

# Bilateral Breast Augmentation & Augmentation Mastopexy

**KENT CENTRE FOR BREAST SURGERY**

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## **RISKS AND COMPLICATIONS**

It is very important to consider the potential risks and complications of breast augmentation surgery, in order to understand the procedure, have realistic expectations of what can be achieved, and make a well informed decision about your surgery.

You will be given an information leaflet which covers the different aspects of breast augmentation, including consultation, risks and complications, in-patient stay and post-operative requirements.

In addition, the detailed important risks and complications are shown below:-

### **Surgery risks**

Swelling - this is usually mild to moderate and resolves gradually within a few weeks.

Bleeding / haematoma – a small amount of bleeding and bruising is expected. If a collection of blood develops, you may require further surgery to remove the blood collection and stop bleeding if it persists. This can occur within 24 hours or even two weeks later.

Infection – Superficial Wound infection can be treated with antibiotics. With deeper infection the implants may have to be removed and replaced at a later date.

Seroma – this is a fluid collection surrounding the implant which occurs as a natural reaction to the implant; it is usually mild and resolves without problems.

Nipple sensation may be altered. This may be loss of sensation (numbness), or increased sensitivity of the nipple as the skin is stretched to accommodate the implant. The reactivity of the nipple may also be affected. The breast skin may feel stretched and tight.

Pain – immediately after surgery, pain varies from mild to moderate and is controlled with suitable medication. This should settle as the wounds heal. Hormonal breast pain (within the breast tissue) can still occur in the future.

Asymmetry – The breasts may look different in size and shape. If the initial size and shape of the breasts is slightly different, which is natural, this is likely to persist with implants. Sometimes it is possible to use a different size for each breast, to overcome the size discrepancy but some asymmetry should be expected.

Rippling - As the swelling reduces the skin may show rippling over the implant.

Skin rash – this may occur in reaction to the dressings. You may require a moisturiser cream to help the skin recover

Implant outline – the edge of the implant may be easily palpable or visible (Some patients like this especially in the upper part of the breast). A ridge may form that make this more prominent.

Scars – The skin usually heals as a thin line with the scar placed under the breast close to the skin fold. Scars depend on the healing ability of the tissue and skin. Thickened scars or keloid scars may occur. Delayed healing or skin

Swollen lymph nodes – the lymph nodes in the armpit (axilla) may become enlarged in reaction to silicone implants. This may be transient or persist long term. Ask your doctor if you are worried. This is seen more often after leakage or rupture.

Implant position – Positioning of the breast implant must take into account the position of the nipple. The implant is usually best placed directly behind the nipple. Often the nipple lies to one side of the breast. Insertion of the breast implant may therefore appear to push the nipple outwards away from the centre of the chest.

Implant movement – There may be rotation of the implant which is more noticeable in shaped implants, that is, ‘tear drop shaped’ implants. This would be less obvious for round implants. As the breasts change overtime, the implants may move in line with the breast tissue. This is expected for implants placed in the sub-glandular position, under the breast tissue. Implants in the sub-muscular position may show less movement and remain in position held by the muscle. Movement of the breast tissue and /or implant may form a ‘double bubble’ shape.

Capsular formation with contracture – It is a natural reaction of the body to form a thin membrane around the implant. This may become thickened in time with firmness which forms a more distinctive shape around the implant; this is capsular formation. If the capsule contracts it may feel tight and uncomfortable and then become distorted in shape. Significant capsular formation requires excision of the capsule and replacement of implants.

Muscle contraction – if the implants are placed under the muscle, contraction may cause the implant to move.

Implant rupture – Most modern implants are very safe and rupture is uncommon. However, trauma to the chest wall (such as a safety belt injury or a fall) can cause implant rupture. Implants may also rupture if they are very old (usually more than 10 years). Ruptured implants require replacement.

Implants sometimes 'leak' with very gradual loss of silicone. This results in deflation of the implant which may look smaller and feel softer

Ptosis or sagging – breast tissue tends to drop with age, which may result in sagging (often seen after breast feeding). The weight of breast implants may affect the extent of drop. Also, when swelling reduces, the remaining breast tissue may seem to drop. Thinning or shrinking of the skin (atrophy) may also affect the shape. This can be corrected with uplift surgery.

Lymphoma – Patients with breast implants have a very low but increased risk of developing a rare type of cancer called anaplastic large cell lymphoma (ALCL) in the breast tissue surrounding the implant. ALCL is not breast cancer. Women diagnosed with ALCL in the breast may need to be treated with surgery, chemotherapy and/or radiation therapy.

Mammograms can be performed safely with breast implants in place. There is a very small risk of damage to implants using mammography.

Breast feeding – this may be possible, but risk of infection from mastitis must be considered.

Augmentation surgery does not guarantee a particular size as retailers vary in their bra sizes, and the skin and tissue behaves differently in all patients. It is best to consider the size and shape you want with the surgeon, rather than aim for a specific bra size.

Also in the final outcome, the breasts may appear slightly different in size, shape and nipple position; this is very natural and we try to make them as similar as possible.

If you want clarification on any points or further information ask your surgeon or breast care nurse

**If further surgery is required, hospital, surgeon and anaesthetic fees will be chargeable.**

Please sign this form after you have read and considered all these factors and accept the risks stated

Signed: .....

Print Name.....

Date .....