

BREAST ENLARGEMENT

A GUIDE FOR PATIENTS

The surgical enlargement of the breasts using artificial implants may be an option for women who are not satisfied with their breast shape and size due to insufficient development, disease, trauma or post-pregnancy loss. This surgery is also called breast augmentation, or augmentation mammoplasty.

THE MAIN REASONS FOR AUGMENTATION MAMMAPLASTY

- To increase breast volume and improve contour in a woman who feels her breast size is too small due to inadequate development or subsequent shrinkage, for example, after pregnancy and breastfeeding.
- To balance the size and shape of the

breasts if they are unequal. It is important to appreciate that both breasts, nipples and areolas are never exactly the same size and shape.

- For breast reconstruction following mastectomy due to cancer or a very high risk of breast cancer.

THE DECISION TO HAVE AUGMENTATION MAMMAPLASTY

The decision to undergo plastic surgery should only be made after a thorough discussion with your plastic surgeon. The decision whether to have surgery is yours and should not be made in a rush. Make a decision only when you are satisfied with the information you have received and believe that you are well informed.

Your plastic surgeon will be pleased to discuss the benefits, risks and limitations of breast enlargement. Your plastic surgeon cannot guarantee that the surgery will meet all of your expectations or that the surgery bears no risk. Read the sections on general risks of surgery and risks of breast enlargement on pages 3 and 4.

Women between the ages of 18 to 55 who are healthy and have realistic expectations are good candidates for breast enlargement. Breast enlargement is often a cosmetic procedure and "elective"

surgery, meaning it is a matter of personal choice and not necessary for the maintenance of good health.

Discuss your expectations with your plastic surgeon prior to surgery. It is not possible to predict the exact size after surgery. Other factors such as weight gain, weight loss, or hormonal issues will continue to affect the overlying breast tissue.

Consent form: If you decide to have surgery, your plastic surgeon will ask you to sign a consent form. Read it carefully. If you have any questions about it, ask your plastic surgeon.

Seek the opinion of another plastic surgeon if you are uncertain about your surgeon's advice.

Alternatives to implant surgery: An external prosthesis or padding of the bra may be sufficient for those who prefer not to have surgery.

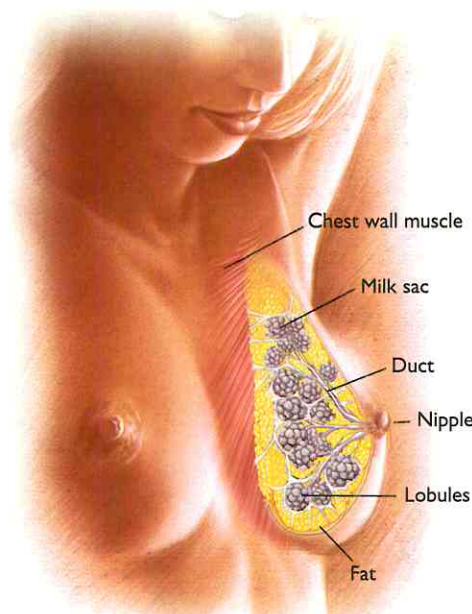


Figure 1. The breast has a complex anatomy, which your plastic surgeon can explain in detail.

TALK TO YOUR PLASTIC SURGEON

This pamphlet is intended to provide you with general information. It is not a substitute for advice from your plastic surgeon and does not contain all known facts about this topic.

This surgery may have other uncommon risks that are not discussed in this pamphlet. If you are not sure about the benefits, risks and limitations of treatment, or anything else, ask your plastic surgeon.

Read this pamphlet carefully, and save it for reference. Technical terms are used that may require further explanation by your plastic surgeon. Write down any questions you want to ask. Your plastic surgeon will be pleased to answer them.

Fully discuss with your plastic surgeon:

- the result you desire
- the treatment to be done and why
- the likely outcome you should expect.

Usually two visits to the surgeon are advised prior to undergoing breast enlargement.

This pamphlet should only be used in consultation with your surgeon.

IMPORTANT: FILL IN ALL DETAILS ON THE STICKER BELOW

DEAR SURGEON: When you discuss this pamphlet with your patient, remove this sticker, and put it on the patient's medical history or card. This will remind you and the patient that this pamphlet has been provided. Some surgeons ask the patient to sign the sticker to confirm receipt of the pamphlet.

