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Breast Enhancement (Augmentation)

General Information

Breast augmentation, technically known as augmentation mammoplasty, is a surgical procedure to enhance the size and shape of a woman's breast for a number of reasons:

- To enhance the body contour of a woman who, for personal reasons, feels her breast size is too small.
- To correct a reduction in breast volume after pregnancy.
- To balance a difference in breast size.
- As a reconstructive technique following breast surgery.

What can be done

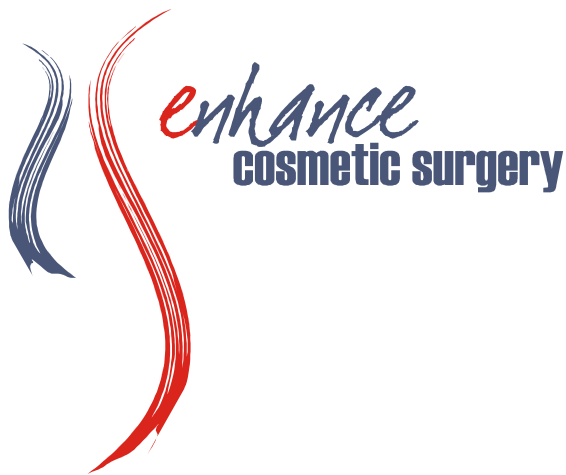
Breasts can be made larger by placing an implant either under the breast tissue or behind the muscle on which the breast lies. Implants are usually inserted through incisions in the crease below the breast. Alternatively, the incisions may be made around the nipple, in the armpit or in the tummy button (umbilicus).

Breast implants

A breast implant is made of an outer layer of silicone, but may be filled with silicone gel or salt water. Some implants are round and others are shaped more like a natural breast - either can give excellent results. The manufacturer's life expectancy of breast implants is 10 or more years, although implants can stay in without problems for a much longer time.

What are the complications?

The body always forms a capsule of scar tissue around the breast implant. This capsule can become thickened and contracted. The newer designs of implants have features to reduce the likelihood of this happening. This may be troublesome in around 5% of patients and usually starts six or more months after surgery. This can lead to pain, and /or an abnormally hard feel of the implant in the breast. This may need treatment and occasionally removal of the implant.



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The silicone controversy

Whatever the filling of the implant, the outer layer is made of silicone. Silicon is a naturally occurring element which becomes silicone when it is combined with carbon, hydrogen and oxygen. Silicone is manufactured into many items including cosmetics, foods and medical implants. Many studies have looked into whether silicone breast implants cause certain diseases. As a result of these studies we can say that at present there is no evidence to suggest that silicone breast implants cause autoimmune diseases such as rheumatoid arthritis or the so-called "human adjuvant" diseases.

An independent government review body (the IRG) was set up to investigate the controversy over silicone breast implants, and they have found that:

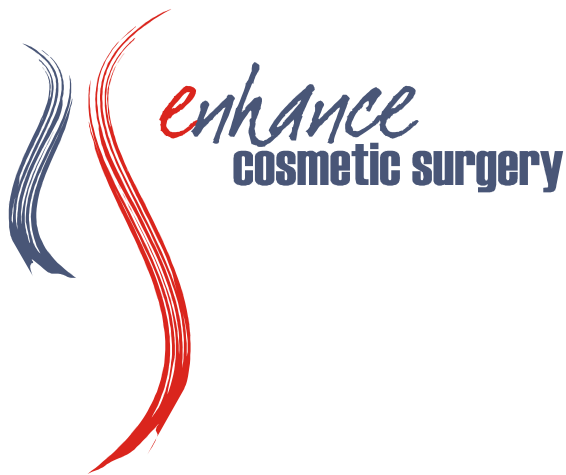
- Patients with silicone gel breast implants are not more likely to suffer from ill health or any connective tissue or joint disease.
- There is no evidence of an increase in disease in children whose mothers have silicone gel breast implants.
- Risks to patients associated with the use of silicone gel breasts implants are no greater than for other implants.

They do however stress the importance of providing clear and comprehensive information so that patients can make informed decisions.

What are the limitations?

