Breast augmentation

Patient information leaflet

Plastic Surgery

Miss Noemi Kelemen MD, MSc, FRCS (Plast)

Consultant Plastic and Reconstructive Surgeon

What is the goal of breast augmentation?

Breast augmentation is designed to enlarge the breast and enhance the shape of the breast. It involves the insertion of an implant either directly under the breast or under the muscle beneath the breast. There are a wide variety of implant shapes and sizes: Miss Kelemen will be able to guide you towards a particular implant style that meets your personal goals.

What should I think about prior to my consultation?

Before coming to see Miss Kelemen, you should think about what you are hoping to achieve from a breast augmentation.

Points to consider can include:

- How much bigger would I like my breasts to be?
- Would I like a small, moderate or large breast augmentation?
- Why am I thinking of having a breast augmentation at this time in my life? (You should not consider having cosmetic surgery if you are going through any instability in your personal circumstances)
- What clothes would I like to wear after my breast augmentation and how would I look?
- What are the limitations of breast augmentation?

The outcome of your breast augmentation will be partly determined by your breasts before surgery:

- If your breasts are widely spaced apart to start with, they are likely to remain widely spaced (although you will be able to move your breasts inwards with a bra to create a cleavage).
- If your nipples point in different directions beforehand, sometimes they may look more uneven after your breast enlargement.
- If the creases below each breast are at different levels, a difference may remain after surgery.
- If you do not have much breast tissue to start with, the implant may be palpable (you may be able to feel it) and with time it may even become visible (you may be able to see the implant lying under your breast).
- If you can feel your ribs with your finger beneath the breast or at the side of your breast, you will be able to feel the edge of your implant beneath your breast and at the side of your breast.
- If feeling an edge of an implant shell could be a problem for you, do not have an augmentation.
- Larger implants will stretch your tissues over time and will cause more tissue thinning and sagging than a smaller implant.

- Your tissues do not improve with age, and they will be less able to support the additional weight of any implant, especially a larger implant.
- If you want a totally natural breast, you should not have a breast augmentation.
- If you have very loose breast tissue or drooping breast tissue, a breast augmentation alone may not give you your desired shape. It will increase the size of your breasts but may not counteract fully the shape effect of loose skin or a drooping breast. A breast lift or mastopexy may be needed in addition to restore a more youthful breast appearance and shape. This will result in scarring around the nipple and usually below the nipple too. Please see the augmentation-mastopexy booklet for further information.

What are the different types of implants used?

Implants come in different shapes and have different surfaces. Miss Kelemen always uses silicone implants in aesthetic breast augmentation. This is because, in her opinion, these provide the best aesthetic results. She prefers more highly cohesive implants that retain their shape for the long term and are less prone to rippling.

Are silicone implants safe?

Silicone implants have been extensively tested, both in the UK and around the world and have been shown to be safe and have no link with breast cancer or connective tissue disorders (which were concerns in the past). Studies have shown that our bodies are exposed to far greater levels of silicone in everyday life than occurs when you have breast implants. For example, silicone is present in most daily bathroom products such as deodorants, hair products and moisturisers (if you look on the contents label and see words such as cyclopentasiloxane or cyclomethicone or similar, these are chemical names for forms of silicone).

What are the differences in the shapes of implants?

Anatomical implants (teardrop shaped)

These implants are breast shaped, and so fuller at the bottom and emptier at the top of the implant. Anatomical implants are suitable for certain breast shapes. They can also help lift a breast that has a mild amount of droop.

Round implants

Round implants can sometimes give more upper pole projection: this means that the part of your breast above the nipple may be fuller. However, with a carefully chosen implant, a very natural and pleasing breast shape can be achieved with a round breast implant. Miss Kelemen will discuss with you in detail your goals of a breast augmentation and together with you work out what shape of implant best fulfils your needs.

Interestingly, studies have shown it is impossible to determine whether an implant is round or anatomical (shaped) when analysing breasts that have been augmented. Shaped implants are excellent for certain breast shapes and dimensions, but do not necessarily confer a "natural" result - this is achieved by careful implant selection after thorough analysis of your breasts.

Implant location/shell

If an implant is placed under the breast (on top of the muscle) it should have a textured surface to minimise capsular contracture. However, when under the muscle (or dual plane) smooth and textured implants have similarly low rates of capsular contracture.

Who manufactures breast implants?

A variety of companies make modern day breast implants such as (in alphabetical order): Allergan, Mentor (a division of Johnson & Johnson), Nagor and Silimed. All of these companies provide implants that are CE approved (i.e. the product has met EU consumer safety and health requirements). Modern implants are made from rigorously tested silicone gel, which is cohesive – this means that it is not a runny liquid (as was the case in old fashioned implants), but a firmer silicone that maintains its shape. In select circumstances, Miss Kelemen might choose a silicone implant that has a polyurethane foam cover.

