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## AUGMENTATION MAMMAPLASTY – patient information

You are being admitted for a **breast augmentation** operation. This operation is performed to enlarge the breasts for a number of reasons:

- To enhance the body contour of a woman, who for personal reasons, feels that her breast size is too small.
- To correct a loss in breast volume after pregnancy weight loss
- To balance breast size, when there exists a significant difference between the size of her breasts.
- As a reconstructive technique for various conditions.
- To replace breast implants for medical or cosmetic reasons.

The shape and size of the breasts prior to surgery will influence both the recommended treatment and the final results. If the breasts are not the same size or shape before surgery, it is unlikely that they will be completely symmetrical afterwards.

All implants have a silicone coating. Some are silicone gel filled and others saline filled.

Breast enlargement is accomplished by inserting a breast implant either behind the breast tissue or under the chest muscles. Incisions are made to keep scars as inconspicuous as possible, usually under the breast, around the lower part of the areola, or in the armpit. The method of inserting and positioning breast implants will depend on your preferences, your anatomy and your surgeon's recommendation.

Patients undergoing augmentation mammoplasty surgery must consider the possibility of future revisionary surgery. Breast implants cannot be expected to last forever.

### **ALTERNATIVE TREATMENT**

Augmentation mammoplasty is an elective surgical operation. Alternative treatment would consist of the use of external breast prostheses or padding, or the transfer of other body tissues to enlarge breast size.

### **RISKS OF AUGMENTATION MAMMOPLASTY SURGERY**

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with augmentation mammoplasty. Additional information concerning breast implants may be obtained from package insert sheets supplied by the implant manufacturer, or other information obtained on the Internet.

An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of women do not experience the following complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of breast augmentation.

### **BLEEDING**

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post operative bleeding occur, it may require emergency treatment to drain accumulated blood (haematoma).

## **INFECTION**

Infection is unusual after this type of surgery. It may appear in the intermediate post operative period at any time following the insertion of a breast implant. Subacute or chronic infections may be difficult to diagnose. Should an infection occur, treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary. Infections with the presence of a breast implant are harder to treat than infections in normal body tissues. If an infection does not respond to antibiotics, the breast implant may have to be removed. After the infection is treated, a new breast implant can usually be reinserted after a suitable interval. It is very rare that an infection would occur around an implant from a bacterial infection elsewhere in the body, however, prophylactic antibiotics may be considered for subsequent dental or other surgical procedures.

## **CAPSULAR CONTRACTURE**

Scar tissue, which forms internally around the breast implant, can tighten and make the breast round, firm, and possibly painful. Excessive firmness of the breasts can occur soon after surgery or years later. Although the occurrence of symptomatic capsular contracture is not predictable, it generally occurs in less than 20% of patients. The incidence of symptomatic capsular contracture can be expected to increase over time. Capsular contracture may occur on one side, both sides or not at all. Treatment for capsular contracture may require surgery, implant replacement, or implant removal.

## **CHANGE IN NIPPLE AND SKIN SENSATION**

Some change in nipple sensation is not unusual right after surgery. After several months, most patients have normal sensation. Partial or permanent loss of nipple and skin sensation may occur occasionally.

## **SKIN SCARRING**

Excessive scarring is uncommon. In rare cases, abnormal scars may result. Scars may be unattractive and of different colour than surrounding skin. Additional surgery may be needed to treat abnormal scarring after surgery.

## **IMPLANTS**

Breast implants, similar to other medical devices, can fail. Implants can break or leak. When a saline-filled implant deflates, its salt water filling will be absorbed by the body. Damaged or broken implants cannot be repaired. Ruptured or deflated implants require replacement or removal. Breast implants cannot be expected to last forever.

## **IMPLANT EXTRUSION**

Lack of adequate tissue coverage or infection may result in exposure or extrusion of the implant. Skin breakdown has been reported with the use of steroid drugs or after radiation therapy to breast tissue. If tissue breakdown occurs and the implant becomes exposed, implant removal may be necessary. Smoking may interfere with the healing process.

## **MAMMOGRAPHY**

Breast implants may make mammography more difficult and may obscure the detection of breast cancer. Implant rupture can rarely occur from breast compression during mammography. Inform your mammography technician of the presence of breast implants so that appropriate mammogram studies may be obtained. Patients with capsular contracture may find mammogram techniques painful and the difficulty of breast imaging will increase with the extent of contracture. Ultrasound, specialised mammography and MRI studies may be of benefit to evaluate breast lumps and the condition of the implants. Because more X-ray views are necessary with specialised mammography techniques, woman with breast implants will receive more radiation than women without implants who receive a

normal examination. However, the benefit of the mammogram in finding cancer outweighs the risk of additional X-rays.

