



YOUR GUIDE TO

Breast Augmentation Surgery



Dean White MBBS FRACS
Plastic & Reconstructive Surgeon

(03) 9895 7631
deanwhite.com.au



What can breast augmentation surgery achieve?	6
Choosing your surgeon	7
Planning your desired outcome	8
Implant options	10
Surgical Approach	
What is involved in breast augmentation surgery?	12
Surgical Goals	
Recovering from breast augmentation surgery	13
Things to consider before undergoing breast augmentation surgery	14
18 risks you need to be aware of before choosing to undergo breast augmentation surgery	16
Mr Dean White, MBBS, Grad Dip Epid Biostat, FRACS, GAICD	18

The following information has been created on behalf of Mr Dean White as a general guide to assist his patients. It is intended to provide a broad overview of the important considerations related to the decision to have breast augmentation surgery, and what you could reasonably expect to follow. The specific nature of the surgery will vary for each individual as it is dependent on your unique circumstances. You are encouraged to further discuss this information as well as any specific questions or concerns you may have at a consultation with Mr White.



What can breast augmentation surgery achieve?

Breast augmentation surgery involves placing a breast implant under the breast tissue or muscle of the chest wall to increase breast size, improve shape or restore symmetry to the two breasts. It is sometimes combined with a breast lift (mastopexy).

As it can address quite a range of concerns, there are many reasons women might consider having breast augmentation surgery. These include:

Appearance

Breast augmentation is able to make the breasts bigger, improve their projection, and create cleavage.

Proportion

If you feel your natural breasts are disproportionate to the rest of your body, breast augmentation can help to make your overall shape more proportionate.

Motherhood/weight loss

After having children or losing a significant amount of weight, some women find their breasts may change in appearance to be particularly droopy or “empty”.

Breast asymmetry

Often women find the size and shape of their breasts differs; in cases where there is an extreme and noticeable difference, an augmentation can help to create symmetry.

Reconstruction

Augmentation can be performed post-surgery as part of a breast reconstruction.

Choosing your surgeon

Deciding to have a breast augmentation and choosing your surgeon can be a significant decision.

When choosing a surgeon to perform your surgery, it is important to ensure they are properly trained to perform the procedure. Australian surgeons should be members of the Royal Australasian College of Surgeons, and this can be confirmed by the letters FRACS after their name. The Royal Australasian College of Surgeons is the only surgical training body which is recognised by the Australian Medical Council. Doctors claiming to be members of other institutions such as the College of Cosmetic Surgery (CCS) are not recognised by the Australian Medical Council or the Royal Australasian College of Surgeons as being qualified to perform surgery.

The difference between a Plastic Surgeon and a Cosmetic Surgeon is additional training. At present, anyone with a basic medical degree may perform cosmetic surgery and promote themselves as a Cosmetic Surgeon. Only members of The Australian Society of Plastic Surgeons (ASPS) are Plastic Surgeons with extensive training. It takes an additional 8-10 years of advanced specialist training after graduating from medicine to qualify as a Plastic Surgeon.

The Australian Society of Plastic Surgeons is recognised by the Royal Australasian College of Surgeons as the only legitimate professional body representing the field of cosmetic surgery in this country. Not all doctors who practice cosmetic surgery are Fellows of the Royal Australasian College of Surgeons and therefore will not be entitled to use FRACS after their name. Although some doctors may call themselves cosmetic surgeons they are not entitled to be members of ASPS.

Each member of the Australian Society of Plastic Surgeons is fully trained and qualified in Plastic Surgery, operates only in accredited surgical facilities, adheres to a strict code of ethics, and regularly attends continuing medical education courses.

You can contact the Australian Society of Plastic Surgeons on 1300 367 446 or visit their website to check if your surgeon is a qualified plastic surgeon.

Mr Dean White is fully trained and qualified in Plastic Surgery. He is a Fellow of the Royal Australasian College of Surgeons (FRACS) and a member of the Australian Society of Plastic Surgeons (ASPS) and the Australian Medical Association (AMA).

Planning your desired outcome

At your consultation with Mr White, you will discuss your desired outcomes, the reasons behind wishing to undergo this surgery, and your options. Mr White will be able to advise you of the viability of your desired outcome, and the best techniques and options based on your unique circumstances.

To help you and Mr White determine what look you are after, it may be helpful to think about it in terms of the four groups outlined below.

