

## Breast Augmentation

A breast enlargement (Breast Augmentation) is one of the most common cosmetic surgical procedures. Implants can contain different substances to mimic the normal feel of the breast. They are available in many different shapes and sizes according, not just to the desires of the patient, but also to best match the individual patient body shape. There are a number of different skin access sites for the placement of implants, and different positions in the chest (above or below the Pectoralis muscle, for example). Breast Augmentation can also be combined with breast lifting procedures (Mastopexy) or even a reduction on the opposite side for patients with mismatching breast shape or following cancer operations.

Clearly, there is NO SUBSTITUTE for proper advice and guidance than with a fully qualified Cosmetic Plastic Surgeon. Mr Adams spends significant time with his patients at consultation to discuss patient requirements and to assess their suitability for surgery and to gauge their expectations as to what might be achieved. A sizing device is used to help gauge the degree of enlargement that women would like. This is a guide only, yet it does empower women in the choices they have.

### Useful Information:

Preoperative advice: Patients are seen by Mr Adams at their first consultation to discuss individual patient requirements and discuss the type, shape, size and placement of the implant. Accurate sizing is possible either at a first or even second consultation. Patients who smoke are advised to stop for a couple of weeks both before and after their surgery. Smoking can increase the risk of infection and wound healing problems. Patients must avoid Aspirin or related anti-inflammatories (including Nurofen, Ibuprofen and Voltarol) to minimise the risk of bleeding or bruising. The contraceptive pill or HRT should be stopped for 4 weeks pre-operatively.

Operative Procedure: Patients are admitted on the day of surgery. The operation is performed under general anaesthesia and usually takes 1 to 1.5 hours to perform. Patients usually stay in hospital for one night afterwards. Drains are not normally used during primary procedures. Occasionally, it is possible to go home on the same day as surgery depending that a number of safety requirements are met. You can discuss this with Mr Adams at consultation. The stitches are self-dissolving and are hidden under brown micropore tape and Mepore (plaster) dressings. A supportive *non-underwired, front-*

zipping bra is fitted at the time of the operation to add further support. Patients are advised to bring a selection of supportive 'sports' bras with them to theatre. There are a number of recommended supportive bras including those from M&S, for example.

What to expect following surgery: The supportive bra should be worn for up to 6 weeks following surgery, but can be removed from 5 days to allow bathing. The breast will initially feel rather pert and tight and will take 2-3 weeks to soften into their natural shape. The degree of discomfort is very variable and depends on patient tolerance and the positioning of the implant (implants placed under the muscle may cause a greater degree of initial swelling before settling.) Some temporary numbness of the nipple may be noted; occasionally the nipples may feel hypersensitive. These symptoms usually resolve after a few weeks. Rarely, the nipple may lose a degree of sensation on a permanent basis.

Follow-up: Patients are seen by the cosmetic nurse at one week after discharge. An appointment to see Mr Adams is made at one month and then 6 months.

Restrictions/activities: Patients are not advised to drive for one week. Return to work can be expected between 1-2 weeks. Upper body exercises should be avoided for 4-6 weeks to allow the implants to settle. Contact sport should be avoided for 2-3 months.

Risks and complications: As with all surgery complications can occur. There are risks in the initial stages, of bleeding (haematoma) around the implant or an infection. Both risks are rare (1-2%). As the implants settle, a normal capsule of scar develops around the implant. Ordinarily this remains soft, but occasionally the capsule can tighten and distort the implant causing shape change and/or discomfort. A lack of symmetry of the breasts might be noted following the procedure and is usually because of the small size differences of the original breast tissue and/or difference to the chest wall rib cage itself. Any differences such as this is normal. Asymmetries of this sort will be noted on consultation, and discussed with you.

Other details: There are a number of different sizes and shapes of implants. The most natural, safe, and longer lasting fillers within the implants are those of silicone or saline. Mr Adams only uses the best available implants, and has never used PIP implants, and indeed suggested in a published paper in 2006, that PIP implants should be removed from the market on health and safety grounds (*Journal of Plastic, Reconstructive and Aesthetic Surgery 2007: 60(2); 210-212.*) The ability to breast-feed is unaffected by the presence of implants. Mammography screening is also possible, but the radiographer should be informed. Breast implants cannot be expected to last a lifetime, so patients should expect to make provision for future exchange or removal.

