

B07 Breast Augmentation

What is a breast augmentation?

A breast augmentation is an operation to insert silicone implants to make your breasts bigger, and usually to improve their shape.

Your surgeon will assess you and let you know if a breast augmentation is suitable for you. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

Is a 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.
- Your breasts have become smaller and less shapely because of pregnancy or from 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.

Your surgeon will examine your breasts and ask you questions about your medical history. They will also ask you if you are planning to lose a lot of weight. It may be better to lose the weight before having surgery.

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

What are the benefits of surgery?

If the operation is successful, your breasts should be larger and have a better shape. Most women who have a successful breast augmentation have a significant boost in self-confidence, are more comfortable with their appearance, are able to wear more revealing clothing, and their personal and sexual relationships improve.

Are there any alternatives to surgery?

Using padded bras or inserts can make your breasts look bigger with a better shape.

Natural breast enhancement pills that contain phytoestrogens (plant hormones that copy natural hormones) may help to increase the size of your breasts. However, these pills have not been properly tested, may increase the risk of certain cancers and may cause you to put on weight.

You may benefit from using the Brava® system that involves using a special bra to apply gentle suction to your breasts. The continued suction may stimulate new tissue to grow. However, there is little evidence that the system is effective and the long-term results are not known.

What will happen if I decide not to have the operation?

Your surgeon may be able to recommend an alternative to improve the size and shape of your breasts. A breast augmentation will not improve your physical health. However, if your self-esteem is low this may improve after surgery.

What kind of breast implant should I choose?

Various types and sizes of implant are available. All implants are made of an outer layer (shell) of silicone. They can be filled with silicone, salt water (saline) or both.

The silicone used to fill the implant can be in the form of a liquid or gel (cohesive silicone). Liquid silicone and saline implants give a softer and more natural feel. Cohesive silicone implants give a firmer feel and can come in more shapes, so they are often recommended to women who are having breast reconstruction.

Textured liquid implants with a simple round shape often give as good results as shaped cohesive-gel implants.

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

Is silicone safe?

Silicon (without the 'e') is one of the most common natural elements. It becomes silicone when it combines with oxygen, hydrogen and carbon. 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 the body.

Silicone is used to make heart-valve replacements, facial implants and tubes used to give people drugs.

Many studies have been carried out to find if silicone breast implants are safe. There is no evidence to suggest that women who have silicone breast implants are at a higher risk of getting diseases such as cancer and arthritis.

What does the operation involve?

The operation is performed under a general anaesthetic and usually takes about an hour and a half.

Your surgeon will usually want to place the implant directly behind your breast as this gives the most natural result. However, if you are slim and do not have enough breast skin and tissue to cover the implant, they may recommend placing the implant behind the pectoral muscle which lies behind the breast. This will prevent the outline of the implants being noticeable (see figure 1).

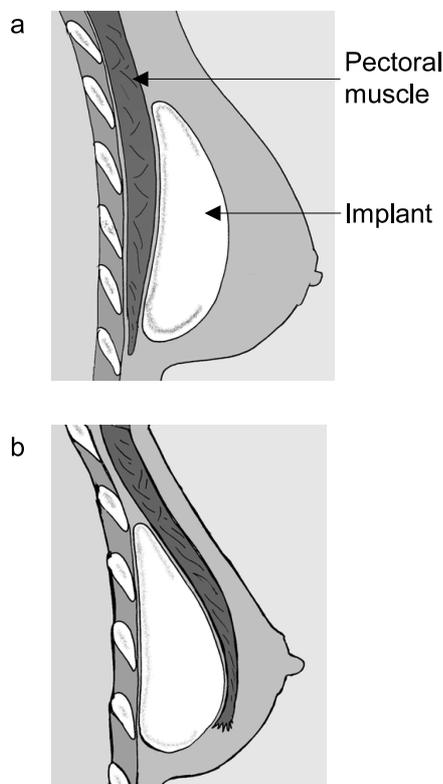


Figure 1

- a Implant placed in front of the muscle
- b Implant placed behind the muscle

The surgeon will usually place the implant through a cut in the crease under the breast (inframammary fold). Sometimes they will place the implant through a cut in the armpit or in the line of the areola (the dark area around the nipple), or through a hole made near your umbilicus. Your surgeon will make the cut and create a pocket to place the implant in. Your surgeon may place a drain (small tube) in the pocket to help drain blood or fluid. They will usually close the cut with dissolvable stitches, leaving the drain in place.

At the end of the operation, your surgeon may wrap your breasts in bandages for support.

What should I do about my medication?

You should continue your normal medication unless you are told otherwise. Let your surgeon know if you are on **warfarin, clopidogrel, aspirin** or other **anti-inflammatory drugs**, as these are more likely to cause you to bleed after your operation. Follow your surgeon's advice about stopping this medication before the operation.

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

• Lifestyle changes

If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

For help and advice on stopping smoking, go to www.gosmokefree.co.uk.

You have a higher chance of developing complications if you are overweight.

For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.

• Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health.

For information on how exercise can help you, go to www.eidoactive.co.uk.

Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. 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.

The complications fall into three categories.

- 1 Complications of anaesthesia
- 2 General complications of any operation
- 3 Specific complications of this operation

1 Complications of anaesthesia

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

2 General complications of any operation

- **Pain**, which is usually easily controlled with painkillers. You may feel sore along your breastbone, especially if the implant was placed behind the pectoral muscle. Moving your arms can be uncomfortable for the first two to three weeks.

