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PATIENT LEAFLET - BREAST AUGMENTATION

MORE INFORMATION CAN BE FOUND AT WWW.MRTHOMASCHAPMAN.COM

WHO THIS LEAFLET IS FOR?

This leaflet is for anyone who is undergoing breast enhancement or enlargement surgery also known as breast augmentation or 'the boob job'. The following information is designed to help you make decisions about surgery and about your recovery. The advice in this leaflet offers broad guidelines for people who do not have any complications as well as re-iterating the potential pitfalls and complications possible. Obviously, every individual has different needs and recovers in different ways – so not all the advice in this leaflet will be suitable for everybody. Please read it carefully and if you have any questions or concerns ask them at your second consultation.

WHAT TO EXPECT FROM THE CONSULTATION

During the first consultation I will assess if you are a suitable candidate for the operation. If so, I will show you sample breast implants and we will discuss the types of implants possible and whether these should go under the breast tissue or under the muscle. We will also consider what size implants to use. I will show you examples of patients who have undergone the surgery and we will discuss the consequences of surgery and possible complications again with sample photographs. There is a lot of information to take in and I always advise patients who wish to proceed to surgery to return for their second pre-operative consultation which is free of charge. We will finalise the implant size on this consultation. I will give you the opportunity to speak to other patients who have had the operation done. I will normally ask you to read through this leaflet after the first consultation, so if there is anything in the leaflet that you don't understand or were not expecting, you must write it down and bring it to the second consult. You should also get a copy of your clinic letter. Read this too and raise any concerns it may have raised.

WHAT TO EXPECT AFTER THE OPERATION

Surgery is done under general anaesthetic (with you asleep.) It takes a couple of hours. Normally you will go home the following day, although occasionally patients will be suitable as daycase. Someone should stay with you at least the first night after discharge. The operation usually involves a 5-7cm long cut at or 1-2 cm below the crease below the breast (the inframammary fold) - I will demonstrate this to you in the consultation. After the operation there will be dressings over the wounds that support and protect them. Often, I will use small drains (plastic tubes) that are removed the same day or following day. You will need to keep the dressings dry until a week to ten days after surgery when you return to see the specialist nurse who will remove them, check the wounds and trim any stitches. I normally ask the wound check to be when I am around also in clinic so I can come and check on you too. You can normally get the wounds wet and shower after this. You will need to wear a non-underwired bra or sports bra for 6 weeks day and night from the day of surgery. You will have to buy some of the anticipated size prior to surgery. I would recommend getting a selection of cheap bras that you can take back if they don't fit. Front fastening bras are often easier to apply, especially if the implants are going under muscle. There will be bruising, swelling and pain around the breasts and you will need to take tablet painkillers until this subsides. **DO NOT TAKE ASPIRIN or IBUPROFEN** which increases the risk of bruising and bleeding. Most of the bruising and swelling will settle within two weeks, although some residual swelling can remain for up to 3-6 months. You will need to be careful not to traumatise the breasts or lie on them. Many patients find a 'granny pillow' or v-shaped pillow useful to help prevent rolling on the side or front at night. Try to avoid any heavy lifting and do not go to the gym except for a gentle cardio workout such as walking without any strenuous arm movements until I have seen you 4-6 weeks after the operation.

Things that will help you recover more quickly:

- **Eat healthily** - this ensures your body has the necessary nutrients it needs to heal
- **Stop smoking** - smoking affects wound healing and increases the risk of infection. I will advise you to stop or at least reduce smoking prior to surgery
- **Get support** - family and friends can give you practical support with tasks you may find difficult in the recovery period such as driving or looking after pets and children. They can also help to keep your spirits up! Until you have fully recovered from surgery and until you can enjoy the results it is natural to feel a little low.
- **Keep a routine** - get up and go to sleep at the normal times for you. Keep moving. You may be a little tired but bedrest increases the risk of deep vein thrombosis. Build activities up gradually. You should be able to recommence light household duties after a week.

RETURNING TO WORK

Everyone needs time off after an operation, but too much can stand in the way of you getting back to normal and recovering well from surgery. How quickly you can return to work will depend on how you heal, your response to pain, the type of surgery and the type of job you do. Depending on the nature of your job you might want to ask your employer about returning to work on lighter duties at first. If your employer has an occupational health department they might be able to advise you on this and how having time off work might affect any benefits. As a general guide, you can anticipate returning as follows:

Managerial/Supervisory 1 week

Clerical/Desk based 2 weeks

Light Manual work 2-4 weeks

Heavy Manual work 4-6 weeks

Custodial or rescue services 6 weeks

DRIVING

You will need someone to drive you home from hospital. Your insurance company should be informed about your operation. Some companies stipulate a number of days following surgery you cannot drive so check the policy with them. Before driving, you should be free of the sedative effects of any painkillers you may be taking. Before you go out on the road its worth testing how comfortable you are in the driving position. Be careful with the seatbelt and how this drapes across the breasts. Think what it would be like if you had to stop suddenly. You should be able to grip the steering wheel comfortably and safely and comfortably control the car. Start in a safe place and with short journeys.