What incision is used for a breast augmentation?

Several different incisions (which will result in the final scars) may be used to insert breast implants:

Inframammary crease incision

This is the most commonly performed approach and the one preferred by Miss Kelemen. The scar is usually well hidden near the breast crease and settles down well. This incision allows for the best surgical view and most accurate control of the breast implant pocket giving the most reliable result. A breast crease incision has the lowest long term incidence of capsular contracture compared with armpit and nipple incisions.

Peri-areolar incision

It is also possible to insert the implant using an incision that is placed at the margin of the areola (the pigmented skin around the nipple). This avoids the scar under the breast; however, some women complain of reduced sensitivity in their nipples following this approach. There may also be a higher risk of capsular contracture using this approach.

Armpit incision

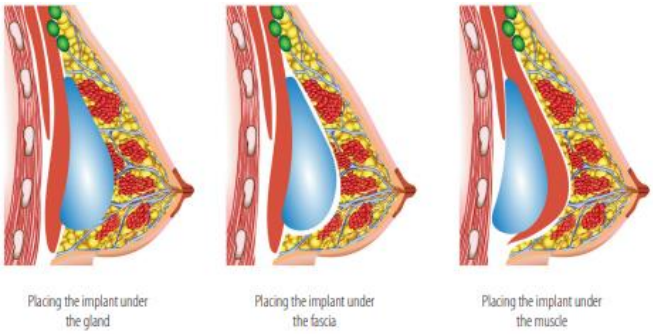
For some women, an approach through the armpit is an option. This leaves the most hidden of all scars, however it has a revision rate of around 20%. i.e. one in five women will need further surgery to adjust the position of the implant, usually due to implant malposition or asymmetry. This revision surgery usually needs to be carried out through an inframammary crease incision, meaning that an extra scar may be needed below the breast.

Other scars

With age, gravity and the effects of pregnancy and breast feeding, breasts will droop. If you have a significant amount of drooping to your breast tissue and or nipple, a breast lift (mastopexy) should be considered when having a breast augmentation. This is to help you achieve a pleasing breast shape as well as size following your breast augmentation surgery. A mastopexy can either be performed with or without breast implants. This will result in further scars around the areola, vertically down from the areola and sometimes under the breast crease too. Miss Kelemen will discuss whether you would benefit from a simultaneous breast lift at the time of your augmentation. The operation is quite different to a standard breast augmentation and carries with it different risks and outcomes. Please refer to the augmentation-mastopexy information booklet for further details of this procedure.

Where is the implant placed?

The implants are placed in a pocket created either under the breast or under the muscle that lies below the breast. The decision as to which plane (position in relation to the breast) to use is arrived at by Miss Kelemen following your examination and is principally guided by how much breast tissue you have to start with, as this will determine how much of your own tissue is available to cover the implant. If you have very little breast tissue or a small amount of subcutaneous fat, we usually recommend a dual plane approach (described below). Otherwise, a sub-glandular approach may be appropriate in some women. The desired look you are hoping to achieve also plays a part in deciding which plane to use. If you are planning to lose weight, this may affect the choice of plane.



Under the breast (sub-glandular)

A sub-glandular pocket refers to one that is made on top of the pectoralis major muscle but under the breast gland. If you have enough soft tissue cover above your nipple, this option may be considered. It may also be an option depending on your breast size to start with.

Dual plane subpectoral pocket

If you do not have enough soft tissue above your nipple a dual plane approach is often recommended by Miss Kelemen. A partial sub-glandular pocket is created over the lower part of the breast and a subpectoral pocket (under the muscle) is created, with release of the pectoral muscle at its lower border. This allows good implant coverage of the upper pole whilst also allowing the breast gland to drape over the implant. It can help achieve a more natural look and also has the advantage of a slightly lower incidence of capsular contracture compared with the sub-glandular pocket.

What size implants should I choose?

Your current breast dimensions, measurements of which Miss Kelemen will make during your consultation, along with the amount of breast tissue present and tissue laxity or looseness, determine the range of implant sizes suitable for you. Your preference for a modest, moderate or large augmentation will also help determine the size of implant chosen. Implants do not come in cup sizes, but in cubic centimetres (cc or mls). To confirm your choice of size, Miss Kelemen will ask you to perform a rice bag test at home after the first consultation (see below). This gives a good indication of how the breast implants will look on you and is something that can be done in the privacy of your own home. If you are considering a large augmentation (defined by an implant over 350cc), it is important that you appreciate the long-term implications. Over time the weight of the implant will have a greater effect on your breast tissue than a smaller implant. Your breasts will be at a higher risk of drooping with time (over several years) due to the weight of the implant. Another effect of a large implant over time (many years) is the gradual loss of some of your breast tissue due to the implant placing a constant stretch on your tissue. This is an issue that may become not become apparent for over 15 years in the future but is an important factor to consider.