More recently, a very rare phenomenon called Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) has been described in about 250 cases in over 10 million implants. This represents a risk of about 1 in 30000-40000 cases. It is not known who is at risk, or which implants are responsible (as all have been implicated). Importantly

however, the diagnosis, investigation and treatment is straight-forward and involves the prompt removal of the implant and capsule around it. Any woman who has an unexpected increase in the size of their breast should be investigated at their local breast clinic. Fluid around their implant can be analysed for CD30 immunohistochemistry, which is diagnostic. It is worth mentioning that Mr Adams has seen cases of one-sided, sudden onset of breast fluid around an implant but not a single case of BIA-ALCL.

### **What happens when I leave Hospital?**

Dressings and Stitches: Micropore tape is applied to the scars following the operation. A micropore plaster dressing is applied over the micropore tape. Any additional dressings over the chest are usually removed before discharge from hospital. If a drain is used, this is usually removed on the day of discharge, and a small plaster dressing is used to cover the drain site. The stitches are self-dissolving, but need to be trimmed at one week by the cosmetic nurse. Further micropore tape is applied after this inspection. You are expected to shower from one week, and the micropore tape can get wet. This tape is not waterproof, but simply dries on you. If the tape should want to come away from the skin, then this can be removed at home and further tape re-applied with firm pressure. Tape should cover the scars for 4 weeks to help the scar to settle.

Pain relief: Discomfort and tightness in the chest can be expected, especially in those patients in whom the implant is placed under the pectoralis muscle. It is advisable to take pain relief on a regular basis for the first few days to lessen this discomfort. After 3-5 days, the pain has usually settled, and analgesics need only be taken when required. Patients are given painkillers when they leave hospital.

Appearance and sensation: Following the surgery, the breast will inevitably look and feel tight, and the breasts will look pert for 2-3 weeks before settling, as the swelling is alleviated. There may be a loss of sensation around the scar, but this should return after a few weeks. Nipple sensation is frequently altered; the nipples may become hypersensitive. Regular massage to both the breast and nipples are advised up to 10 times each day. Avoiding touch or massage to the nipple will only prolong hypersensitivity, should it occur. Occasionally, a few patients notice a reduction in sensation to the nipple. This can often be compared unequally on each side. Again, a return to normal should be expected, but may take several weeks or even months. Rarely, the nipple will lose sensation permanently. Over a 6-8 week period upper chest swelling settles (as if the "implants have dropped"). The implants do not change their position but instead the soft tissue swelling resolves instead.

Supportive bra: A sports bra, with no under-wire, is expected to be fitted following the operation and be worn day and night for 6 weeks to protect the implants and the pockets in which they sit. The bra is removed for bathing. Wired bras can cause discomfort and

irritation to the scar line and is discouraged for 6 weeks. You are expected to obtain a selection of these supportive bras prior to your surgery.

Sleeping: Sleep position is involuntary and cannot be readily altered. Patients may notice that the breast may feel sore when they sleep on their side or front. This will settle after 2-3 weeks.

Activities: Driving should be avoided for the first week. Safety belts should always be worn in any event. Return to work varies, depending on what this might entail. Most patients return to non-manual task at 1-2 weeks. Heavy lifting and stretching out of the arms should be avoided for 4 weeks. Specific advice will be given at consultation. Help will be required for managing babies or toddlers for the initial two weeks. Upper body activities should be avoided for 6 weeks, but a return to lower body gym work may be possible at 4 weeks. Vigorous contact sports should be avoided for 3 months. There are no specific restrictions on sexual activities, but the breasts should be handled with care for several weeks.

Follow-up: An appointment will be made by the hospital for routine review by the cosmetic nurse at one-week following surgery for assessment, stitch trimming and tape replacement. Mr Adams will review patients at one month and 6 months.

Causes for concern: The main risk following surgery is bleeding in the pocket created for the implant. If patients experience a sudden swelling in one breast, then medical advice should be sought. Gradual, equal swelling of both breasts is normal in the first few days and will settle over 2-3 weeks. The other potential risk of breast augmentation is infection developing around an implant. Fortunately, this is a rare complication, but should it occur, patients notice a sudden increase in pain and swelling in one breast several days after surgery, and can be associated with feeling generally unwell, and sometimes a discharge might be noted from the scar/wound. Again, urgent medical attention should be sought. (Mr Adams has never had a patient with a breast implant infection following cosmetic breast augmentation.)

All breast implants will quickly be surrounded by a capsule of scar, and in most cases do not cause a problem. For some unknown reasons, there are some situations in which the capsule scar can become thickened forming a 'capsular contracture'. In this condition, the breast may feel firmer, hard or become distorted in shape and may be associated with increasing discomfort. This condition can occur gradually over several months or years after surgery. Patients are advised to contact Mr Adams for a review as necessary.