

BREAST AUGMENTATION SURGERY

Patient Information Leaflet

Before surgery:

It's important that you discuss with your surgeon what you're hoping to gain from the operation and the result you can realistically expect.

She will take a history and examine you and take some measurements in order to advise you regarding the selection of implants that would be suitable for you along with their pros and cons. It is very difficult to make you exactly symmetrical; the surgery is primarily to address the size difference and aims to achieve symmetry in clothes. Due to development differences in chest wall, shape of breasts and position of nipple, residual differences are inevitable following enlargement. It is impossible to exactly predict your appearance after surgery; however, you would be guided through the process with the help of photos (of other women having undergone similar surgery) during discussion prior to surgery.

If you smoke, you will be asked to stop, as smoking increases your risk of getting a chest and wound infection, which can slow your recovery.

Before surgery:

Preparing for admission can be an anxious time. To help reduce your anxiety we may ask you to attend a pre-admission clinic to ensure that you are as physically fit as possible.

Operation:

You will usually have your breast enlargement under a general anaesthetic. The operation may be carried out as a day case or you may need to stay in hospital overnight. You will not be allowed to eat for 6 hours before anaesthetic (this includes not chewing gum); however you may sip water up to 2 hours before the anaesthetic. Medication may be given 1-2 hours before your operation, which can help to reduce discomfort and sickness.

Your surgeon will again measure your breasts and assess their shape, your skin and the position of your nipples, and then draw on your breasts to mark the operation site. The surgeon will also photograph

your breasts for confidential 'before and after' images.

The implants are commonly placed through an incision either in the crease under the breast or around the areola. The implants are placed in a pocket either deep to the breast or under the chest wall muscle, this would have been discussed with you at the initial consultation. The wound is closed with dissolvable stitches and covered with wash-proof glue. A drain may be placed if felt necessary by the surgeon.

You are required to bring in a soft supportive bra to fit your enlarged breast size and would be advised to use it for 4-6 weeks.

If you take the oral contraceptive pill or HRT or tamoxifen, you would be asked to stop taking them 4 weeks before the surgery in order to reduce the risk of clot formation (DVT). If you do stop taking the contraceptive pill, remember to use some other method of contraception to avoid pregnancy.

After surgery:

There will be a sensation of tightness and discomfort and you will be given painkillers to help relieve any pain as the anaesthetic wears off.

You will need to arrange for someone to drive you home. Try to have a friend or relative stay with you for the first 24 hours.

Wash-proof glue dressing will allow you to shower, but not bath, following the surgery. The glue usually start peeling off 10-14 days after surgery.

You may need one to two weeks off work, depending on the operation you have had and what you do at work or home. You shouldn't do any heavy lifting or arm or chest exercise for around a month afterwards.

We recommend using a support bra for 4-6 weeks day and night, especially if anatomical (teardrop shaped) implants are used, in order to reduce the risk of implant rotation

After surgery, you will have some hardness, discomfort and swelling in your breasts. Bruising and pain may last a few weeks. The scarring will usually fade to pink after around three months, and then fade to white.

Complications

Complications are when problems occur during or after the operation. The possible complications of any operation include an unexpected

reaction to the anaesthetic, excessive bleeding that may require return to theatre or developing a blood clot, usually in a vein in the leg (deep vein thrombosis).

Specific complications of breast enlargement include those listed below.

- 1 Residual asymmetry: It's common to have a slight difference in size and shape between your breasts, and this can be highlighted by implants.
- 2 Infection: You may get an infection in your breast. If this happens, your surgeon may need to remove the implant to allow the infection to be properly treated, before considering re-implantation after some weeks.
- 3 Bleeding: You would be bruised after the operation, however sometimes patients may collect blood, requiring return to theatre to stop the bleeding and remove the blood clot. This may require an extra night in the hospital.
- 4 Capsule formation: Our body forms a fibrous shell or scar around any foreign body and similar reaction happens around the breast implant. The majority of capsules are soft and do not feel different from the breast tissue. However, a small proportion of capsules can become abnormally thick and then contract and squeeze the implant. This is called capsular contracture and can lead to varying degree of clinical effects such as firmness or alteration of sharp or intermittent or constant pain. It is difficult to predict the timing of occurrence of capsular contracture; it may occur shortly after surgery or may take several years. Depending on the effects it produce, you might need another operation to treat this. The recurrence of capsule formation is again difficult to predict; whilst further surgery to remove the capsule and change the implant works for some women, others may experience recurrence of capsular contracture making it difficult to manage. However the latter situation is rare.
- 5 Nipple and skin complications: Your breast skin and nipple may feel more or less sensitive after breast enlargement. This usually improves over a few months. If you lose sensation after breast enlargement, it may be permanent. There is a very small risk of nipple loss.
- 6 Scars: The scars usually fade with time however scars can

