Augmentation

An implant may be used to increase the volume of the smaller breast. In some cases, implants of different sizes or shapes may be placed in both breasts.

Breast Reduction

Breast tissue, fat, and excess skin may be removed from the larger breast to improve its size, shape, and position.

Breast Uplift

A breast uplift, also known as mastopexy, removes excess skin and reshapes the breast. The nipple and areola may be moved to a higher position.

Fat Transfer

Fat may be removed from another area of the body using liposuction and carefully injected into the breast to improve volume or contour. Some of the transferred fat may be absorbed by the body, and more than one treatment may be required.

Treatment of Surrounding Tissue

Where appropriate, liposuction or surgical removal of excess tissue around the breast or chest wall may be performed to improve the overall contour and balance.

Combination Surgery

Different procedures may be combined. For example, the smaller breast may be enlarged while the larger breast is reduced or lifted.

Surgical Incisions

The position and length of the incisions depend on the procedures performed.

Possible incision locations include:

- In the fold beneath the breast
- Around the edge of the areola
- Vertically between the areola and breast fold
- An anchor-shaped incision around the areola, down the breast, and along the breast fold
- Small incisions used for liposuction and fat transfer

All breast surgery produces scars. Scars are usually red or firm at first and generally soften and fade with time. Scar quality varies between individuals.

The Operation

Breast asymmetry correction is usually performed under general anaesthesia.

The operation may involve one or both breasts and, where necessary, the surrounding tissues.

The procedure typically takes approximately 1–3 hours, depending on the combination of procedures required.

The final surgical plan will be discussed during consultation.

Hospital Stay and Recovery

- Hospital stay: usually day surgery or 1 night
- Initial recovery period: approximately 1–2 weeks
- Return to light daily activities: usually within several days
- Return to work: commonly after 1–2 weeks, depending on the surgery and type of

work

- Avoid strenuous exercise and heavy lifting: usually for 4–6 weeks
- Support bra: worn as directed by the surgeon

Swelling, bruising, tightness, and temporary differences between the breasts are common during the early healing period.

The breasts may initially appear higher, firmer, or more uneven than expected. Their final shape may take several months to settle.

Individual post-operative instructions will be provided and should be followed carefully.

Sutures

Absorbable sutures are commonly used and usually do not require removal.

Any non-absorbable sutures or dressings will be removed or changed according to the post-operative plan.

Drains

Surgical drains may be used to remove blood or fluid from the operated area. The need for drains depends on the procedures performed and the surgeon's preference.

If drains are used:

- They may remain in place when you leave the hospital
- Instructions will be provided on caring for the drains
- You may be asked to measure and record the amount of fluid collected
- The drains will be removed once the drainage has reduced sufficiently
- Removal is usually performed during a follow-up appointment

Not every patient will require drains.

Expected Results

The primary goals of breast asymmetry correction are to achieve:

- Improved balance between the breasts
- Better breast shape and proportion
- Improved nipple, areola, and breast position where possible
- Improved contour of the surrounding tissues
- A natural-looking result
- Greater comfort and confidence

Perfect symmetry cannot be achieved or guaranteed. Small differences in breast size, shape, position, scars, nipple appearance, or breast base will remain.

The two breasts may also heal, age, or change differently over time.

Breastfeeding and Breast Screening

The effect of surgery on breastfeeding depends on the procedures performed.

Breast reduction, uplift, or surgery involving the nipple and milk ducts may reduce the ability to breastfeed. Changes in nipple sensation may also affect breastfeeding.

Breast surgery does not remove the need for routine breast screening. Patients should inform the radiographer or healthcare professional about any implants, fat transfer, or previous breast surgery before undergoing mammography or other breast imaging.

