

**Preoperative and postoperative  
management of breast reduction surgery  
(05HDC10177, 26 May 2006)**

*General surgeon ~ Breast reduction ~ Lejour ~ Standard of practice ~ Information provided ~ Rights 4(1), 4(2), 4(4), 6(1)(b)*

A general surgeon elected to perform a Lejour breast reduction on a woman whose breasts were too large and pendulous for this procedure to be successful. Although the surgeon acted in a dedicated manner and provided the woman with preoperative and postoperative information, his decision to perform the Lejour breast reduction was inappropriate for her. The result was that within six days, areas of the woman's breasts became ischaemic and necrotic. The surgeon dressed the wounds daily and debrided dead tissue, but eight weeks after the surgery the woman's general practitioner referred her to a plastic surgeon for a second opinion and corrective surgery.

The surgeon was referred to the Director of Proceedings. The Health Practitioners Disciplinary Tribunal found that in performing the Lejour vertical mammoplasty Dr B had performed an inappropriate procedure for her, given her obesity and the size of her breasts, and this amounted to professional misconduct, as did the lack of adequate preoperative information enabling her to consent to this procedure. In particular she wasn't told that because of her size and the fact that she was a smoker, there was a significant risk of major tissue loss preoperatively, that the Lejour was not a suitable technique for her and that there were others available, or that she might not be able to breastfeed postoperatively.

The surgeon's failure postoperatively to explain to his patient the cause of the necrosis and infection, the likelihood of nipple loss, the possibility that antibiotics might not be effective in treating the infection, and that re-operation under general anaesthetic might be required, when considered along with the other shortcomings, were found to amount to professional misconduct.

In imposing penalty, the Tribunal observed that the surgeon had "a lack of knowledge of essential procedures which he should have been aware of when undertaking breast reduction surgery". The Tribunal imposed extensive conditions, including that the surgeon practise under supervision for three years, not undertake any new procedures, not undertake or advertise any plastic, reconstructive or cosmetic surgery, and that he undertake education in communication, risk factors and postoperative complications. An urgent and full competence review by the Medical Council of New Zealand was recommended. He was fined \$5000 and ordered to pay costs of \$15,000. The Tribunal declined permanent name suppression. The surgeon's appeal to the High Court in relation to name suppression was unsuccessful.

Ms A has had further reconstructive surgery several times, which has been successful.