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GUIDES · BREAST AUGMENTATION

Breast Reduction

Breast reduction removes excess breast tissue, fat and skin to make the breasts smaller, lighter and higher. Many patients notice relief of neck and back strain almost immediately.



1 At a glance

PROCEDURE TIME	ANAESTHESIA	GOING HOME	GARMENT / DRESSING
About 2–3 hours	General anaesthesia	Usually one night	Surgical support bra 24/7 for 6 weeks

STITCHES	BACK TO WORK	EXERCISE
Mostly dissolvable	2–3 weeks	Walking from day 1; full exercise after 6 weeks

2 Before your surgery

Specific to this procedure

- Buy two front-fastening surgical support bras in the size we advise.
- A recent breast scan may be needed first, depending on your age and history.
- Arrange help at home for the first week — you should not lift children or shopping.

Preparing for surgery

2–4 WEEKS BEFORE

- Stop smoking and all nicotine — cigarettes, vapes, shisha, patches and gum — at least 4 weeks before and 4 weeks after surgery. Nicotine narrows the small blood vessels that heal your wounds and is the commonest cause of wound breakdown.
- Complete the blood tests, ECG or other checks we request, and bring any recent results you already have.
- Tell us about every medicine, supplement and herbal product you take, any allergies, and any previous anaesthetic problems.
- If you take the contraceptive pill, hormone therapy, or weight-loss injections (such as Ozempic, Wegovy or Mounjaro), tell us early — some need to be paused before anaesthesia, and we will tell you exactly when.
- Arrange time off work and help at home for the first days, especially if you look after young children.

10 DAYS BEFORE

- Stop aspirin, ibuprofen and other anti-inflammatory painkillers, and supplements that thin the blood: fish oil / omega-3, vitamin E, ginkgo, garlic, ginseng and turmeric. Paracetamol is fine.
- Do not stop any prescribed blood thinner (warfarin, apixaban, clopidogrel and similar) on your own — we will plan this with you and your doctor.
- Avoid alcohol from one week before surgery.
- Let us know straight away if you develop a cold, fever, cough, cold sore or any skin infection — surgery may need to move to keep you safe.

THE DAY BEFORE

- Nothing to eat for 6 hours before your admission time. You may drink plain water until 2 hours before, unless we give you different times.
- Take your usual morning medicines with a sip of water only if we have told you to.
- Prepare your recovery space: extra pillows, loose front-opening clothes, water bottle, phone charger within reach.
- Arrange an adult to drive you home and stay with you for the first 24 hours. You must not drive or take a taxi alone after anaesthesia or sedation.

ON THE DAY

- Shower and wash your hair. Do not apply body lotion, make-up, false lashes, nail polish, fake tan, perfume or deodorant.
- Remove jewellery and piercings; leave valuables at home. Wear glasses rather than contact lenses.
- Wear loose, comfortable clothes that open at the front and flat shoes.
- Bring your ID, your list of medicines, and your compression garment if we asked you to buy one.

3 After your surgery

Your medicines

- Augmentin (antibiotic): 1 tablet twice a day, with food, for 7 days. Finish the full course even if you feel well. Tell us before surgery if you are allergic to penicillin.
- Reparil (for swelling and bruising): 2 tablets three times a day for 7–14 days, as we tell you.
- Brufen (painkiller): take it only when you need it, with food. If you cannot take anti-inflammatory painkillers — for example because of stomach ulcers, kidney problems or asthma — tell us and we will give you an alternative.
- Fusidic acid cream (antibiotic cream): apply a thin layer on the wounds twice a day, after showering, until they have healed.

First week

- Rest with your back raised and sleep on your back for 4–6 weeks.
- Walk every couple of hours; do the leg and breathing exercises we show you.
- Arms below shoulder height; nothing heavier than 2–3 kg.
- Drains, if used, are usually removed within 1–3 days.

Wounds and the bra

- Support bra day and night for 6 weeks.
- Shower once drains are out; leave tapes on and pat dry.
- Small slow-healing areas at the base of the vertical scar are common — we will look after them with you.
- No baths, pools or saunas for 4 weeks.

Scars

- Once the wounds have fully healed (usually around 3 weeks), start silicone scar tapes. Wear them day and night, taking them off only to wash, for at least 3 months.
- Scars are pink and firm at first, then soften and fade gradually over 12–18 months.
- Keep scars out of the sun for at least a year — sun makes them darker. Cover them, or use SPF 50 once they have healed.

What to expect

- Some asymmetry is normal. No two breasts are exactly the same, before or after surgery, and small differences in size, shape or nipple position can remain.
- Swelling often settles unevenly, so one side may look different from the other in the first weeks. Wait 3–6 months before judging the final shape.
- Nipple sensation may be reduced, increased or different on each side for several months. It usually improves with time, but in some cases the change can be permanent.
- Breast-feeding may be affected in future.

4 Your recovery, week by week

Day 1–3
Soreness and tightness; drains out.

Week 1–2
Dressing checks; walking further each day.

Week 2–3
Back to work for most jobs.

Week 6
Gym and normal bras (no underwire until 3 months).

Months 3–12
Shape settles; scars mature and fade.

5 Follow-up visits

- 4 days after your procedure
- 2 weeks after your procedure
- 4 weeks after your procedure
- 6 weeks after your procedure

Call us straight away if you notice

- A nipple or areola turning dark blue or black.
- One breast becoming much larger, harder or more painful than the other.
- A temperature of 38 °C or higher, shivering, or feeling generally unwell.
- Bleeding that soaks through the dressing, or does not stop after 10 minutes of firm pressure.
- Swelling that is sudden, tense and painful, or clearly larger on one side than the other.
- Redness that is spreading, increasing heat, pus, or a bad smell from a wound.
- Pain that is getting worse rather than better, or not controlled by the medicine we gave you.
- Pain, swelling or redness in a calf, or new breathlessness or chest pain — call 998 first.

Chest pain, difficulty breathing, or heavy bleeding that will not stop: call 998 (ambulance) or go to the nearest emergency department, then let us know.

Questions while you recover — Message or call the clinic any time — no question is too small, and it is always better to ask early. **+971 50 108 8378** (WhatsApp) · info@eyas.doctor

This guide gives general advice. Dr. Eyas may give you instructions made just for you — at your consultation or when you go home after surgery. If his instructions are different from this guide, follow his instructions. If you are not sure, message us. Last reviewed: November 2026.