

Cosmetic Surgery

The *Art & Science*

of *Beauty*

BREAST AUGMENTATION INFORMATION SHEET

ARE YOU THINKING ABOUT BREAST AUGMENTATION?

If you are considering surgery, Dr. Peterson wants you to be thoroughly informed about this procedure. Reading this brochure is the first step. However, a personal consultation with your surgeon is the best way to obtain the additional information you will need.

What is Breast augmentation?

Breast augmentation, also called augmentation mammoplasty is a cosmetic surgical procedure to increase the size of breasts. Augmentation mammoplasty will also correct slight sagging of the breast and can increase breast firmness. It involves surgical placement of an implant behind the breast to increase volume and enhance shape.

Following breast enlargement, it may be easier to find clothing that fits you well, and you may feel more confident about your appearance.

Is breast augmentation right for me?

You may wish to consider augmentation mammoplasty if you feel your breasts are smaller than you would like or are out of proportion with the rest of your body. An under-development or an imbalance in the amount of naturally existing breast tissue relative to the other body measurements may create an undesired appearance and a reason to seek breast enlargement. Another reason for breast enlargement would be after a natural loss of breast volume following a large weight loss or following pregnancy. These changes can create a collapsed or deflated appearance and clothing that no longer fits well around the chest.

One or more of the following feelings or conditions may indicate that you are a good candidate for breast augmentation:

- You are bothered by the feeling that your breasts are too small
- Clothes that fit well around your hips are often too large at the bustline
- You feel self-conscious wearing a swimsuit or form-fitting top
- Your breasts have become smaller and lost their firmness after having children
- Weight loss has changed the size and shape of your breasts
- One of your breasts is noticeably smaller than the other

Breast augmentation can enhance your breast size and shape, and give you a more proportional figure. A good candidate for breast enlargement is emotionally mature, understands her personal motivations and has realistic goals for the procedure.

INITIAL CONSULTATION

During the initial consultation, you will be asked to describe exactly what you would like to see improved. This will help to understand your expectations and determine whether they can be realistically achieved. You should always keep in mind that the desired result is improvement, not perfection.

You will be asked about your medical history including previous operations, as well as past and present medical conditions and medications. You will also be asked about previous breast conditions that you may have had. You will be asked whether you have a family history of breast cancer and about results of any mammograms. A baseline mammogram may be recommended before surgery if you have not had one. In order to provide you with the best information and safest options, it is important that you provide your complete information.

If you are planning to lose a significant amount of weight, be sure to discuss this at your consultation as it may be recommended to stabilize your weight prior to undergoing surgery. If you think that you may want to become pregnant in the future, you should mention this at your consultation. Pregnancy can alter breast size and affect the long-term results of your breast augmentation. If you have questions about pregnancy and breastfeeding, they can be answered at your consultation.

Dr. Peterson will examine your breasts and perhaps take photographs for your medical record. He will discuss such factors as the size and shape of your breasts, the quality of your skin and the placement of your nipples and areolas (the pigmented skin surrounding the nipples) when recommending a breast augmentation plan.

A number of measurements will be made, such as the distance from your breastbone to the nipples, distance between your nipples, the distance from the nipples to the crease under your breast, as well as breast diameter. If your breasts are droopy, a breast lift may be recommended in conjunction with augmentation.

Choice of Implants

All breast implants are composed of a shell and filler. Current breast implants have silicone shells.

Implant shells can be smooth or textured. Smooth-shelled implants are good choices for some body types, however are more likely to develop a capsular contracture or "implant hardening". The textured shelled implants were invented to combat the problem of capsular contracture. The current implants with textured shells have a smaller risk of capsular contracture than smooth-shelled implants.

Shape: The shape of the implant also varies. Some varieties are round and some are made in a "teardrop" or "anatomic" shape that more closely resembles the natural shape of a breast. We can discuss the advantages of each with you.

The Filler: Saline filled implants are available in either round or anatomical shape and provide excellent aesthetic results. Many patients will prefer the saline filled implant because of the inherent safety of the saline. However, saline implants feel firmer than silicone implants and are more prone to visible rippling and wrinkling. When the implant ruptures, saline is released from the implant and is absorbed by the body.

Silicon filled Implants: Silicone implants are available again for cosmetic breast augmentation. Silicone implants allow for a more natural feeling breast and provide an excellent aesthetic appearance. In recent years, some patients have raised concerns about silicone causing diseases. Through scientific studies that have examined the health of thousands of women who underwent the procedure in the past, these claims have not been substantiated. A MRI is recommended after three years of having silicone implants and then every two years. This is usually an out-of-pocket and not covered by insurance. The MRI is to detect rupture of the implant shell. The implant is recommended to be replaced if the shell has ruptured.