Grade 1

No one can really tell you've had an implant. This option could be ideal if you simply wish to refill the soft tissue after breast feeding, pregnancy or weight loss.

Grade 2

Your friends may notice that there has been a change.

Grade 3

This is starting to look more obvious. There is more prominent cleavage, and some people will probably know or suspect that you have had breast implants.

Grade 4

At this point the implants look very artificial and not natural. Please be aware that Mr White does not perform very large implants or try to achieve the Grade 4 look. It should be noted that as the implant size increases, so too do the risks of complications in both the short and long-term.



Implant options

IMPLANT TYPES AND MATERIALS

The shell or outer layer of all breast implants is made of silicone. The fill or inner substance is either silicone or saline (salt water).

Silicone filled implants

Older implants had a very low viscosity of silicone; it was a very runny consistency. This meant that when an implant leaked, the silicone spilled through the breast tissue and was very difficult to remove. It could lead to lumps (granulomas) in the breast and surrounding soft tissues. Current implants are made from “cohesive gels” which means that dispersion of a ruptured implant is not generally a problem; their consistency is similar to Turkish delight.

Silicone products have not been shown to cause connective tissue diseases. There was some concern about this in the 1990s but long term studies have not shown any link. Mr White generally uses silicone filled implants as he feels that they have a more natural feel.

Saline filled implants

If saline implants break they will deflate almost instantaneously. They generally have more palpable and even visible rippling of the shell.

IMPLANT SHAPE

The shape of the implant chosen has an impact on the final shape of the breast after the surgery is completed and the implant has ‘settled’.

Round

This has been the traditional implant shape.

Anatomical or Tear drop shaped

This option offers greater choice in width, height and projection to get a more specific match for your body and goals. These have only become available for use in more recent times.

IMPLANT SURFACE

Smooth

Non-textured.

Textured

This is felt to potentially decrease the rate of capsular contracture which occurs when excessive scar tissue forms around the implant.

IMPLANT POSITION

Subglandular

Subglandular implants are positioned beneath the breast tissue and on top of the chest wall muscle (pectoralis major). Generally this positioning is only recommended if there is a reasonable amount of soft tissue to cover the implant.

Submuscular

When submuscular positioning is chosen, the upper part of the implant is covered by the chest wall muscle. This helps to give a more natural look at the top of the implant and avoid the step off look with a visible ridge at the top of the implant (this can make for a very artificial look). Putting the implant under the muscle is, however, more surgically demanding, has a higher rate of bleeding, and often causes more discomfort in the initial post-operative period.

— Surgical Approach

Mr Dean White finds control of the end result is best achieved through the inframammary approach. The axillary approach or peri-areolar approach may be used in certain circumstances, but the need for revisional surgery tends to be higher in these.

Inframammary

Implants can be put in through an incision beneath the breast. The scar ends up in the new breast crease.

Axillary

The implant is placed through an incision in the armpit.

Peri-areolar

An incision is made around the areolar (the coloured area around the nipple).

Trans-umbilical

The implants are placed through the umbilicus (belly button).



What is involved in breast augmentation surgery?

If you choose to undergo breast augmentation surgery, you will be administered with general anaesthetic for your comfort and safety during the surgery.

In general, breast augmentation surgery takes approximately two hours.

The incision to place implants is most commonly just under the breast, and approximately 6cm in length. This detail will be discussed and decided upon at your initial consultation with Mr Dean White. You can read more about the incision placements in the previous pages.

During the surgery a space is created either below the muscle or just above it to place the implant.

A sizer may be utilised in theatre as a final check to determine the most appropriate implant size and shape for you.

Following your surgery drain tubes may be fitted to the site of the incision. If they are used, they will generally be removed the next morning.

While this surgery is generally completed with an overnight stay in hospital, in certain circumstances it may be possible to complete the procedure as a day case.

Surgical Goals

During your surgery, the following goals will always be kept in mind.

1. Your safety
2. Addressing the individual issues you will have discussed with Mr White related to your decision to have this particular surgery.
3. Achieving good projection/"perkiness".
4. Achieving good cleavage area.
5. Minimising scars.
6. Achieving a durable, long-term pleasing shape.

BREAST IMPLANT REGISTER

We enrol all patients on the Breast Implant Register (An initiative of the Australian Society of Plastic Surgeons). This enables information to be gathered regarding all implants and to notify individual patients regarding concerns about implants or subtypes of implants. If you have concerns about this, please discuss them with Mr White.

