

MORE THAN A COSMETIC PROCEDURE: **HOW BREAST REDUCTION SURGERY IMPROVES DAILY LIFE**

Your Weekly Newsletter

by Dr. Nick Sieveking

September 10, 2026



The Synergy: Plastic surgery and functional medicine are natural partners, each strengthening the other to support health, function, and appearance from the inside out.

Functional medicine is often defined by its focus on identifying and treating root causes of illness rather than simply managing symptoms. As an example, when a patient presents with high blood sugar and elevated insulin, treatment should extend beyond prescribing medication like metformin or insulin. We as physicians should also ask why the metabolic dysfunction developed in the first place and address contributing factors such as nutrition, visceral fat, physical activity, stress, sleep, and other underlying drivers.

We do not often think of surgery as a functional medicine tool, but in certain circumstances, surgery can address a root contributor to disease remarkably well. Breast reduction surgery is a powerful example.

When an operation improves both physical health and emotional well-being, it is, by definition, functional. Few procedures demonstrate this combination more clearly than breast reduction surgery.

The Burden of Macromastia

Disproportionately large breasts—a condition known as macromastia—can affect women from adolescence through later adulthood. The burden extends far beyond appearance.

Emotionally, women may experience self-consciousness, embarrassment, unwanted attention, difficulty finding properly fitting clothing, limitations in exercise and athletics, diminished body confidence, and a reduced quality of life.

Physically, the continuous weight of excessively large breasts can place considerable mechanical stress on the body. This burden may contribute to:

- Chronic neck, shoulder, and upper- and lower-back pain
- Painful bra-strap grooves
- Headaches
- Postural changes
- Limitations in physical activity
- Recurrent skin irritation, rashes, and infections beneath the breasts
- Nerve compression symptoms, including numbness or tingling in the arms and hands



For some women, these symptoms persist for years despite supportive bras, weight loss, physical therapy, medication, strengthening exercises, and other conservative treatments. When degenerative conditions of the neck, back, or shoulders already exist, the additional mechanical burden of macromastia may further aggravate those symptoms, leading to orthopedic/musculoskeletal surgical intervention such as shoulder and spine surgeries and nerve decompression procedures.

Breast reduction does not simply mask these problems. By removing excessive breast tissue and weight, the procedure can eliminate an important—and potentially modifiable—mechanical stressor that a woman may have carried every hour of every day for decades.

Why Do Some Women Develop Macromastia?

There is usually no single identifiable cause. Breast size is influenced by a combination of genetics, hormonal responsiveness, body composition, puberty, pregnancy, aging, and changes within the breast tissue over time.

What Contributes to Macromastia?

- **Genetics:** Inherited factors can influence breast size and the distribution of glandular and fatty tissue.
- **Hormonal sensitivity:** Breast tissue responds to estrogen, progesterone, and prolactin. Hormone levels do not have to be abnormally high—the tissue itself may be unusually responsive to normal hormonal signals.
- **Puberty and pregnancy:** Normal hormonal changes during these periods can stimulate substantial breast growth.
- **Weight changes:** Weight gain may increase the fatty component of the breasts. However, macromastia is not simply a consequence of obesity; many thin and normal-weight women have breasts that are markedly disproportionate to their bodies.
- **Aging and menopause:** Changes in breast composition, skin elasticity, and supporting tissues can alter breast size, increase sagging, and worsen symptoms over time.
- **Medications and medical conditions:** In rare cases, excessive breast enlargement may be associated with certain medications or endocrine, autoimmune, and systemic disorders, including:
 - Systemic corticosteroids
 - Thyroid disorders
 - Lupus
 - Rheumatoid arthritis

Where Form and Function Come Together

Breast reduction can create a more proportionate figure and help a woman feel more confident about her body, but its benefits often extend far beyond appearance.

For a woman suffering from symptomatic macromastia, removing excessive breast weight can reduce the chronic mechanical burden placed on her neck, shoulders, back, and skin. It can also improve her ability to exercise and remain physically active. Greater physical activity, in turn, supports better metabolic health and is associated with lower risks of diabetes, heart attack, and stroke.

Current research also suggests that better metabolic health is associated with lower risks of dementia and cognitive impairment. A recent systematic review and meta-analysis of 28 prospective cohort studies encompassing more than 6.7 million adults found that metabolic disease was associated with increased risks of all-cause dementia, vascular dementia, and cognitive decline. Zhu D, et al. "Metabolic Syndrome and Risk of Dementia and Cognitive Decline: A Systematic Review and Meta-Analysis of Prospective Cohort Studies From 6,753,197 Participants." PMID: [41252085](#).

