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BREAST ENLARGEMENT WITH IMPLANTS

What is a breast augmentation?

This is a surgical procedure that uses silicone implants to improve the volume and shape of the breasts.

Who is the operation for?

The best candidate for this type of procedure is a woman who lacks volume in the breast, but without excess skin. The usual person who is a good candidate for this surgery is someone who has always had small breasts (known as 'developmental hypoplasia'); or someone who has lost volume from the breast after weight loss or breast feeding. Those patients who have excess skin in the breasts leading to a 'droopy breast' may need a breast lift ('mastopexy'), which can be combined with a breast augmentation.

Assessment

When I see you in clinic, we will discuss the issues that are affecting you and your aims and expectations of surgery. I will then need to examine you to make measurements that will guide us in deciding what implant shape, size and projection will suit you best. You will be involved in all of the decision-making steps to help you to make the best choice for your implants. I will also discuss with you whether it would be best to have the implant placed under or over the muscle in order to conceal it as best as possible.

Implant types

Round implants

Round implants are the most commonly used implants. They increase the fullness of the breast both above and below the nipple. They tend to make the breast look augmented and produce a prominent cleavage.

Anatomical 'teardrop' implants

Anatomical implants are fuller at the bottom than the top. They tend to give the breast more fullness below the level of the nipple and so have a more natural look. Examples of the differences can be seen on my website.

Implant textures

The surface coating of a breast implant can be smooth, textured (rough) or 'micro-textured'.

The original breast implants were smooth, but found to have a high chance of developing a thick scar around them, especially when placed directly under the breast as opposed to under the muscle. This scar is known as a capsular contracture. Attempts to reduce the chance of capsular contracture resulted in the implants being made with a rough surface to reduce movement of the implant. This is essential if using a teardrop implant as it also helps to stop it rotating and becoming out of place.

Unfortunately, in recent years it has been shown that some textured implants are associated with the chance of developing a rare but important cancer of the capsule, called Breast Implant Associated Anaplastic Large Cell Lymphoma, or BIA-ALCL for short. This is not a cancer of the breast but of the scar around the implant. The chance of developing BIA-ALCL is said to be around 1:20,000 (0.005%). The chance of developing a capsular contracture is about 1:100 (1%) per year. ALCL is usually treated by removal of the capsule (and implant) and is usually cured if caught early. Capsular contracture is usually treated by removal of the capsule and replacement of the implant.

A balance between smooth and textured are 'micro-textured' implants, which have a slightly rough surface. Whilst safe to use, currently there are no long-term studies looking at whether these implants can reduce the chances of developing either ALCL or capsular contracture.

I would now generally recommend a smooth or micro-textured implant if choosing a round implant and going under the muscle; and a micro-textured implant if going under the breast or using a teardrop implant.

In the end, a balance has to be struck between the risks and benefits of each type of implant and this is something that we can discuss when we talk in clinic.

Surgical technique

Breast augmentation

The procedure is performed under a general anaesthetic, with you asleep. An incision measuring between 5cm and 6cm is made in the crease under the breast and a pocket for the implant is carefully made either under or over the muscle. The pocket is washed out and the implant is soaked in antibiotic solution. After changing to clean gloves, the implant is placed in the pocket and the incisions closed with dissolving stitches. The wounds are dressed with showerproof dressings so that you can wash easily after the surgery. Most operations can be performed as a day case, although some patients will require 1 night in hospital.

What are the consequences and possible complications of surgery?

With any surgery, there are **consequences** (things that will happen to most patients) and **unwanted consequences**, also known as complications. Everything is done to help prevent complications, but they sometimes happen despite our best efforts.

Smoking

Patients are always advised that **smoking before their procedure will increase complication rates**. Nicotine, carbon monoxide, and many other toxic tobacco by-products interfere with how wounds heal and how the body can fight infection. Smoking increases the risks of wound healing problems, poor scarring, infection around the implants and capsular contracture after breast augmentation.

Patients must stop smoking for four weeks before and four weeks after surgery.

Common complications

Wound infection is perhaps the most common early complication (within 5-7 days of surgery). Such infections, which generally respond well to antibiotics, are usually superficial. Although small areas of wound breakdown are sometimes noted, these heal well over a few weeks when the wound is dressed regularly.