WHAT ARE THE CONSEQUENCES OF SURGERY?

Scars - There will be permanent scars under the breast. Scar quality cannot be guaranteed. Usually the scars are hardly noticeable in time, but at first they may be red and raised and need a period of moisturisation and massage after a month. Sometimes this persists or the scars widen and stretch, called hypertrophic scarring. This may not be even along the scar. The scars may sit at or be above the new inframammary fold. They may not be both the same width or exactly the same angle/orientation.

Visible and/or Palpable implant - Choosing the right size, shape and site for the implant is important to get as natural a look as possible. In general, the bigger the implant and the smaller your breast, the more difficult it is to keep things looking totally natural. So, there are limitations and its possible in some people for implants to be more noticeable. In particular you might feel the implant underneath and in the lower inner aspect of the breast. Sometimes the implant edge can be seen underneath or to the sides. If your breasts are a different size or shape, then the implant may be more noticeable on one side compared to the other. An implant not fully covered by breast tissue can give a double bubble appearance.

Bruising and swelling - The operated area may be bruised and swollen for some weeks, sometimes months. This will eventually settle, but the rate is variable and changes from patient to patient. Support garments can help and in operations where these are provided you must ideally wear them day and night for 6 weeks. Postoperative pain is common for a few weeks, but sometimes can be prolonged. Sometimes there is long term discomfort or sensitivity of skin or the nipple. This is difficult to predict. If you have any new pain or symptoms, I would advise you to return to me to get it checked.

Asymmetry - It is normal for one breast to be slightly different from the other in terms of size, shape or the position of the nipple. If this exists before surgery then that difference may be exaggerated by the placement of implants. Surgery comes with no guarantees as to symmetry of size or shape of the breasts.

Capsule formation - A capsule is the body reaction to something foreign. It is a wall of scar tissue and ALL implants will develop a capsule around them. In the majority of people, the capsule remains a thin sheet and does not cause any problems. In some, however, it can become thickened and visible, palpable or painful, and distorts the breast. It is difficult to predict who is at particular risk of this and the process is still poorly understood. The risk of problematic capsule formation with modern implants is about 15% of patients by 10 years from surgery. Capsule formation is associated with implant rupture (see later)

Breast Cancer Screening - Implants do not increase your risk of breast cancer. They can interfere with mammography/breast screening and occasionally special tests rather than standard imaging needs to be done so all the natural breast tissue can be seen without the implant getting in the way.

The ageing process - The Breasts will naturally change shape with age. Normally there is development of excess skin, loss of natural breast tissue volume and the position of the nipple falls. This may make the implants more noticeable. Sometimes, the breast tissue starts to droop either with the implant 'ball in sock' or over the implant causing a ridge 'double bubble'. There is no guarantee as to how long the effects of breast augmentation last for before these problems start to occur. In some they never happen, in some the breasts can change within months of surgery. Further surgery may be needed to reshape the breast at the same time as removing or replacing the implants and you will have to cover the costs of this.

Is Silicone Safe? – Silicone is found in a number of different products, - for example in furniture polish. During the 1980s there was a health scare that silicone implants might be associated with a number of inflammatory conditions such as rheumatoid arthritis and all-silicone implants were banned for cosmetic use for a period in the U.S.A. This association is no longer generally accepted following large studies over long periods of time. Breast feeding from a breast with a breast implant is thought to be safe, although there is some debate that implants reduce the ability to breast feed.

More recently, the use of 'PIP' implants caused another scare. I have never used PIP implants. These were of poor quality and contained a type of silicone not designed for use in the body. This meant that there were higher rates of complications such as capsule formation, rupture and leakage of the silicone into the breast and around the body. Silicone is not a known cause of breast cancer, but there has been increasing concern of a relationship between implants and a breast lymphoma within the 'capsule' of the implant known as ALCL. Fortunately, this type of cancer seems easily treatable (in around 95% of cases) with surgery to remove the implants and the capsule, and is rarely life threatening. Initial reports suggested the risk was in around 1 in 100,000 patients but more recent studies have inferred that the risk could be as high as 1 in 4000. The risk is highest the longer the implants have been in, (usually many years) although the tumour has been known to occur even within a few years, but much more rarely.

The risk seems to involve textured implants and the manufacturer Allergan has been the most commonly implicated, although this was probably the most popular type used in the past anyway. It is likely, then, that other manufacturers and possibly even non-textured implants will be more implicated in the future. I have not used Allergan textured implants since November 2018 when their European safety certificate was withdrawn. I am increasingly using smooth surfaced implants, however, rates of capsule contracture with these may be higher and the pros and cons of this is something I will discuss with you in consultation. It is possible that ALCL could develop without symptoms, as a new fluid accumulation around the implant, or it could present as a lump or pain in the breast. The common cause for lumps, pain or change in shape is capsular contracture and implant rupture, rather than ALCL. Any previous patient of mine can return to see me at any time with no consultation charge. It may be, however, that I recommend investigations such as scans as a result of the consultation, as ruling out ALCL can be difficult just on clinical examination alone. If you do not wish treatment on the NHS then you would have to cover the cost of such investigations as well as cost of implant removal or exchange if you need or want them removed or changed.

