



### 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, sizes and surface textures according to the wishes of the patient and 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). 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.

#### 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 Ibuprofen, naproxen and diclofenac) 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 may be used. 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 Opsite© dressings. A supportive, non-underwired, zip- or popper-fronted 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 (for example from M&S or Primark).

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 showering. The breast will initially feel rather pert, firm and tight and will take 2-3 months to soften into their natural shape. The degree of discomfort is very variable and depends on patient tolerance, breast skin envelope laxity and the positioning of the implant (implants placed under the muscle may cause a greater degree of initial discomfort before settling.) Some temporary numbness of the nipple may be noted; occasionally



# TITUS ADAMS

PLASTIC SURGEON

the nipples may feel hypersensitive. These symptoms usually resolve after a few weeks. Not uncommonly, 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 6 weeks 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 6 weeks to allow the implants to settle in their new pockets. Avoid lifting your arms above shoulder height for 4 weeks if possible. 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. 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 are those of silicone. 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.*) He gave up using Allergan textured implants in 2016, before they were banned in 2019. 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.

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

Dressings and Stitches: Micropore tape is applied to the scars following the operation. An Opsite plaster dressing is applied over the micropore tape. If a drain is used, this is usually removed on the day of discharge, and a small 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 for four weeks in total. 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. Thereafter, bio-oil is a useful moisturiser to help in scar maturation.



# TITUS ADAMS

PLASTIC SURGEON

**Pain relief:** Pain 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 the 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 each day. *Avoidance of 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.

**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 until after 6 weeks.

**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 6 weeks and 6 months. These appointments are sent by email.

**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 or weeks 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.

All breast implants will quickly be surrounded by a capsule of scar, and in most cases does 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 years after surgery. The other cause for concern would be the onset of a fuller larger breast caused by fluid developing around it. This is very unusual and should be investigated.

### Breast implant associated (BIA) Anaplastic large cell lymphoma (ALCL).

One of the extremely rare causes of swelling (or lump) is thought to be due to a breast-implant related lymphoma (called BIA-ALCL). This has only been brought to our attention recently and is entirely treatable by removal of both the implant and its surrounding capsule.

All patients with symptoms of a lump or suggestion of a seroma (fluid around the implant causing it to swell), should undergo a standard breast (triple) assessment of clinical evaluation, ultrasound scan, and a needle biopsy if needed. The fluid can be aspirated for cytology. This should be available on the NHS.

BIA-ALCL is a new disease entity thought to be linked to the surface texturing of some breast implants; however it is extremely uncommon with risks of 1 in 24000 being suggested (range of 1 in 2207 for Allergan implants – 1 in 86,029 for Mentor implants). 573 cases have been reported worldwide (59 confirmed in the UK as of November 2019). Over 90% have involved Allergan textured implants and may be linked to the type of macro-texturing that they had employed. These implants are no longer manufactured. Given that this condition remains very rare at present, the advice is that Allergan implants need *not* be removed in the absence of any changing symptoms or signs.

Smooth surface implants alone are NOT thought to cause BIA-ALCL (although 26 cases of smooth implants worldwide have been noted in patients in whom they have had previous textured implants or prior implants of unknown texture).

It is also worth noting that smooth implants are only available in round shape – not tear-drop/anatomical shaped. Textured implants are available in both round or tear-drop shaped.

Mr Adams uses *micro*-textured tear-drop shaped implants for two simple reasons (despite a real but extremely small risk).



TITUS ADAMS  
PLASTIC SURGEON

- The first reason is that some women often require tear-drop as it suits their shape. Tear-drop shaped implants allow for different widths and heights of their implants to suit their frame. Round implants have fixed diameters so that the width and height have to be the same. The base of one's natural breast is more horizontally oval and *not* round.
- The second reason is that texturing of implants reduces the risk of capsular contracture 4-fold. The risk of the commonly presenting capsular contracture is about 10% for textured implants and about 40% in smooth implants. The commonest reason for women to require revision of their implants (whether smooth or textured) is due to the effects of *capsular contracture*. In the grand scheme of things, BIA-ALCL is extremely rare, and it is worth noting that the overall breast cancer risk for women in the general population is 1 in 9 women.