- become red, thick and painful in some patients.
- 7 Wrinkling and rippling of implant: Implants can sometimes affect the skin on your breast and you may find your skin has ripples and creases. This most commonly happens in very thin people or after sudden weight loss.
 - 8 Breastfeeding: In general terms, the opportunity for breast-feeding remains unaltered after breast augmentation. It is important to know that not all women are able to breast feed at all and if the breast augmentation is done prior to having family, there is no way of knowing your ability to breast feed. Also some women are able to breast feed one or more children but fail subsequently. You may still be able to breastfeed with breast implants, and it is safe. Silicone hasn't been found in breast milk. However, breast feeding may result in alteration of breast shape and size
 - 9 Rotation: There is a risk that implants may rotate with anatomical implants altering the shape of the breast. It is important to wear a supportive bra and refrain from upper body exercises for 6 weeks.
 - 10 10. Revisional surgery: The implants are unlikely to last for the rest of your life and, depending on your age, you may need one or more operations in future. If you notice any lumps in your breast or a change in the shape of the breast, you should consult your doctor without any undue delay.
 - 11 11. Cleavage: Your cleavage may appear widened following this operation and cannot be guaranteed in its width or narrowness.
 - 12 12. Leakage of silicone. Most manufacturers provide life time warranty against implant rupture (the exception being involved in significant trauma). If your implant ruptures, the silicone gel will usually remain within the capsule (intracapsular rupture) that the body forms, and can be removed if the ruptured implant is removed. Occasionally the silicone can spread outside the capsule (extracapsular rupture) and into the breast, surrounding tissues or into the armpit, where it can form small lumps known as silicone granulomas. In this case, these lumps need to be removed resulting in loss of some breast tissue when the implant is removed. Rarely, silicone may spread to lymph glands in the

armpit leading to lump formation that would require surgical excision. If rupture is suspected, imaging modalities like ultrasonography and MRI is usually able to detect it.

- 13 13. Gel Bleed: This is a phenomenon where microscopic amounts of silicone 'leaches' out in the tissues in the absence of implant rupture. The midterm implants have been designed to minimize gel bleed. If you notice any lump in the breast or armpit, please consult your surgeon, you would need tests to investigate the lump and rule out implant rupture.
- 14 14. Extrusion of implant: This is rare and results due to wound complications. It requires surgical exploration and implant may not be reinserted. If removed, another implant would be inserted few weeks later.

Mammography:

Breast implants can interfere with mammography. If you're going for breast screening, tell your radiographer or nurse that you have implants so that the most appropriate method of screening can be used that may include special views. Mammography itself does not damage the implants and there is no evidence that silicone implants delay the diagnosis of breast cancer.

Silicone issues:

The safety of silicone implants has attracted much publicity. The Independent Review Group by DoH looked at the evidence and did not find any link between silicone implants and illnesses. The report is available on the web, www.silicone-review.gov.uk/index.htm

We have never used PIP implants; the implants used are manufactured by reputed companies. Please feel free to ask for the implant details or the warranty information provided by the manufacturer.

Flying:

It is perfectly safe to fly following breast augmentation. It is probably true that very sudden changes in pressure may extremely rarely cause an implant to rupture. If this is suspected, you are advised to see a surgeon.

Diving:

As with flying, it is safe to go deep sea diving after breast augmentation. The same advice regarding suspicion of rupture applies.