

Plastic & Reconstructive Surgery:
January 2001 - Volume 107 - Issue 1 - pp 294-295
Correspondence and Brief Communications

Breast-Feeding After Inferior Pedicle Reduction Mammoplasty

Zambacos, G. J. M.D.; Mandrekas, A. D. M.D.

Author Information

Artion Plastic Surgery Center

Correspondence to Dr. Zambacos Artion Plastic Surgery Center

Athens 15451, Greece

Sir:

We would like to comment on the study of Brzozowski et al. (Breast-Feeding after Inferior Pedicle Reduction Mammoplasty, *Plast. Reconstr. Surg.* 105: 530, 2000) and offer our own experience on the subject.

In our study of 371 patients who underwent reduction mammoplasty with the inferior pedicle technique (aged 15 to 67 years), 18 patients subsequently gave birth, and 13 (72 percent) were able to breast-feed. There was no cut-off point in our study, as all women able to lactate were included in the results. Our patient pool included patients of a wide range of age (15 to 67 years), thus explaining the relatively small number of women of child bearing age, and therefore the small number of women giving birth and subsequently trying to breast-feed.

Our percentage of breast-feeding women compares favorably with that of Marshall et al. ² (73 percent), but is considerably higher than that of the current study (29.5 percent, or 47.5 percent if we include even those women who failed to breast-feed more than 2 weeks), as well as the studies performed by Harris et al. ³ (35 percent) and Caouette-Laberge ⁴ (44 percent), but then again different standards were used in defining successful breast-feeding. The normal breast contains 15 to 20 lobules, each of which is drained by a lactiferous duct that usually opens independently on the nipple. ⁵ Suckling of the nipple initiates a reflex arc through the nervous system to the pituitary, causing the release of prolactin necessary for milk production and oxytocin necessary for milk let-down. ² Successful breast-feeding would thus depend ¹ on the number of intact lobules remaining on the breast, ² the presence of intact lactiferous ducts draining these lobules to the nipple, ³ and the presence of intact nerve supply to the nipple serving the suckling reflex.

The inferior pedicle technique by design leaves the nipple in continuity with (some) glandular tissue and spares the nerves supplying the nipple (namely the perforating branches of the third through fifth intercostal nerves), and should therefore allow for

breast-feeding. The variable in this equation is the number of lobules left in situ and in continuity with the nipple. Assuming that the lobules are spread evenly about the breast, fewer than one-third of the breast lobules would remain intact following breast reduction with the inferior pedicle technique, yet the number of women able to produce enough milk to breast-feed is surprisingly high as demonstrated by the aforementioned studies. It would be interesting to see a study comparing the various techniques in this respect, or a study looking into the number of lobules contained in the resected breast tissue.

G. J. Zambacos M.D.

A. D. Mandrekas M.D.

[Back to Top](#) | [Article Outline](#)

References

1. Mandrekas, A. D., Zambacos, G. J., Anastasopoulos, A., and Hapsas, D. A. Reduction mammoplasty with the inferior pedicle technique: Early and late complications in 371 patients. *Br. J. Plast. Surg.* 49: 442, 1996.
[Cited Here...](#) | [PubMed](#) | [CrossRef](#)
2. Marshall, D. R., Callan, P. P., and Nicholson, W. Breast-feeding after reduction mammoplasty. *Br. J. Plast. Surg.* 47: 167, 1994.
[Cited Here...](#)
3. Harris, L., Morris, S. F., and Freiberg, A. Is breast-feeding possible after reduction mammoplasty? *Plast. Reconstr. Surg.* 89: 836, 1992.
[Cited Here...](#) | [View Full Text](#) | [PubMed](#) | [CrossRef](#)
4. Caouette-Laberge, L. Alaitment apres reduction mammaire. *Ann. Chir.* 46: 826, 1992.
[Cited Here...](#) | [PubMed](#)
5. Moore, K. L., and Dalley, A. E. *Clinically Oriented Anatomy*. 4th Ed. Baltimore: Lippincott Williams & Wilkins, 1999. P. 73.
[Cited Here...](#)

Cited By:

This article has been cited **5** time(s).

Journal of Plastic Reconstructive and Aesthetic Surgery
Breastfeeding after vertical reduction mammoplasty using a superior pedicle
Cherchel, A; Azzam, C; De Mey, A
Journal of Plastic Reconstructive and Aesthetic Surgery, 60(5): 465-470.
10.1016/j.bjps.2006.05.023
[CrossRef](#)
British Journal of Plastic Surgery

Lactation and breast-feeding ability following lateral pedicle mammoplasty
Hefter, W; Lindholm, P; Elvenes, OP
British Journal of Plastic Surgery, 56(8): 746-751.
10.1016/S0007-1226(03)00368-0

[CrossRef](#)

Plastic and Reconstructive Surgery

[Lactational Performance after Breast Reduction with Different Pedicles](#)

Cruz, NI; Korchin, L

Plastic and Reconstructive Surgery, 120(1): 35-40.

10.1097/01.prs.0000263371.37596.49

[PDF \(1145\)](#) | [CrossRef](#)

Plastic and Reconstructive Surgery

[Complication Rates in Inferior Pedicle Reduction Mammoplasty](#)

Zambacos, GJ; Mandrekas, AD

Plastic and Reconstructive Surgery, 118(1): 274-275.

10.1097/01.prs.0000222235.19796.f4

[PDF \(9402\)](#) | [CrossRef](#)

Plastic and Reconstructive Surgery

[Breast-Feeding after Vertical Mammoplasty with Medial Pedicle](#)

Cruz-Korchin, N; Korchin, L

Plastic and Reconstructive Surgery, 114(4): 890-894.