

Patient Information Sheet

Breast Augmentation

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What is Breast Augmentation?

Breast augmentation is increasing the breast size using implants.

Background

Patients requesting breast augmentation may have small breasts with a poor cleavage, or have noted a decrease in breast size and projection after breast feeding. Occasionally, augmentation may be used to correct significant asymmetry. Breast size must be considered in relation to the general build of the body and very small breasts often result in difficulty with clothes and feelings of lack of confidence and femininity. It is useful to have an idea of your ideal breast size and, although it may not be possible to achieve this in terms of bra cup size, it will give me an indication of the level of enlargement you prefer.

Preoperative assessment

During your preoperative assessment there are several important issues regarding breast augmentation that you need to consider:

- **Implants:** All implants have an outer silicone shell, but the filler materials differ. Silicone gel or saline filled implants remain the most popular. Silicone gel implants became less popular following the controversy over the safety of silicone (see below). However, these implants tend to give the best results in terms of a natural feel and appearance as the gel has a consistency very like that of natural breast tissue. Saline-filled implants may produce ripples under the skin of slim individuals and you may be able to feel the edge. The saline implants may also suddenly deflate. Most manufacturers now suggest that the implants may need to be replaced after 10 years. Implant rupture does not occur following normal day to day activities.
- **Silicone:** This is a relatively inert substance which is widely used, for example as a lubricant in syringes. The main concern which led to the withdrawal of silicone gel-filled implants for cosmetic augmentation in the USA relates to a possible link with rheumatoid type conditions (human adjuvant disease). These implants are still available in the USA for breast reconstruction. Human adjuvant disease was reported in a small group of women who underwent breast augmentation in the Far East using injection of impure silicone oil directly into the breast. Numerous large studies from both the USA and Europe have failed to show any link with the presence of silicone breast implants and the development of these arthritic disorders.
- **Cancer:** There is no evidence that breast implants cause cancer. However, silicone-filled implants may obscure the breast tissue during mammography, unless special views are taken. If you tell the radiologist, this should not be a problem.

- **Capsule:** The natural response of the body is to wall off anything which is implanted. This capsule which develops around breast implants is only a problem if it becomes thick and contracts, leading to hardness and tenderness of the breast. With the newer textured implants, the incidence of significant capsule formation has been reduced to about 10%.
- **Implant position:** The implants can be positioned either superficial or deep to the muscle of the chest wall. In patients with ptotic or slightly droopy breasts, it is probably better to place the implant above the muscle, whilst in slim individuals, implants underneath the muscle gives a better result.
- **Scars:** The implants can be placed via an incision below the breast or in the armpit. The armpit incision allows the implant to be placed under the muscle but if the prosthesis has to be removed, a further incision below the breast will be necessary. Incisions around the areola do not permit adequate access and run the risk of losing all sensation in the nipple.
- **Sensation:** The nerves to the breast can be stretched and bruised during surgery. In most women, sensation recovers, but in a small group there may be a permanent diminution.
- **Breast feeding:** Some women are unable to breast feed after surgery. This may be related to stretching of the nerves.

The operation:

Surgery is performed under general anaesthesia and you will be asked not to eat and drink for at least 6 hours before the operation. Local anaesthetic solution is used to help with postoperative pain relief. A pocket is dissected either above or beneath the muscle, the implant inserted and the incision closed with dissolving stitches. Rarely, it is necessary to insert tube drains to remove any blood which accumulates after surgery. You should keep the suture lines dry until you return for removal of the dressings.

After surgery

You should be able to go home the day after surgery. Initially, there is some swelling and bruising, which improves over a period of about 2-3 weeks. You will be asked to return about a week after the operation, for the dressings to be removed. At this stage, you can begin to shower and wearing an elasticated sports bra all the time is useful. For the first few days you may need to take painkillers on a regular basis, especially if the implants have been placed under the muscle. It is usually difficult to raise the arms above the head initially, because of stiffness and discomfort. However, this settles quickly, and most people are pretty much back to normal within 2-3 weeks. Sports which involve vigorous use of the arms should be delayed for a couple of months. Since the breasts are now larger and heavier, they will hang down with time and often the scar under the breast disappears within the breast fold and is not visible when standing up.

Possible complications

- As after any surgery, bleeding or infection can rarely occur. Infection around a prosthesis can be a difficult problem, necessitating removal of the prosthesis. It can be replaced once the infection has resolved.
- Nipple sensation may be altered post operatively and rarely this persists
- Mal-positioning of the implant may occur, but this is very uncommon
- Sometimes the veins over the anterior chest wall can become more prominent after surgery