Wiltshire Breast Surgery
Complete Breast Care
Mr. Simon Hawkins MBChB MS MMEd FRCS (Gen Surg & Breast)
Consultant Cosmetic & Oncoplastic Breast Surgeon

Breast Augmentation Patient Information Sheet

This information sheet is a general guide for patients undergoing breast augmentation (enlargement) under the care of Mr Simon Hawkins. It should help clarify some questions that you may have.

What type of implant will I have?

Breast implants come in different shapes and sizes and whilst almost all consist of an outer casing of silicone, different materials or fluids are used to fill them. The various implants can also have different surfaces and many different implant manufactures are available in the UK. As Mr Hawkins specialises in cosmetic surgery of the breast, he will recommend a particular implant to you based on your initial consultation and any subsequent discussions.

Mr Hawkins will either recommend a round or anatomical (tear-drop) silicone gel filled prosthesis. Most implants that are described as 'round' actually only have a round outline from front view. They routinely have a flat back to fit against the chest wall and can have various amounts of projection forward. Hence there are a number of possible implants to fit a particular chest wall dimension. The internal gels can be very soft like a liquid or much firmer to maintain their shape. Some implants are shaped like a tear-drop and these are more frequently used in thinner patients or for breast reconstruction.

Implants can also be filled with saline rather than silicone and for breast reconstruction 'tissue-expanders' which are a combination of part silicone filling and part saline are also used and these may occasionally be used for breast augmentation particularly in breast asymmetry operations. The saline can be added to at a later date using a needle to a pre-positioned port under the skin, usually below the breast.

How is the size of my implant chosen?

Mr Hawkins will discuss with you the type of breast appearance that you would like to achieve. Increasingly patients want as a natural a look as possible. However, others may want a 'breast augmented look' or even an "oversized look" with a fuller upper breast. Your aims will help determine implant shape and size. Cup sizes are discussed approximately although it is important to remember that these can be inaccurate as they vary between bra manufacturers and most patients have never been formally measured. Cup size is however useful as a guide to how much change is desired, although no guarantee can be given to achieve this exact amount, again because cups sizes are so variable.

Routinely, chest measurements are taken by Mr Hawkins to decide on the width and height of the implant needed. From these discussions and measurements, Mr Hawkins will recommend a range of implant sizes. This is routinely decided on at the time of the second outpatient meeting. You may try these implants in a bra, which will help narrow down the range. It is then usual for Mr Hawkins to order several sizes of implants for the operation, one either side of the recommended size. This allows the final decision to be made during the operation, thus producing the best possible result. The unused implants are returned to the manufacturer without incurring a charge.

What will the surface of my implant be like?

Most British Surgeons use rough-walled 'textured' silicone implants, which are thought to reduce the incidence of encapsulation requiring re-operation (see discussion below regarding encapsulation). The evidence for this assumption has come from our early experience with foam (polyurethane) covered implants and a major UK-based study. However,

this study has been criticised by many and in the United States, smooth silicone implants are routinely used.

Which implant company does Mr Hawkins normally recommend and will the implants have a guarantee?

Mr Hawkins uses Mentor implants – an American company who manufacture their implants in the Netherlands in Europe and Mr Hawkins has visited the factory to personally experience how these implants are produced. Mentor have had their implants approved by the Food and Drug Administration (FDA), which has stronger regulation than the European authorities. Their implants have been rigorously studied by independent researchers and have the best ten-year follow up results available.

Most implant manufactures offer a guarantee to their implants, which may be time-limited or in some cases lifelong. It is important to note that these guarantees often have limitations and do not usually cover the cost of the surgeon, anaesthetist or hospital in the event of there being a need for replacement surgery. It is also important to note that although Mr Hawkins makes the recommendation, the implants are actually supplied by the hospital where the surgery will take place and not by Mr Hawkins directly. Mr Hawkins has never used PIP implants and he continually reviews the available literature to recommend the most appropriate implant at the time of surgery, but these recommendations do change as new data and implants become available.

Where will the implant be placed?

Conventionally breast implants are placed either in a subglandular position (between the breast tissue and the muscle on the chest wall) or in a submuscular position (beneath the muscle on the chest wall). The site chosen depends on the amount of breast tissue present and the breast skin laxity. A more natural result is usually achieved under the muscle because the edges of the implant will have thicker tissue coverage. However, this does not always completely fill out the breast skin because the muscle can restrict the expansion of the breast.

A more recent approach has been to place the implant beneath the muscle, whilst freeing off the breast from the superficial surface of the muscle. This is known as a ‘dual plane technique’. After the initial consultation, Mr Hawkins will advise you where he would like to place your implants and why.

Where will the incisions be?

The most common incision used is about 5-6cm long and close to the infra-mammary fold (the crease of skin beneath the breast). This allows good access to correctly position the implant whilst placing the scar in an area that usually heals well and is not obviously seen. Incisions can alternatively be placed in the axilla (arm pit) or around the nipple. Each incision has advantages and disadvantages.