Recovering from breast augmentation surgery

Patients will generally feel a little uncomfortable for a few days following breast augmentation surgery – more so if the implant is placed under the muscle.

In the post-operative period it is recommended that you wear a supportive bra without an underwire. A suitable bra will be provided by Mr White's rooms and fitted at the time of surgery. This is to be worn for 6 weeks after the surgery. Please note: Do not wear a crop type bra as these tend to flatten the breasts.

You'll gradually be able to increase your mobility and activity; most patients are generally able to go back to most normal day to day activities about two weeks after the surgery.

Most women take approximately two weeks off work, but you may require additional recovery time if your job is more physically demanding. This can be discussed with Mr White.

You will be able to return to driving when you are feeling comfortable to do so.

It is of utmost importance that you perform no heavy lifting or highly strenuous exercise for 6 weeks after the surgery. You'll need to avoid the gym, aerobics, running, and the like.

POST-OPERATIVE VISITS WITH MR WHITE

You will need to attend post-operative appointments with Mr White at the following intervals:

Approximately one week after surgery

This visit is to ensure you are healthy and to review the surgical wounds.

Six weeks post-surgery

At this time you will have a better idea of what the final results of your surgery will be. If all is progressing well, Mr White will give you the all-clear to resume all normal activities.

12 months

If there are any concerns, you will be seen more frequently.



Things to consider before undergoing breast augmentation surgery

Before you decide to undergo this surgery you should consider the following:

Are you aged 18 or over?

Patients need to be at least over 18 years old and have finished breast development.

Do you wish to have any further children?

If you think you may want to have more children, it may be best to delay the surgery until after you have given birth and finished breast feeding to ensure the longevity of your results. While implants should not affect your ability to breast feed, breast feeding can have an impact on the results.

Is your weight stable and healthy?

Before undergoing any surgery, it's important that you are generally fit and healthy. When you are in good health, you give your body the best opportunity to recover. It's also best that your weight is stable and in a healthy range, as weight loss following augmentation surgery can have an impact on the results of the surgery, and require a revision.

Are you a smoker?

If you are a smoker: STOP.

Is your breast screening up to date?

In women aged over 50 and/or where regular breast screening and mammograms have been recommended, it is of utmost importance that your screening is up to date before undergoing breast augmentation surgery.

Alternatives to surgery

These include:

- No surgery or delaying surgery.
- Fat injections or non-permanent fillers.
- Using a professionally fitted bra with additional padding and/or inserts to enhance or improve your natural shape and appearance of your breasts.



18 risks you need to be aware of before choosing to undergo breast augmentation surgery

No surgery is risk free. All surgery is a balance between realistic surgical goals and knowledge of possible risks and complications. Risks are minimised by careful selection and planning, high standards of surgical training, meticulous surgical technique and vigilant post-operative care. Small, less serious issues are common and every effort is made to resolve them quickly. These very rarely have any long term effect on an excellent final result.

Anaesthetic

In otherwise healthy people, general anaesthesia is very safe with modern techniques. Mr White's rooms will give you the details of your anaesthetist prior to surgery to discuss any specific concerns.

Bleeding/haematoma

This may result in a return to the operating theatre to evacuate a blood clot.

Infection in the wound

If this does occur, it can usually be cleared up with antibiotic tablets.

Infection affecting the implant

Despite sterile surgical techniques and covering antibiotics, in a small portion of surgeries, the implants can become infected. Sometimes this can be treated with antibiotics but it may be necessary to take the implants out and replace them at a later time to completely resolve the infection.

DVT/PE (Deep venous thrombosis/pulmonary embolus)

Blood clots which are potentially very serious and even life threatening can form in the legs and travel to the lungs. Multiple strategies are employed to minimise the risk of these occurring.

Scars

Typically the resulting scars are at their thickest and reddest at 6-10 weeks after surgery. Scars continue to mature and improve for up to 18 months after surgery. Scar management advice will be discussed in your follow up visit with Mr White to assist in achieving the goal of a thin, barely noticeable scar. (Note: The resulting scar is usually about 6cm long and located in or near the fold under the breast.)

As the skin is being stretched by the implant, new stretch marks may appear or old ones may become more noticeable. Sometimes veins may also become more prominent.

Symmetry

The final result will take several months to become fully apparent. The majority of women have different sized or shaped breasts before surgery. These differences are taken into account for your operation, but small differences may continue to exist or new ones can even be created; small differences may be increased after augmentation. Scars may also be slightly different on your right compared to left side.

