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Reduction Mammaplasty: A Medicolegal Hazard?

Saul Hoffman, M.D.

New York, New York, USA

Abstract. In spite of the potential for complications and poor results, reduction mammaplasty remains a procedure with a high degree of patient satisfaction. Although thousands of cases are done annually, only a small percentage of the patients are unhappy enough to consider a law suit. A questionnaire was sent to the members of the ASPRS. Thirty-eight percent of the members responded and 11% indicated that they had been sued at least once for this procedure. A review of the results of the questionnaire and suggestions for reducing the number of dissatisfied patients are presented.

Key words: Reduction mammaplasty — Medicolegal aspects

The nature of surgery for breast reduction, with all its attendant vascular risks, makes it a fertile field for complications, beyond which, moreover, there lies a vast minefield of potential errors that are hazards to the unwary surgeon.

Paul K. McKissock [4]

In spite of this statement by McKissock, reduction mammaplasty appears to be a gratifying operation with a high degree of patient satisfaction. In order to determine how often medicolegal problems occur with this procedure, a questionnaire was sent to all of the members of the American Society of Plastic and Reconstructive Surgeons (Fig. 1). There were 1098 responses, or 38% of the membership. Since a 10% sample is normally a valid statistical indicator for the total population sampled, it can be concluded that the 38% response rate for this survey is both valid and representative of the total ASPRS membership. In addition, the records of 50 cases of reduction mammaplasties involved in litigation were reviewed and analyzed (Table 1).

From the questionnaire we found that the most common complaint was the appearance of the scars. Hypertrophic scars did not always improve with time, revision, or steroid injections (Figs. 2, 3). Several women stated that if they had known what the scars would look like, they would not have had the operation. One patient was told that the scars would be thin and hidden in the inframammary fold. She was upset by the medial and lateral extensions which were visible in a bathing suit. Recently, several articles have appeared in the literature describing methods to shorten inframmary scars [1, 3, 5].

These patients, therefore, must be informed about the nature of the scars before they decide to have a reduction mammaplasty. Photographs of several patients with typical scars should be shown to them. They must be made to understand that the final appearance of the scars is unpredictable and that revisions are occasionally necessary. It is of interest that only 53% of the respondents to the questionnaire showed photographs to their patients preoperatively, while 76% used a consent form (Table 2).

There are good reasons not to show pre- and postoperative photographs to patients contemplating cosmetic surgery. Indeed, 47% of the respondents to our questionnaire stated that they did not. However, as stated by Dr. John Goin, in a letter to the Editor of *Plastic and Reconstructive Surgery*, showing photographs to patients in a preoperative

Address reprint requests to Saul Hoffman, M.D., the Plastic Surgery Service of Mount Sinai and Beth Israel Medical Centers, 102 East 78th Street, New York, New York 10021, U.S.A.

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Dear Colleague:

We are attempting to obtain information on the frequency of malpractice actions by patients who have undergone reduction mammaplasty. By analyzing this data it may be possible to reduce the risk of being sued for this procedure. Please take a moment to answer the enclosed questionnaire as accurately as possible.

Thank you.
Saul Hoffman, MD
New York, NY

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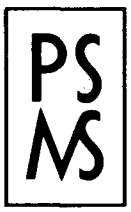

Questionnaire (Note: Numbers in parenthesis are for tabulating purposes only).

1. How many reduction mammaplasties do you perform (10) annually? _____
2. Reduction mammaplasty cases account for approximately (20) _____ % of the surgical procedures I perform annually.
3. What procedure do you prefer? (30) _____
4. Do you show photographs to your patients preoperatively?
   (40) _____ no (50) _____ Yes
5. If yes, do you show photographs
   (60) _____ a) of your own patients
   (70) _____ b) from journals, textbooks
   (80) _____ c) other _____
6. Do you use the Breast Reduction brochure published by ASPRS to explain the surgery to patients?
   (90) _____ yes (100) _____ no
7. Do you use a standard informed consent form?
   (110) _____ yes (120) _____ no
8. Have any cases of reduction mammaplasty precipitated a malpractice action against you?
   (130) _____ yes (140) _____ no
   If yes, how many? (150) _____
9. Please estimate the total percentage of patients who were dissatisfied with their results compared to the total number of reduction mammaplasties you have ever performed.
   (160) _____ %
10. Of those patients who were dissatisfied, what was the source of dissatisfaction? Please give percentages.
    (170) _____ % a) scars
    (180) _____ % b) asymmetry
    (190) _____ % c) nipple position
    (200) _____ % d) sensation
    (210) _____ % e) other _____
11. Of those patients who were dissatisfied, how many have you revised? (220) _____

Comments _____

(230)

Please refold this questionnaire with Plastic Surgery Management Services as return addresse, staple, stamp and mail. Thank you.

Fig. 1. Questionnaire

Table 1. Complaints (50 patients)

Scars	43
Asymmetry	11
Size	5
too small—2	
too large—3	
Nipple loss	8
2 complete	
6 partial	
Nipple sensation	3
Nipples "too high"	6
Inverted nipples	2

Table 2.

