

## Effective and Inexpensive Dressing for Mammoplasties

Sir,

After most aesthetic breast operations dressings are necessary and postoperative dressing is important. Every surgeon has his own particular modification, but the following basic type of dressing is widely used in most Plastic Units in this country. It is known that when a proper dressing that achieves immobilization, obliteration of dead space, compression, and protection from trauma, is used continuously, severe complications following breast surgery can be reduced.<sup>[1-4]</sup>

The traditional dressing of postoperative aesthetic breast surgery consists of gauze around the breast and a postoperative suture line, with a small piece of tulle gras on the NAC wound, which is held in place by a bandage wrapped around the breast and back. Although initially the dressing is good, after that it tends to shrink away from the breast surface, thus tending to lose its compressive and supportive effect. Furthermore, accurate reapplication of the loosened bandage can be difficult, particularly in an anxious patient. It is usually the surgeon's intention that this dressing should remain intact and undisturbed. However, it is difficult to apply and maintain dressings, because the breast has complicated contours and protrudes from the chest.

The popular traditional dressing, which consists of a gauze, pad, and a bandage, may be dislodged when bandaged loosely or may cause pressure necrosis when

bandaged tightly. Furthermore, such a dressing may cause excess moisture and discomfort because the whole breast and its environment is bandaged. Also these dressings are difficult to remove and are sometimes bulky, heavy, and uncomfortable. A maternal bra is easily applied to the complicated contours and can control expansion. In addition, it is inexpensive. The early return of our patients to home or work is striking. This is presumably related to the lack of embarrassment associated with wearing a breast bandage and the irritation usually associated with an occlusive dressing.<sup>[4]</sup>

An anterior piece of maternal bra can be opened and used as a 'trap-door' to visualize the nipple-areola complex. The 'trapdoor' dressing is very comfortable for the patients and very practical for the healthcare providers, because it avoids dressing change and allows the nipple-areola monitoring without affecting the sterile field thus facilitating an adequate and clean inspection of the wound in a less-accessible anatomical area. The dressing saves time and money and is also very easy to remove in case of bleeding or nonsterile contamination. The maternal bra is only used after breast reduction, as per the literature.<sup>[4]</sup> We have used it after the all aesthetic breast surgeries. Illustrative cases are shown in Figures 1 and 2.

### ACKNOWLEDGMENT

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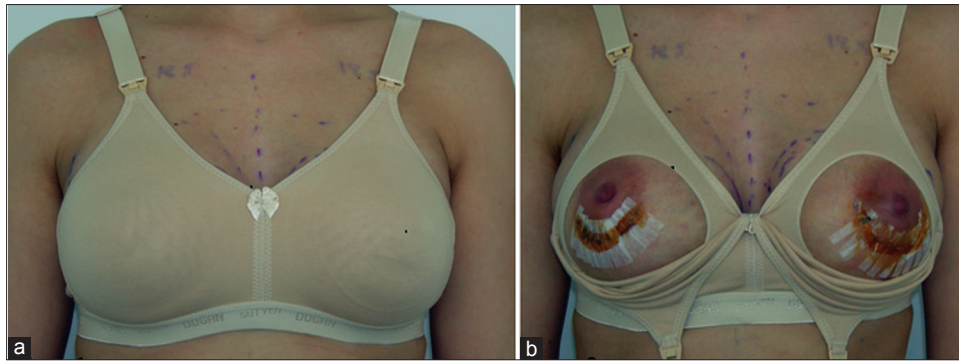


Figure 1: (a-b) The early postoperative image of the patient with breast augmentation

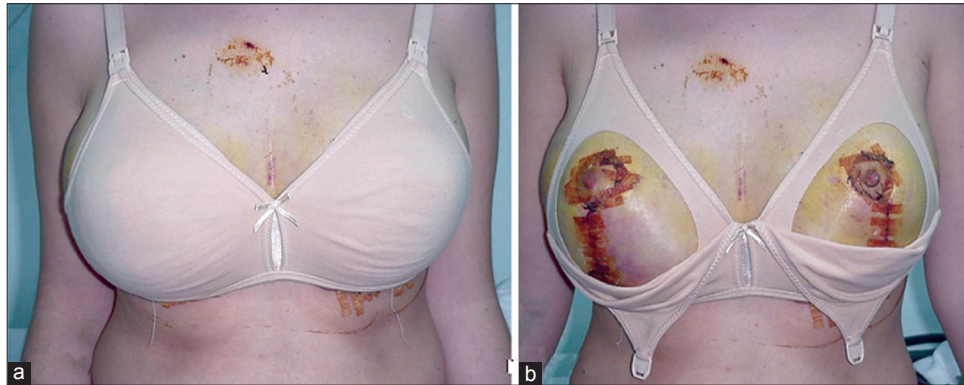


Figure 2: (a-b) The early postoperative image of the patient with breast reduction

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