What measurements will be made during my consultation?

A female chaperone is always present for your examination. Miss Kelemen will make the following measurements when they examine you:

- The distance from the bottom of your neck to your nipple
- The distance from your nipple to the breast crease
- The width of your breast
- The distance between your breasts
- The thickness of your breast tissue (above and to the side of your nipple)
- The laxity of the skin of your breast
- Sometimes your chest wall circumference

No-one has two breasts that are exactly the same. Miss Kelemen will also assess any degree of asymmetry between your breasts as part of their examination. It is important to be aware that certain differences between your breasts will remain after surgery. So if, for example, one breast is slightly larger than the other before the surgery, there will still be a difference after the surgery.

Photography

Miss Kelemen will always take pre-operative photographs from a variety of standardised positions. These can be referred to with you during your consultation to point out various attributes of your breasts, as well as forming an essential part of your medical records. Your face will not appear in any of the photographs, and your consent for the photographs will be obtained.

Rise bag test to determine implant size

Determining the correct size (volume) of implant is one of the most crucial decisions in your preoperative planning. Ensuring you are happy with the size of implant that Miss Kelemen has suggested is crucial. Miss Kelemen will usually guide you towards a range of three possible implant sizes, but ultimately the size will be your decision. If Miss Kelemen feels that you have chosen an unsuitable implant, she will talk about this with you and explain why. As discussed above, implants do not come in cup sizes, but rather in volumes. So, how do you know what volume you need to get your desired result? A surprisingly accurate method of determining implant size is by doing a rice bag test. This is a test that you can do at home and one that will enable you to make “implants” filled with rice to estimate the right volume breast implant for you.

How to do the rice bag test?

What you will need:

- Measuring jug of around 500cc

- Uncooked rice, couscous or lentils (usually at least 1kg)
- Several small freezer bags or pop socks
- A good quality sports bra that offers firm support with no under wires.
- This should fit you comfortably round the back, but be of the cup size you would like to aim for (for example, if you normally wear a 34A bra, but would like to be a C cup, you should wear a 34C sports bra)

How to make rice bag implants?

At your consultation, Miss Kelemen will have given you a range of implant sizes that may be suitable for you (for example 200cc, 235cc and 290cc). You should make three pairs of rice bags of the relevant sizes. The rice can be measured out in the measuring jug and then be poured into each pop sock in turn, marking their sizes on the rice bags. The pop sock or freezer bag can then be knotted loosely to seal it and prevent the rice from spilling. It is important to leave the rice loose in the bag, and not to over-tighten the knot.

1. Rice, measuring jug, pop socks, post-surgical or sports bra

2. Measure rice out (300cc in this example) and fill the pop sock

3. Tie-off and label each pop sock, filling various sizes as discussed at your consultation

4. Wearing a sports bra, insert the rice bag in front of the breast

5. Adjust to comfort – ensure rice is evenly spread around

6. See how you look in the mirror – try on different tops

How to do the test ?

Once you have made up a selection of pairs of rice bags, you are ready to start put on the sports bra that you hope to fill following the surgery. The matching pairs of rice bags should then be placed into your bra to simulate breast implants. You may need to adjust your breast and the bag, so they fit comfortably. You should then look at yourself in the mirror from different angles in your bra, as well as with different types of clothing on to see what size you are happiest with, and what size fits your chosen bra. This exercise gives a good approximation of the breast implant size you will need.

What to do next?

Once you are happy with the size of rice bag that works in your bra, you should make a note of the result. Miss Kelemen or Specialist Nurse will then be able to run through the sizing with you and confirm the chosen implant size at your next clinic visit.

What happens when I get to hospital?

When you arrive at the hospital you will be shown to your room on the ward and a nurse will go through a detailed questionnaire assessing your health, your allergies and other relevant details. You will be asked to change into a hospital gown in preparation for surgery. Your anaesthetist will visit you to assess you prior to the planned general anaesthetic. You will always see Miss Kelemen before your operation. She will spend some time reviewing everything you have discussed before and make sure you have no unanswered questions. Once you have confirmed you are happy to go ahead, she will ask you to sign a consent form if you have not already done so in advance.

She will then carefully draw important markings on your breast and chest wall in planning for your surgery. Clinical photographs of your markings for your records may also be taken at this time.

What does the operation involve?