TREATMENT INFORMATION PAMPHLET

PROCEDURE: _____
 PATIENT'S NAME: _____
 DOCTOR'S NAME: _____
 EDITION NUMBER: _____ DATE: DD / MM / YYYY

Your Plastic Surgeon

AUSTRALIA PLASTIC
SURGERY

BREAST IMPLANTS

The most common implants used in Australia consist of a silicone bag containing:

- silicone gel, or
- saline (a weak salt solution similar to body fluids).

In special circumstances, other implants may be used, such as double lumen implants containing silicone gel and saline in separate compartments, or polyurethane foam-coated implants.

Occasionally, the surgeon may recommend a preliminary “tissue expander” to stretch the breast tissue. This is inserted and then partially inflated. Later, the surgeon gradually inflates the implant with

saline using a needle that is passed through the skin of the breast and into a special valve attached to the implant.

Implant coating: The implants have a thick, outer silicone-rubber shell and may consist of a smooth or textured surface. Silicones are a type of plastic, which can be liquid, gel or solid. For many decades, silicones have been successfully used in many types of medical devices implanted into the body.

Confirm with your plastic surgeon which implant will be used. An information sheet about your implants may be supplied by the manufacturer.

Breast implants are manufactured under

strict quality controls to reduce the risks of rupture, gel leakage, capsule formation and other problems (see pages 3 and 4). However, manufacturers and plastic surgeons cannot guarantee that the use of implants will not lead to side effects or complications.

Surgical removal: Although many women have had implants for years with no problems or minor problems, breast implants should not be considered to be lifetime devices. No guarantee can be given about how long they will last. Surgical removal (and replacement, if the patient chooses) may become necessary and will have the same risks of surgery.

BEFORE SURGERY

Your surgeon needs to know your complete medical history to plan the best treatment. Fully disclose all health problems and symptoms you may have had. Some health problems may interfere with surgery, anaesthesia and care after surgery.

Give your surgeon a list of ALL medicines you are taking or have taken, including insulin, blood thinners such as Coumadin (warfarin), and common medications such as aspirin, cough medicines, ibuprofen and fish oils. Include any vitamin supplements or naturopathic preparations.

Your plastic surgeon will advise whether you should stop taking certain medicines or change the dose. Some medications affect normal blood clotting and can increase the

risk of bleeding during and after surgery.

Unless your plastic surgeon advises differently, you can continue to take most medicines. Discuss this carefully with your surgeon. Tell the surgeon if you have had:

- allergies or bad reactions to silicone, antibiotics, anaesthetics or other medicines
- prolonged bleeding or excessive bruising when injured
- any long-term or recent illnesses
- previous surgery for breast cancer
- radiotherapy to the breast
- a connective-tissue disorder such as rheumatoid arthritis, scleroderma, lupus erythematosus, or any other arthritis-like disorder
- breast implants previously
- any bad scars after previous surgery

- a mammogram or other breast imaging
- psychological or psychiatric illness.

To detect problems that could complicate surgery or anaesthesia, blood tests may be taken. Other tests such as X-ray examinations or ECGs may be performed. Drugs such as antibiotics and analgesia may be prescribed.

Smoking increases surgical and anaesthetic risks, and delays healing. Stop smoking at least six weeks before and after surgery. It is best to quit.

Your plastic surgeon or anaesthetist will give you instructions about preparing for the procedure. Arrange for a friend to drive you to and from the clinic or hospital. A responsible adult should stay with you for at least 24 hours after you return home.

SURGERY AND ANAESTHESIA

Breast shape and size before surgery will influence the surgery and outcome. While implants may help in improving symmetry, your surgeon cannot guarantee that shape and size after surgery will be the same. Some differences are likely to exist.

Breast enlargement may be performed as a day procedure or involve a short hospital stay. It is always performed in a surgical environment where the appropriate medical and nursing care is available.

Anaesthesia: The procedure is done under

general anaesthesia (where the patient is asleep).

Modern anaesthesia is safe and effective but does have risks. Rarely, side effects from an anaesthetic can be life threatening. Ask your anaesthetist for more information. Give your anaesthetist a list of ALL medicines you are taking or have taken.

Costs

Ask your surgeon to provide an estimate of the surgical, anaesthetic and hospital fees, cost of implants and other costs. This is an

estimate because the actual treatment may differ from the proposed treatment.

