

Breast Augmentation (Enlargement)

Breast Augmentation, or boob job (mammoplasty) uses saline or silicone implants to increase the size or improve the shape of the breasts.

A very personal decision

Many women consider having breast augmentation surgery. Some have breasts that did not fully develop or developed unevenly. Some have always felt their breasts were too small, and some have experienced changes in their breasts' size and shape after pregnancy or weight change or simply as they have grown older.

Whatever your reasons for considering breast augmentation, it is important to remember that the decision is yours alone. Certainly the procedure has the ability to change you, your figure and your life.

About the procedure

Breast augmentation is a well established procedure that has been performed on more than three million women worldwide over the last three decades. The majority of women who have had the procedure, report that they are very pleased with the result.

Through the use of implants, this surgery can increase the size of your breasts and correct uneven breasts. It may also be used to correct drooping breasts but may require an additional uplift procedure. The Uplift procedure (mastopexy) brochure will be provided to you, if this was thought appropriate after full discussion between yourself and Dr Sanjay Azad.

The implants used in breast augmentation surgery are filled with either silicone or saline solution. Each has its benefits and drawbacks. Briefly stated, these considerations are:

- Saline implants are as safe as possible and can be inserted such that the scar is minimized. However, should they leak, they need to be replaced. In addition, they may cause a rippling of the skin of the breast, particularly in slim women with little breast tissue.
- Silicone gel-filled implants provide a more natural feel to the breast and are less likely to cause rippling. At present, most surgeons use cohesive gel silicone implants, which do not leak if the shell is damaged. Silicone implants however need a slightly longer access incision to place them.
Over the years, the media have raised various questions regarding the

safety of the silicone implants. However extensive research into this subject has shown that Silicone implants are safe in regards to your general health

The consultation: discussing your goals

Successful breast augmentation surgery begins with careful planning to meet your particular goals. There are several decisions to be made. One, the choice between saline and silicone implants is discussed above.

A second, involves the choice between round and anatomical (teardrop-shaped) implants. The goal of this decision is to give you the most natural looking breast possible.

- Some people feel round implants have a tendency to show an upper edge, creating a “stuck-on” appearance. In some cases this may be a valid concern. However if you have a sufficient amount of breast tissue and seek a moderate amount of augmentation, this should not be a problem.
- Patients who are very slim, and have very little breast tissue to cover the implant may be advised to choose the anatomical implant to create a more natural contour.
- For patients who seek a very large augmentation, disproportionate to their bodies, neither type of implant will look natural or attractive. In addition, it is very likely that there will be undulation in the skin of the lateral part of the breast, a condition called traction rippling.
- The size of implant is an important aspect of discussion. This can be a confusing decision, as a particular cup size will look quite different in two women of different stature. One way your surgeon will help you decide is by having you try on various size bras with bra fillers to get a sense of how large an implant would be appropriate. You can try something similar at home using rice in a stocking as a filler. Remember your goal is a size that looks both natural and pleasing.

You and your surgeon will also discuss whether your implant should be placed behind your breast tissue or behind the pectoral muscle as well, and where your scars will be located. If the tissues are deficient in the breast then there is a possibility of having fat grafting in the breast and still putting the implant behind the breast without going under the muscle. This is termed as Composite Breast Augmentation and is an emerging method.

Finally you'll discuss the risks related to breast augmentation and what you

should expect during your recovery.

Your operation: what to expect

There are three main approaches used for breast augmentation:

- The implant may be inserted through the crease under the breast (sub-mammary crease) using an incision approximately 5cm long. This is the most popular technique today and is the technique of choice for Dr Sanjay Azad.
- Access may also be gained through an incision on the inside of the nipple-areola, in the lower half, and this is suitable only when the areola is at least 3.5-4 cm in diameter.
- A third method uses an incision in the armpit. The implant can be placed above or under the pectoral muscles, but this approach is only suitable for round implants.

Your surgeon will discuss these techniques with you and describe the benefits and disadvantages. Whatever technique you and your surgeon decide on, your surgery will usually be done under general anaesthetic. If your surgeon is using the first technique, he will make his incision in the breast crease and create a pocket under the breast tissue either in front of or behind the pectoral muscle. Bleeding points will be sealed and the implant inserted into the pocket. The incision will then be closed with dissolving sutures and covered with a glue dressing.

At this point, a supporting bra, which you will have been instructed to bring with you, will be put on. The bra should be worn day and night for the first 3 months except while showering or bathing.

After your surgery

Although considerable effort has gone into making breast augmentation more comfortable, you should expect that after your surgery your breasts will be tender and swollen for a few days. During this time there are a number of things you'll be advised to do.

- Because you will have had a general anaesthetic, you may experience some nausea in the hours after your surgery. If so, please let your nurse know so you can be given appropriate medication. It also helps to avoid drinking too much fluid early after your operation. Try taking small sips at intervals of several minutes to see if you tolerate them comfortably.
- The Dermabond on the wound is left alone for 3 weeks and can be peeled

off. Full scar management advice will be provided.

- Be sure to take the painkillers that will be prescribed for you and to move your arms.
- You will have been advised to take Arnica to help decrease swelling and bruising.
- Postoperative haematoma (a collection of blood under the breast) may occur in the first 24 hours. Should you develop haematoma it may be necessary for you to return to the operating room but it should not affect your long-term outcome.