Size

During the consultation for breast augmentation, the amount of breast augmentation that best meets your needs will be discussed. Your choice of implant size will be based on by your preference as well as your body anatomy and breast tissue. Because of individual factors, not everyone will achieve the same results from breast augmentation surgery. There are many variables which need to be considered before a final surgical plan is formulated such as lifestyle, body type, and tissue type.

CHOICE OF IMPLANT PLACEMENT

Breast implants can be placed either under the breast tissue or partially under the muscle of the chest wall (pectoral muscle) and partially under the breast tissue. The placement depends on your pre-existing breast shape and size, the amount of tissue in your upper chest, the amount of physical activity you do, and the choice of implant you wish to have. Excellent results can be achieved with the use of both placements but each has certain limitations. This will be discussed with you and the appropriate choice can be determined at the time of consultation or pre-operative visit.

Choice of Incision

Dr Peterson can discuss the incision choices with you at the time of consultation to determine the most appropriate approach for you. Incision placement is influenced by such factors as implant selection and body anatomy. Incisions commonly used are an incision in the fold under the breast, an incision around the areola, or an incision around the nipple.

Scars are an unavoidable result of the incisions required to place breast implants, but they generally are small and can be placed inconspicuously. Usually only a half to an inch incision is needed, depending on implant style and size. Silicone implants of larger sizes may need larger incisions.

How long does the operation take?

The operation takes 1 to 2 hours, depending on the incision, placement, and size of implants.

PREPARATION FOR SURGERY

The Athena Clinic would like to make your surgical experience as easy and comfortable for you as possible. Smokers will be asked to stop smoking before surgery. Aspirin, some anti-inflammatory medications and some herbs cause increased bleeding, so you should avoid taking these medications for 2 weeks before surgery and 2 weeks after surgery.

You will have a preoperative visit in the office about two weeks prior to the date of surgery. You will be asked about your medical history including previous operations, past and present medical conditions and medications. In order to provide you with the best information and safest options, it is important that you provide complete information. You may be asked to obtain an EKG prior to your surgery or have medical clearance from your primary care physician before proceeding with the surgery.

At this visit, instructions will be explained about what to do before and after surgery. You will have an opportunity to ask questions about your surgery, sign consent forms, and complete necessary laboratory work.

The operation is performed on an out patient basis, allowing you to return home after the operation is finished and you have recovered sufficiently from the anaesthetic. You will need to arrange to have someone drive you home after surgery and to stay with you at least the first night following surgery.

THE DAY OF SURGERY

You will arrive at The Athena Clinic and be checked in for surgery. This process takes about one hour. Dr. Peterson will meet with you and answer any last minute questions. He will also make markings on your body with a marker and take more pictures. You will meet with the anaesthetist, who will review your medical history and discuss the anaesthesia with you. During the anaesthetic, various monitors are used to check your heart, blood pressure, pulse and the amount of oxygen circulating in your blood. Your anaesthesia during the procedure is administered and monitored by a certified registered nurse anaesthetist (CRNA) or an anaesthesiologist.

You will then go to our in-office operating suite, which is approved by The Joint Commission. The surgical team will prepare you for the surgery by washing the surgical area. It can be cold in the operating room, however we will provide plenty of blankets and you may want to bring socks. The anaesthetist will begin the intravenous (IV) sedation and administer antibiotics intravenously to minimise the chance of infection. Dr. Peterson will then begin the surgery once you are comfortable.

AFTER SURGERY

When surgery is completed, you will be taken into the recovery room where you will continue to be closely monitored. You will spend about an hour in the recovery room before going home. You will not be discharged to go home until you are no longer very drowsy.

Because the surgical area is infiltrated with long-lasting local anaesthetic, you may have little or no pain when you wake up. As the anaesthetic wears off, some discomfort may be present. We provide a prescription for oral pain medicine to be used after your surgery in case you need it. If you have post-operative pain, it usually diminishes over several days. It is important to realize that the amount of time it takes for recovery varies greatly among individuals.

You will want to bring cloths that are comfortable and easy to put on after surgery. A shirt or dress that buttons or zippers in the front is the best choice so that you do not have to raise your arms.

Straining, bending, lifting and lifting of the arms must be avoided initially because these activities might cause increased swelling or even bleeding. Some bruising and swelling may occur initially. Most residual swelling resolves in 6-8 weeks.

The wounds are generally sutured with dissolving sutures. If non-dissolving sutures are placed, they will be removed in about a week. The wounds are sometimes covered with a bandage or tape to ensure optimal healing of the incision.

When can I resume my normal activities?

Patients generally return to work within one week depending on your activity at work. Exertional activities should be avoided for two to three weeks. Raising the arms is restricted for two weeks to limit the chance of bleeding and delayed healing.