All incisions produce scars, which usually settle down over several months. However, some scars can be troublesome. Hypertrophic scars are red, raised and itchy for several months following the operation. These can be treated but often result in a wide stretched scar. Keloid scars are larger and more difficult to treat but these are extremely rare following breast augmentation.

What will happen before the operation?

If you are unwell before the operation, please contact BMI The Ridgeway as the date of surgery may need to be postponed. No aspirin or medication containing aspirin should be taken for seven days before surgery. If you smoke you should cut down for three weeks before surgery and stop smoking completely three days before surgery to reduce the likelihood of post-operative complications.

The operation is performed under general anaesthetic usually with a one night stay in hospital afterwards. Please bring with you a nightdress, dressing gown, slippers and toiletries. Do not bring cosmetics or jewellery. You should have a shower at home before you go to hospital, or on the ward the morning of the operation.

Before you arrive in hospital, you will be seen by a nurse who will talk to you about your general health and examine you to make sure that you are fit for surgery. They may also arrange for you to have some blood tests, a heart trace (ECG) and a chest X-ray. An anaesthetist will visit you to discuss the anaesthetic. Mr Hawkins will also come and discuss your surgery in detail with you. He will often take some pre-operative photographs and draw some markings to guide the surgery. It is important that you do not wash these lines off. You will then be asked to sign a consent form

confirmation as the consent form itself is usually filled out in clinic beforehand.

Do I need to buy a special bra?

It is important that the implants are held in place firmly for the first few weeks after the surgery and a well-fitted surgical (or sports) bra often helps with this. BMI The Ridgeway will provide a bra as part of your surgical package and you can purchase an additional bra if you wish. Further advice on bra selection can be gained from discussion with Mr Hawkins' breast care nurse, Charlayne Harding.

These bras need to be worn for six weeks following the surgery, both during the night for sleeping and during the day. You should then be fitted for your new regular underwear.

How will I feel when I wake up after the operation?

The operation usually takes up to two hours. You will then wake up in the recovery area before transfer back to the ward. It is usual to feel groggy and a little disorientated for a short period. If you have pain or feel sick, you should tell the nursing staff so that they can give you the appropriate medication. The breasts will feel sore after surgery particularly when the arms are moved, but this rapidly improves over the first few days.

When can I go home?

You will normally go home the day after surgery with some painkilling tablets. It is usually best to have someone drive you home rather than taking a taxi or public transport.

What post-operative care do I need and when can I go back to work or exercise?

On the day of discharge, you will be asked to attend a dressing clinic appointment approximately one week after the operation. At that appointment, the dressings will be removed by a nurse and the wounds checked. You will only see a doctor if there is a problem. You can shower or bath the day after surgery but it is inadvisable to soak in the bath with the wounds submerged for at least three weeks. The stitches are usually dissolvable. An appointment will also be made for you to see Mr Hawkins approximately two weeks after your surgery.

After ten days to two weeks you may go back to non-physical employment and resume driving a car, but check this with your insurance company as some do vary. Three weeks after your operation you may resume gentle exercise, but violent movements and physical employment are inadvisable for six weeks. You can sleep on your back or side but not on your stomach for at least six weeks. You should be back to relative normality by six weeks following the operation.

Do breast implants affect the development or detection of breast cancer?

Several large studies have now conclusively shown that breast implants do not increase the chances of getting breast cancer. Furthermore, women with breast implants who develop breast cancer have the same prognosis (overall outcome from the cancer) as women without implants. However, the implant can potentially interfere with routine mammography by 'hiding' areas of breast tissue, making it difficult to interpret the results. If you tell the radiographer that you have a breast implant when you are having routine mammography, different views can be taken to overcome this problem. If you are over forty years old all patients should have a mammogram to check their breast health before any form of cosmetic breast surgery. Mr Hawkins can arrange this for you prior to your operation and it will usually be included in the cost of your surgical package.

Although not specifically breast cancer, there have been some reports of a rare type of lymphoma associated with breast implants. This is known as Anaplastic Large Cell Lymphoma (ALCL), which is a type cancer involving cells of the immune system. ALCL has generally been found adjacent to the implant in the fibrous scar (or capsule). It is thought to be exceptionally rare. It is also thought to be treatable with surgery alone in the majority of cases. The most recent clinical studies state that it is not possible to confirm with any certainty whether breast implants have any relation to an increased likelihood of developing ALCL, and particularly whether one type of implant can create a higher or lower risk than another of developing the disease. Further information sheets providing the most up to date information are available from Mr Hawkins and will be provided to you as part of your pre-operative information pack.

Can I breast feed after having had implants?

The insertion of a breast implant does not routinely interrupt the ducts that connect the breast tissue to the nipple and breast feeding should therefore be unaffected. The present state of knowledge also shows that silicone implants do not affect breast milk and that it is quite safe to breast feed.

What is breast implant encapsulation and are there any techniques that can be used to reduce the chances of this happening?