This is why breast reduction should not be viewed simply as a cosmetic operation. Every healthcare professional treating women for chronic musculoskeletal pain, carpal tunnel syndrome (or other nerve compression disorders) or metabolic dysfunction should recognize symptomatic macromastia as a potential contributing factor and consider referring appropriate patients to a plastic surgeon for evaluation.

Reflecting its important functional benefits, most health insurance plans include breast reduction surgery as a covered benefit when established medical-necessity criteria are met.

Physical Symptoms and Functional Effects of Macromastia

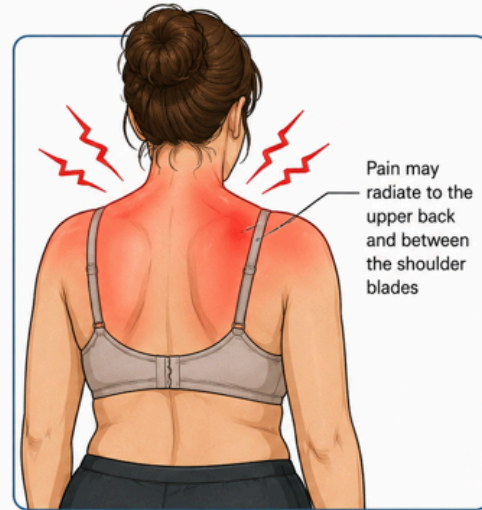
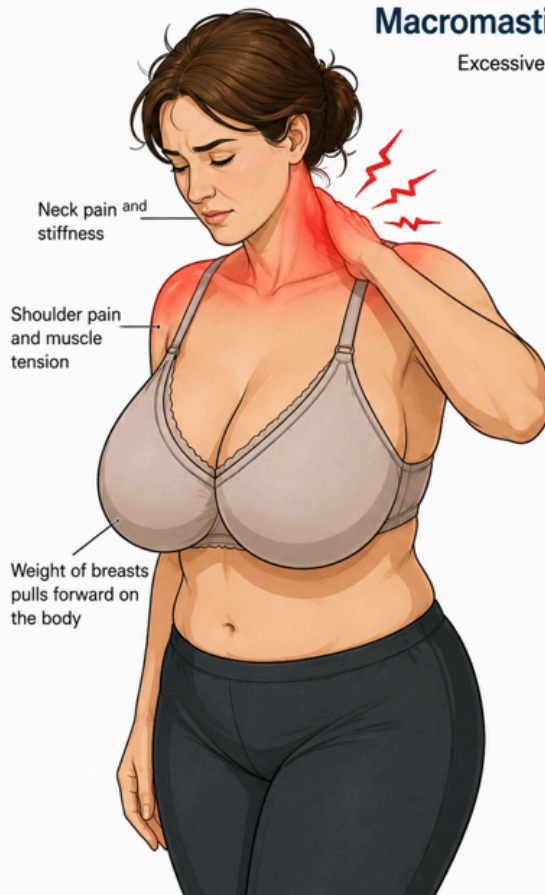
Common symptoms associated with disproportionately large breasts

Physical Symptom / Effect	Clinical Manifestation
Neck pain	Chronic cervical discomfort related to anterior breast weight and postural strain.
Shoulder pain	Persistent shoulder discomfort from breast weight and altered upper-body mechanics.
Upper-back pain	Thoracic muscular fatigue, aching, and strain associated with increased anterior load.
Lower-back pain	Lumbar discomfort that may accompany compensatory postural changes.
Shoulder grooving	Painful indentations and pressure injury from bra straps supporting heavy breasts.
Headaches	Tension-type or cervicogenic headaches associated with chronic neck and shoulder muscle strain.
Postural changes	Forward shoulder posture, thoracic kyphotic tendency, or compensatory positioning to support breast weight.
Muscle fatigue and spasm	Fatigue, tightness, trigger points, or spasm involving the trapezius, paraspinal, shoulder, and neck musculature.
Chest-wall discomfort	Pressure, heaviness, or musculoskeletal discomfort across the anterior chest.
Breast pain	Breast heaviness, tenderness, aching, or discomfort, particularly with prolonged activity.
Inframammary intertrigo	Chafing, moisture, inflammation, and painful irritation within the fold beneath the breasts.
Recurrent skin rash	Erythema, dermatitis, and recurrent irritation in areas of skin-on-skin contact.
Secondary skin infection	Recurrent fungal, yeast, or bacterial infection may occur in chronically moist inframammary folds.
Skin breakdown	Maceration, excoriation, fissuring, or occasional ulceration from chronic friction and moisture.
Excessive sweating beneath breasts	Persistent moisture in the inframammary folds, particularly in warm weather or during exercise.
Difficulty exercising	Pain, breast movement, heaviness, and discomfort may limit running, jumping, resistance training, and other activities.
Reduced physical activity	Avoidance or limitation of exercise and recreational activity because of discomfort or breast size.
Difficulty with activities of daily living	Large breasts may interfere with bending, reaching, prolonged standing, occupational activities, and routine movement.
Sleep discomfort	Difficulty finding a comfortable sleeping position because of breast weight, pressure, or associated neck/back pain.
Difficulty finding supportive bras	Need for heavy-duty support; straps and bands themselves may cause pressure, pain, and skin irritation.

