



PATIENT INFORMATION

Breast Augmentation (Breast Enlargement) Surgery

OVERVIEW

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).

*The following information sheet has been created by Assoc. Prof White as a general guide to assist his patients and is intended to provide a broad overview of the important considerations related to the decision to have **breast augmentation surgery**.*

Although the specific nature of the surgery may vary with each individual and is dependent on the exact circumstances of each patient, the information outlined below describes what you would reasonably expect to follow.

Patients are encouraged to further discuss this information along with any specific questions or concerns with Assoc. Prof White during their consultation.

COMMON REASONS WHY WOMEN CONSIDER HAVING BREAST AUGMENTATION SURGERY

- Appearance - Wanting bigger or more projecting breasts, desire for cleavage
- Bring overall body shape into proportion
- After children or having lost a significant amount of weight the breasts may be particularly droopy or "empty"
- Breast asymmetry - Breasts of different size/shape
- Post surgery as part of breast reconstruction.

WHAT IS INVOLVED WITH BREAST AUGMENTATION SURGERY?

- General anaesthetic
- Surgery Duration: Approximately 2 hours
- Incision most commonly just under breast approximately 6cm in length.
- A space is developed either below the muscle or just above it to place the implant into.
- A sizer may be utilised in theatre as a final check to determine the most appropriate implant size and shape for you.
- Drain tubes - These may be used and if so are generally removed the next morning.

RECOVERY AFTER SURGERY

- This surgery is generally completed with an overnight stay in hospital. In certain circumstances it may be possible to do the procedure as a day case.
- Patients may generally feel a little uncomfortable for a few days - more so if the implant is placed under the muscle.
- Gradually increase mobility and activity; generally back to most normal day to day activities at two weeks.
- Most women allow approximately two weeks off work. However, you may require additional time if your job is more physically demanding. This can be discussed with Assoc. Prof White.
- Able to drive when feeling comfortable to do so.
- No heavy lifting/exercise for 6 weeks e.g. avoid gym, aerobics, running.

A supportive bra **without an underwire** is recommended for the post operative period. (Note: Do not wear a crop type bra as these tend to flatten the breasts.)

A suitable bra will be provided by Assoc. Prof White's rooms and fitted at the time of surgery. This is to be worn for 6 weeks after the surgery.



PATIENT INFORMATION

POST OPERATIVE CARE - REVIEW APPOINTMENTS

Post operative visits with Assoc. Prof White:

1. *Approximately one week after surgery*
Aim: To ensure you are healthy and to review the surgical wounds.
2. *Six weeks post surgery*
At this time you will have a better idea of what the final result from surgery will be like. If all is progressing well, Assoc. Prof White will give you the all clear to resume normal activities.
3. *Four - Six months post surgery*
4. *12 months*
If there are any concerns you will be seen more frequently.

SURGICAL GOALS

1. YOUR SAFETY
2. Address the individual issues you will have discussed with Assoc. Prof White related to your decision to have this particular surgery.
3. Achieve good projection/ "perkiness"
4. Achieve good cleavage area
5. Minimise scars
6. Durable, long term pleasing shape.

BEFORE DECIDING TO HAVE BREAST ENHANCEMENT/ AUGMENTATION SURGERY YOU SHOULD CONSIDER THE FOLLOWING

- Desire for any further children
- Stable, healthy weight
- **If a smoker: STOP Smoking**
- Generally otherwise fit and healthy
- Breast screening up to date: In women over 50 and/or where regular breast screening and mammograms has been recommended.
- Patients need to be at least over 18 years old and have finished breast development.

PATIENT INFORMATION

ALTERNATIVES TO SURGERY

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

RISKS TO CONSIDER

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

Bleeding/Haematoma – This may need a return to the operating theatre to evacuate blood clot.

Infection in the wound – If this does occur, it can usually be cleared up with antibiotic tablets.

Infection affecting the implant - Despite best sterile surgical technique and covering antibiotics in a small proportion 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 that are potentially very serious and even life threatening which 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 Assoc. Prof White to assist in achieving the goal of a thin, barely noticeable scar. (Note: The resulting scar is usually about 6cm 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.



PATIENT INFORMATION

RISKS TO CONSIDER (cont.)

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 weeks to months.

Symmetry - The final result will take several months to achieve. 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 even new ones 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 are very uncommon.

Breast Feeding - 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 may be quite severe necessitating 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 may become out of harmony in this situation and may need revisional surgery.

Whilst it is true that implants can "be removed down the track" they do have effects on 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 proportion 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.

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 if any concerns about implants or subtypes of implants. If you have concerns about this please discuss them with Assoc. Prof White.

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 patient 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.



BREAST AUGMENTATION

IMPLANT TYPES

Implant 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 Fill - Older implants had a very low viscosity of silicone (very runny). 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 (they are like turkish delight in consistency).

Silicone products have not been shown to cause connective tissue diseases. There was some concern about this in the 1990's but long term studies have not shown any link.

Assoc. Prof White generally uses silicone filled implants as he feels that they have a more natural feel.

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

Implant Shape

Round - This has been the traditional implant shape.

Anatomical or Tear drop shaped - Offer 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 - Beneath the breast tissue and on top of the chest wall muscle (Pectoralis Major). Generally only recommended if there is a reasonable amount of soft tissue to cover the implant.

Submuscular - 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 - avoiding the step off look with a visible ridge at the top of the implant (which can make for a very artificial look).

PATIENT INFORMATION

Putting the implant under the muscle is, however, more surgically demanding, has a higher rate of bleeding and often more discomfort in the initial post operative period.

SURGICAL APPROACH

Inframammary - Implants can be put in through an incision beneath the breast (with the scar ending up in the new breast crease).

Axillary - Through an incision in the armpit.

Peri-areolar - Around the areolar (coloured area around the nipple).

Trans umbilical - Through the umbilicus (belly button).

The control of the end result is best achieved through the inframammary approach. The axillary approach or periareolar approach may be used in certain circumstances but revisional surgery tends to be higher.

DESIRED GOALS/APPEARANCE

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

Grade 1 - No one can really tell you've had an implant. May be useful 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 - Starting to look more obvious. There is more prominent cleavage. Some people will probably know or suspect that you have had breast implants.

Grade 4 - Look very artificial - not natural.

Assoc. Prof White does not perform very large implants or try to achieve Grade 4 look. The complications both in the short and long-term increase with the larger size implants.