
Breast augmentation (enlargement)

Breast augmentation is a surgical procedure that uses breast implants to enhance shape or increase the size of a woman's breast after body changes such as pregnancy, weight loss or from natural ageing.

Breast enlargement surgery is the commonest cosmetic procedure undertaken in the United Kingdom. It is performed by placing a breast implant either immediately behind the breast or behind the muscle, that lies deep to the breast or both (dual plane). The implant then pushes the natural breast tissue forward, such that it achieves a more fuller breast appearance.

Breast implants

Implants can either be round or anatomical (shaped like a tear-drop).

Round implants provide a fuller appearance higher up on the breast, along with a more defined cleavage. Anatomical implants create a more natural look with less volume at the top. Varying degrees of projection (the degree the nipple moves forward after inserting the implant) are possible, depending on chest wall measurements. The necessary breast implant volume that is suitable for you can be estimated by using a temporary implant placed in your bra, over your breasts. Various volume sizes can be placed in this way, to assess breast appearance. Another method is the *rice test**.

*Rice test: The amount of rice needed to fill the desired cup size you want to be. To do this test, buy the bra cup size you wish to be, after breast augmentation, put it on and place a polythene bag (eg. ice or sandwich bag) with enough Basmati rice (uncooked) to fill the cup of the bra, while you are wearing it. This should be topped-up/reduced so the cup of the bra is filled out to what looks normal to you. It is advisable to wear the bra and rice in the bag, in different clothes etc, so the amount of rice can be fine-tuned to your final amount. Once happy, empty the rice out, from each bag into a measuring jug and record the volume in cc from each. These two values can help choose the right volume of implant for you.

The surgical procedure

Breast augmentation surgery is performed under a general anaesthetic. The procedure takes approximately two hours to perform and patients typically stay in hospital for one night. Occasionally drains may be needed which may lengthen the hospital stay. Mr Misra will explain this, during your consultation.

A small skin incision is made in the fold, under the breast, to allow a pocket to be surgically created into which the implant is then inserted. The implant is positioned either in front of the (pectoral) muscle ("overs") or behind the muscle ("unders"). The decision about which pocket is suitable for you, is one that Mr Misra will fully explain during your consultation, after your examination.

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What to expect

This procedure provides many women with a result that can give them extra confidence such that, it is seen as a lifestyle-changing event. The benefits of breast augmentation are noticeable immediately after surgery, but the final result is often not possible until much later when swelling and bruising have subsided. The scars are well hidden in the natural breast crease and gradually fade over 1 year. Dissolvable sutures are used and so do not need to be removed.

Aftercare

You will be encouraged to mobilise after the first post-operative day. Most women experience very little - mild discomfort following breast surgery and is easily controlled by pain killers. Wearing a sports-bra for 6 weeks can offer extra support and help with your recovery.

You will be invited for a return clinic visit at 1 week for a wound check. Following this Mr Misra will advise about showering and getting the incision sites wet. Refraining from physical activity (eg. gym work or other exercise) for 6 weeks following surgery, will help the recovery. At about 3 months, most of the swelling will have settled and this is a good time to be measured for a bra.

Risks and complications

Cosmetic surgery is usually undertaken in patients who enjoy good health. However, no surgery is risk-free. Some of the general risks such DVT (deep vein thrombosis / PE (pulmonary embolus) and chest infection although uncommon, can happen and your risk for will be discussed at consultation. However, specific risks to breast augmentation are listed below, although not exhaustive:

Bleeding

Post-op bleeding (haematoma) around the implant is possible, although this is not common. Usually this means one of the breasts is slightly more tense, bruised and causes more discomfort, as a result. A swift return to the operating theatre will usually correct this and the impact on the recovery is fairly minimal, when responded to in this way.

Cup size / shape

This is unpredictable, but your preference will be taken into consideration during the planning stages. Initial post-op breast tissue swelling will take time to settle and when this takes place (around 3 months in most patients), it will be best to get sized and measured up for a bra. The breast is a glandular organ that changes with life,

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too. Ageing, pregnancy and weight loss or gain, will affect your results accordingly and warrant possible later surgical revision.