Physical Symptom / Effect	Clinical Manifestation
Difficulty with clothing fit	Disproportionate breast size can make properly fitting shirts, dresses, uniforms, and athletic clothing difficult to obtain.
Restricted mobility	Breast volume and associated pain can interfere with unrestricted upper-body movement and general mobility.
Shortness of breath or exercise discomfort	Some patients report a sensation of chest heaviness or impaired comfort with exertion; symptoms require appropriate evaluation for other causes.
Upper-extremity neurologic symptoms	Some patients report arm or hand numbness, tingling, or paresthesias; these symptoms are nonspecific and other neurologic causes should be considered.

Macromastia: Pain in the Neck and Shoulders

Excessively large breasts can place strain on the neck, shoulders and upper back.

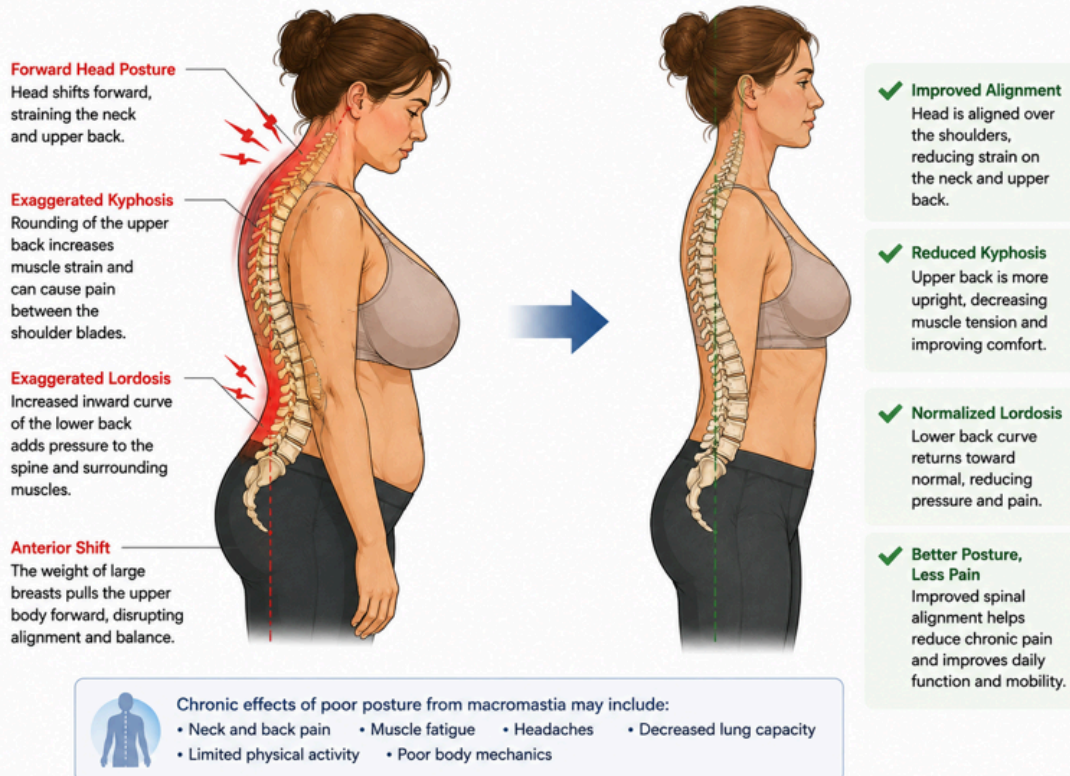


Common Symptoms

- Aching or burning in neck and shoulders
- Muscle tightness and soreness
- Headaches (tension-type)
- Limited range of motion
- Poor posture

Macromastia and Postural Changes

Excessively large breasts can shift the center of gravity forward, leading to spinal curvature, muscle strain, and chronic pain.



