Breast Augmentation

Introduction

Any plastic surgery operation is a very personal choice and understandably there are a number of questions that naturally arise. This brochure has been produced by the Institute's Consultants as a helpful introduction if you are considering surgery to your breasts.

Not every woman feels the necessity to have larger breasts, but for many it has given them great personal confidence and well being. There are many options available for women who decide to have a breast augmentation and therefore the more you know about the operation the better you will be able to make the decision that is best for you.

The breast is made up of glandular breast tissue and fat with varying amounts of each depending upon your age and body shape. Surrounding this is an envelope of skin which can vary in both thickness and tone. Lastly the glandular ducts open onto your nipple which can vary greatly in its position in relation to the breast itself. The breast lies on the chest wall muscle called the pectoralis major which in itself can vary in size, shape and firmness. There is almost always a difference between the two breasts in an individual woman.

Some women wish to increase the size of their breasts, others wish to reshape their breasts which may have changed during pregnancy or with age and other women wish to correct a difference in size between the breasts (asymmetry). It is well documented in the medical literature that women undergoing breast augmentation can obtain great psychological and emotional benefit with enhanced self esteem and a more satisfying body image as a result of this operation. However, every woman's decision is different. The motivation must come from you the patient, and your aspirations and expectations of breast augmentation should be conveyed to the surgeon. As a result we sometimes use a counsellor to help both you and myself to reach the right decision.

The operation involves the insertion of a breast prosthesis which consists of soft silicone or saline contained in a silicone bag. The prosthesis is placed either behind in most cases or occasionally in front of the pectoralis major muscle which lies under the breast itself. Breast augmentation does not interfere with breast-feeding and in most cases does not interfere with nipple sensation. It should not interfere with the diagnosis or treatment of any future breast disease. Most women's breasts are asymmetrical and we do our best to point this out pre-operatively. In some cases we uses prostheses of different sizes to correct this asymmetry but this can never be totally correctable by surgery, in particular differences in the height of the nipple.

Breast implants come in different shapes and sizes and whilst all consist of an outer bag of silicone, different materials or fluids are used to fill this bag. There are two basic types of implants that we use. One is the saline (salt water) filled prosthesis and the other is Silastic gel-filled (McGhan) prosthesis, which is either in a soft liquid, or a firmer, cohesive jelly-like consistency. We do not use the Trilucent or Hydrogel prostheses.

The prostheses can be placed through an incision either in the armpit, around the areolar of the nipple, or in the sub-mammary crease under the breast into a pocket either in front of or behind the pectoralis muscle.

There are many important factors that may have an effect upon the particular operative procedure, your recovery and the long-term result. Some of these factors include your overall health, your chest size and body shape, your healing capabilities which will be affected by smoking, alcohol and various medicines that you take, previous breast surgery and any bleeding tendencies that you have.

Each type of prosthesis and each surgical procedure has its pros and cons and by discussing all the various options with you, we hope that we can decide the best combination for you.

Following examination and photography we will try and estimate the size of prostheses by using a sports bra which you aspire to fill. For some patients if we find any lumps in your breast, or, if you are of an age where we would normally advise you to have an ultrasound or mammogram examination of your breast particularly if you are on HRT, we will arrange these investigations here at The Stamford. As a matter of routine you will be referred to the Pre-Admission Unit in the Day Surgery Unit where your general health will be checked well in advance of your admission to hospital.

The Operation

Usually the operation is performed under general anaesthetic either as a day case or a one night stay. Pre-operatively no Aspirin or medicine containing Aspirin should be taken for two weeks before surgery. If you smoke you should cut down for one week before surgery and stop smoking completely three days before surgery to avoid any post-operative complications with the anaesthetic. We would like you to take Arnica for one week before and after surgery.

If you are having surgery in the morning you should have nothing to eat or drink from midnight and have someone drive you to the hospital. If your operation is in the afternoon then you should have nothing to eat or drink from 7am. You will be discharged either on the evening of surgery or the following morning before lunch and you should arrange for someone to collect you by car and stay with you for the first two nights after surgery. You will be supplied with painkilling tablets and three days worth of antibiotics to take home. Remember do not take any Aspirin for pain relief.

The operation is performed through a two-inch incision either in the hair bearing skin of the armpit where it is easily concealed or through an incision under the breast in the crease or just above it. We may use surgical drains which are easily removed the day after surgery. The breasts will feel sore after surgery particularly when the arms are moved, but this rapidly improves over the first week after surgery. Three weeks after your operation you may resume gentle exercise, but violent movements and upward stretching of the arms is inadvisable for six weeks. For two months after surgery you will be asked to wear a sports bra to support the prosthesis. You may resume driving a car after ten days. You can sleep on your back or side but not on your stomach for at least four weeks.

Complications:

Haematoma

A haematoma is a collection of blood inside the body. In this operation it would be around the implant – swelling, pain and bruising may result. The chances of getting a haematoma are very low. However, if it is small it is absorbed by the body and does not require any specific treatment. If it is large, this usually happens right after surgery, then 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 a feeling of flu, then obviously you should get in touch with us immediately.

