

Breast Augmentation

Breast augmentation is one of the most popular cosmetic surgical procedures. Implants, usually containing silicone gel, are inserted behind the breast via small incisions in the crease where the breast meets the chest wall. The aim is to produce a natural and aesthetically pleasing appearance and feel to the augmented breast. The implants come in a variety of shapes and sizes and can be inserted into either sub-glandular (behind the breast but on top of the muscle), submuscular (behind both breast and muscle). The choice of implant, shape, size and placement will be discussed at the initial consultation.

Preoperative advice

Prior to surgery patients will have been seen at consultation and details regarding the surgery, the type of implant, the placement and sizing will have been discussed. Patients who smoke are at greater risk of complications including bleeding and wound infection and are therefore advised to refrain from smoking for 6 weeks prior to surgery and two weeks postoperatively. Patients should also avoid Aspirin and equivalent anti-inflammatory agents for two weeks prior to surgery as these can increase the risk of bleeding.

Operative procedure: The operation of breast augmentation is undertaken under general anaesthesia and usually takes approximately one to one and a half hours. The operation is undertaken on the day of admission and patients stay in hospital for one night following surgery. The stitches that are used are self-dissolving and drains are usually employed. The drains are usually removed the following day before discharge.

What to expect following surgery

Patients are asked to wear a sports type bra for two weeks day and night following surgery. The augmented breasts will initially feel pert and tight and will take some two to three weeks to soften and settle into a natural shape. The degree of discomfort experienced by patients is extremely variable and painkillers may be required for one to two weeks following surgery. In the initial forty-eight hours patients should avoid Aspirin. Some transient numbness in the skin underneath the nipple is common and usually recovers within several weeks following surgery. Nipple sensation may be altered, usually become hypersensitive, though on rare occasions reducing in sensitivity.

Restrictions/activities: Patients are usually discouraged from driving for at least one week following surgery and the usual time off work is between one and two weeks. Activities do need to be curtailed for several weeks following surgery and in patients who engage in contact sports, these need to be avoided for at least two to three months. A sick certificate can be provided if required.

Follow up: Patients are usually reviewed by the nursing staff for wound check at 7 days postoperatively and then in the outpatient clinic by Mr. Whitworth at one and four months post-operatively.

Risks and complications

As with all surgery complications can occur. In the initial stage following surgery there are risks both of bleeding and infection which may require operative intervention. From a longer term all breast implants will induce a degree of scar formation around them. In the majority of cases this is inconsequential but in some patients the scar tissue can thicken and form what are called capsules. In approximately 1:20 women some form of capsule formation is detectable though treatment is not always required in all cases. As with all cosmetic surgical procedures undertaken by Mr. Whitworth there is a fixed fee policy which means that no further charges are incurred should treatment or surgery be required for complications that occur within one year following the initial surgery.

Other details: There is a very large range of breast implants available with sizes ranging from 80 to 1000 cc. Additionally a variety of shapes are available as well as filler materials. At the current time all breast implants that are available are made of silicone in their outer layer (some now have polyurethane covering this). Mr. Whitworth's preference is to use silicone gel breast implants as he believes these offer a more natural shape and feel to the breast. There have, however, been a number of concerns over the last few years regarding the safety of silicone gel implants though at the current time there is a very substantial body of evidence and research which has confirmed the safety of these implants.

Breast Augmentation – Discharge Advice Sheet

Dressings/Stitches: At the end of the operation tape is applied to the wound underneath the breast and this is covered by a light dressing. An appointment to be reviewed by the nursing staff in the outpatients will be made 7 days following discharge and at that time the dressing will be changed. The dressing should be left in place following surgery and during this time the wounds need to be kept dry. At about two weeks following surgery it may be beneficial to apply moisturizing cream to the scar line once or twice a day for a few weeks just to minimize the scarring. All of the stitches are self-dissolving and none will need to be removed. Occasionally at the ends of the scar line you may notice a small lump or feel the end of the stitch. This is entirely normal and no action is required as the stitch will dissolve away in due course.

Pain relief: Bilateral breast augmentation can on occasions cause a lot of discomfort especially with the submuscular placement. For the first few days following surgery it is advisable to take pain relief on a regular basis to keep on top of any pain or discomfort. After four to five days pain relief is usually taken only as required. Not infrequently patients find that the pain gets worse forty-eight hours following surgery and then may take several days before it resolves again. This is as a result of bruising and swelling. Pain relief will have been prescribed prior to discharge.

Appearance and sensation: Following a bilateral breast augmentation procedure the breasts will inevitably feel tight and will often look too pert for two to three weeks following surgery. Sometimes the breasts feel too full in their upper portion. This will resolve over several weeks as the swelling reduces. Some loss of sensation around the scar line and between the scar and the nipple is inevitable though this will recover but may take several months to do so. Nipple sensation is frequently affected following breast augmentation often becoming hypersensitive and on some occasions painful. If this persists then the nipple/areola complex should be massaged and tapped to desensitize it. Avoiding touching or stimulating the nipple/areola complex will only prolong hypersensitivity. A few patients notice a reduction in sensation in the nipple. In most cases this will recover spontaneously, though yet again this may take several months.

Underwear: Patients will be provided with a support bra which is put on at the end of surgery and will be in place when the patient wakes up. It is advised that this support bra is worn most of the time, i.e. both day and night, for the first couple of weeks. The purpose of the bra is to offer support and comfort during this time. If the bra is uncomfortable then it can be removed and swapped for an appropriate sports bra or crop top. The vast majority of women find it more comfortable to wear something supportive during the first few weeks. If, however, any bra is very uncomfortable it is not necessary to wear something all the time.

Sleeping: Initially many patients find it too uncomfortable to sleep on their side or on their front. This discomfort will settle after two to three weeks. Patients who sleep on their front may experience difficulty as a result of the presence of their new breasts though lying on them after two or three weeks will not cause any problem.

Activities: For the first week following surgery patients are advised not to drive as not only will the safety belt potentially put undue pressure on the breasts but also because patients will not be able to react properly in the event of an emergency stop. Most patients take two weeks off work although some patients return after a shorter period of time. Some patients where work involves a lot of manual activities including heavy lifting, may require to be off for a longer period of time. Advice regarding this will be given at the initial consultation. For patients with children, especially young babies or toddlers, help will be required in the initial two weeks following surgery. Sporting activities including gym work should be avoided for between four and six weeks following surgery and any vigorous sporting activities where contact is possible should be avoided for three months. There are no specific restrictions on sexual activities but the breasts should be handled with care for several weeks following surgery.

Follow up: A routine review at 7 days by the nursing staff is normally undertaken. Mr. Whitworth will review the patients in the outpatients department at one month and four months following discharge. The appointments for the nurse review should be made prior to discharge and appointments to see Mr. Whitworth will be sent in the post.

Causes for concern: The main risks of breast augmentation are bleeding resulting in a collection around the implant. Under normal circumstances the drains will prevent this from occurring. If however patients experience sudden swelling in one breast alone following the removal of the drains then medical advice should be sought. Swelling occurring in both breasts is natural and will resolve spontaneously after two to three weeks. The other potential risk of breast augmentation is infection developing around the implant. This fortunately is a very rare complication but should it occur would be manifest by a sudden increase in pain and swelling in one breast several days following discharge associated with a feeling of being unwell and sometimes pus discharging out of the wound. Again urgent medical attention needs to be sought.

All breast implants will become surrounded by a degree of scar tissue which in most cases is innocuous and causes no problem. In some patients for reasons that are essentially unknown, the scar tissue will thicken up and patients will develop what is called a capsular contracture. In this condition the breast becomes firm, hard, painful and changes shape. This condition may occur several months or several years following surgery. Should there be a concern that this is developing, then patients are advised to contact Mr. Whitworth for review.