- **Bleeding** during or soon after surgery. This rarely needs a blood transfusion or another operation. It is common to get bruising between and under your breasts.

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

- **Unsightly scarring** of the skin. Usually the scars will settle over time. However, if you have dark skin, the scars can sometimes stay thick and red. Your surgeon will try to make the cuts in an area that is difficult to notice even in a swimming costume. Follow the instructions your surgeon gives you about how to care for your wounds.

- **Blood clots** in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. Nurses will encourage you to get out of bed soon after surgery and may give you injections to reduce the risk of blood clots.

3 Specific complications of this operation

- **Developing a collection of blood** in the pocket where the implant is (haematoma) (risk: 1 in 30). If this happens, you may need to have another operation to remove the blood.
- **Developing a collection of fluid** in the pocket where the implant is (seroma) (risk: 1 in 30). This is normally not serious and usually settles on its own. Sometimes the fluid needs to be removed using a needle. If the seroma becomes large and keeps coming back (also called a pseudocyst), the implant may need to be removed and replaced (risk: less than 1 in 100). If the problem continues, you will not be able to have an implant.
- **Infection of the implant** (risk: less than 1 in 100). If this happens, the surgeon will need to remove the implant. You will need to wait for about three to four months, while the infection clears and the wound heals, before your surgeon can replace it. If the skin around your scar is red and the wound is painful and swollen, let your doctor know.
- **Change of breast and nipple sensation.** This usually gets better in the first year. However, the change may be permanent and may affect breastfeeding.
- **Stiff shoulder.** A member of the healthcare team will give you exercises and it is important that you do them to keep your shoulder moving. Take painkillers as you are told if you need to relieve the pain.
- **Kinking and rippling,** caused by a capsule forming or by natural sagging of the skin. This is more common if you have liquid silicone implants. Sometimes it is possible to feel the edge of the implant under the skin. However, any kinking or rippling is usually only obvious if you are slim and had very small breasts.

- **Thickening and tightening of the capsule** (risk: up to 1 in 10 in the first year, the lifetime risk not known). This is the most common reason for needing to have the implants replaced. Your body normally forms a layer of scar tissue (or capsule) around the implant. If the scar tissue thickens and tightens, it can make the breast feel hard and can cause the shape to change. In severe cases the breast can become painful and the implant will need to be removed and replaced.

- **Numbness or persistent pain** on the outer part of your breast. This is caused by injury to the small nerves that supply the skin. Any pain or numbness usually settles after a few weeks. However, this 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 the breast). An implant filled with saline can deflate if the valve is faulty. A saline implant will usually deflate straightaway and the implant will need to be replaced. If you have implants filled with cohesive silicone, the silicone usually stays in the capsule and does not cause any obvious symptoms or pain. However, most surgeons will still recommend that the implant is replaced. If the capsule ruptures too, the silicone will leak out and the implant will need to be replaced.

- **Cosmetic problems.** It is difficult to predict exactly how a particular implant will make your breasts look. The size and shape of your breasts will change over time. The implants can take up slightly different positions and they can make natural differences between your breasts more noticeable. Sometimes it is not possible to create a cleavage. 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.

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 will look discoloured and feel firm and swollen.

You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer. If you do 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.**

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

• Returning to normal activities

Most women return to normal activities within two to three weeks. The bandages can be removed after a few days as long as you have a soft bra that fits comfortably. You should not wear tight sports bras or underwired bras for the first few weeks.

You should be able to return to work after the first week, depending on your type of job. For the first three weeks after the operation, do not lift anything heavy or do strenuous housework such as vacuuming or ironing. You should be able to do a limited amount of activity, such as lifting young children, after about two weeks.

You should avoid sex for the first 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, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and comfortable wearing a seatbelt. Always check with your doctor and insurance company first.

• The future

Your surgeon will arrange for you to have follow-up visits to check on your progress. It usually takes a few weeks for your breasts to look and feel more natural. The results of a breast augmentation usually last for a long time. However, even if the operation is a success, you may need to have further surgery at some time in the future to have them replaced or removed. The manufacturers say that breast implants last for about ten years. Also, gravity and the effects of age will change the shape and size of your breasts.

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

Implants placed behind the breast may interfere with a mammogram (breast x-ray used to detect breast cancer). You should let your doctor know that you have had an implant. It is possible to check your breast using an ultrasound scan or MRI scan. There is no evidence that having an implant delays the diagnosis of breast cancer.

Summary

A breast augmentation is a cosmetic operation to make your breasts bigger, and usually to improve their shape. It is only suitable for certain women. You should consider the options carefully and have realistic expectations about the results.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Further information

- NHS smoking helpline on 0800 169 0 169 and at www.gosmokefree.co.uk
- www.eatwell.gov.uk – for advice on maintaining a healthy weight
- www.eidoactive.co.uk – for information on how exercise can help you
- www.aboutmyhealth.org - for support and information you can trust
- "Information for women considering breast implants" booklet available from the Department of Health at www.dh.gov.uk
- www.implantforum.com
- Report of the Independent Review Group of Silicone Gel Implants at www.silicone-review.gov.uk
- NHS Direct on 0845 46 47 (0845 606 46 47 - textphone)
- www.eidohealthcare.com

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Local information

You can get information locally from your BMI Hospital.

Tell us how useful you found this document at www.patientfeedback.org

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