

Breast Augmentation

KENT CENTRE FOR BREAST SURGERY

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What is breast augmentation?

Breast augmentation is an operation intended to make your breasts larger and sometimes change the shape.

Your surgeon will assess you and tell you if a breast augmentation is suitable for you. However, it is your decision whether to go ahead with the operation. It is important to understand that breast augmentation is a cosmetic procedure. This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions ask your surgeon or healthcare team.

Is breast augmentation suitable for me?

You are most likely to benefit from a breast augmentation if one or more of the following conditions apply to you:

- You are self-conscious about the size of your breasts, or you prefer larger breasts
- Your breasts have become smaller and less shapely because of pregnancy and breast feeding or even after losing a lot of weight

You have one breast noticeably smaller than the other (breast asymmetry)

Your surgeon will carry out a detailed assessment before deciding if surgery is suitable for you. This may include taking photos for your medical records. The surgeon will examine your breasts and ask you questions about your medical history.

Your surgeon will also ask you if you are planning to lose a lot of weight. It may be better to lose the weight first before having surgery.

Let your surgeon know if you are pregnant or planning to become pregnant in the future. Pregnancy can change the size and shape of your breasts and may affect the long term results of your surgery.

Sometimes the shape and size of the breasts may be limited by what you can have, which is determined by your chest wall size and shape, and this may not meet your expectations or achieve exactly what you want. You will need to discuss this with your surgeon and explain the size and shape you prefer, and 'the look' that you want to achieve, and then work on whether it is achievable.

BREAST IMPLANTS

What kind of breast implant should I choose?

There are many types and sizes of implants providing a wide range of choice. Implants may be silicone or saline filled. The latest technology suggests that textured implants reduce the risk of reaction and capsular formation. The silicone is manufactured into a cohesive gel such that damage to the implant does not cause liquid to spill. Cohesive gel retains its shape even if the implant ruptures. The shapes are “round” or “anatomical” which is tear drop shaped. The sizes vary and are chosen to fit your body and your preferences.

The choice of implants depends on chest width, height and forward projection. This is decided when you trial sizers and indicate your preferences.

Your surgeon will take measurements and discuss the options with you and recommend the most appropriate type and size for you.

Are Breast Implants Safe?

Silicone is currently the most common and popular component used for breast implants. Silicone can be made into many forms and has brought major benefits to industries, such as food production and personal care products. Silicone is useful for healthcare products because it does not dissolve in water or react easily to changes in temperature or to substances in your body. Silicone is used to make heart-valve replacements, facial implants and tubes used to give people medication. There is no evidence to suggest that women with silicone breast implants have a higher risk of developing autoimmune diseases or breast cancer or arthritis. There is a reported link between having an implant and a rare type of cancer called anaplastic large cell lymphoma but the risk is extremely small.

Some manufacturers are so confident of their implants that they provide ‘life time warranties’. This means that they offer to replace the implants free of charge in case of capsular contracture, rupture, and other complications (see relevant information), and some will also pay towards replacement surgery. The risk of capsular formation and contracture has reduced over the years; with the latest technology, reported to be less than 5% over 10 years.

The Operation

The healthcare team will carry out a number of tests and assessments to make sure you are fit for your operation. They will also perform numerous checks. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes about 90 to 120 minutes. You will have injections of local anaesthetic to help with pain after your operation. You will be given antibiotics during the operation to reduce the risk of infection. Please inform the doctors if you are allergic to any medication.

You will usually have an incision in the crease under your breast (infra-mammary fold) but alternative incisions can be made, such as, in the armpit (axilla) or even around the areola. Your surgeon will create a pocket to place the implant.

The implant is usually placed directly behind your breast tissue as this gives a good cosmetic result and protects the implant well. However, if you are very slim and do not have enough tissue to cover the implant, we may recommend placing the implant behind the pectoral muscle on the chest wall.

The implants are usually placed centrally in the breast so that the nipple and areola are suitably placed over the implant. Although this can be adjusted slightly, your natural breast limits the position of the implant. Sometimes it is not possible to create a narrow cleavage especially if the natural breasts sit far apart as the nipples would then be in the wrong position.