Sexual activity should be avoided for at least the first week following surgery. After that, care must be taken to be extremely gentle with your breasts for a few more weeks.

Walking can be resumed anytime after surgery as long as it is not to the point of exertion for at least two weeks. Weight training and similar activities may be started after two weeks. Aerobic activity that causes a lot of moving of the breasts such as jogging is not recommended for a month. Your specific exercise and activity needs can be discussed before and after surgery. Please speak with Dr Peterson at your post-operative visits before resuming activities.

RESULTS OF YOUR SURGERY

Because the healing process is gradual, you should expect to wait at least 6 to 8 weeks to get an accurate picture of the results of your surgery. The breast shape will continue to settle and change slightly for 3-6 months. Incisions will fade over a number of months until, for most patients, they become barely visible.

RISKS AND POSSIBLE COMPLICATIONS OF SURGERY

Fortunately, significant complications from augmentation surgery are infrequent. Every year, many thousands of operations are performed without major problems and with good results. However, everyone considering surgery should be aware of both the benefits and risks. The subject of risks and potential complications of surgery is best discussed on a personal basis between you and your plastic surgeon.

- Some of the potential complications include bleeding and blood accumulation that may need to be drained surgically. The risk of such bleeding is about 3%
- Although uncommon, (less than 2%), an infection that does not subside with appropriate treatment may require temporary removal of the implant.
- Changes in nipple or breast sensation occur in approximately 10% of breast augmentation surgery, although they are usually temporary.
- When a breast implant is inserted, a scar capsule forms around it as part of the natural healing process. The capsule may sometimes tighten and compress the implant, causing the breast to feel firmer than normal. This is called capsular contracture. It can occur to varying degrees. If it is severe, it can cause discomfort or changes in the breast's appearance. In such cases, more surgery may be needed to modify or remove the scar tissue, or perhaps remove or replace the implant. The risk of capsular contracture occurring varies widely and is not possible to predict. With modern textured implants, the risk is as low as 3% but may be significantly higher.
- Breast implants are not lifetime devices and cannot be expected to last forever. Deflation, leak or Rupture can occur as a result of trauma to the chest, but more commonly it occurs spontaneously with no apparent cause. Surgery will be required to replace the implant, if desired.
- Scarring can be unpredictable and thick, stretched scars may result. Most of these can be treated well by steroid injections and silicone sheet application.
- Implant movement may occur, resulting in asymmetry of the breasts. Pre-existing breast asymmetry may be accentuated by augmentation surgery.
- Implants make mammographic screening more difficult and they may shield some of the breast from mammographic examination. It is possible that the presence of breast implants could delay or hinder the early detection of breast cancer. Implants placed behind the pectoral muscle interfere with mammography less than those placed over the muscle.
- Calcification. Calcium deposits may form in the tissue around the implant in rare cases. This may cause hardening and pain. This type of calcium deposit may also resemble the type of calcium deposit associated with early breast cancer.

- Wrinkling and folds. The implant surface may wrinkle. This may be noticeable on the surface of the skin, depending on how the implant is placed and where the implant surface wrinkles. Large wrinkles, or folds, may irritate or damage the surrounding tissue. Crease-fold failure may also occur, resulting in implant rupture or deflation.
- Changes in sensation. The implant may affect sensation. Sensation may increase or decrease, temporarily or permanently.
- Extrusion. In rare cases, the implant may push through the tissue covering and become exposed. This is most likely to occur if the overlying tissue is already damaged, or becomes damaged from pressure ischemia (i.e., lack of blood circulation) associated with an excessively large or displaced implant.
- Dissatisfaction with cosmetic results. Dissatisfying results may include scar deformities, displacement, migration, size, asymmetry, unanticipated contour, palpability, and breast drooping.
- Replacement. You should not consider your implants lifetime devices. Revision surgery, including explanation and replacement, may be needed at any time. Medical management of any of the complications described above may include explanation and additional surgeries

You can help to minimise certain risks by following the advice and instructions of Dr Peterson, both before and after your surgery.

MAINTAINING A RELATIONSHIP WITH YOUR PLASTIC SURGEON

Should there be any questions regarding breast augmentation surgery, be sure to voice your concerns to Dr. Peterson. Before proceeding with the operation, consider your options and feel comfortable with your decision.

After surgery, you will return to The Athena Clinic for follow-up care at prescribed intervals, at which time your progress can be evaluated. Once the immediate postoperative follow-up is complete, we encourage our patients to come back for periodic check-ups to observe and discuss the long-term results of surgery.

Please remember that the relationship with your plastic surgeon does not end when you leave the operating room. Post-operative and follow up visits are very important. If you have questions or concerns during your recovery, or any time, please contact us.