The procedure is performed under a general anaesthetic (with you asleep) as a day case or with an overnight stay in hospital. You will be asked to arrive at the hospital around 2 hours before your operation and you will need to fast for at least 6 hours before surgery. This means that you cannot eat or drink anything for 6 hours before your operation. You may drink water up to 3 hours beforehand.

The operation involves making an incision into the breast to create a pocket (a space) in the plane into which the implant can then be inserted. Once this is done, a meticulous check to ensure there is no bleeding is performed prior to the insertion of the implants. The wounds are then carefully stitched using dissolving stitches, over which surgical tape is placed. You will then either be placed into your postsurgical bra or a supportive dressing. Surgical drains are sometimes used and if so, they stay in for around 24 hours – these ensure any wound fluid produced is drawn away from the implants.

How long does the surgery take?

The operation itself takes around 45 to 75 minutes, but you will be away from your hospital room for longer than this, as it takes additional time to prepare for the general anaesthetic as well as prepare the operating theatre for your surgery and for you to wake up comfortably.

Will it be painful?

Most patients describe the feeling after surgery as being one of discomfort rather than pain. You will be given painkillers to take after the operation, and most people find them helpful to take for around a week following surgery. The area near your armpits where the drains, if placed, come out may be uncomfortable for several days following your operation - this is nothing to worry about and settles down on its own.

When will I leave hospital?

Miss Kelemen will see you later on in the day of your surgery and again the following morning if you have stayed overnight. She will check your breasts are soft and not painful, as well as assess the amount of fluid in the drains if used. Normally drains are removed the following morning and you can go home later on in the morning. Some people produce more fluid than others into their drains. If you are producing a lot of fluid into your drains, you may be discharged from hospital with your drains still in, with a plan to take them out in another day or 2 days. Should this be necessary, how to look after your drains at home will be carefully explained to you. Miss Kelemen may in some situations ask you to perform massage to the space between your breasts and to the breasts themselves, to ensure the swelling there disappears as soon as possible. The aim of this is to achieve the best cleavage possible following surgery.

What should I do when I get home?

Once you get home, you need to achieve a balance between taking things easy, but not lying down and doing nothing, as this may increase the risk of certain complications. It is recommended that you do light shoulder exercises after the surgery to prevent you from getting stiff. In fact, the best way to start is to wash your own hair the day after the surgery - this also has the added benefit of making you feel much better! You should take short walks, ideally accompanied by someone, in case you feel unwell at any time. Over the first week you will start to feel much more comfortable, and the pain will continue to subside. You must continue to wear the surgical bra day and night for at least 6 weeks, taking it off for half an hour per day for showering. After surgery the wounds will have been dressed with surgical tape. This is splash-proof and shower-proof (but not bath-proof). You will be able to shower from the day after surgery facing away from the shower hose (so as not to soak the tapes directly), and dab the tape dry with a clean towel, kitchen towel or you can use a hairdryer on a cold setting. If advised to, you should perform the central chest massage regularly around every 2 hours for 4 weeks.

How to wear your bra?

Your surgical bra should be firm and supportive without being tight. When putting your bra on, you should try and rotate your breasts towards the middle of your chest, so the bra helps to support them in a position that pushes them together slightly. This aims to minimise the tension on the skin in the central chest area, to avoid a tenting effect of the skin being pulled up between your breasts. Wearing your bra correctly as well as the central chest massage (if advised to do so) will help to give you the best cleavage possible.

Post-surgical bras may be purchased from M&S website:
https://www.marksandspencer.com/l/goodmove/women/fs5/bras

What is the recovery period?

You will be able to return to sedentary activity (i.e. an office job or light duties) within a few days to a week, depending upon how you feel. As discussed above, you should feel relatively comfortable after the operation, but most people find mild painkillers such as paracetamol or codeine-based tablets help.

How long before daily activities may be resumed?

You should avoid all heavy physical activity and contact sports for 6 weeks following the surgery to prevent damage to your new breasts. Driving should be avoided for 2 weeks. Light exercise, such as gentle sessions on an exercise bike can be started at 3 to 4 weeks. Starting any earlier than this may result in more swelling to the area around your breasts.

How can I achieve the best possible scars?

At around 2 or 3 weeks after your operation, regular daily moisturising and massaging of the scars is important to help the scars to soften and mature as quickly as possible. This should be done twice a day or more, until any redness and disappeared from the scar (which may take up to a year in some people). Vitamin E containing creams are recommended for scar massage. We also recommend you use silicone gel and silicone tape on the scars which has been shown to speed up scar maturation and minimize redness and lumpiness.