If treatment is needed due to complications or other options chosen by the patient, extra costs are likely to apply. Ask your surgeon about costs that may be covered by Medicare or private health funds. Medicare benefits are payable in specific cases but not for cosmetic reasons.

It is best to discuss costs before treatment rather than afterwards. Surgery to treat complications may incur more costs and inconvenience.

POSSIBLE COMPLICATIONS OF SURGERY

Modern surgery is typically safe but does have risks.

Despite the highest standards of surgical practice, complications are possible. It is not unusual for a plastic surgeon to dwell at length on every possible side effect or rare, serious

complications of any surgical procedure. Most women will not have complications, but discuss your concerns about possible side effects with your plastic surgeon.

If complications occur, removal of an implant and additional surgery may be

needed, adding costs and other personal and family consequences.

Read pages 3 and 4 for more information on surgical risks. A Medicare or health-fund rebate may be available for treatment of complications.

SURGICAL APPROACHES

The location of the incisions and the implants will depend on your plastic surgeon's recommendations, your anatomy and your preferences. As shown in Figure 2, the preferred locations of the incision to insert a breast implant are:

- in the fold of skin under the breast ("inframammary" approach), or
- across or around the bottom or outer edge of the areola ("areolar/periareolar" approach), or
- the lower portion of the armpit, next to the chest ("transaxillary" approach).

One incision is made for each implant. The scar from the incision is usually about five to six centimetres long. All operations cause a scar that may become thick and red. All scars take time to heal and fade. In some cases, the final scar may be unsatisfactory, and scar revision may be required.

Placement of Implants

Implants are placed behind the breast, not within breast tissue. As shown in Figure 3, the plastic surgeon inserts the implant:

- between the breast tissue and the chest muscle (subglandular), or
- behind the chest muscle (submuscular).

Each position has advantages and disadvantages. Your plastic surgeon can provide details and will recommend which position is likely to be best for you.

The plastic surgeon will create pockets into which the implants are inserted and will make adjustments to achieve as much breast symmetry as possible.

The incisions are closed with sutures (stitches).

To allow blood and fluid to drain during the first few days of healing, your plastic surgeon may insert a drainage tube that is easily removed with little discomfort.

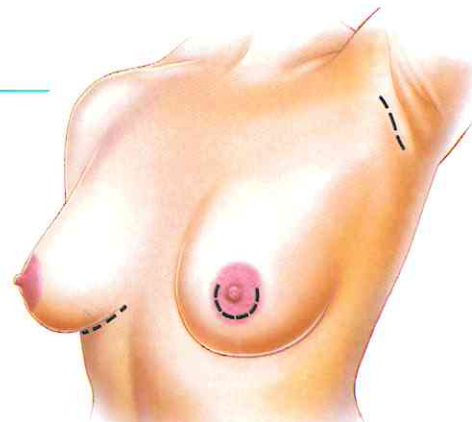


Figure 2. The incision will be under the breast, in or around the areola, or near the armpit.

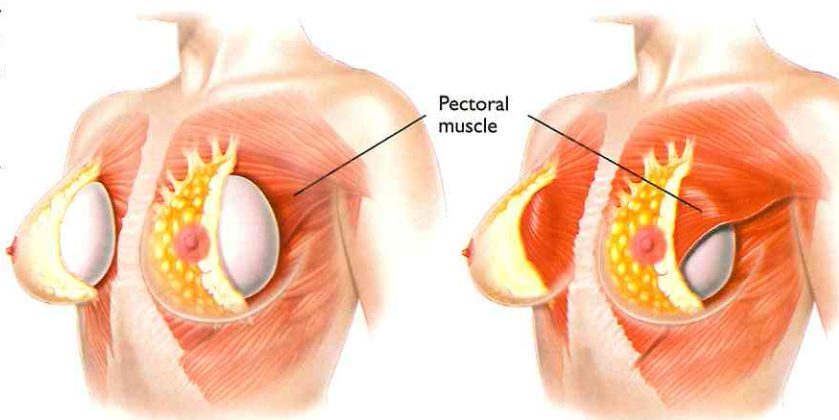


Figure 3. The implant will be placed either in front of, or behind, the chest muscle (called the pectoral muscle).

Recovery after Surgery

After surgery, you will be transferred to a recovery room where you stay. Nursing staff will observe you to make sure you are recovering well. You may be ready to go home in a few hours, or you may stay overnight or for a few days.