### **SKIN WRINKLING AND RIBBLING**

Visible and palpable wrinkling of implants can occur. Some wrinkling is normal and expected. This is often more pronounced in patients who have saline-filled implants or thick breast tissue. It may be possible to feel the implant valve. Some patients may find palpable valve and wrinkles cosmetically undesirable.

### **PREGNANCY AND BREAST FEEDING**

Although many women with breast implants have successfully breast fed their babies, it is not known if there are increased risks in nursing for a woman with breast implants or if the children of women with breast implants are more likely to have health problems. There is insufficient evidence regarding the absolute safety of breast implants in relation to fertility, pregnancy or breast feeding. Some women with breast implants have reported health problems in their breast fed children. Only very limited research has been conducted in this area and at this time there is no scientific evidence that this is a problem.

### **CALCIFICATION**

Calcium deposits can form in the scar tissue surrounding the implant and may cause pain, firmness and be visible on mammography. These deposits must be identified as different from calcium deposits that are a sign of breast cancer. Should this occur, additional surgery may be necessary to remove and examine calcifications.

### **IMPLANT DISPLACEMENT**

Displacement or migration of a breast implant may occur from its initial placement and can be accompanied by discomfort an/or distortion in breast shape. Difficult techniques or implant placement may increase the risk of displacement or migration. Additional surgery may be necessary to correct this problem.

### **SURGICAL ANAESTHESIA**

Both local and general anaesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anaesthesia or sedation.

### **CHEST WALL DEFORMITY**

Chest wall deformity has been reported secondary to the use of tissue expanders and breast implants. The consequences of chest wall deformity is of unknown significance.

### **UNUSUAL ACTIVITIES AND OCCUPATIONS**

Activities and occupations which have the potential for trauma to the breast could potentially break or damage breast implants, or cause bleeding.

### **BREAST DISEASE**

Current medical information does not demonstrate an increased risk of breast cancer in women who have breast implant surgery for either cosmetic or reconstructive purposes. Breast disease can occur independently of breast implants. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to our national guidelines, and seek professional care should they notice a breast lump.

## **SEROMA**

Fluid may accumulate around the implant following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain fluid accumulation around breast implants.

## **LONG TERM RESULTS**

Subsequent alterations in breast shape may occur as the result of ageing, weight loss or gain, pregnancy or other circumstances not related to augmentation mammoplasty. Breast sagginess may normally occur.

## **IMMUNE SYSTEM DISEASES AND UNKNOWN RISKS**

Some women with breast implants have reported symptoms similar to those of known diseases of the immune system, such as systemic lupus erythematosus, rheumatoid arthritis, scleroderma and other arthritis-like conditions. A connection between implanted silicone and connective tissue disorders has been reported in the medical literature. To date, there is no scientific evidence that women with either silicone gel filled or saline filled breast implants have an increased risk of these diseases, but the possibility cannot be excluded. If a causal relationship is established, the theoretical risk of immune and unknown disorders may be low. The effects of breast implants in individuals with pre-existing connective tissue disorders is unknown.

Current studies have only looked for the symptoms of known autoimmune diseases, rather than the variety of symptoms that women report experiencing. Some of the reported symptoms include:

- Swelling and/or joint pain or arthritis-like pain
- Rash
- General aching
- Unusual hair loss
- Unexplained or unusual loss of energy
- Greater chance of getting colds, viruses, flu
- Swollen glands or lymph nodes
- Rash
- Memory problems, headaches
- Muscle weakness or burning
- Nausea, vomiting
- Irritable bowel syndrome
- Fever

Questions have been raised about the potential for the saline solution used to fill breast implants to become contaminated with bacteria or fungus. These organisms may present a risk to the patient in the event of implant leakage or deflation.

There is the possibility of unknown risks associated with silicone breast implants and tissue expanders.

## **UNSATISFACTORY RESULT**

You may be disappointed with the results of surgery. Asymmetry in implant placement, breast shape and size may occur after surgery. Unsatisfactory surgical scar location or displacement may occur. Pain may occur following surgery. It may be necessary to perform additional surgery to improve your results.

## **REMOVAL / REPLACEMENT OF BREAST IMPLANTS**

Future removal or replacement of breast implants and the surrounding scar tissue envelope involves a surgical procedure with risks and potential complications.

### **ADDITIONAL SURGERY NECESSARY**

Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with augmentation mammoplasty. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

Before you leave the ward, arrangements will be made to see you in the **dressing clinic**. Any stitches needing removal will be seen to in the dressing clinic. Your wounds will be checked and your dressings changed. You will be given an **out patient clinic** appointment for about 6 weeks after your operation.