DAY OF SURGERY	**Review in hospital by Miss Kelemen** **Home later that day if a day case procedure**
DAY 1 AFTER SURGERY	Review in hospital by Miss Kelemen Usually discharge from hospital Start central chest massage – if advised to do so, gentle hair wash
DAY 2	Continue daily central chest massage (if advised to do so) and shoulder movements
WEEK 1 AFTER SURGERY	Appointment for nurse check of your breasts, if all ok, may start to drive
WEEK 2	Further check-up, Still continue with central chest massage (if advised to do so)
WEEK 4	Gentle exercise may start (e.g. light programme on exercise bike) ✓ May stop central chest massage at end of week 4

WEEK 6	Check-up with Miss Kelemen All exercise/heavy physical activity may resume

Other points to consider when thinking about a breast augmentation

Mammograms

It is still possible to have mammograms after you have had a breast augmentation. You will need to tell the mammographer that you have implants so that special views can be taken. It is possible that around 5% of the breast will not be visible on a mammogram after you have had implants. Other means of checking your breasts for breast cancer are also available, such as ultrasound and MRI (magnetic resonance imaging).

Breast feeding

Breast feeding following breast augmentation is not only possible but is also safe. Because the implants are placed underneath the breast, or under the muscle beneath the breast, there is no damage to the milk-producing glands or the ducts. Studies have been done to examine the quantities of silicone in the breast milk of mothers with breast implants, and the levels found are many times below what would be cause for concern. Therefore, breast feeding with breast implants is not an issue.

The effect of having larger breasts

The majority of patients are delighted with their decision to go ahead with breast augmentation: the boost to their self-confidence seems to permeate into every aspect of their lives. However, depending on the size of breast implants you choose, there can be some unexpected effects. Large implants are heavy – a pair of 500cc implants weigh 1kg (2.2lbs) and some patients do comment on the extra weight they are carrying around. In some circumstances, this can result in backache, so it is important that you consider this when choosing your implant size.

Effects of implants on breast tissue and skin

Breast implants of any size will exert some pressure on the breast from within. The larger the implant the more pressure will be exerted. The long-term effects of this pressure are a loss of some of your own breast tissue (loss of breast volume) and stretching of the skin. Therefore, the larger the implant, the more the loss of breast tissue and the more the skin is stretched over time. These are further important points to consider if you are thinking about a large augmentation.

Antibiotics

An antibiotic irrigation solution lowers the risk of capsular contracture in the long term. You will be on a course of oral antibiotics after breast augmentation surgery.

The future

Although modern implants should last for many years, you should be aware that you might need further surgery in the future. This may be for any of the reasons outlined above but is usually to correct capsular contracture or for implant rupture. It may never be needed, but it is always a possibility.

Lipo-augmentation

This is a technique where fat is removed by liposuction from another area of the body such as the hips or thighs and injected into the breast area. It is appealing as it provides a way of augmenting breasts without the use of breast implants, whilst simultaneously addressing areas of concern on the abdomen or hips (where the fat is most commonly taken from). No foreign material is left in the breast and this technique can achieve a very natural look and feel afterwards. Only a moderate amount of fat can be injected at one stage so most patients will require several surgeries to bring about a worthwhile effect or only have a modest enlargement. Usually, 2 to 3 procedures spaced 3 to 6 months apart are needed to bring about the required increase in breast size.

Some of the fat will be absorbed in the initial weeks after the operation, but fat that lasts beyond this time will bring about a permanent enlargement. On average, patients tend to achieve an increase in breast size of around 75% of their original breast tissue. This is a much more gradual approach compared with implant-based breast augmentation but does avoid a breast implant. Since it is a relatively new technique, we cannot be entirely sure how effective it will be in any given patient. There are some questions about the long-term effects of fat cells on breast tissue and on how screening for breast cancer may be affected.

The most recent studies suggest that there is no increase in breast cancer associated with lipo-augmentation and that experienced breast radiologists can distinguish between changes on a mammogram due to lipo-augmentation and those due to breast disease. These issues are currently still under research and more information will be available in the future. If you are very slim, you may not have enough suitable areas to donate fat for the transfer.

What does the operation involve?

The procedure is performed under a general anaesthetic (with you asleep) as a day case procedure in hospital. You will be asked to arrive at the hospital around 2 hours before your operation and you will need to fast for at least 6 hours before surgery. This means

that you cannot eat or drink anything for 6 hours before your operation. You may drink water up to 3 hours beforehand. The operation involves preparing the area(s) where fat will be removed from by injecting fluid containing adrenaline. A technique similar to liposuction is used to remove fat from the chosen area through very small incisions and then the fat is prepared for transfer in the operating theatre.

Once ready, this fat is then carefully injected into your breast. Absorbable sutures may be used to close the incisions and you will then either be placed into a supportive dressing or a well-fitting sports bra.

How long does the surgery take?