Implant Rotation

Round implants can flip and anatomical implants can flip or rotate. Both these are very uncommon occurrences.

Wound separation/delayed healing

This is much more common in smokers, or if there is an infection.

Sensation

This is rarely altered with surgery. The nipple area may be numb or may even become more sensitive. This may affect both normal sensation and erotic sensation. Generally this settles down over a few weeks to months.

Breast Feeding

The ability to breast feed after this surgery is generally unaffected. The changes associated with pregnancy and/or breast feeding can result in significant changes to the breast shape and implant position. This may necessitate revisional surgery.

Breast Cancer

The risk of breast cancer is no higher or lower with this type of surgery. It is prudent to address any concerns in this area prior to breast surgery. Mammograms may need special views – it is important to inform radiology staff about your breast implants.

Lymphoma

There have been recent reports about the presence of lymphoma in patients with delayed (up to 10 years after surgery) seroma (fluid build-up). This may necessitate further surgery, chemotherapy and/or radiotherapy. At this stage there is no evidence that breast implants or a subtype of implants is the cause. This may change in the future and it may come to pass that removal or changeover of your implants is recommended.

Capsular contracture

Any foreign implant in the body produces scar tissue around it. The amount of this varies between patients. Different techniques are used to minimise the extent of this problem. In approximately 5-10% of patients this can be quite severe and necessitate revisional surgery. Even then further capsule formation can recur.

Rippling

Modern implants have fewer rippling effects but this varies between patients and is largely dependent on the amount of soft tissue covering the implant.

Changes over time

The bigger the implant, the more problems can be caused as a result of them. Ptosis/sagging over time may be made worse with implants as it increases the weight of the breasts.

Breast shape can change over time

The implants can come to be out of harmony with the rest of your body over time; in this situation, revisional surgery may be required. Whilst it is true that implants can “be removed down the track”, they do affect the tissues surrounding them. Many of these changes will not be totally reversed just because the implant is removed.

Muscle implant movement

In a small portion of ladies with implants placed beneath the muscle, there can be some abnormal movement of the implant with chest muscle contraction. This may be especially relevant with certain hobbies e.g. body building.

Mr Dean White, MBBS, Grad Dip Epid Biostat, FRACS, GAICD

Mr Dean White is a Melbourne trained Plastic and Reconstructive Surgeon.

He graduated from the University of Melbourne Medical School in 1996, achieving high academic success including being a finalist for the Jamieson Prize in Clinical Medicine and winning the overall prize for Clinical Gynaecology.

Mr White's initial basic surgical training was based at St Vincent's hospital in Melbourne for three years, at which time he also obtained a Graduate Diploma in Epidemiology and Biostatistics from the University of Melbourne. Mr White then undertook training as an accredited advanced general surgical trainee for two years before being accepted in the advanced training programme for plastic and reconstructive surgery. This involved a further four years intensive training gaining extensive experience in all aspects of plastic surgery including complex skin cancers, microsurgery, reconstructions after cancer and trauma, as well as cosmetic surgery.

Mr White then passed the rigorous examinations to become a fellow of the Royal Australasian College of Surgeons as a specialist plastic and reconstructive surgeon. This entitles Mr White to have the letters FRACS after his name.

In 2006 Mr White commenced work as a consultant plastic surgeon at the Royal Melbourne Hospital managing complex head and neck cancer reconstructions and complex trauma cases as part of the state trauma centre.

In 2008, to further develop his interest in aesthetic/cosmetic surgery, Mr White undertook additional training overseas in London's Harley Street medical district working with several of the country's top surgeons. He was appointed to the prestigious Mentor Aesthetic Fellowship to work with Mr Barry Jones – an internationally recognised leader in facial aesthetic surgery. He was also able to complete the renowned Cosmetic Surgery and Rhinoplasty Courses in Dallas, Texas USA.

In late 2009 he returned to Australia to recommence work in the public sector at the Royal Melbourne and Box Hill Hospitals as well as to re-establish his private practice and ongoing work at the Skin and Cancer Foundation.

In April 2012, Mr White was appointed as the Clinical Director of the Plastic, Reconstructive and Hand Surgery Unit for the Eastern Health Network. In April 2015 he was appointed as the Director of the Head and Neck Institute (Plastic Surgery, ENT surgery, OMFS surgery, Dermatology and Ophthalmology) for the Epworth Healthcare group.

