

PROCEDURE NOTES

Breast Augmentation

Woman's breasts are associated with femininity and consequently women who possess little or no breast tissue may feel unfeminine & suffer from a lack self esteem.

Breasts may fail to develop, or, following pregnancy they may lose volume and shape. The primary reason for performing breast augmentation is to increase the breast size.

Secondarily, in some cases it may be possible to improve the shape and symmetry. Some breasts may appear to be droopy due to the fact that the distance between the nipple and the breast fold is very short; in such cases the droop may be corrected by increasing the breast size and lowering the position of the fold. In mild cases of nipple inversion the nipples may become everted as a result of enlargement.

Prior to breast augmentation it is necessary to ascertain that there is no breast disease and this is done thorough examination and in older women by x-rays and/or ultrasound. For women who have a strong family history of breast cancer, the decision whether to go ahead with the surgery is much more complex and will be explained in detail by the surgeon.

There is a choice of different implants for augmentation and this will be determined by the surgeon and by patient's preference. In essence, breast implants are bags made of silicone either smooth or rough (textured) on the surface, filled with liquid or gel. The nature of the filling material and the thickness of the shell will determine the "feel" of the implant.

Silicone gel implants have been in use for 35 years, but in recent years have been the subject of extensive negative publicity. In the light of recent extensive studies, especially in the United States, it has become clear that the likelihood of developing auto-immune disease due to silicone breast implants is very small. These diseases are extremely rare and there has been no appreciable increase in their incidence. Equally there has been no evidence that they may be associated with an increased chance of developing breast cancer. The implants probably have the best feel of all the implants and small incidence of encapsulation, particularly when the textured variety are used. The main problem is the difficulty in x-raying breasts, and what happens to silicone gel when they leak or rupture. Breasts with silicone implants can be x-rayed using special techniques because silicone obstructs the picture. There is no problem with leaking or ruptured

SURGICAL AESTHETICS

60 WIMPOLE STREET, LONDON, W1G 8AG

TEL: +44(0)20 7487 4454 WWW.SURGICALAESTHETICS.COM

PROCEDURE NOTES

implants providing the silicone is contained within the breast pocket. The difficulty arises when silicone escapes outside the breast pocket and travels within the body's lymph nodes.

More recently a new type of silicone implant, the cohesive gel, has been introduced which contains silicone in a less liquid form. Most silicone implants now used in this practice contain a form of cohesive gel which is slightly firmer.

Saline Implants

These implants do not have the disadvantage of containing silicone. However, saline does not have a natural feel and if there are pockets of air within the implant "sloshing" sounds may be heard under some circumstances. There is also the problem of valve through which the implant is filled with saline during surgery. When the valve fails the implant deflates and needs to be changed. It is not possible to remove the inflated implant without emptying it and this necessitates insertion of a new one that increases the cost of surgery.

Hydrogel Implants

These implants have now been withdrawn from the UK market because of safety fears. The implants are made of a salt water and sugar solution, that when combined, form a gel. Again, this prosthesis is tolerated by the body without any side effects, and in fact, the contents of this implant could safely be eaten! Hydrogel feels similar to silicone as it is a gel, and may be inserted using the axillary approach.

Implants can be inserted through incisions placed in the fold of the breast, in the areola of the nipple, or in the armpit. The choice of the approach will depend on the surgeon's choice as well as experience. In most circumstances the armpit approach produces the most inconspicuous scar, but technically it is also the most difficult from a surgical point of view.

The implants are placed in a pocket made either in front of the chest muscle, the pectoralis, or behind. If possible, it is better to place the implants behind the muscle because it provides an extra cover and with aging the implant is less likely to produce visible wrinkling, especially in the lower and inner part of the breast. There is also some evidence that, if implant is placed behind the muscle, the likelihood of hardening (capsule/contracture) is lessened.

Breast augmentation is usually carried out under general anaesthesia and requires a one night stay in hospital. It may be painful especially when implants

PROCEDURE NOTES

are inserted under the chest muscle. The pain is due to stretching of the muscle. Drains are left in breast pocket overnight and removed the following day. Sutures are removed 7-10 days post-operatively. Swelling will last for two to three weeks and softening of breasts may take up to six months, depending on the implant used.

Implant size is determined by patients desire, chest size and size of existing breast tissue. It is not possible to use any size implants in every patients because of each individual's build. On the whole enlargement by two cupsizes is feasible in most patients. The optimal sizing of implants is carried out during surgery using the sp-called expander. This device measures the size of the pocket and the volume of optimal implant before implants are chosen. It also helps in cases of asymmetry.

Breast augmentation is a safe operation if carried out by an experienced surgeon. However, as in all surgery it is subject to complications:

1. Bleeding: this is uncommon and occurs in less than 1% of patients. The most critical time is immediately after surgery when excess blood may accumulate in the breast pocket and needs to be evacuated. There should be no long-term problems arising from this complication.
2. Infection: surprisingly it is very rare and occurs in less than 0.5% of patients. In some cases it may be treatable with antibiotics but it may necessitate implant removal for a period of six to twelve weeks before the implants is re-inserted.
3. Implant rejection: this is very unusual, if it ever occurs.
4. Scarring: some individuals form unfavourable scars and these may have to be revised at some stage or may require injections of steroids to improve them. Incisions in the armpit heal best and very rarely need revision.
5. Asymmetry: most breasts are of different size and this may become more apparent after surgery. If there is visible difference before surgery most surgeons will try and correct this by using implants of different sizes. However, it is not possible to make breasts completely symmetrical; asymmetry is "normal".
6. Encapsulation: sometimes also called hardening, is the commonest problem that may arise following surgery, either early on, or many years later. It still occurs in between 0.3% and 10% of patients, and is due to behaviour of scar tissue that surrounds the implants. When this capsule of scar tissue tightens around the implant the breast feels firm or hard. In extreme cases, when the

PROCEDURE NOTES

capsule shrinks and becomes very thick, the breast may become painful and its shape distorted. In most cases the capsule can be treated by further surgery and only few individuals present with an intractable problem necessitating implant removal.

7. Malposition of implant: implants settle too high or too low necessitating repositioning by further surgery.

8. Nipple sensation: this can be rarely effected following breast augmentation and in some cases lost permanently. It may not be known for at least a year following surgery whether sensation loss permanent. There is no remedy for this complication.

9. Wrinkling: Modern implants with thicker shells can, in some patients, show through some parts of the breast, especially where there is very little overlying tissue and if the patients is very slim. This can be remedied by changing implants for softer variety. However, in the very slim patient it may be impossible to correct.

10. Implant failure: all implants have a limited life-span. This is determined by many different factors, including the stresses and strains they are subjected to in the body. The average modern implant will have a life-span of ten years. Some implants may survive for less and some longer. If the implant ruptures and causes problems it will have to be replaced for a new one. This is a very simple surgical procedure carried as a day-case with a short post-operative recovery.

11. Muscle spasm: Some breast implants are placed under the chest muscle. The muscle in the lower part of the chest is detached so that it cannot push the implant upwards. Sometimes, scar tissue can connect to the muscle and, when it contracts, it can visibly flatten the implant. The solution is to divide the scar tissue and this will, in most cases, correct the problem.

As in all surgery it is essential to see a surgeon who will be able to tell you whether your problem can be remedied by surgery, and what the risks are. Thereafter you will be in a position to decide whether you should go ahead or not.