Usually no drain is left in the wound. However, if there is a lot of oozing or fluid reaction, we may insert a drain (tube) in the pocket to drain away fluid that can sometimes collect. This is usually removed after 24 hours.

The incision is usually closed with dissolvable stitches.

You will have dressings and bandaging for support.

What can I do to help make the operation a success?

If you smoke, stop smoking at least several weeks before the operation'. This will help to reduce your risk of developing complications and will improve your long-term health. It would also help to optimise the healing of your wounds.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation.
- Let the healthcare team know if you feel unwell or have any infection.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can occur. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand.

Any numbers which relate to risk are from studies of women who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

- Complications of anaesthesia
- Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic

2. General complications

- Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. You may feel sore along your breastbone, especially if the implant was placed behind the pectoral muscle. Moving your arms can be uncomfortable for two to three weeks.

- Bleeding during or soon after the operation.

It is common for the area between and under your breasts to be bruised. Usually this settles on its own.

If there is a bleeding and swelling with a collection of clotted blood (haematoma) you may need a scan and further treatment.

Rarely, you will need a blood transfusion or another operation.

- Infection

Minor infection on the surface of your wound in the inframammary fold. This is rare and easily treated with antibiotics.

Severe infection requires antibiotics and close observation.

If infection persists, it may result in your implant being removed and replaced at a later date

It is usually safe to shower after two days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful.

- Unsightly scarring of your skin. The scars usually settle with time. If you have dark skin, the scars can sometimes stay thick and red. Your surgeon will try to make the incisions in the lower breast / crease, so that they are discreet and not noticeable even in a swimming costume. Follow the instructions your surgeon gives you about how to care for your wounds.

Blood clot in your leg (deep vein thrombosis DVT). This can cause pain, swelling or redness in your leg, or veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.

Blood clot in your lung (pulmonary embolus) – this is when a blood clot moves through your bloodstream to your lungs. If you become short of breath, feel pain in your upper back, or if you cough up blood, let the healthcare team know immediately.

If you are at home, call an ambulance or go immediately to your nearest Emergency department.

3. Specific complications of this operation

Developing a collection of blood in the pocket where the implant is (haematoma). You may need another operation to remove the blood. If small, this can be left to reabsorb itself

Infection of the implant (risk: less than 1 in 100). Your surgeon will need to remove the implant. You will need to wait for about three to four months, while the infection clears and your wound heals, before your surgeon can replace it. If your skin around the scar is red and your wound is painful and swollen, let your doctor know.

Kinking and rippling caused by capsule forming around the implant or by natural sagging of your skin. Sometimes it is possible to feel the edge of the implant under your skin but any kinking or rippling is usually obvious only if you are slim and had small breasts.

Developing a collection of fluid in the pocket around the implant (seroma). This is a normal reaction to the implant, and not usually serious - it settles with time. Sometimes the fluid needs to be removed using a needle. If the seroma becomes large and keeps coming back (a pseudocyst), the implant may need to be removed and replaced (very small risk). If the problem continues you may not be able to have an implant.

- Capsular formation. Usually the body reacts to the implant by forming a thin membrane around it. This capsule usually remains thin but can become thickened with time, or due to mild trauma or infections. If the capsule contracts the shape of the breast may alter and cause discomfort. Capsular contracture is treated by removal of the capsule and replacement of implant. This is the most common reason for needing to have the implants replaced. The risk is thought to be lower if you have textured implants.
- Thickening and tightening of the scar tissue.
- Change of breast and nipple sensation. This usually settles within a year, but the change may be permanent and may affect breastfeeding.
- Stiff shoulder. The healthcare team will give you exercises and it is important that you do them to keep your shoulder moving. Take painkillers when required as advised to relieve the pain.
- Numbness or continued pain on the outer part of your breast caused by injury to the small nerves that supply the skin. Any pain or numbness usually gets better within a few weeks but can sometimes continue for many months.
- Rupture or deflation of the implant. This is usually caused by the shell ageing but can also be caused by a tight capsule or trauma (where a physical force is applied directly to your breast, such as in a road accident). An implant filled with saline will usually deflate straightaway if injured, and the implant will need to be replaced. If you have implants filled with cohesive silicone, the silicone maintains its shape and usually stays within the capsule and may not cause any obvious symptoms or pain. An ultrasound scan or MRI may be required to check if the implant has ruptured. However, most surgeons will still recommend that the implants are replaced. If the capsule ruptures too, the silicone will leak out and can spread into the breast or armpit, causing swelling of lymph nodes in the axilla.