Uncommon and rarer complications

As with every surgical procedure or operation, there are always risks. Although serious complications of abdominoplasty are uncommon, they can include:

- **Capsular contracture**, leading to a change in the shape of the breast, hardening of the the breast or pain, which may require further surgery with additional cost
- **Asymmetry**, but perfect symmetry would be an unrealistic expectation of surgery
- Breasts **too big**, requiring implant exchange
- Breasts **too small**, requiring implant exchange
- **Implant rupture,** now very rare
- **Implant malposition**, requiring further surgery if not settling with time
- **Implant rotation** (for 'teardrop' implants only)
- **Implant visibility** - all implants are visible to a degree, but everything will be done to minimise this
- **Rippling**, more common with smooth or undefiled implants placed under the breast
- **Implant 'palpability'** (ability to feel the implant) - all implants are palpable to a degree, but everything will be done to minimise this
- **Nerve injury** leading to changes in sensation or numbness in the nipple, which may last several months or may be permanent
- **Nerve injury** leading to numbness in the skin, which may last several months or may be permanent
- Collections of fluid under the skin (**seromas**) which may require removal in the out-patient clinic on several visits using a needle and syringe
- Enlargement of the glands under the armpit (**axillary lymphadenopathy**)
- Development of **anaplastic large cell lymphoma (ALCL)** in the capsule around the implant. This is extremely rare (1 in 20,000 chance) and would require further investigation and treatment
- **Areolar widening**, requiring revision surgery
- **Breast ptosis** (droop), which is inevitable with the passage of time
- **Copious bleeding** requiring a return to theatre to remove the blood and seal the blood vessels.
- **Fat necrosis** occurs when fat cells lose blood flow and die. The liquefied fat cells can then harden underneath the skin over time, causing lumpiness.
- **Poor wound healing** (hypertrophic or keloid scar). In these instances, the scar can permanently thicken, turn red, be painful and disfiguring. Usually it takes up to 12 months for a wound to heal and demonstrate the final result.
- **Necrosis** (skin death) generally occurs in patients who have not stopped smoking before their operation. With this condition, the skin dies and there is an open wound of variable size. Generally, if this wound is dressed daily, it will heal up in a couple of months, with the final result usually quite acceptable.
- **Additional procedures**, such as scar revision

- **Chronic pain,** a very rare complication
- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, **abnormal scars** may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than surrounding skin. Scar appearance may also vary within the same scar, exhibiting contour variations and “bunching” due to the amount of excess skin. Scars may also be asymmetrical (having a different appearance between the right and left side of the body). There is also the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.
- **Blood clots in the legs or lungs** (DVT/PE) are uncommon but serious complications. You should stop taking HRT or the oral contraceptive pill 4 weeks before surgery and use alternative methods in this time.

What should I do after surgery?

The majority of patients can have their surgery as a day-case. Some patients stay in hospital for 1 night. Prior to discharge, you’ll receive pain medication that can be taken at home. As you are still in the recovery phase of the operation when discharged, it’s important to arrange in advance for someone to assist you for the first week following your operation. All patients are encouraged to walk as soon as possible after their procedures to prevent complications and to ensure blood flow quickly returns to normal. However, vigorous exercise should be avoided. You will need to wear a supportive bra for up to 6 weeks after the surgery to help protect the breasts and to aid in reducing the swelling.

Around the house

Recovery takes three to four weeks. Although each patient’s recovery is unique, most feel groggy for at least a week. During this time avoid lifting and strenuous movements. Sutures are dissolvable and do not need to be removed. Swelling and bruising takes about 10-14 days to disappear. Scars will remain visible although they will continue to fade for up to two years. Strenuous physical activity should be avoided for four weeks as this can produce bleeding, bruising and increased swelling, as well as putting strain on the closure of the skin, thereby risking wound disruptions.

Return to work

Most patients can return to work after one week. However, if your job involves strenuous physical activity, you will need two to four weeks of recovery time before returning.

Driving

Allow around 2-4 weeks of recovery time before driving.