

Where will the implants be placed?

Breast enlargement involves the placement of an implant under the patient's breast tissue to enhance the size and shape of the breast. The implants are inserted using an incision placed under the breast at the crease. The implants can be placed in the following manner:



1) Behind the breast

The insertion of implants behind the breast is considered to be the simplest of the available enlargement procedures, and less likely to cause significant discomfort. This route is also effective for patients with slightly drooping breasts.



2) Behind the muscle

The insertion of implants behind the breast is a key consideration for slender patients and those with very little breast tissue where the edge of an implant may be detectable through the skin. The muscle provides extra cover and helps to hide the upper half of the implant, and so is often recommended for those who have very little breast tissue and whose ribs may be visible through the skin.

3) Dual plane augmentation

In this technique the implants are placed partly behind the breast and partly behind the muscle. This is called a dual plane augmentation.

Do I need to wear a special bra after surgery?

Mr Huq recommends that you wear a well-fitted sports bra for 6 weeks after surgery (including at night). This is to help maintain the breast shape in the correct position during the crucial early weeks after surgery. You should buy 2 bras, so that your breasts will not be unsupported when the bras are being washed.

How soon can I return back to work?

Mr Huq will provide you with an individualized recovery plan. However, in general, most patients can return to a desk-based job after 1 week. For more strenuous types of work, between 2 to 4 weeks off work may be required. It is important to avoid lifting your arms above your shoulders as this increases your risk of developing stretched scars.

Most patients can resume light exercises after 4 weeks (low impact) and can go back to more energetic exercises after 6 weeks.

When can I drive after surgery?

You should aim to rest for the first week after surgery to allow your breasts to heal after the surgery. Driving can place stress on the breast tissues due to contraction of the underlying muscles. Mr Huq therefore recommends that you do not drive for 2 weeks after breast surgery.

Can I breast feed after breast augmentation surgery?

The breast augmentation surgery does not damage the milk ducts to the nipple and therefore the ability to breast feed should be unaffected. There is no evidence that breast milk from women with silicone implants is harmful to their babies.

What are the possible complications?

Bleeding

Some patients will bleed into the space around the implant. This usually happens immediately after the operation, but occasionally occurs up to two weeks later. If it happens the breast becomes very swollen and tight. You need to go back to the operating room and have the blood removed and the bleeding stopped.

The implant can be retained. You are likely to spend an extra night in hospital and will be rather more bruised than expected, but things should settle down in time and it is unlikely to adversely affect your outcome from surgery. The risk of bleeding is less than 1%.

Infection

This is the most problematic complication of breast augmentation. Again it is rare, occurring in less than 1% of cases. It will usually become apparent over the first two or three weeks after the operation that things are not settling down as expected. The breast will be swollen and tender, it may look red, there may be wound discharge, and you may feel unwell with a raised temperature. If this occurs you need to contact myself urgently so that I can assess you and start the right course of treatment.

Sometimes a mild infection will settle down with antibiotics, but usually this will not be enough. Most patients with an established infection around the

implant will need to have the implant removed. A new implant cannot be inserted immediately. It is important to wait between three to six months for the effects of the infection to resolve before a new implant is inserted.

Adverse capsular contracture

In every patient the body forms a scar or capsule around the implant that fixes it in place. In most people this is not obvious and the breast feels soft and looks natural. In a proportion of patients (for reasons that are not fully understood) this scar contracts around the implant and makes it feel firmer than a normal breast. In most patients they are not too troubled by this, as the breast still looks satisfactory. However, in some patients the breast becomes unacceptably firm and may take on a spherical shape. It may also become tender. If this happens you need to contact me to discuss the situation. Sometimes if the contracture is not too bad then you may decide to stay as you are. It is certainly safe to do this. Some patients will elect to have the implant removed and the capsule released/removed. This is called a capsulotomy or a capsulectomy. A new implant can then be inserted. Hopefully this will improve matters.

The risk of noticeable firmness is up to 10% of all breast augmentations, but most of these patients will not need revision surgery. The chance of having a re-operation for any reason is about 1% a year. So, after 10 years about 10% of women will have had a re-operation.

Adverse capsular contracture is the most common reason for re-operation. In addition, once capsular contracture has happened once it is more likely to happen after the revision operation.

Changes to the feeling of the breasts

Most patients will get some alteration in the sensation in their breasts after breast augmentation surgery, the most usual symptoms being some numbness near the scar, and oversensitivity of the nipples.

This oversensitivity gradually settles down, but usually takes several months to do so. A few patients will get numbness of the nipples. If numbness persists for more than six weeks after the surgery it is likely to be permanent.

Being able to feel or see the implants under the skin

In particularly slim patients it is to be expected that you will be able to feel the edges of the implants. This is an inevitable consequence of the operation and will not improve with time. It is much less likely in patients who start off with a reasonable amount of their own tissue covering the implant. As time goes by some people will be able to see or feel ripples or folds in their implants perhaps when leaning forwards.

For most patients it is best to simply accept that this has occurred and is a

limitation of the surgery. It can be difficult to correct with another operation. Occasionally a more marked crease can be felt. This can be a sign of adverse capsular contracture.

Implant failure

Implants are made to be very tough, but the shell can eventually fail and a leak can occur. This is not usually a serious event, in many cases the leak is contained within the capsule and the patient does not notice problem. Patients may, therefore, have an implant that has failed and be unaware of it. This does not appear to be harmful. Some patients will notice a change in the size, shape or consistency of the implant. A lump might appear and the breast may look swollen. If these things happen you should seek advice from myself. A scan will usually be carried out and if this suggests the implant has ruptured, removal and exchange of the implant will be advised.

Lumpy Scars

In the vast majority of cases the scar heals as a flat fine pale line. However in some cases patients may develop lumpy scar (hypertrophic or keloid). In these cases treatment with steroid injections may be necessary to flatten and fade the scars.

Difficulty with Mammography

The presence of a breast implant may make screening mammography more difficult. To maximize the results from the breast tissue that can be seen, additional mammography views may need to be taken.

Seroma

Fluid may accumulate around the implant following surgery, trauma or vigorous exercise. Additional treatment may be required to drain the fluid accumulation. A seroma may contribute to infection, capsular contracture or other problems.

Breast Asymmetry

Very few women have perfectly symmetrical breasts. My Huq will highlight any differences between your breasts during the consultation process. These subtle differences between the breasts will remain if the same size implants are used on the same side. If there is a significant discrepancy in the position of the nipples, then this is almost impossible to correct with augmentation surgery alone.