- Cosmetic problems. Although breast implants are placed in the same position on both sides sometimes, they can make natural differences between your breasts more noticeable. Slight asymmetry is quite normal and should be expected.
- It is difficult to predict the change in size or shape of the breast in the future. The breasts and implants usually drop slightly. Sometimes it is not possible to create a narrow cleavage especially if the natural breasts sit far apart. Larger implants are also heavier and can speed up age-related sagging that also happens in natural breasts. Your breasts may not look or feel like natural breasts.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood –thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you buy over the counter.

Post- Operative Instructions

You will need to bring in a support bra to wear after your surgery which is put on after the bandages are removed. This should be the desired size or one size bigger to allow for swelling. There should be no underwire and some patients find it easier to have front fasteners.

You will be seen the next day after your surgery, when the bandages and ‘jacket’ will be removed. You will have waterproof dressings so that you can shower easily and dab dry.

If your dressings come off and the wound becomes wet, these will need to be replaced. The wound will be checked after 5-7 days in the outpatient clinic and dressings replaced if needed. You need to wear the support bra for 2 weeks continuously (24/7) and only take it off for showering. You even need to wear the bra at night.

After 2 weeks you will be seen in the clinic and all dressings removed. Provided you are comfortable, you can return to wearing your bra in the day time only. By 6 weeks all wounds should have healed and you can go back to “normal” activity.

How soon will I recover?

In Hospital

After the operation you will be transferred to the recovery area and then to the ward. Your breasts may look discoloured and feel firm and swollen. You should be able to go home the next day. However, your doctor may recommend that you stay a little longer. If you go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours. To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team, especially if you have been given medication or need to wear special stockings.

The dressings can be removed after a few days as long as you have a soft bra that fits comfortably. Do not wear a tight sports bra or an under wired bra for a few weeks.

You should be able to return to normal daily activities after two weeks, and gradually increase activity. You should be able to return to work after 2 weeks, depending on your type of work.

Do not lift anything heavy or do strenuous exercise, such as vacuuming or ironing for two weeks. You should be able to do a limited amount of activity, such as lifting young children, after about two weeks.

Do not have sex for two weeks and then be gentle with your breasts for at least another month.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and comfortable wearing a seat belt. You should be able to perform an emergency stop comfortably. Always check your insurance policy if in doubt.

The Future

The healthcare team will arrange for you to come back to the clinic. You will have a wound check and review and if all is well you will be discharged.

It usually takes a few weeks for your breasts to look and feel more natural and up to six months to achieve their final shape. The results of a breast augmentation usually last for a long time. However, even if the operation is a success, you may need another operation at some time in the future to have them replaced or removed. Also, gravity and the effects of age will change the shape and size of your breasts.

You should not have any problems breastfeeding but many women who have implants choose not to breastfeed.

Implants placed behind your breasts are safe to have a mammogram (breast x-ray used to detect breast cancer). There is a small risk of implant rupture, so you must inform the healthcare team when having mammograms. Implants do not impair the value of mammograms. There is no evidence that having an implant delays the diagnosis of breast cancer.

Continue to check your breasts for any changes and contact your GP if you have any concerns.

Summary

Breast augmentation is a cosmetic operation to make your breasts larger and possibly alter their shape. The surgery is suitable only for certain women. You should consider the options carefully and have realistic expectations about the results. Surgery is safe and effective but complications can happen. You need to know about the procedure and possible complications to help you make an informed decision. Knowing about the process will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you, & contact us if you need to discuss anything.

If you have any questions, please do not hesitate to ask your surgeon or breast care nurse

This is your chance to have surgery to enhance your breasts according to your wishes. Please remember that this is cosmetic surgery and not a medical necessity. We carry out this surgery with absolute care and attention to detail. We are happy for you to attend several times to make sure that we get it right for you.

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