Breast Reduction Surgery

Randomized Controlled Trial | Six-Month Clinical Outcomes

STUDY ANALYSIS	FINDINGS
Study design	Randomized controlled clinical trial
Participants	100 women with symptomatic breast hypertrophy/macromastia
Comparison	Women undergoing breast reduction compared with women receiving conservative management
Follow-up	6 months
Average tissue removed	Approximately 1,052 grams (approximately 2.32 pounds)
Physical function	Significant improvement in functional capacity and activities of daily living

Reported Pain: Baseline to Six Months

LOWER-BACK PAIN	SHOULDER PAIN	NECK PAIN
5.7 to 1.3	6.1 to 1.1	5.2 to 0.9
77% reduction	82% reduction	83% reduction
0-10 pain scale	0-10 pain scale	0-10 pain scale

Overall conclusion: Breast reduction produced substantial reductions in musculoskeletal pain and significant improvements in physical function within 6 months.

Freire M, Sabino Neto M, Garcia EB, Quaresma MR, Ferreira LM. Functional capacity and postural pain outcomes after reduction mammoplasty. Plastic and Reconstructive Surgery. 2007;119(4):1149-1156. [doi:10.1097/01.prs.0000254358.55104.9f](https://doi.org/10.1097/01.prs.0000254358.55104.9f).

[View the study on PubMed](#)

A Little Weight Can Create a Major Burden

Consider the magnitude of these findings. Removing an average of just over 2 pounds of breast tissue resulted in dramatic reductions in pain within only six months:

- Lower-back pain decreased by 77%
- Shoulder pain decreased by 82%
- Neck pain decreased by 83%

Two pounds may not sound like much—until you consider what that weight represents when carried continuously on the chest, every hour of every day, for years or even decades.

The amount of tissue removed in the study weighed approximately as much as:

 A full 1-liter bottle of water

 A large hardcover book

 A small laptop computer

 A medium-sized pineapple

If a family member questions your motives behind seeking relief from macromastia, Ask them to try it for a day!



Macromastia Can Contribute to Symptoms that Overlap with Orthopedic and Peripheral-Nerve Conditions

The procedures commonly seen in women with excessively large breasts:

- **Cervical spine procedures** — cervical decompression, discectomy, or fusion for persistent neck/arm symptoms when structural cervical disease is also present.
- **Lumbar spine procedures** — decompression or fusion for chronic low-back symptoms in patients with coexisting degenerative disease.
- **Shoulder surgery** — such as rotator-cuff or subacromial procedures when true shoulder pathology exists alongside chronic shoulder-girdle pain.
- **Carpal tunnel release** — particularly interesting because upper-extremity numbness and paresthesias have been reported in women with macromastia, and some studies have examined an association between macromastia and carpal tunnel syndrome.
- **Other peripheral-nerve decompression** — occasionally considered for persistent upper-extremity neurologic symptoms

When Macromastia Compounds an Existing Orthopedic Problem

Degenerative disc disease, arthritis, rotator cuff injuries, and nerve compression can develop independently of breast size. In women with macromastia, however, the weight of excessively large breasts can place an additional

mechanical burden on an already compromised musculoskeletal system, aggravating pain and limiting function.

Physical therapy, anti-inflammatory medications, injections, and strengthening exercises may provide relief. Yet the persistent forward pull on the shoulders and upper torso remains—and may make symptoms harder to manage.

Breast reduction does not treat arthritis, repair a damaged disc, or correct a torn rotator cuff. It can, however, remove a significant source of mechanical strain, easing the load on the neck, shoulders, back, and supporting muscles. For appropriately selected patients, addressing this added burden can complement orthopedic care and rehabilitation.

If you or someone you know may benefit from breast reduction surgery, contact our office to learn more about the procedure. Our team can help determine whether breast reduction is right for you and assist you in understanding your health insurance benefits and potential coverage.

**VIEW BEFORE & AFTER
GALLERY**

SPECIAL PROMO!
**FREE Breast Reduction Consultation with Dr.
Sieveking.**

Expires 9/30/26

Call to Book!

STAY TUNED!

Be on the lookout for next week's newsletter:
*"Winter-Proof Your Skin: How Cold Weather Damages
the Skin Barrier - and What To Do About It."*

[Newsletter Archives](#)



Sieveking Plastic Surgery

1200 Old Hillsboro Rd., B2,
Franklin, TN 37069
[info@sievekingplasticsurgery.co
m](mailto:info@sievekingplasticsurgery.com)
615-321-1010

[Unsubscribe](#)

Ageless Solutions

615-678-7784