Standard consent form?	
Yes—76%	
No—23%	
Show photographs?	
Yes—53%	
No—47%	

Table 3. Technique

McKissock	40%
Inferior pedicle	36%
Superior pedicle	5%
Amputation with free graft	2.5%
Others	16.5%

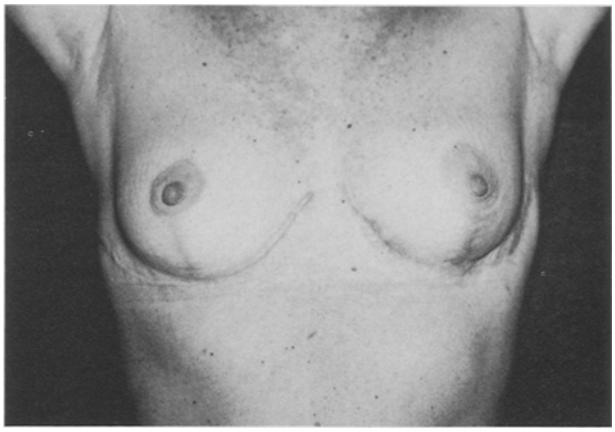

Fig. 2. A 39-year-old female two years following reduction mammaplasty

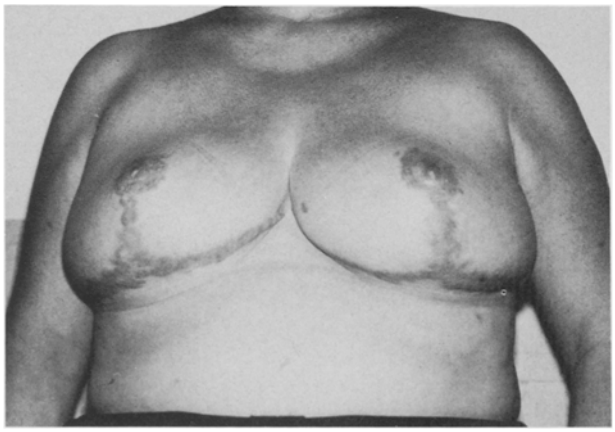

Fig. 3. A 50-year-old female five years after reduction mammaplasty in which 3000 g of tissue was removed

consultation can be useful to diminish rather than enhance a patient's expectations [2]. It is impossible to convey a realistic idea of what reduction mammaplasty scars look like without showing photographs. Several photographs showing a range of typical results is necessary to properly inform the patient.

Asymmetry was the next most common complaint but many of the dissatisfied patients had multiple concerns. The fact that asymmetry is normal preoperatively as well as postoperatively must be emphasized.

Many respondents to the questionnaire stated that reduction mammaplasty was one of the most gratifying procedures they performed. (Approximately 40,000 reduction mammaplasties are done annually.) Nevertheless, there are a significant number of patients unhappy enough to consider litigation. Eleven percent of the respondents have been sued for reduction mammaplasty at least once.

In addition to proper informed consent, there are several other considerations that will help us to reduce the number of malpractice suits. The initial consultation must allow time for an in-depth discussion. The patient should be encouraged to return, possibly with a member of her family, to be certain that her expectations are realistic. (Teenagers are likely to ignore warnings about complications and scarring.) A few days prior to the operation, the patient returns for re-evaluation, photographs, and marking. Enough time is allowed to carefully plan the operation. A discussion of the approximate size of the breasts should take place at this time. A 20% solution of silver nitrate is used to outline the incisions and the position of the nipple. These marks remain for several days, and do not come off in the shower. The difficulty of marking a patient in the hospital or on the operating room table, often after preoperative medication has been given, is thus obviated. Two patients whose nipples were too high

postoperatively, stated that they had not been marked preoperatively.

Meticulous attention to detail during the procedure will reduce the chance of hematoma, infection, and circulatory disturbance. We have found the inferior pedicle technique to be the most complication-free procedure available. Indeed, the questionnaire confirmed that the McKissock and inferior pedicle techniques were the most commonly performed (Table 3). The surgeon must not, however, be a slave to one technique.

Sitting the patient up in the operating room will help to prevent errors in size, symmetry, and nipple position [6]. Preoperative photographs should be available for viewing in the operating room. Weighing the specimens during the procedure also helps to avoid errors. Residents should receive proper training in preoperative planning as well as operative techniques.

We must continue our efforts to reduce the complications and improve the results of this operation.

References

1. Basile RD: Mammaplasty: Large reduction with short inframammary scars. Plast Reconstr Surg **76:**130, 1985
2. Goin JM: On showing photographs preoperatively to patients (letter). Plast Reconstr Surg **54:**90, 1974
3. Marchac D, DeOlarte G: Reduction mammaplasty and correction of ptosis with a short inframammary scar. Plast Reconstr Surg **69:**45, 1982
4. McKissock PK: In: Goldwyn R (ed): The Unfavorable Result in Plastic Surgery. Boston, Little Brown, 1972 p 739
5. Peixoto G: Reduction mammaplasty: A personal technique. Plast Reconstr Surg **65:**217, 1980
6. Smoot EC, Ross D, Silverberg B, Ruttle M, Newman LM: The sit-up position for breast reconstruction. Plast Reconstr Surg **77:**60, 1986