Infection

Infection is very, very rare. We cover the operation period with antibiotics. Most infections resulting from surgery appear within a few days after the operation. Infections resulting from foreign bodies, such as implants are harder to treat than infections in normal body tissues. Some infections do not respond to antibiotics and the implants have to be removed. After the infection is treated and the scar has softened, a new implant can usually be re-inserted.

Changes of Feeling in the Nipple and Breast

Feeling in the nipple and breast can increase or decrease after implant surgery. Changes in feeling can be temporary or permanent and may affect sexual response or the ability to nurse a baby. All patients will experience a temporary reduction in sensation, approximately 10% will experience a long-term increase in sensation, and 10% a permanent reduction in sensation.

Scarring around the prostheses

Wherever a cut is made, the body heals by making a scar. You will therefore make a scar which will completely surround the prostheses. If you make a thin scar, the prostheses will feel soft and you will not be able to differentiate it from the normal breast. Sometimes for reasons not understood the scar can thicken, making the prostheses feel hard and changing their shape to a more round ball. This scar is called encapsulation and if it thickens is sometimes referred to as a Capsular Contracture, or rejection. There is no evidence that using one particular type of implant decreases the chance of this complication other than by using a rough-walled 'textured' implant which, if placed under the muscle, reduces the incidence of encapsulation requiring further surgery to less than 10% of cases.

Shifting of the Implant

Using rough walled (textured) implants it is rare for the implant to move. 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 of the breast where there is less tissue to disguise the prosthesis. With advancing age the breast normally tends to ptose or droop with a low nipple. This can usually only be corrected by a mastopexy (hitching up) operation. Other occasional problems can include an asymmetry between one side and the other, which may require correction.

Silicone Breast Implants

Breast implants cannot be expected to last forever. However the modern McGhan breast implant that we use has a textured surface to try and prevent capsular contraction and a laminated silicone shell which is extremely tough and minimises leakage of the contents of the prosthesis. The modern prostheses are made such that you can walk on them and are completely different to the prostheses used ten or more years ago which had an extremely thin capsule with the misguided intention of trying to prevent hardening.

The shell of the silicone gel implant can break due to injury or vigorous contact but usually this is 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. For some patients who wish to have saline implants, deflation or rupture of the implant is more common because the saline, or water with salt in it, does not lubricate the folds that occur in the implant and this results in weakening. The released salt water is naturally present in the body and is absorbed as a harmless fluid. However, the implant does have to be replaced.
It is known that small amounts of silicone diffuse through the silicone envelope. Most stays in the breast implant pocket but it is possible for microscopic amounts of silicone to travel to different parts of the body, usually the lymph nodes in the armpits. Silicone is used in the body in a variety of uses from lubricating almost every syringe

used, to wrapping around cardiac pacemakers. At present there is no evidence to suggest that silicone from breast implants causes any disease.

Lawyers in the United States originally maintained that silicone gel filled implants caused breast cancer, abnormalities in babies and a range of diseases from ME to arthritis which we doctors call auto immune disease. The lawyers and doctors both in the United States and England are all agreed that there is no evidence to support the accusation that silicone gel prostheses cause breast cancer or abnormalities in babies. The present state of knowledge shows that it is quite safe for women who have had breast implants to breast-feed their babies.

Large studies comparing the rates of autoimmune disease in women with implants versus those without implants have provided reassurance that women with implants are not at an increased risk of these disorders compared with women who have no implants. This has recently been confirmed by an independent review which was established by the Chief Medical Officer at the request of the Department of Health. In their report, they considered evidence from all scientific and lay sources, they found no evidence to support a link between silicone gel implants and connective tissue disease.

One of the findings of the independent review group was that there was very poor long term follow up for patients, difficulty in patients receiving advice about whether their implants had ruptured or not and in some cases inability to get clear cut advice about the long term care of their breasts and screening. As a result of this we also have a special clinic working in conjunction with a breast surgeon, a rheumatologist and a clinical psychologist which allows us to provide a comprehensive long term follow up clinic for patients who have had breast augmentation. This is the first such clinic in this country providing this service. At The Stamford we have ultrasound, mammography and MRI scanning available to help in the diagnosis of breast conditions.

There are a very small group of patients who have vague symptoms such as joint pain, unusual hair loss, unexplained or unusual loss of energy, nausea and vomiting, rashes, memory problems, muscle weakness and burning that fit into no well-recognised disease pattern. They attribute these problems to their silicone prosthesis.

The breast implant can interfere with finding breast cancer during mammography. It can hide suspicious looking patches of tissue in the breast, making it difficult to interpret the result. However, if you tell the radiologist that you have a breast implant when you are having routine mammography, different views can be taken of the breast to overcome these problems. The present evidence is that there is no increased risk of breast cancer in patients using silastic gel breast prostheses, indeed in some studies the incidence of breast cancer has been slightly lower. There is similarly no evidence to show that women who have breast cancer and have had a breast implant, fare worse than an unfortunate woman with breast cancer who has not had a breast implant.

If there are any problems or anxieties post-operatively, please get in touch with The HealthXchange Clinic on 736699 or out of office hours Dr J G Curran on 265797 or mobile 07781 165797.

The minimum follow up is one year but your long term care can be monitored by routine screening undertaken by our Breast Augmentation Care Clinic – please ask for details. It is important that you realise that additional costs may be necessary in future years for screening and removal or replacement of implants.