The operation itself takes around 60 to 90 minutes, but you will be away from your hospital room for longer than this, as it takes additional time to prepare for the general anaesthetic as well as prepare the operating theatre for your surgery and for you to wake up comfortably.

Recovery

In the early stages, the recovery process is similar to that following breast augmentation surgery using implants in terms of how to look after your breasts and activity levels. You may have some swelling, bruising and discomfort in the area(s) where fat was removed from for the surgery. Overall, the recovery process is slightly quicker taking around 4 weeks.

Once a stable result has been achieved and your tissues have recovered from surgery, a further procedure can be planned if needed to achieve a larger augmentation. We do not usually judge the success of the procedure until 6 weeks after surgery, to allow for post-surgical swelling to have subsided.

What you need to know about the possible effects of surgery and potential complications?

Early complications (within the first week of surgery)

Bleeding (haematoma)

If there is any suggestion that bleeding into one of your breasts has occurred after surgery, you will need to go back to the operating theatre to have the bleeding stopped and the implant cavity washed out to evacuate the collected blood.

Signs that a haematoma is developing include:

- the filling up of your drain bottle with blood
- swelling of one of your breasts
- pain on one side and the development of severe bruising around the breast.

Infection

Infection rates in breast augmentation are low (less than 1%), but if an infection develops it must be taken seriously. If the implant pocket appears to be involved, you will require further surgery to remove the implant and wash out the cavity. Surgery to replace the implant needs to be delayed for 3 to 6 months.

Blood clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) are rare in breast augmentation surgery, however they can occur. For this reason, you will be given support stockings to wear when you get to hospital. You should continue to wear these for around a week after surgery.

Intermediate complications (within 6 weeks of surgery)

Delayed wound healing

Uncommonly, in some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from overdoing it straight after surgery. Normally this is a minor inconvenience, which can be managed with special dressings as an outpatient. Occasionally it can lead to a more severe infection developing as described above.

Asymmetry

As described earlier, everyone has a degree of breast asymmetry (differences between the breasts). If this is mild, no special steps are taken to address this, and the differences that were present prior to your surgery will remain after your surgery. Should you have a significant degree of asymmetry between your breasts, Miss Kelemen will discuss how best to address this, often with the use of a variety of surgical techniques. Sometimes, despite putting the same size implants in both sides and performing the same surgery on both sides, there can be a noticeable difference between your breasts. This may be due to a previously undetectable chest wall abnormality, increased swelling on one side, the implant changing position, the result of some blood or wound fluid collecting in the wound, or for some other reason. Should you be in this situation, Miss Kelemen will examine you carefully and discuss the matter with you.

Nipple sensitivity

Some women find that their nipples become more sensitive following their surgery. This tends to settle down over the first 6 weeks after surgery and can be helped by regular moisturizing, which desensitises the nipples.

Mondor's syndrome

This is a self-limiting temporary condition in which some of the veins under the skin of the upper abdomen become swollen and visible – they line vertically below the incision.

It is not painful and settles with time on its own. Some people find massaging of the veins helps speed resolution as well as taking anti-inflammatory medication such as ibuprofen.

Synmastia

This describes an effect where the implant pockets connect between your breasts, resulting in an unnatural webbed appearance between your breasts. This is unusual and Miss Kelemen will take every care during your operation to ensure this does not happen. The regular central chest massaging described above helps to minimise mild synmastia that can be caused by swelling in this area.

Late complications (after 6 weeks from surgery)

Capsular contracture

Following the insertion of any implant, the body forms a protective layer of scar tissue (a capsule) around it, to "wall it off" from the body. With breast implants, this capsule is normal and should be soft and undetectable. However, sometimes the capsule thickens, contracts and tightens, resulting in a distortion of breast shape and discomfort. This is known as capsular contracture.

The true rate of capsular contracture is unknown, but studies suggest rates are between 2% and 13% at 6 years following a breast augmentation with an average of about 3% at 5 years. Capsular contracture rates are increased with saline implants and smooth implants placed in the sub-glandular pocket. A breast crease incision has the lowest long-term incidence of capsular contracture (compared with armpit and nipple incisions).

Capsulectomy and implant replacement

Should capsular contracture of any significance develop (i.e. it distorts your breasts or becomes uncomfortable), it is recommended that your implants are removed with the contracted capsule. New implants may be put in as replacements at the time of this surgery, should you wish. Future risks of capsular contracture are higher if you have developed a significant capsule and range from 11-40%. A capsulectomy and implant replacement operation takes about 2 hours and drains are usually left in for longer than with a primary breast augmentation. You may sometimes go home with your drains in and return to hospital at 48-72 hours for their removal.

