

## Breast Augmentation: Patient Information

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### **Introduction:**

Breast Augmentation is a surgical procedure undertaken to improve the aesthetic appearance of the female breast, usually by enhancing the size and occasionally to improve the shape. It is not a required procedure for patient health reasons, although it can improve some aspects of body image or self esteem, and therefore it should only be undertaken after careful consideration and adequate counseling by your surgeon. Because it is an invasive procedure potential risks and complications can occur and these must be weighed up against the perceived benefits of surgery. Each patient is individual and certain techniques may be appropriate for some patients and not others depending on existing chest wall anatomy, breast size and shape. At all times expectations must be realistic to avoid disappointment and these should be carefully discussed with your surgeon.

### **Aims:**

To increase the size of the breast using an implant placed in a pocket behind the breast tissue. The most commonly used implant is a silicone envelope filled with a soft silicone gel. Saline (salt water) filled implants are available but seldom used. The breast tissue itself is not altered and nothing is injected into the breast tissue.

The goal is to produce breasts of normal proportion to the patient's body habitus, whilst maintaining function, softness and sensitivity

Breasts may be small (mammary hypoplasia) due to:

- 1) Failure to develop desired fullness and size
- 2) Involution: Loss of fullness eg following pregnancy or significant weight loss
- 3) Asymmetrical development: One breast is smaller than the other  
(A minor degree of difference is normal)

### **Limitations:**

Surgery cannot create younger skin or eliminate stretch marks. It does not address personal or psychological issues and should not be used as a solution to them.

Minor degrees of drooping (ptosis) of the breast may be improved however significant drooping will require additional lifting surgery with or without augmentation which can be more complex. Similarly minor asymmetries may be amenable to improvement however differences in nipple or areola size will not be corrected and difference in nipple position or orientation may become more noticeable. Chest wall asymmetries will also persist after surgery.

These limitations must be understood, otherwise goals may only be partially met causing disappointment

## **Breast Size:**

Augmentation using a breast implant increases the bra cup size usually with no change in the chest circumference measurement ie 12A to 12C. There must be a realistic assessment of what breast size may be anticipated after surgery with the patient and surgeon reaching agreement. Factors such as tissue or skin quality and existing breast dimensions must be evaluated by the surgeon and balanced with patient goals. The implant will be fitted to the patient's breast with a number of measurements such as breast width and height and an assessment of the skin envelope tightness being used to select appropriate implants. Because of these factors there are limits to the size of implants which can be used. Trying to insert too large an implant can compromise the overlying skin, causing necrosis (skin or wound breakdown) or thrombosis (clotting of the breast veins). An implant that is too large can look unnatural especially with relatively little overlying tissue as in thin patients and there is a risk of stretch marks and subsequent drooping due to the weight of the implant.

To many patients a natural shape is just as important as increased size. Long term complications and dissatisfaction can result with overly large implants. Careful preoperative selection of implants is essential with a joint decision between patient and surgeon. Implants are expensive and further surgery to exchange them for a different size is costly. **ALL COSTS FOR FURTHER SURGERY TO CHANGE IMPLANT SIZE ARE THE PATIENT'S RESPONSIBILITY.**

The exact size and shape of the final result may be a little different from the patient's initial goal but most women are extremely pleased by the improvement. **Bra cup size is not guaranteed.**

## **Implants:**

Breast implants are certified medical grade devices however they are not indestructible. Many manufacturers offer a lifetime replacement policy if the implant fails but this is not the same as a lifetime guarantee to last without problems. Implants can rupture and if this occurs in a saline filled implant it will deflate causing an obvious change in the breast. The silicone gel in modern implants is thicker (called cohesive gel) meaning it retains its position and shape to some extent even if the shell ruptures. This means a rupture may not be as immediately noticeable. Abnormal stress or injury to the breast could result in a rupture.

Until the early 1990s most implants were filled with silicone gel, however at this point they became the focus of a great deal of publicity and investigation over their perceived safety. Many surgeons stopped using them opting instead for saline filled devices until the issues had been clarified. A great deal of research and a number of reviews involving large numbers of patients has subsequently been carried out worldwide and there has been no compelling evidence that breast implants cause disease.

Specifically current evidence suggests:-

- They do not cause breast cancer

- They do not cause birth defects in children born to women with implants

- They do not cause connective tissue diseases

- They do not cause or accelerate any other known disease in humans

There is of course ongoing research with continued monitoring of the safety of these devices, however in light of the research silicone gel filled implants have once again become more popular. Most surgeons consider that the cosmetic results in terms of both appearance and feel are superior to saline filled devices. The edges of an implant can be visible or be felt to some degree, particularly in thin patients however this is comparatively more of a problem in saline filled implants where ripples or folds are also more easily felt.

Mr. Bisson uses modern cohesive silicone gel filled implants with a textured surface to help them grip the surrounding tissue and usually uses an anatomically shaped implant. This means the implant has a teardrop shape like the shape of a breast itself and can result in a more natural appearance. It does not create as much upper breast fullness which can occur with round implants and produces a more artificial look.

### **The Scar:**

To insert the breast implant an incision is placed in the fold under the breast. The larger the implant used the longer the scar needs to be to allow access. Scars in this position are usually well hidden especially if the breast hangs in a natural way and in this manner the scar will only be seen from below or when lying down unclothed. The scar is permanent and will always be visible to some extent but scars fade with time and are usually of good quality. Occasionally a scar can thicken or remain obvious which may require taping or a steroid injection.

Other incisions to insert breast implants are used by some surgeons such as through the armpit or the margin of the areola however these have certain disadvantages and are not commonly used.

### **The Implant Position:**

The breast implant sits in a pocket created in one of two positions related to the main chest muscle the pectoralis major.

#### In front of the muscle (Submammary)

The implant is placed behind the breast tissue but in front of the muscle. This is more straightforward operatively and causes less pain than submuscular placement. It provides a more natural shape early on after surgery and the implant shape is not affected by muscle contraction. In thin patients however the implant will be more visible and palpable. Ripples may be seen.

#### Behind the Muscle (Subpectoral)

The implant is placed behind the pectoralis muscle which covers the upper part of the implant. This gives more coverage or padding to the implant and is the usual choice for thin patients with little breast tissue. The extra muscle layer conceals, particularly the upper and inner edge of the implant. The disadvantage of this positioning is that the muscle may push on the implant when it contracts strongly with activity eg at the gym. This is termed "animation". Rarely this can cause longer term dissatisfaction.

## **POST OPERATIVE CARE:**

Patients usually stay in hospital for one night following surgery although some can go home on the same day. Suction drains are sometimes used particularly when implants are placed in the submuscular pocket. They are small tubes brought out through the skin near the armpit and sit next to the implant to remove any blood or serum which leaks from the internal surface of the pocket. They are usually left for between 2 and 5 days. You will have dressings in place over the wound and will be encouraged to wear a supportive elasticated or lycra bra with a soft, not underwired chest band. For the first week women should avoid lifting weights or children and many activities will be uncomfortable especially with arm lifting. The initial discomfort and tightness will progressively improve over the first few weeks. Exercises and gym work involving arm movement, chest or abdominal strain should only be commenced after 6 weeks and build gradually as comfort allows. Driving may be returned to after 1 to 2 weeks or as comfort allows full control of the car. Follow up visits will be arranged in Mr Bisson's rooms as necessary.