Risks and Possible Complications

All surgery carries some degree of risk. Possible complications may include:

- Bleeding
- Bruising and swelling
- Infection
- Delayed wound healing
- Fluid collection
- Blood collection beneath the skin
- Pain or prolonged discomfort
- Noticeable, raised, stretched, or uneven scars
- Changes in nipple or breast sensation
- Temporary or permanent loss of sensation
- Persistent or recurrent breast asymmetry
- Unequal breast or nipple position
- Partial or complete loss of nipple, areola, breast skin, or fat tissue
- Fat necrosis or firm areas within the breast
- Blood clots in the legs or lungs
- Anaesthetic complications
- Unsatisfactory size, shape, or contour
- Need for revision surgery

The specific risks depend on whether correction involves augmentation, reduction, uplift, fat transfer, liposuction, treatment of the surrounding tissues, or a combination of procedures.

Implant-Related Risks

If breast implants are used, additional risks may include:

- Capsular contracture
- Implant rupture or deflation
- Implant displacement or rotation
- Implant rippling or visibility
- Breast pain
- Changes in breast or nipple sensation
- Infection around the implant
- Fluid or blood collection around the implant
- Further surgery to remove, replace, or reposition the implant
- Breast implant-associated anaplastic large cell lymphoma (BIA-ALCL)
- Rare cancers reported in the scar capsule surrounding an implant

Breast implants are not lifetime devices. Additional surgery may be required in the future.

The benefits, limitations, expected monitoring, and risks of the proposed implant will be discussed before surgery.

Capsular Contracture

Following implant placement, the body naturally forms a layer of scar tissue around the implant.

In some patients, this capsule may tighten and cause the breast to feel firm, painful, or distorted. This is known as capsular contracture.

Significant capsular contracture may require further surgery.

Fat Transfer Considerations

If fat transfer is performed, possible complications may include:

- Absorption of some of the transferred fat
- Uneven volume or contour
- Fat necrosis
- Oil cysts
- Firm lumps
- Calcification
- Infection
- Need for additional fat-transfer procedures

Fat transfer may improve breast volume and contour but cannot guarantee complete symmetry.

Changes in Sensation

Temporary numbness or increased sensitivity may occur in the breast, nipple, areola, or surrounding skin.

Sensation commonly improves as healing progresses, but permanent changes or complete loss of sensation can occasionally occur.

Scarring and Wound Healing

The position and extent of scarring depend on the procedures performed.

Some patients may develop thickened, raised, widened, darkened, or uneven scars. Delayed wound healing is more likely in patients who smoke or vape, have diabetes, have poor circulation, or undergo more extensive surgery.

Smoking, vaping, and all nicotine use should be stopped according to the surgeon's instructions before and after surgery.

When to Seek Medical Advice

Contact the surgeon or treating facility promptly if you develop:

- Increasing redness, heat, or swelling
- Worsening pain not controlled by prescribed medication
- Fever or chills
- Pus or unusual fluid from the wound
- Sudden swelling of one breast
- Persistent bleeding
- Opening of the wound
- Changes in the colour of the breast, nipple, or areola
- A drain that suddenly stops draining or produces significantly more fluid
- A drain that becomes disconnected or falls out
- Calf pain or swelling
- Chest pain, shortness of breath, or difficulty breathing

Chest pain, sudden shortness of breath, or difficulty breathing requires urgent medical attention.

Important Considerations

Patients considering breast asymmetry correction should understand that:

- Breasts are naturally “sisters, not twins”
- Perfect symmetry cannot be achieved or guaranteed
- Different procedures may be required for each breast
- Treatment may involve one breast, both breasts, or the surrounding tissues
- More than one operation may sometimes be necessary
- All surgery produces scars
- Healing and scar formation vary between individuals
- Breast and nipple sensation may change
- Breastfeeding ability may be affected
- Breast implants are not lifetime devices
- Pregnancy, breastfeeding, ageing, gravity, and weight changes may alter the result
- The breasts may change differently over time
- Revision surgery may be required in the future

Final Notes

Breast asymmetry correction can improve the balance, shape, and proportion of the breasts when carefully planned and performed.

A detailed consultation is essential to identify all aspects of the asymmetry and determine the most appropriate treatment for each breast and the surrounding tissues.

Treatment may involve an uplift, reduction, augmentation, fat transfer, treatment of the surrounding tissue, or a combination of these procedures.

The overall aim is to achieve meaningful improvement and a balanced, natural-looking appearance. Complete or permanent symmetry cannot be guaranteed.