Double capsule/late seroma

This is an unusual phenomenon whereby fluid starts to build up around the implant over a year after surgery. It has mostly been associated with a particular implant (Allergan 410 with a Biocell shell).

Implant rupture

With modern highly cohesive implants, rupture is fortunately much less common than it used to be. Rates of about 1% are reported and usually have a clear explanation, such as

someone being involved in a car crash. Implant rupture is not dangerous in terms of causing breast cancer or other disease.

Scarring

The scars under the breasts will fade but this can take up to 18 months. Until this time, they are often red and firm. Regular scar massage and moisturising is important to help the scars mature and settle down as quickly as possible. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. These might require further treatment (at further cost).

Palpable or visible implants

People who are very slim, have implants placed under the breast (rather than under the muscle), those with large implants and people who have had their implants for a long time are all at risk of palpable or visible implants (i.e. you may be able to feel or see the implants under the breast skin). Should this develop, Miss Kelemen will discuss with you what options you may have to improve the situation.

Size issues

Some people are unhappy with the size of implant they have and wish they had chosen a different option. As stated above, getting the pre-operative sizing right is crucial, as once the implants are in, it takes further surgery (and cost) to change them. Therefore, if you have any doubts or anxieties about the size you have agreed to with Miss Kelemen, it is vital that you let them know before your surgery goes ahead.

Implant rotation

Rarely, anatomical (tear drop) implants can rotate and cause the breast to change shape. Should this occur, it may be possible to manipulate the implant in the outpatient clinic to get it back to its correct position. If this does not work, you may require surgery to correct this problem.

Implant migration

Larger implants that are heavy can occasionally drop down below the breast crease, producing an un-aesthetic appearance of the breast. Should this happen, you would need surgery to correct it. This is another point to consider should you wish for a large augmentation.

Implant extrusion

The pressure effect of a large implant in a thin-skinned breast can lead to the implant wearing away the skin and working its way out of the breast. Fortunately, this is rare. If this happens, and the implant appears through the skin, it will need to be removed surgically and corrective surgery performed. As in the case of an infection, if it is appropriate to replace the implant, this will need to be done at a later date.

Silicone leakage

With the older generation implants silicone leakage was a real problem, sometimes causing inflammation in the glands in the armpit, requiring surgery to remove them. With modern implants of higher cohesivity silicone leakage is very unusual. Should your implant rupture, all the cohesive gel stays within the capsule and is not at risk of migrating outside the breast. There is no risk of it causing any harm to you.

Explantation

In certain situations, it is necessary to remove the breast implant, known as explantation. This would only be done if absolutely necessary, which may be in the following situations: a bad infection; significant capsular contracture or implant extrusion (an unusual situation in which the implant comes through the skin - this is usually associated with a bad infection).

Need for further surgery

Some of the complications outlined above will lead to the need for further surgery, either in the short term or long term. For example, surgery to help with an infection in the short term, or surgery for capsular contracture in the long term. It is important for you to understand that having a breast augmentation operation means that there is always a chance that you will need further surgery in the future. This is particularly important if you have implants placed at a young age. As you age over the years, your breasts will change in size and shape and may droop. The implant, however, does not change. Over a long time, this can result in a less-than-optimal shape to your breasts and require surgery to replace the implant or to lift and reshape the breast.

Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL)

Recently a very small number of cases of a rare type of immune system cancer called anaplastic large cell lymphoma, possibly associated with breast implants, have been reported. The presenting symptoms of ALCL include a swelling in the breast (from fluid production) over 1 year after surgery, a lump, pain or a thickened capsule. (These symptoms are more commonly due to other causes (see above) e.g. capsular contracture or infection.) The treatment is surgery to remove the implant, drainage of the fluid that has collected and removal of the scar tissue (capsule) around the implant. In most cases, no further treatment is necessary. It is uncommon for BIA-ALCL to spread to any other parts of the body but if suspected, further treatment would be indicated. ALCL is extremely rare. Research is ongoing in this area and future information may further advise us on this issue. There is no increased risk in contracting other lymphomas associated with breast implants.

Further information: https://www.gov.uk/guidance/breast-implants-and-anaplastic-large-cell-lymphoma-alcl

Breast implant associated illness (BII)

In rare cases, symptoms such as fatigue, memory loss, rash, "brain fog," and joint pain may be associated with breast implants. Some patients may use the term "breast implant illness" (BII) to describe these symptoms. Researchers are investigating these symptoms to better understand their origins. These symptoms and what causes them are poorly understood. In some cases, removal of the breast implants without replacement is reported to reverse symptoms of breast implant illness.