Most women have some degree of difference (asymmetry) between breasts and breast augmentation may occasionally exaggerate this difference. A breast that has an underlying implant will not necessarily feel like a normal breast and some women may be acutely aware of the implant as a foreign body within the breast. There is usually a difference in skin and nipple sensation following breast augmentation. The size and shape of the breast following breast augmentation surgery will adjust with time.

It is also not always possible to create a "cleavage" with breast augmentation. The weight of the implant may influence the age-related changes that normally take place in breasts. Movement of the fluid which fills the implant may occasionally be seen through the skin, this being more likely in the saline (salt water) filled implants, and less likely in silicone implants, which also have a more natural feel.



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Breast augmentation does not usually interfere with breast feeding, and there is no evidence that any silicone is found in breast milk. The presence of breast implants does interfere with mammography, which is an X-ray screening method for breast cancer. Special X-ray views can be taken to reduce this interference.

The breast augmentation operation will leave scars under the breast (or around the nipple or in the armpit). The scars will settle over 12 or more months; the appearance of the scars does vary between different people. This scarring is placed in such a position as to make the chances of someone seeing the scars as low as possible even when wearing a swimming costume. Usually the scars settle well to end up as white lines but they may always be noticeable. Some people have an inborn tendency for scars to stretch and sometimes scars can stay thick, red and irritable for a long time.

Implant Rupture and Silicone leakage

Leakage of silicone can occur either as a slow seepage, or following rupture of the implant. This silicone is almost always contained within the fibrous capsule which the body forms around the implant. Silicone leakage may cause a local tissue reaction (soreness and hardness) but has never been linked to serious health problems.

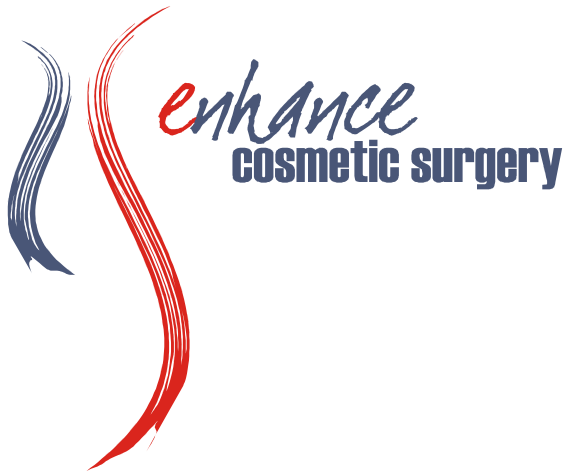
Implant rupture may be detected by ultrasound or other more sophisticated scans (eg. MRI). No technique is very accurate. If surgery is undertaken to remove implants on the suspicion of rupture, a plan must be made as to whether the old implants should be removed only, or be replaced by new implants.

What are the risks?

Any major operation with a general anaesthetic carries a small risk of chest infection particularly among people who smoke. There is also a risk of clotting or thrombosis in the veins of the legs particularly for patients who smoke and in those taking the contraceptive pill.

Occasionally, bleeding can occur after the operation in the new space which has been created for the implant. This may necessitate a further operation. Any operation carries the risk of infection, and you will be given a dose of an antibiotic at the time of surgery.

Any infection that may occur in the tissue around the implant can usually be treated with antibiotics but may occasionally require surgical removal of the implant.



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How to prepare for the operation

It is probably a good idea to see your general practitioner prior to the surgery, particularly if you have other medical problems. Your surgeon is likely to advise you of risks if you are on the contraceptive pill.

Smoking does seriously effect the healing of the breast wounds and you should try to give up before your surgery.

What to expect before the operation

You will be admitted the day before or on the day of surgery. While in hospital and before your operation you will be seen by both your surgeon and the anaesthetist who will be putting you to sleep. The staff on the ward will help you to settle in. You may be fitted with a pair of elastic stockings and given an injection to help reduce the risk of developing clots in your veins after surgery. The operation is carried out under general anaesthetic and when you wake at the end of the operation there will be some discomfort which will last for two or three days. You will be given pain killing injections or tablets.

Drainage tubes are not routinely used but if found necessary will be removed within a short period of time. You may need to remain in hospital for one or two days. All stitches used are dissolvable.

There is likely to be some tenderness for several weeks following surgery but there is no reason why you cannot sunbathe and go swimming once the scars have fully healed.