



# 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) surgery.

### Note:

The following information has been created by A/Professor 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 A/Professor White during their consultation.

## COMMON REASONS FOR BREAST AUGMENTATION SURGERY

- Bring overall body shape into proportion
- After children or having lost a significant amount of weight
- Breast asymmetry
- Post surgery as part of a breast reconstruction

## WHAT IS INVOLVED WITH BREAST AUGMENTATION SURGERY?

- General anaesthetic
- Surgery Duration: Approximately 2 hours
- Incision most commonly just under the breast and 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 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.
- Allow approximately two weeks off work. You may require additional time if your job is more physically demanding. This can be discussed with A/Professor White.
- Able to drive when feeling comfortable to do so.
- No heavy lifting / exercise for 6 weeks.

A supportive bra without an underwire is recommended for the post operative period.

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



## BREAST AUGMENTATION SURGERY

### POST OPERATIVE CARE - REVIEW APPOINTMENTS

#### Post operative visits with A/Prof White

- Approximately one week after after surgery: Appointment is to ensure you are healthy and to review the surgical wounds
- Six weeks post surgery: Appointment is to review the final result from surgery. If all is progressing well, A/Prof White will give you the all clear to resume normal activities
- Four - Six months post surgery: Review
- 12 months: Review

If, at any point in time, there are concerns then you will be seen more frequently.

### SURGICAL GOALS

1. YOUR SAFETY
2. Address the individual issues you will have discussed with A/Prof White related to your decision to have this particular surgery
3. Minimise scars
4. Durable, long term results

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

- Desire for any further children
- Stable, healthy weight
- If a smoker: STOP smoking
- Generally fit and healthy
- Be over 18 years old and have finished breast development
- Breast screening up to date

### RISKS TO CONSIDER

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

**BLEEDING/HAEMATOMA** - This may need 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

**DVT/PE** (Deep Venous Thrombosis/Pulmonary Embolus) - These are blood clots that are potentially very serious and even life threatening. The clots may 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 followup visit with A/Prof White to assist in achieving the goal of a thin, barely noticeable scar.

**WOUND SEPARATION/DELAYED HEALING** - This is much more common in smokers or if there is an infection.

**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.



## BREAST AUGMENTATION SURGERY

### RISKS TO CONSIDER (CONT.)

**SENSATION** - This is rarely altered with surgery. The nipple area may be numb or may even become more sensitive. This usually settles down over weeks to months.

**IMPLANT ROTATION** - Round implants can flip and anatomical implants can flip or rotate. Both are very uncommon.

**BREAST SYMMETRY** - The final result will take several months to achieve. The majority of patients 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. The scars may be slightly different on your right compared to your left side.

**BREAST FEEDING** - Ability to breast feed after this surgery may be affected

**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.

**LYMPHOMA** - There have been 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, immunotherapy and / or radiotherapy. At this stage there is no evidence that breast implants are the cause. This may change in the future and it may come to pass that removal or changeover of your implants is recommended.

**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. 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 tissue surrounding them. Many of these changes will not be totally reversed just because the implant is removed.

### BREAST IMPLANT REGISTER

We enrol all patients on the Breast Implant Register. 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, discuss them with A/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 SURGERY

### 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 tissue. Current implants are made from 'cohesive gels' which means that dispersion of a ruptured implant is not generally a problem (they are similar to 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.

A/Prof White generally uses silicone filled implants due to the more natural results they produce.

### 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.

**Submuscular** - The upper part of the implant is covered by the chest wall muscle, helping to give a more natural look.

### SURGICAL APPROACH

**INFRAMAMMARY** - Implants can be put in through an incision beneath the breast (with a 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

### ALTERNATIVES TO SURGERY

- No surgery or delaying surgery
- Using a well fitted bra with additional padding +/- inserts

### NOTE

A/Prof White does not perform very large implants or try to achieve an artificial look. The complications both in the short and long term increase with the larger size implants