Further information: https://www.gov.uk/guidance/symptoms-sometimes-referred-to-as-breast-implant-illness

Breast implant associated squamous cell carcinoma (BIA-SCC)

In a very small number of cases of squamous cell carcinoma (SCC) and different types of lymphoma was found within the fibrous capsule that forms around breast implants. These have been reported worldwide and in published research. This is an emerging issue and the MHRA is closely monitoring for cases of SCC or lymphoma in the UK occurring in the capsule around breast implants. Cases of SCC or different types of lymphoma are extremely uncommon. Cases have been seen with both silicone and saline filled, and smooth and textured implants. Due to the rarity of these cancers, there is insufficient information at this time to determine whether a certain population is more at risk, and no one type, or manufacturer of breast implants has been identified to be at higher risk.

Further information: https://www.gov.uk/government/publications/squamous-cell-carcinoma-scc-and-different-types-of-lymphomas-occurring-in-the-capsule-around-breast-implants/squamous-cell-carcinoma-scc-and-different-types-of-lymphomas-occurring-in-the-capsule-around-breast-implants
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10266515/

Complications specific to breast lipo-augmentation (fat transfer)

Loss of transferred fat

It is expected, and planned for, that not all the fat transferred to your breasts will survive. However, in some circumstances, less than the expected amount of fat survives. This may result in an uneven or smaller than expected increase in size of your breasts and an additional procedure(s) (other than the series of surgeries originally planned) to counteract this effect.

Fat necrosis

Sometimes when transferred fat does not survive, it undergoes necrosis or tissue death. This can become apparent as a lump in your breast. Usually this slowly resolves over time

and no specific treatment is needed but it may be worrisome when it occurs. Sometimes a scan is needed to ensure that this is the cause of a lump.

Asymmetry between breasts or contour irregularity

More fat may survive in one breast compared to the other resulting in an uneven appearance to the breast or noticeable differences between your breasts. Further surgery is usually required to correct this

Oil cysts

Occasionally, if your body is absorbing some of the fat transferred, oily fluid cysts may form in your breasts. They may be palpable and cause concern. A scan or biopsy may be needed to confirm what these cysts are.

Problems with the donor site

Occasionally, problems with the donor area where fat was taken from persist e.g. irregularities or lumpiness where the fat was removed or sensitivity or numbness of the overlying skin.

Size issues

Some people are unhappy with the size increase or shape that they achieved with lipo-augmentation and wish they had chosen a different option. Therefore, if you have any doubts or anxieties about the size you have agreed to with Miss Kelemen, it is vital that you let her know before your surgery goes ahead.

Change in size with changing weight or age

The fat transferred tends to behave in a similar way to how it behaved in its original location. Therefore, if you gain or lose weight in the future, the fat transferred to your breast may increase or decrease in size. It will also age with your tissues, as it normally would have.

Future problems with breast screening or breast cancer

Breast cancer is a common cancer in women. Most initial concerns about lipo-augmentation for breasts centred around fears that the transferred fat could trigger breast cancer or cause confusion in future mammograms or scans used to detect and assess breast cancer. To date, there appears to be no increased risk of breast cancer following breast lipo-augmentation and experienced breast radiologists are able to distinguish between changes on X-rays and scans due to lipo-augmentation from those due to cancer. There is ongoing research in this area and future information may alter or further advise us on this aspect of breast lipo-augmentation.

The sub-optimal result

Despite a successful breast augmentation operation, some patients will feel their breasts are not exactly as they were hoping. This may be due to a number of factors but can be due to unrealistic expectations (for example, some patients are disappointed that they have visible scars, or that they have mild degrees of asymmetry or to realise that a breast lift or mastopexy was necessary to optimise their breast shape if they have a droop in their breast tissue). It is important to discuss any concerns you have with Miss Kelemen. If further procedures are warranted, there may be further costs involved and this will be explained. Miss Kelemen will speak to you at your initial consultations to discuss what limitations a breast augmentation will have in your specific circumstances. It is crucial that you appreciate what you can expect from a breast augmentation prior to undergoing the surgery.

Conclusions

Overall, most patients are delighted with the results of their surgery. They find they can wear clothes they may never have been able to wear before and going bra shopping is often a whole new experience! Miss Kelemen will be happy to discuss any issues that may have arisen from your reading of this information booklet in addition to any other issues you would like to talk about at your consultation.

Further information : www.noemikelemen.com

Thank you for taking the time to read this information leaflet.

Please sign below to confirm that:

• I have read and understood the specific information leaflet provided to me by Miss Kelemen.

• I understand that this specific leaflet is a detailed guide only, providing useful information and is not replacing a thorough consultation outlining my specific needs and circumstances

• I understand that I will be required to sign additional consent forms during my treatment course

I consent and wish to proceed with the abdominoplasty surgery provided by Miss Kelemen.

Name: ……

Signature:……

Date: ……