

**DR REBECCA AYERS**  
Plastic, Reconstructive and Hand Surgeon

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**Breast Augmentation**

**Introduction**

By the time a woman seeks advice regarding a breast augmentation it is likely she has been considering it for a long time. Breast size and shape makes a significant contribution to how a woman feels about her body. Common reasons for seeking breast augmentation include, loss of volume following pregnancy and breast-feeding, a feeling that her breast size is not proportional to her figure, congenital breast under-development or breast asymmetry.

**Why silicone breast implants?**

Silicone as a medical implant has been used since the 1960s. The quality of the implants has improved significantly over the past few years. A silicone implant consists of a firm outer shell (silicone) and an inner cohesive silicone gel – the cohesive nature of the gel prevents leakage of silicone from the implant.

There is no evidence that silicone implants increase the risk of immune problems or long term systemic illnesses.

**Pre-operative preparation**

For the best results it is best to have a body mass index (BMI) as close to normal as possible and be smoke free. If you have given up smoking I advise you not to use nicotine replacement therapy for four to six weeks before your operation and four weeks after.

**What should I bring to hospital?**

Any regular medications.

A good supporting, non under-wire bra. This will be worn day and night (showering excepted) for 4 weeks following surgery and then for a further 2 weeks.

I like you to have some *Micropore*<sup>TM</sup> tape available for after the operation. This can be purchased from your local pharmacy.

From 6 weeks I will ask you to moisturise the scars. A plain, hypoallergenic, unscented moisturiser can be purchased from your pharmacy. I don't recommend a particular brand.

**What does breast augmentation involve?**

A small scar 5-6cm in length is made beneath the breast, at the junction of the breast and chest wall. Implants can either be placed 'under the muscle' or 'on top of the muscle'. If you are slim, it is best to place the implants beneath the muscle (subpectoral position) to minimise the

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visibility and palpability of the implants. A drain may be used for the first 12-24 hours. Dissolving sutures are used.

### **Will my implants be palpable?**

If you can feel your ribs at the side of your breast or beneath your breast, you will be able to feel the implant in the same place. As a general rule, the thinner you are the more likely you are to be able to feel your implants.

### **What will happen to my augmentation over time?**

The aging process continues unabated. The appearance of your augmentation may change over time. It is important to remember that the bigger the augmentation, the greater the change you can expect over time. A very large augmentation is likely to look worse over time as the tissues thin with age and are unable to support the weight of the implant.

Breast implants are a long-term commitment and it is possible that you could need another operation to maintain the appearance of your augmented breast over the coming years.

### **How can I improve my scars?**

Keeping the scars taped for 6 weeks is important. After that the scars can be massaged twice daily with a plain, unscented, hypoallergenic moisturising cream. It is very important to avoid any UV exposure for 24 months following the operation; UV exposure can cause the scars to pigment strongly. The scars should fade and flatten over 12 months.

To start with the scars are fairly thin and it is usual for scars to thicken and become red as they heal. If your scars become very red, itchy or thick then please contact me as you could be developing hypertrophic or keloid scarring that may need special silicone dressings or steroid injections.

### **After surgery**

It will be painful after the operation and you will be given pain relief to control this.

A small injection is given into your tummy to reduce the risk of blood clots developing in your legs / lungs (DVT, PE).

You will be in hospital for 1-2 nights and you will need help at home with shopping, housework and childcare for perhaps 2 weeks following the operation. It will be at least 4-6 weeks before you feel back to your usual self and you will need to take things easy during this time.

After 48 hours you may shower briefly. It is fine for fresh water, soap and shampoo to run over the wounds. Avoid bathing in a bath or swimming pool until the wounds are completely healed. After showering the tapes should be dried carefully by leaving the tapes open to the air or by using a hairdryer *on cool* (a hairdryer on warm or hot may burn the wounds). The tapes can stay

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on for 7-14 days, however if it becomes loose, tatty or moist then the tape may be changed earlier.

It is best not to drive for at least 2-3 weeks following the operation; you may return to driving when it is comfortable to wear a seat belt and you feel confident and comfortable to control a motorcar.

Avoid strenuous activity for at least 6 weeks; be guided by how you feel and be sensible. Please wait 12 weeks before beginning upper body strengthening exercises or aerobics or high impact activities. A supportive sports bra is crucial.

### **What are the possible complications?**

**Pain:** Pain is usually not severe and can be managed by oral pain relief. It is often worse when you move around and cough. This pain settles with time.

**Infection:** There are two kinds of infection; wound and implant infection.

Wound infection could occur after any surgical procedure. A dose of antibiotics is administered at the beginning of the operation and then for a short period of time after the operation. Any signs of infection such as redness, temperature or discharge from the wounds need urgent review.

Very occasionally an infection can develop around the implant. This may occur some weeks or months following the surgery and results in a generally swollen and reddened breast. Should this occur then the implant must be removed for a period of 3-6 months. This is very upsetting for all concerned and fortunately, is very rare.

**Bleeding:** Bleeding can be minor or it can lead to a collection of blood (a haematoma) that needs to be drained in theatre. It is very rare to require a blood transfusion after this operation.

**Asymmetry:** Augmentation can magnify small differences in breasts and this may become more obvious after surgery.

**Capsular contracture:** Whenever a foreign material, like an implant, is introduced into the body, a layer of scar tissue forms around it. Often this is thin and causes no problems but sometimes the scar can become progressively thick with time. This may lead to hardening and distortion of the implant. A troublesome capsular contracture may require the implant to be exchanged and the capsule excised – this obviously requires another operation.

This is one of the more common complications (8-9% of primary breast augmentations) - but is reduced by using textured implants, placing the implants beneath the muscle, careful surgical technique and by using polyurethane implants.

**Scars:** There will be a permanent scar following the operation. Hopefully the scar will be fine and pale but some people have a tendency to poor scarring and their scars can be thickened,

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itchy and unsightly (hypertrophic or keloid scarring). Occasionally revision surgery is needed for scars.

**Nipple sensation:** When implants are placed beneath the breast tissue rather than beneath the muscle, 1 in 7 women will experience a decrease or loss of nipple sensation. Occasionally nipple sensation may be increased, however this settles over 3-6 months.

**Deep vein thrombosis:** This is a blood clot in the legs, which can possibly move to the lungs (a pulmonary embolism) and is a potential complication of surgery and bed rest. You will have compressive stockings and an injection to prevent this from happening.

### The future

**Pregnancy and breast-feeding:** Breast implants do not interfere with the ability to breast feed, although there is some evidence that milk production may be reduced. There is no evidence of harm to children of women with breast implants. Breast shape will alter with further pregnancies and breast-feeding and the result of your augmentation may change.

**Breast cancer:** There is good evidence that there is no increased risk of developing breast cancer for women who have breast implants. Should a woman develop breast cancer there is no difference in cancer recurrence or survival.

**Anaplastic Large Cell Lymphoma (ALCL):** ALCL is a lymphoma and not a breast cancer. Researchers are currently exploring a possible link between breast implants and a rare type of immune system cancer. It is extremely rare – 3 cases in 100 million people per year within the US.

**Mammography:** Please tell staff when you have a mammogram following breast augmentation. Special views are needed to screen the breasts of women with breast implants. Studies demonstrate that breast cancer in women is not diagnosed at a later stage than women without implants.