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Breast Augmentation

What types of implants are available?

Breast implant surgery may be referred to as Breast Augmentation. There are two types of implants that are commonly used in the UK - silicone and saline. Both implants have a silicone shell (outer layer) that can be smooth or textured. I use the textured implants to reduce the risk of hardening and deformation of the breast (capsular contracture).

Silicone gel implants are the most commonly used. They are filled with a firm, jelly-like silicone or a softer, fluid silicone. The firm implants are less likely to leak and these are my preference (called Cohesive gel). Due to the controversy over silicone, the Department of Health undertook studies and found no scientific evidence that silicone implants increase the risk of immune system problems. Implants come in two shapes, either round or an anatomical (breast shaped) design.

For further information you can visit the Department of Health website:

www.dh.gov.uk

Detailed information about **breast implants** as part of breast reconstruction and cosmetic augmentation is at site: www.mhra.gov.uk/home/groups/dts-bi/documents

Information about the company Mentor and the safety of their breast implants can be found on these internet links: www.fda.gov/.../ImplantsandProsthetics/BreastImplants

<http://www.mentorwllc.com/global-us/SafetyInformation.aspx>

What if I smoke?

Smoking can reduce the blood flow to surgical sites. Studies have shown that nicotine and other substances that are found in cigarettes can be harmful to your heart, lungs, and your skin. Smoking can have an adverse effect on the healing of all surgical wounds. The same applies for the use of nicotine replacement therapy as, although this will reduce the craving for a cigarette, the nicotine will also reduce the ability of the blood to carry enough oxygen to the tissues. For this reason I advise that you should NOT use nicotine replacement.

Position of implants and The surgery

Techniques for breast augmentation vary, depending on your body shape. The most common procedure involves making an incision in the crease under the breast then making an envelope to put the implant in.

The implant can be placed either behind the muscle called the Pectoralis major or in front (under the breast) depending on what you have decided with your surgeon. The stitches are hidden under the skin and do not need to be removed afterwards as they are dissolvable.

Post-Operative Bra

This is part of the post-operative recovery and an essential item to have with you when you come into hospital. It is best to have 2 of these as they are used for 24 hours wear for 14 days post surgery. The bra should be well fitted, no under wire, front fastening and soft cotton. It is there to support the breasts and to prevent implant rotation if shaped implants are to be used.

What can I expect before my operation?

You will have seen and discussed the operation fully in the outpatient department as to:

- 1) where the implants will be placed, (under breast or under muscle)
- 2) what type of implants will be used (round, shaped)
- 3) The probable size of implant to be used. (also can discuss the use of sizers)

I cannot guarantee a particular cup size due to the variation in bra manufacturing. On the day of the operation an anaesthetist will visit you and examine you on the ward and explain the anaesthetic procedure.

I will see you and ask for your consent to proceed with your surgery and to sign this information sheet as part of your consent. I will measure your breasts; assess the skin, and breast shape. I will then mark where the incisions are to be made during the operation and I will take pre-operative photographs. The operation normally takes between one to two hours. Please ask questions if there is anything that you are not sure about. You must have nothing to eat for a minimum of eight hours and nothing to drink for a minimum of two hours before your surgery. This is for your safety, to prevent any problems during your anaesthetic.

What will the operation involve?

All surgery and anaesthesia carries some uncertainty and risks. The following list gives you information on the most common or most significant problems that can occur following this type of surgery.

Pain

The pain from this sort of operation is not usually severe although different people require varying amounts of pain killers (analgesia). If the implants are placed UNDER the muscle you WILL feel more discomfort to the chest wall. You may feel pain for the first 3-5 days, especially as you move around. There may be further discomfort for a week or more as the muscle settles with the implant under it.

The anaesthetist will have prescribed you regular medication to lessen the pain. If you are in constant pain, let the nursing staff know. It is essential to have a soft sports bra to go home in as this lessens the pain and is an essential part of the post-operative recovery.

Blood transfusion

It is very rare to have a blood transfusion after this operation. If you are found to have a low blood count (anaemia) after your operation, a course of iron tablets will be prescribed. Once you have left the hospital your GP may repeat the blood test.

Haematoma

Is a collection of blood around the implant, which may occur straight after surgery. You will notice that your breast will swell suddenly post surgery and this blood clot has to be removed. I sometimes need to place small drainage tubes in the wound area to allow blood and fluid to drain into vacuumed bottles. Even with this care, blood sometimes collects and the affected breast becomes very swollen and painful. A second operation may be necessary to remove the haematoma.

Infection

You will be given antibiotics during and after the operation to prevent any infection. There are two types of infection.

A wound infection may occur after this surgical procedure, which will be treated with antibiotics.

If an **implant** infection occurs it will be necessary to remove the implants. Unfortunately, you will not be able to have these replaced immediately and will need a further operation

at a later date. Any operation that involves a general anaesthetic carries a small risk of a chest infection, particularly if you smoke.

Deep vein thrombosis

Is a blood clot in the legs. This is a potential complication following surgery and bed rest. People who are taking the oral contraceptive pill or hormone replacement therapy and those who smoke are at higher risk. Occasionally clots can break off and pass into the lungs, known as a pulmonary embolus.

All patients are given compression stockings/socks, pumps to the legs during surgery and small injection to thin the blood to try to prevent this problem.

Scars

Any operation will leave a permanent scar in the breast fold. Infection can cause the wound to re-open. This may lead to problems with the scar formation such as stretching or thickening. Even without any problems, the scar, at first, will look red, slightly lumpy and raised. Regular massage of the scar with a light non- perfumed moisturising cream and using sensible sun protection measures, such as a factor 30 sun block, should help it to settle in time and fade over some months. This may take up to two years. Some people may be prone to the development of keloid or hypertrophic scars which are raised, itchy, and red. If you have a tendency to produce scars like these, please discuss this with me.