Another concern, recently highlighted in the media is 'Breast Implant associated Illness'. Breast Implant Illness (BII) is a term used by patients who have breast implants and who self-identify and describe a variety of symptoms including (but not limited to) fatigue, chest pain, hair loss, headaches, chills, photosensitivity, chronic pain, rash, body odour, anxiety, brain fog, sleep disturbance, depression, neurologic issues and hormonal issues that they feel are directly connected to their saline or silicone, textured or smooth breast implants. The recent increase in patients reporting Breast Implant Illness (BII) symptoms appears to be related to social media. There is one Facebook group alone with more than 50,000 members, all of whom report Breast Implant Illness (BII) symptoms. This is not to say that social media is the cause of Breast Implant Illness (BII) however, it may account for the rapid increases in patient reporting. BII is not an official medical diagnosis. There is no diagnostic testing specifically for Breast Implant Illness (BII). There is no current definitive epidemiological evidence to support a direct link between breast implants and any specific disease process. However, this does not mean further research is not indicated. In rare and unusual disease processes, it can take years to come to a scientific conclusion.

There are many factors that can affect the interaction between a patient and her breast implants. Further study is required to determine the best way to potentially screen patients prior to breast implant surgery and to determine which of the multitude of reported symptoms might improve with implant and capsule removal. A lack of a direct, proven scientific link does not mean that the symptoms experienced by these patients are not real. Some patients have legitimate concerns about a potential link between breast implants and symptoms, so it deserves our attention and further scientific research to better determine what symptoms may improve with explanation of implants. Further useful information can be obtained from www.BAPRAS.org.uk or www.baaps.org.uk

WHAT ARE THE COMPLICATIONS?

Bleeding. Blood vessels are cauterized at the time of surgery to stop bleeding, but occasionally it can start again, within a few hours. A small amount of bleeding may stop, but if the blood collects and puts pressure on the wound (something called a haematoma) then you will need to go back to the operating room to have this treated. The risk is less than 1%

Infection. Bacteria are naturally present on the skin and can enter wounds. The signs of this are worsening redness, pain and swelling or discharge of fluid from the wounds, usually 4 or 5 days after surgery. If the infection is on the outside of the body, this will normally settle with tablet antibiotics and it is rarely something that would bring you back to stay in hospital. If the infection is deeper, around the implant, this can make you unwell and it is likely that the implant will have to be removed. A further implant operation could be performed but not until after the wounds have healed and all the infection has cleared up. The risk of this is about 1%.

Numbness and pain. It possible to lose some feeling in the breast skin and nipple after surgery. This will often be temporary but in up to 25% of patients this can be permanent. This is due to small nerves supplying the skin and nipple being cut. Sometimes, damage to these nerves can also cause pain and sensitivity in the outer part of the breast along the ribcage. This will often settle with time. Rarely, this might need further treatment.

Rotation. If an anatomical implant has been used, there is a risk of it moving and altering the shape of the breast, especially if put under the muscle. This would likely require further surgery. It is important to follow the recovery advice above to minimize this risk.

Rupture. Breast implants can eventually split. This is normally associated with a thickened capsule but can occur after trauma or with time degradation. If an implant is thought to be ruptured, you may need further investigations to confirm this, such as an ultrasound or MRI scan. Ruptured implants should be removed or replaced and it is likely you will have to pay the costs of this. The implants I use are guaranteed for 10 years against degradation rupture, this means that the company will cover the cost of new implants but not the surgery!

'Bottoming Out'. This is not a common problem in my practice, but something you might hear of in forums or online. This is when the breast implants are moving down the chest wall with time, altering the appearance. The Scars will rise up and the breast tissue and nipples start to point upwards. This is normally due to a large implant creeping past the new inframammary fold when it has not been secured.

The 'Rice' Test

You can try to get an idea of the anticipated size and weight of implants using dry rice at home placed in a stocking, food bag or sock. Measure out the amount in grams first. This will give an idea of how heavy an implant of the same amount of grams would feel on the chest when placed in a bra. Try it again but in volume or mls in a measuring jug (it will be slightly different from the first time in grams as 1g of rice is not exactly 1ml in volume and depends on the rice brand/type!) This will give you an idea of the volume change in a bra of a certain implant. See what weight and volume seem right and bring it to the second consultation. I will have given you an idea in the first consultation of the rough 'limit' to the implant size we can use. Implants come in set sizes about 20-30g apart so we will likely have to choose one slightly smaller or bigger than your rice test has given.

Unsatisfied Patient! -Please remember there can be no guarantee of cup size with surgery. I will advise you on the range of sizes possible based upon your chest size, height and current breast size. The cup size you become depends partly on the size of the implant but other factors are equally important and more difficult to control, such as your chest size, shape and how the implants sit and integrate with existing soft tissues and the breasts.

Although most people experience an uneventful recovery if you develop any of the following you should contact the ward:-

- Temperature greater than 38.5
- Severe pain not alleviated by painkillers
- Fresh bleeding from the wound other than a minor ooze
- Any wound discharge after 48 hours
- Sudden rapid enlargement or change in shape of the breast