Wherever a cut is made, the body heals by making a scar. You will therefore make a scar that will completely surround the prosthesis called a “capsule”. Capsulation should be regarded as a normal process and is the natural reaction to the presence of a breast implant. If you make a thin capsule (like “cling film”), the prosthesis will feel soft and you will not be able to differentiate it from the normal breast. Sometimes, for reasons not fully understood, the scar can thicken and squeeze the implant, making it feel harder and rounder. This process of more significant encapsulation is sometimes referred to as a ‘capsular contraction’. If this is very severe it can cause visible distortion of the breast or significant pain-(also called grade 3 and 4 capsule contraction). The chances of experiencing a capsular contracture are approximately 10% in the first five years rising to 30% at 10 years, although it may happen at any stage, even 20 years after the initial operation. Capsular contracture can usually be treated by further surgery to release the scar and exchange the implant. Placing the implant under the muscle, rather than under the breast tissue alone, appears to reduce the chances of encapsulation. However. this is more likely to be due to the increased soft tissue coverage making a mild encapsulation less obvious rather than an actual reduction in capsular contracture rate.

What other complications may arise from my surgery?

Any invasive surgical procedure has risks such as infection, haematoma (blood clot), dysaesthesia (changes in sensation), post-operative pain, and delayed wound healing. However, the overall complication rate for routine breast augmentation is less than 10% and most of these are minor problems. The most common complications are outlined below:

A ***haematoma*** is a collection of blood inside the body. In this operation, it would be around the implant and result in pain, swelling and bruising. Very small haematomas are absorbed by the body and do not require any specific treatment. Large haematomas usually occur soon after surgery and a further operation is required to drain the haematoma and stop the bleeding point. If post-operatively you feel one breast getting larger than the other, especially if it is associated with pain or flu-like symptoms, then you should tell a member of the nursing or medical team as soon as possible.

Infection is rare and should occur in no more than 2% of breast augmentation procedures. Antibiotics are given at the time of the surgery to reduce the chances of infection occurring. Most infections resulting from surgery appear within a few days of the operation. Infections around implants are harder to treat than infections in normal body tissues. Some infections do not respond to antibiotics and the implants may have to be removed. After the infection is treated and the scar has softened, a new implant can usually be re-inserted at a later date, although this may be many weeks later.

In rare cases, the implant may push through the covering tissue and become exposed. This is most likely to occur if the overlying tissue is already damaged, or becomes damaged from pressure ischaemia (lack of blood circulation) associated with an excessively large or displaced implant. Smoking also significantly increases your risk of ***implant extrusion*** by delaying the wound healing process. If the implant does become exposed then it needs to be completely removed and a new implant inserted at a later date.

All patients will experience a temporary ***reduction in nipple sensation***, and subsequently a small number may not fully recover. These changes may also affect sexual response and the ability to nurse a baby. Very rarely some patients may experience an ***increased sensitivity to the nipple*** that can be temporary or permanent.

Most women’s breasts are asymmetrical (not perfectly equal in either size or shape) and Mr Hawkins should mention this pre-operatively. If the same size implants are used on both sides then the small ***degree of asymmetry*** between the breasts will remain following the operation. Breast implants can be used to correct large differences between each breast either by increasing the size of one side alone or by increasing the size of both sides by differing amounts. Large differences are almost impossible to totally correct by surgery and in particular differences in the nipple height and size will remain and may be accentuated by breast augmentation.

An implant may become visible with time as the overlying breast tissue becomes thinner with age and often the breast

prostheses can be felt at the edges where there is less tissue coverage. With advancing age, the breast also tends to develop ptosis (droop). This is usually corrected by a mastopexy (breast uplift) operation and not breast implants.

Modern breast implants have a laminated silicone shell, which is extremely tough to minimise leakage of the contents. However, the shell can be damaged by injury or vigorous contact. This is usually obvious as it results in a change in the shape of the breast with the patient often reporting a burning sensation and a change in size and ***capsular contracture (see above)*** may develop much more quickly over a period of months rather than many years. ***Rupture of the implant*** releases the silicone gel filling which may remain around the implant or may migrate into the breast, axillary (arm pit) lymph nodes and other places in the body. Rupture requires surgical removal of the implant and gel mass, although removal of all of the gel may not be possible. Deflation or rupture of saline implants is commoner although these are less commonly used in the UK.

The implant surface may produce ***visible wrinkling***. This may be noticeable on the surface of the skin, depending on the position of the implant and the thickness of the overlying breast tissue. Large wrinkles, or folds, occur uncommonly and may irritate or damage the surrounding tissue.

Do implants last a lifetime or will I need additional surgery?

You should not consider your implants to be lifetime devices, because although they can last twenty years or more, revision surgery, removal or replacement may be indicated at any time. The management of any of the complications described above may also involve removal. This may have a financial implication for you if revision surgery is required and you should plan for this when making decisions regarding breast augmentation surgery.