If you have any concerns about your scar, contact your GP who may refer you back to the hospital. In the majority of cases scars settle to become less noticeable.

Nipples

As a result of the surgery, there is a chance there will be a decrease in or loss of nipple sensation.

Occasionally, the nipple sensation will be increased for a period of three to six months following surgery, and may be painful.

The loss or decrease of sensation is permanent and is something to be aware of. Shaped implants will lift the nipple up due to having more of the implant present in the lower pole.

Breast-feeding

The implants should not interfere with the ability to breast-feed. However there has been

evidence that suggests that the amount of milk produced may be reduced in some women. The amount of breast tissue over the implant will increase in pregnancy and there will be an overall increase in breast size. After pregnancy the breasts may not go back to how they were before.

Symmetry

Although every effort will be made to make your breasts equal in size and shape, you may find that there is a small difference between the two breasts. It is normal in the population (95% asymmetry) to naturally have breast asymmetry and this is in the size of the breast and also the position of the nipple.

Any asymmetry pre-operatively will still be present post-operatively if the same implants are used for both sides.

The gap between the breasts will also remain the same hence some people have a close together breast and some have a gap which is over their breast bone. The position of the breast on your chest wall will not change with implants.

Capsular contracture

This is a thin layer of scar tissue (fibrous capsule) that forms around any implanted foreign material (e.g. breast implants). As the scar tissue shrinks it is noticeable as an apparent hardening of the breast. This is one of the most common complications, although modern implants have a textured silicone shell with a lower incidence of capsular contracture. If a capsular contracture does occur you will need further surgery. The implant may have to be removed, along with the capsule, and replaced, if appropriate, with another implant. Overall it is shown to occur in 4.8% of ladies with breast implants.

Breast implants are a long-term commitment. They are likely to need replacing and further operations will be required to maintain the benefits of the implants. The length of time that the implants last is unknown and varies depending on an individual's personal factors.

Implant rotation.

If shaped tear-drop implants are used these can rotate. This can occur far more commonly when implants are removed and new ones placed in the pocket. In this case drains are used to keep the pocket tight and are removed the next day. It is essential to wear the close fitting bra to help prevent this rotation. If the implant rotates it may be necessary to have another operation to put it back into the correct position.

After the operation

The procedure usually takes about one to one and a half hours. When you wake up after the surgery, you will be in the recovery area. The nursing staff are very experienced and they will ensure that your recovery is as pain-free as possible. Painkillers will be given to you on a regular basis for as long as you need them. The operation does not usually cause much pain afterwards, although some tightness and bruising may cause discomfort. Please tell the nurses if your pain persists.

Your family will be able to visit you (during visiting hours) once you return to the ward. In the meantime they may find out how you are by calling the ward. You may be in hospital for an overnight stay.

Drains and dressings

Wound drains maybe inserted into the breast at the time of surgery to allow any fluid to drain away. The drainage tube is attached to a vacuumed bottle where the fluid is measured. The nurses remove them, on the doctor's instructions, usually after 24 to 48 hours, depending on the amount and colour of the fluid drained. Following removal, a small amount of leakage from the wound is common. A light gauze pad can absorb this. However, should you require further dressings you will be able to agree a date and time for an appointment in the Dressing Clinic. I use a glued on dressing (PRINEO) to keep the wounds clean . You will be able to have a shower on the ward before going home if you desire.

The dressings removed at 14 days. When the wounds re completely healed then you can massage the incisions.

Breast feel and Bra

You will need to wear a good, supporting, non-wired, sports-type bra continuously for a short period of time following surgery, as this will help with reducing the swelling and help the breasts settle into their new shape.

After surgery, you will find breast **swelling** and your breasts will seem high and firm which may seem unnatural to you. However, after a while the swelling will reduce and become more comfortable, and the breasts will take on a more natural shape. I strongly recommend that only by 4-6 weeks you may have your breasts measured to determine what bra size you need. You must not lift heavy objects or play any strenuous sports for the first two to three weeks. Breast firmness and tenderness is common in women and can relate to your monthly periods. After your breasts have healed, these symptoms may return. It may take some months for the scar tissue to settle and at first your breasts may feel lumpy and tender.

What should I do when I get home?

You should be able to return to most of your normal activities within two to four weeks after your surgery, although this will vary from person to person. I recommend that you build up gradually to more strenuous tasks such as housework or gardening. You may need to ask someone to help you for the first couple of days as it is important that you get plenty of rest and that you set aside some time during the day for this. Don't be afraid to take some 'time out' for yourself to rest your mind and body.

Returning to work and driving

Depending on the type of work that you do, you may be able to return to work within two weeks. You may feel quite tired at first. This is quite normal, and we suggest you talk to your employer about making a gradual return to work. If you drive, check the position of the seatbelt as this may be the area of discomfort whilst driving. Return to driving after the first wound check and this can be up to 2 weeks.

Sport

Many sports can be resumed within a couple of weeks. If the sport involves strenuous upper body movements, for example aerobics, golf, swimming and any racquet sports, it is advisable to recommence these activities gradually a month after surgery, especially if the implants have been placed under the muscle and are shaped.

Can I have a mammogram after having breast implants?

There are special techniques to make sure that the implants don't interfere with mammogram. If you are going for breast screening you should inform the radiographer or the nurse that you have breast implants.

Please read the above information on breast implants and augmentation. Please bring a copy of this to your appointment at the hospital and sign this as this forms part of the consent for the operation.

Signed

Date..... Print

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