As you recover

The day after your surgery you may be able to go home, depending on the degree of pain you are experiencing. If you do leave the hospital that day it is very important that you have a responsible adult who is willing to stay with you through the day and your first night at home.

During the early weeks of your recovery there are certain things you should expect:

- Many people are able to drive after seven days, depending on their level of discomfort. One consideration is that wearing a seat belt may be uncomfortable. For your own safety, it is far better to delay driving until you can wear a set belt than to rush into driving and not wear your belt.
- It is usually recommended that air travel be postponed for a month after surgery.
- As with any surgery, pain may occur in the area for some time. Most commonly this resolves in a few months but it can last longer in some instances and may require special treatment.
- Even if your discomfort is limited, you should not assume that you are healing faster than normal or ready to exercise. Exercising too early can cause seroma, a collection of clear fluid around your implant, which may require drainage. Most surgeons recommend you refrain from upper body exercise for the first three weeks. After this time you can start exercising gradually, with the goal of being back to your normal activity level after six weeks.
- There may also be changes in nipple and breast sensation. These are usually temporary.

- It is also fairly common for the skin above the incision to feel a bit numb for some months, but this rarely extends to the nipple.
- Complete loss of sensation is more common in large volume augmentation because severely stretched nerves have more difficulty recovering. Some patients experience increased sensation, which can last for as long as three months. The most common complication following breast augmentation is capsular contraction, a condition in which the scar tissue around the implant shrinks, squeezing it so it feels firm or even quite hard.
- Most capsular contracture stems from a multitude of reasons. It is fortunately quite low in incidence and modern implants certainly are very helpful in this regards.
- Extreme athletic activity, such as marathon running, is definitely a factor, however normal activities such as aerobics or badminton do not appear to cause this problem.
- If it is necessary to relieve the firmness of a contracture, it may be appropriate to surgically release the capsule under general anaesthetic.
- Infection is fortunately very rare after breast augmentation. Should it occur, it will exhibit itself by swelling and redness appearing up to three weeks after surgery. Should this occur, the implant will be removed and the infection allowed to clear before the re-insertion of a new prosthesis.

More to consider

Only you can decide whether breast augmentation will improve your appearance and quality of life. It is our job to give you the facts and guidance to make a sound decision. As you think about breast augmentation surgery, you should also consider the following information:

- Scaring is a consideration. Scars are noticeable initially but will fade to a more normal skin colour in time depending your healing characteristics. Thick and lumpy scars (keloids) are fortunately very rare but may require special treatment.
- Regular breast self-examination is important for every woman and it still possible after breast augmentation surgery. If you find a lump you should inform your Family doctor or your plastic surgeon immediately. Breast Augmentation does not prevent you from feeling any breast lumps.

- Radiologists have stated that any device inserted into the breasts leads to some reduction in the ability of investigators to detect a malignancy early. This decrease, which is from about 90% to 70%, seems to be relatively similar for all types of breast implants.
- Despite this situation, mammography can still be performed by an experienced radiographer. It is recommended that women with breast implants should have their screenings only at dedicated centers.
- There is no known link between silicone implants and increased risk of breast cancer or autoimmune disease.
- It is logical to assume that breast implants will not last forever and may need to be changed. This, however, would be many years in the future.

Our services and what to expect

On your first visit to the office of Dr Sanjay Azad, Consultant Plastic Surgeon you will be received by his staff. Thereafter you will be seen by Dr Sanjay Azad.

Together, you'll explore the possibilities and discuss the results you can expect.

Careful discussion and practical demonstrating will be used to show you how you might look after your procedure and every aspect of your treatment, from evaluation through surgery to post surgical care, will be carefully explained.

Dr Sanjay Azad MS FRCSEd FRCSEd (Plastic Surgery)

- Mr. Sanjay Azad trained and worked in the UK for 15 years after graduating from India.
- In the UK he worked in several centres as part of his 6 year residency programme and was awarded the Royal College of Surgeons of Edinburgh fellowship in General and Plastic Surgery.
- He did advanced Breast Reconstructive Fellowship training in Manchester, UK and also Aesthetic Training in Manchester and Liverpool.
- He took up the post of Consultant Plastic Surgeon at the tertiary care Queen Elizabeth Hospital in Birmingham, UK in 2007. He played a major role in breast reconstructive surgery, skin cancer and postbariatric surgery programme at that institution.
- He is now a Consultant Plastic Surgeon at Thunder Bay Regional Health Science Centre.
- He offers the full range of cosmetic procedures relating to the Face, Breast and Body at Thunder Bay.

More Information

Naturally, there will be many questions you will want to ask before making any decisions about undergoing surgery. Also you will wish to meet your Surgeon - having trust and confidence in one's Surgeon is very important.

Surgery is unique to every patient and a detailed discussion and assessment between you and your Consulting Surgeon is essential in enabling you to make a decision based on correct personal information and advice.

Arranging a medical consultation does not obligate you to anything other than attending the appointment. There is no obligation to proceed with treatment. This is entirely a matter for your decision, after the surgeon has decided on the feasibility and accepted you as suitable.

If you would like to know more information we will be happy to answer any queries either by email, letter or telephone, so please do not hesitate to get in touch.