Asymmetry

No paired structures in the human body are perfectly symmetrical and this includes the breasts. Breast augmentation surgery relies on an *artistic* eye of what looks the same, but may not measure exactly in the same way. Mr Misra will explain pre-op breast asymmetries (measurements that differ in each breast) and how these will not be entirely correctable by your surgery.

Infection

Skin infections in the incision sites are not that common, but may occur if the dissolving stitches under the skin stick out from under the skin. This will be noticeable at the 1 week post-op visit to clinic. Oral antibiotics work effectively in this situation and if necessary the stitch can be easily removed, in the clinic. Implant associated infections are rare nowadays, due to the precautions taken before and during surgery. However, if present severe pain, fever and / or wound discharge is likely. A reassessment is essential and often a short course of antibiotics in hospital can correct the problem. Occasionally antibiotics alone may not rid the infection as well and it may be necessary to take out the breast implant to help the infection settle, more quickly

Alteration in nipple sensation

It is typical for most patients to notice an alteration in breast sensation following surgery. These changes usually subside when the breast has fully recovered from surgery. Occasionally, patients report that their nipples or breast skin remain either more or less sensitive in the long term following surgery. There is often a little numbness directly above the scar.

Alteration in how the breast feels

Women with very little natural breast tissue should be advised that the rim of the breast implant may be visible or detectable to touch (palpable). Your surgeon may recommend placing an implant behind the pectoral muscle in order to minimise this effect if they believe that the implant ridge would appear unsightly.

Capsular contracture

Modern day implants have ensured that the risk of capsular contracture is about 5-6%, usually after the first year. It occurs when the body responds by making scar

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tissue around an implant, as part of a normal foreign material response. This scar tissue can then harden and tighten, which is when it becomes apparent. This can take many years, but when it affects the appearance or feel of the breast corrective surgery may be needed.

Implant failure

Advances in implant technology mean that breast implant ruptures are not as common as before. The real life expectancy of current breast implants cannot be determined accurately, because their time in usage has not been long enough. It is for this reason that women are advised about possible renewal of their implants after a ten-year period. Mr Misra will only use implants that have been subject to vigorous testing processes by the manufacturers and are intended for medical use (eg. Nagor, Allergan, Mentor).

Scarring

Mr Misra performs breast augmentation through infra-mammary incisions. The scars are typically fine and well hidden once the healing process is complete (12 months). However, very occasionally a scar may heal abnormally and become thick, raised and painful (hypertrophic). This condition can be helped with a silicone dressing or steroid injections. Scar revision is normally a last option as results cannot be guaranteed.

Breast feeding

Future pregnancies and breast-feeding can be done safely and will not be affected by breast augmentation.

Breast cancer

There are no links between breast cancer and breast implants in the scientific literature. Even mammograms as part of breast screening are still interpretable in the usual way as long as you let the person performing the test (radiographer) know that they you have breast implants.

Cigarette smokers

Heavy smokers may increase their risk of wound problems and capsular contracture. Mr Misra will encourage you to cease smoking before surgery.

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ALCL and breast implants

A very rare, but treatable lymphoma (cancer) has been found in a small number of breast implant enhanced patients. See link: <http://www.bapras.org.uk/media-government/news-and-views/view/bapras-advises-that-whilest-rare-patients-must-be-told-of-risks> The current advice by the UK regulatory device authority (MHRA) is not to change the current practice of implant use in breast augmentation surgery and to discuss this finding, as part of the informed consent process.

Further information

If you are interested to know more about breast augmentation, please call: 01753 66571 / email: surgeon@alokmisra.com

Disclaimer: This information leaflet is designed to supply useful information but is not to be regarded as advice for a specific case. It does not replace the need for a consultation with Mr Misra and in this regard he accepts no liability for any decision taken by the reader in respect of the treatment they decide to undergo.