Some discomfort and pain are normal. Pain relief will be required for two or three days. Your surgeon or anaesthetist will typically prescribe a pain reliever.

Do not drive while you are taking a prescription pain reliever or sedative. After you have taken all of the prescription pain relievers, paracetamol should give good pain relief; if not, contact your plastic surgeon.

Do not take aspirin, ibuprofen or similar anti-inflammatory drugs for pain relief for

at least two weeks after surgery as they can increase the risk of bleeding and swelling.

Take it easy on the first day, and get a lot of rest. Any nausea from the surgery and anaesthetic should be gone by the next morning. Drink plenty of fluids, and eat nourishing foods when you feel able.

Some minor drainage from the incision on the first day is normal. All surgery results in some swelling and bruising.

Your plastic surgeon will instruct you regarding any special care of your incisions, which should heal well over the next seven to 10 days. The scar from the incision will be slightly red for four to six months. The scar will fade over the next 18 months, but is never invisible.

Your plastic surgeon will instruct you

on when you can shower and return to normal activities and work. Strenuous athletic activities should be restricted for two to three weeks after surgery. During the first two weeks, it is better to sleep on your back or side. Sex can usually be resumed after the first two weeks or when comfortable. Your plastic surgeon will discuss with you when you can resume wearing a bra.

Some women have reported that they were moody, depressed or anxious after the surgery. This is not unusual and should pass. If these emotions get worse or persist, tell your plastic surgeon. Counselling may be recommended.

If you smoke, quit. Smoking interferes with healing and is a risk factor in breast cancer.

General Risks of Surgery

The following possible complications are listed to inform you, not to alarm you. There may be other risks that are not listed.

- Wound infection is uncommon but is more likely in a smoker or a person with diabetes. Treatment with antibiotics may be needed or even removal of the implant.
- Bruising and swelling usually subsides in one or two weeks but can take up to a month or more.
- Bleeding from the wound.
- Poor or slow healing of the skin and

breast tissue; wound breakdown.

- A chest infection may develop after a general anaesthetic.
- Heart and circulation problems such as a blood clot (thrombosis), heart attack or stroke. A blood clot can move to the lung and cause a pulmonary embolism, which can be life threatening.
- Breathing difficulties may be due to the general anaesthetic or the endotracheal (breathing) tube, which can cause swelling, noisy breathing and discomfort.
- Abnormal scarring of an incision. A keloid or hypertrophic scar (which is pink,

raised and irregularly shaped) may be itchy and tender for many months. Additional surgery may be needed to try to improve it, though no guarantees can be given. Such scars usually fade and settle over the following 18 to 24 months.

Risks of Breast Enlargement

- Blood and body fluid can accumulate around the implant, which can be painful. A return to theatre may be needed to drain the blood and fluid. Surgical drainage causes scarring, which is usually minor. Injury or vigorous exercise may also cause

Continued on page 4

fluid accumulation.

■ **Capsular contracture:** scar tissue that forms around the implant can thicken and make the implant visible, too firm and perhaps painful. This can occur within months or years later. If capsular contracture is severe, the implant may have to be replaced or removed. The need for reoperation occurs in about 5 women of every 100 (5%). Some surgeons have reported that reoperation is needed in 20%. Newer implants seem to have reduced this problem.

■ Calcium deposits can form in scar tissue around the implant and may be confused with calcium deposits seen in breast cancer. Surgery may be needed to remove these deposits and examine them.

■ Changes in sensation around the nipple, areola and skin are common, but normal sensation usually returns within weeks or months. Permanent loss or alteration of sensation is uncommon. Changes in nipple sensation may affect sexual response and breastfeeding.

■ Small veins in the breast can become clogged with blood clots. They normally heal without treatment.

■ Lumps or cysts can form (as with an unoperated breast) and require excision or needle biopsy for diagnosis.

■ Leakage or breakage of implants can occur due to injury, during mammography, capsular contracture or for no known reason. If an implant leaks or breaks, it cannot be repaired and should be removed. If a saline-filled implant leaks, the saline will be absorbed by the body. Sometimes small pieces of the silicone outer shell break away from the implant but appear to cause no harm.

■ Small lumps called granulomas may form in response to silicone gel that gets

into breast tissue. They are not cancerous but may cause concern, and must be checked by your doctor.

