

Madigan Army Medical Center Referral Guidelines

Breast Reduction

Diagnosis/Definition

- Chronic mechanical upper back and/or neck and/or shoulder pain due to large breast size.
- Breast size out of proportion to the body torso and larger than the accepted norm.

Presenting Signs and Symptoms

- Neck, back and shoulder pain.
- Shoulder grooving due to brassiere straps.
- Difficulty exercising due to breast size.
- History of intertrigo.
- For ADSMs, difficulty with PT, wearing IBA.

Conservative Management

- Support garments and anti-inflammatory medication.
- Physical therapy for at least six week trial
- Weight loss (see below).

Requirements for Specialty Care Referral

1. All referrals must include height/weight and/or BMI , duration of symptoms, cup size.
2. All referrals must include history of failure of conservative treatment.
3. BMI must be ≤ 30 .
4. There can be no contraindicative co-morbidities.
5. ADSMs must have more than 30 days remaining prior to PCS/ETS and free of flags, pending disciplinary actions, board actions or restrictions.
6. Must be tobacco free for thirty days prior to surgery and agree to remain tobacco free for minimum of 14 days postoperatively.
7. Patients over 40 or those having family history of breast cancer in primary maternal relatives must have mammogram less than one year prior to being seen.

Criteria for Return to Primary Care

After alleviation of symptoms and the appropriate follow-ups with Plastic Surgery, the patient should be returned to their respective primary care provider.

Reference

Thorne CH, Beasley RW, Aston SJ, et al ed. Grabb and Smith's plastic surgery, ed 6. Philadelphia: Lippincott Williams & Wilkins; 2007.

Last Review for this Guideline: **October 2012**
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator