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PATIENT INFORMATION
BREAST AUGMENTATION SURGERY

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PATIENT INFORMATION

Overview: Breast Augmentation Surgery

Breast augmentation surgery involves placing a breast implant under the breast tissue or muscle of the chest wall to increase breast size, improve shape or restore symmetry to the two breasts. It is sometimes combined with a breast lift [mastopexy].

The following information has been created on behalf of Dr Morgan as a general guide to assist his patients. Patients are encouraged to further discuss this information along with any specific questions or concerns with Dr Morgan during their consultation.

Although the specific nature of the surgery may vary with each individual and is dependent on the exact circumstances of each patient, the information outlined below describes what you would reasonably expect to follow. It is intended to provide a broad overview of the important considerations related to the decision to have breast augmentation surgery.

Common reasons why women consider having breast augmentation surgery

Many women are unhappy with the size and shape of their breasts, whether from a lack of development or from the changes associated with pregnancy or ageing. This includes:

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- Appearance; a wish to have larger or more projecting breasts
- Bring overall body shape into proportion
- Breast asymmetry [different size/shape]
- As part of breast reconstruction
- After children or weight loss as the breasts may become droopy

At your consultation, which usually lasts 45 minutes, Dr Morgan will discuss with you the various options that are available with regards to implant size and shape, implant location, scar placement, and implant type. Every woman is different and has unique expectations, and we feel confident that following this discussion you will arrive at a decision that is right for you.

Before deciding to have breast augmentation surgery Dr Morgan will check that:

- You have a stable, healthy weight
- You are generally otherwise fit and healthy
- Your breast screening is up to date
- If you are a smoker, seriously consider quitting
- Patients need to be at least over 18 years old and have finished breast development.

What is involved with breast augmentation surgery?

You will arrive at the hospital for your surgery a few hours before the surgery will commence. Nurses will check you in and administer any pre-surgery medication. You will also speak with the anaesthetist who will go through some questions with you to ensure your absolute safety throughout the surgery. Once the operating room is prepared and ready, Dr Morgan will come and speak with you to go over any last minute questions and carry out the final pre-operative markings. Finally, you will be taken into the operating room to have your breast augmentation.

On average, a breast augmentation surgery takes less than 2 hours. You will be placed under general anaesthetic and you will be completely asleep throughout the entire surgery. You will not feel any pain or discomfort. Once you are fully asleep, your breasts will be cleaned with an antiseptic solution and a local anaesthetic will be used on the surgery area; this will reduce the level of discomfort post-surgery. After this, a small incision will be made to create a breast pocket below the existing breast tissue [either above or below the muscle] to make space for the implant.

This incision will occur in the previously decided entry point – at the breast fold, around the areola, or through the armpit. Before the implant is inserted, the space is treated with an antibiotic solution to reduce any risks of infection. Finally, the implants are taken from sterile packaging and inserted into the breast pocket.

Recovery after surgery

- This surgery is most commonly performed as a day case. In certain circumstances, patients may be kept overnight.
- Post-operative pain is usually limited and is well controlled with pain relief tablets. Your wounds will be covered with waterproof dressings so that you may shower as soon as you feel comfortable.
- Patients may generally feel a little uncomfortable for a few days – more so if the implant is placed under the muscle. It is expected and entirely normal to experience some discomfort, swelling and bruising to your breasts after your surgery.
- You will be asked to wear a soft surgical bra for support and comfort during the first three weeks to allow your breast to heal properly into their new shape.
- Gradually increase mobility and activity; patients have generally returned to most normal day to day activities at two weeks.
- Most women allow approximately two weeks off work. However, you may require additional time if your job is more physically demanding.
- You should avoid heavy lifting for the first 6 weeks; avoid the gym, aerobics, running, etc.

No surgery is risk-free

All surgery is a balance between realistic surgical goals and knowledge of possible risks and complications. Risks are minimised by careful patient selection and planning, high standards of surgical training, meticulous surgical technique and vigilant postoperative care. Small, less serious issues are common and every effort is made to resolve them quickly. These very rarely have any long term effect on an excellent final result.

Risks to consider

Anaesthetic: : In normally healthy people, general anaesthesia is very safe with modern techniques. Dr Morgan will give you the details of your anaesthetist prior to surgery so that they may discuss any specific concerns with you.

Bleeding/Haematoma: This may need a return to the operating theatre to evacuate blood clot.

Breast Feeding: : Ability to breast feed after this surgery is generally unaffected. However, the changes associated with pregnancy and/or breastfeeding can result in significant changes to the breast shape and implant position. This may necessitate revisional surgery.

Breast Cancer: The risk of breast cancer is no higher or lower with this type of surgery. It is prudent to address any concerns in this area prior to breast surgery. Mammograms may need special views - it is important to inform radiology staff about your breast implants.

Capsular Contracture: Any foreign implant in the body produces scar tissue around it. The amount of this varies between patients. Different techniques are used to minimise the extent of this problem. In approximately 5-10% of patients, this may be quite severe necessitating revisional surgery. Even then further capsule formation can recur.

DVT/PE (Deep venous thrombosis/pulmonary embolus): Blood clots that are potentially very serious and even life threatening which can form in the legs and travel to the lungs. Multiple strategies are employed to minimise the risk of this very uncommon event from occurring.

Implant Rotation: Round implants can flip and anatomical implants can flip or rotate. Both are very uncommon.

Lymphoma: There have been recent reports about the presence of lymphoma in patients with delayed (up to 10 years after surgery) seroma (fluid build-up). This may necessitate further surgery, chemotherapy and/or radiotherapy. At this stage, there is no evidence that breast implants or a subtype of implants are the cause. This may change in the future and it may come to pass that removal or changeover of your implants is recommended.

Infection in the wound: If this does occur, it can usually be cleared up with antibiotic tablets.

Infection affecting the implant: Despite best sterile surgical technique and covering antibiotics in rare instances the implants can become infected. Sometimes this can be treated with antibiotics but it may be necessary to take the implants out and replace them at a later time to completely resolve the infection.

Scars: Typically the resulting scars are at their thickest and reddest at 6-10 weeks after surgery. Scars continue to mature and improve for up to 18 months after surgery. Scar management advice will be discussed in your follow-up visit with Dr Morgan to assist in achieving the goal of a thin, barely noticeable scar. [Note: The resulting scar is usually about 5-6cm in or near the fold under the breast.] As the skin is being stretched by the implant, new stretch marks may appear or old ones may become more noticeable. Sometimes veins may also become more prominent.

Sensation: This is rarely permanently altered with surgery. The nipple area may temporarily be numb or may even become more sensitive. This may affect both normal sensation and erotic sensation. Generally, this settles down over weeks to months.

Symmetry: The final result will take several months to achieve. The majority of women have different sized or shaped breasts before surgery. These differences are taken into account for your operation but small differences may continue to exist or even new ones created. Small differences may be increased after augmentation. Scars may also be slightly different on your right compared to left side.

Rippling: Modern implants have fewer rippling effects but this varies between patients and is largely dependent on the amount of soft tissue covering the implant.

Wound separation/delayed healing: This is much more common in smokers or if there is an infection.

Changes over time

The bigger the implant the more problems can be caused as a result of them. Ptosis/sagging over time may be made worse with implants as it increases the weight of the breasts.

Breast shape can change over time: The implants may become out of harmony in this situation and may need revisional surgery. While it is true that implants can “be removed down the track” they do have effects on the tissues surrounding them. Many of these changes will not be totally reversed just because the implant is removed.

Muscle implant movement: In a small proportion of women with implants placed beneath the muscle, there can be some abnormal movement of the implant with chest muscle contraction. This may be especially relevant with certain hobbies e.g. body building.

Breast implant register

We enrol all patients on the Breast Implant Register (an initiative of the Australian Society of Plastic Surgeons). This enables information to be gathered regarding all implants and to notify individual patients if any concerns about implants or subtypes of implants. If you have concerns about this, please discuss them with Dr Morgan.

Implant Facts

Implant materials

The outer coating of breast implants, in general, is silicone, but you have a choice between saline and silicone for the implant filling.

Silicone: These days, the silicone-filled implants are a lot safer than they used to be as the outer shell is much stronger and the gel is semi-solid. Even if the implant ruptures, there would be no harm to your body. Silicone-filled implants often look and feel more natural (and retain their shape better) than those filled with saline.

Saline: Saline is salt water, and the implant filling is a medical grade saline solution. In the unlikely event that the implant ruptures and leaks, there is no health risk as the solution is safely absorbed by your body. Saline-filled implants tend to feel firmer than your natural breasts but can take on a ripple effect if they lose their shape. This can often be visible if you lean forward which can cause your implants to look obvious.

Implant shape

Round: This has been the traditional implant shape and is still the most commonly used.

- Can be inserted through any incision location
- Being perfectly rounded, rotation cannot produce any deformity of breast shape
- Deliver more upper breast fullness and is the preferred shape to restore upper breast volume lost through breastfeeding or weight loss

Anatomical or tear drop: Offer greater choice in width, height and projection to get a more specific match for your body and goals. Women who are seeking a breast enhancement that appears more natural, teardrop implants might be the right choice.

- Can be inserted through any incision location
- More fullness in the lower half that tapers off towards the top
- Produces an attractive and natural straight-line drape of skin from collarbone down to the nipple

Implant surface

Smooth: The smooth, non-textured breast implants, were the ones most commonly used. These implants normally have a thinner skin than their textured counterparts, and this contributes to them potentially feeling softer. The smooth surface also contributes to them moving around more, which can make them feel more 'natural'.

Textured: Textured breast implants are designed to keep the implant from moving around within the breast pocket created by the surgeon. By giving the implant a slight roughness, the surface of the implant adheres to the tissue around it, keeping them in their initial position.

Implant profile

Low profile: Provides the least projection but the widest girth and base.

Moderate profile: Provides a slightly higher projection than the low profile but retains a similarly wide base.

High profile: Offer a greater projection with a narrower base so the implant has more of a ball shape when compared to a lower profile implant.

Ultra-high profile: Provides the greatest amount of projection with the narrowest base. These implants offer greater upper fullness to the breasts.

Implant position

Subglandular: The implant is placed beneath the breast tissue but on top of the chest wall muscle. This position is generally only recommended if there is a reasonable amount of soft tissue to cover the implant.

Submuscular: The upper part of the implant is covered by the chest wall muscle. This helps to give a more natural look at the top of the implant – avoiding the visible ridge at the top of the implant, which can make for a very artificial look. Putting the implant under the muscle is, however, more surgically demanding, has a higher rate of bleeding and often more discomfort in the initial post-operative period.

Implant incisions

Breast implants can be inserted via any of the above four routes. Naturally, there are pros and cons with each approach and Dr Morgan will explain these to you in detail at your consultation.

Inframammary: Implants can be inserted through an incision in the fold/crease beneath the breast (with the scar ending up in the new breast crease). Any size implant can be inserted through this incision and any future revision surgery can be performed through the same scar. Most common.

Axillary: Through an incision in an inconspicuous skin crease within the armpit. No visible tell-tale scar on or around the breast.

Periareolar: Incision is placed half way around the edge of the areola (the coloured area around the nipple). The scar can be less conspicuous than with the inframammary incision.

Trans-umbilical: Through the umbilicus (belly button). The scar is very small and located well away from the breast. Not commonly performed in Australia as it is difficult to create an aesthetic and refined implant pocket from such a distant entry point and can only be used with saline implants

The best control over the end result is achieved through the inframammary approach. The axillary approach or periareolar approach may be used in certain circumstances but revisional surgery tends to be higher.

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