■ An implant may move or rotate from its original position, causing discomfort and a distortion in breast shape.

■ The implant may push out or "extrude" through the wound or the skin and become exposed. This may occur after severe infection or after radiotherapy for breast cancer.

■ While most implants normally develop some wrinkles, larger wrinkles in the implant can lead to wrinkles and ripples appearing on the skin near the implant.

■ Breast implants and tissue expansion can cause minor chest-wall deformity. The effects on health, if any, are not known.

■ Some women may have allergic reactions to suture materials, tape adhesive or other medical materials or lotions. These reactions are unrelated to the implants.

■ Reports have linked implants to connective-tissue diseases such as rheumatoid arthritis, lupus erythematosus, scleroderma and similar autoimmune conditions. Although many medical studies have not shown that the implants increase the risk of these problems, some research has suggested small increased risks. Although women with implants have developed these diseases, it has not been proven that they were caused by the implants, as some women will develop these diseases regardless. The possibility of connective-tissue and autoimmune diseases, even if remote, should be considered.

■ Rarely, some women with implants have reported symptoms, including joint pain, aching, swollen lymph glands, unusual tiredness, greater frequency of colds and 'flu, hair loss, rash, headaches, poor

memory, nausea, muscle weakness, irritable bowel syndrome and fever. The relationship of these symptoms to autoimmune disorders has been suggested but not proven.

■ Rarely, breast implants have been associated with anaplastic large-cell lymphoma (ALCL), a rare form of non-Hodgkin lymphoma. The risk is from one patient in 1,000 to about one patient in 10,000. It appears that ALCL takes an average of eight years to develop, almost only with textured implants. Treatment of ALCL includes removal of the implant and medical management.

■ In gel-filled implants, microscopic amounts of gel can diffuse through the shell; this does not appear to cause problems for the implant, the breast or the woman's general health.

■ While the surgeon makes every effort to make the breasts look the same, differences in size, shape and symmetry may remain.

REPORT TO YOUR PLASTIC SURGEON

Tell your surgeon at once if you have any of these unexpected side effects:

- fever (more than 38°C) or chills
- heavy bleeding from an incision
- drainage of blood or body fluid from an incision that persists beyond the first day after surgery
- increasing pain in either breast
- redness around an incision that is spreading
- tenderness and marked enlargement of either breast
- feeling dizzy, faint or short of breath
- any other concerns regarding your surgery.

OTHER ISSUES ABOUT IMPLANTS

Mammography: Implants may interfere with the detection of breast cancer using mammography, a type of X-ray examination. If you have had breast cancer, a family history of breast cancer, or other risk factors for breast cancer, tell your plastic surgeon.

Implants can rupture from squeezing of the breast during mammography. A mammogram is therefore not recommended after breast augmentation, and an MRI scan may be recommended by your plastic surgeon.

To achieve a better examination of breast tissue, some women may need to have additional tests such as specialised mammography, ultrasound or MRI scans. Specialised mammography will require more exposure to X-rays, but the benefits in better cancer screening are greater than the risks of the extra X-rays.

There is no proof that breast implants

increase the risk of breast cancer. It is important that women perform breast self-examination. They should examine themselves monthly for lumps, in addition to having any regular tests as recommended by their doctor.

Your plastic surgeon may suggest a regular follow-up appointment for an examination of the breasts for lumps and to assess the implants.

Breastfeeding: Intact implants do not normally interfere with lactation. Many women with implants have successfully breastfed.

If complications occur, lactation and breastfeeding may be adversely affected. Questions have been raised about whether the health of babies of breastfeeding women could be affected in some way. Indeed, many children's medicines contain silicone, as do many other foods and drinks. No

evidence has been produced to show that babies develop or are vulnerable to any illness because their mothers have breast implants. Women with implants who want to breastfeed can ask their plastic surgeon about up-to-date knowledge.

Outcome in the long term: Breast size and shape will change due to pregnancy, weight loss and weight gain, and as a normal process of ageing. Breast implants will not stop the effects on breast size and shape caused by these conditions.

RECOMMENDED FURTHER READING

The Therapeutic Goods Administration of the Australian Department of Health has published a number of documents about breast implants (www.tga.gov.au). Recent topics include anaplastic large-cell lymphoma, consumer questions, and related issues. Use of a search engine may be helpful.