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Royal Cornwall Hospitals
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Augmentation with implant for symmetry

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What is an augmentation with implant?

Breast augmentation (or enhancement) with an implant or prosthesis is a procedure designed to increase the size and alter the shape of the breast using a surgically implanted device. This device can be made entirely of silicone or a combination of silicone and saline which may allow for adjustment in size postoperatively through a port that may need to be removed at a later date.

Why do I need this procedure?

You have chosen this procedure from the options given. The most common reasons for choosing this procedure are to try and improve asymmetry, either following surgery to the other breast or due to long standing differences in size. The surgical process is the same as for bilateral augmentation performed for cosmetic reasons.

Specific considerations include the fact that breast implants cannot correct ptosis (droop) other than in its mildest form. This requires a procedure known as mastopexy.

Implant size and shape will be decided by your choice and by the size and shape of your other breast. Absolute symmetry is impossible to achieve and your breasts will age differently so the result will change over time.

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Are there any alternatives?

You do not need to have this operation unless you choose to have it. A woman's view of her body is an individual thing and the decision should be yours based on a full understanding of the short, medium and long term implications.

A non-surgical alternative would be to wear a partial external prosthesis in your bra. It may be possible to consider altering the other breast to improve symmetry, or possibly using alternatives like fat injections or local flaps to alter the shape and size of either breast if you do not want an implant.

How do I prepare for it?

You will have been seen at least twice in the surgical clinic prior to your procedure and given the opportunity to review postoperative photographs with the Clinical Nurse Specialist.

Most patients attend a pre-admission clinic where we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have. You will also have the opportunity to discuss any concerns or queries with a member of the breast care nursing team.

You must **not** eat anything for at least **6 hours** before your operation. This is to make sure your stomach is empty when you have your anaesthetic. Drinks containing fats (e.g. tea or coffee with milk) and sweets all count as food.

You **can** drink water or a non-fizzy drink without fats in it (e.g. black coffee) until **2 hours** before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

You will be given a general anaesthetic during the operation which will keep you asleep. The anaesthetist will come and see you before your operation to discuss this with you. You will be able to ask them questions about the anaesthetic.

A member of the surgical team will also see you on the ward. This is usually the surgeon that will perform your operation. Feel free to ask any questions you have about the operation or what will happen afterwards.

The surgeon will spend a short time with you measuring and planning the exact steps of the operation and will usually draw and make notes of important landmarks on your skin with a special marker pen. This is called the 'marking-up' process and may be done whilst you are sitting, standing and lying down. An arrow will also be drawn on the side to be operated on and a check made that this consent form has been completed and signed.

Part of the 'marking up' process will involve taking photographs in a special private photography room after the markings have been completed. This is done as a record of your operation planning and forms an important part of the medical record of your treatment. You have the right to decline photographs being taken and they will only be taken after your written consent has been given and you are happy about where they will be stored and who will have access to viewing them.

What does it involve?

Your surgeon will have assessed you preoperatively and will have worked with you to select the size and shape of the implant to be used.

You will be given antibiotics before the procedure. Once you are asleep an incision (cut) will be made in order to place the implant under the breast. This is normally in the infra-mammary crease (the fold under the breast) but may be around the nipple or elsewhere if indicated. Your surgeon will discuss scar placement with you before the procedure.

The pocket for the implant may be under the breast or under the muscle behind the breast. Your surgeon will discuss this with you.

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The implant will be placed in the pocket and you will be sat up whilst asleep in order to check the result before final closure. If necessary, a temporary implant known as a sizer will be used for this before the insertion of the permanent implant during the procedure.

A soft plastic drainage tube may be left within the breast to drain away the tissue fluid which will be produced as a result of your surgery. When used, these drains are often removed within the next few days.

Paper stitches (steristrips) are used to cover the scar lines and a waterproof dressing is put over this. You should leave the dressing intact, if possible, until you see your surgeon in the out-patient clinic.

You are advised to bring a snug fitting but comfortable bra with you to hospital and we will fit this in the operating room.

What happens afterwards?

You will normally be able to go home the evening of your operation. If your operation has been towards the end of the day, or your personal social situation means you need to spend longer in hospital, that is fine but we would encourage you to be up and about as much as possible. You can go home with your drain in and the district nurses will take over the management and removal of the drain.

Before you go home, the nursing staff will want to be sure that you are well enough and that the conditions at home are such that you can manage safely. They will offer advice about dressings and painkillers. Taking regular simple painkillers is recommended for the first week. You will be prescribed stronger painkillers for the first couple of days if necessary.

Are there any risks or complications?

As with all procedures, there are risks from having this operation:

General risks

Risk from the anaesthetic: The risk to a healthy patient of problems arising from an anaesthetic is very small. However, each year in the UK a few healthy people will die or suffer serious heart lung or brain injury following an anaesthetic. For a woman who is otherwise in good health, the risk of a serious complication due to general anaesthesia is less than 1%.

Bleeding: This is usually minor and is stopped during the operation. Occasionally patients develop a collection of blood called a haematoma, which requires a second operation. The risk is less than 1%.

Infection: All surgery has a risk of infection. In implant surgery this is very important as if the implant becomes infected it normally has to be removed. If the wound becomes red, hot or weeps, or you feel unwell you should consult your doctor as soon as possible.

DVT/PE: With all surgical procedures there is a risk of developing a clot in the deep veins of the leg, deep vein thrombosis (DVT). In a very small number of patients a bit of this clot breaks off and lodges in the lungs. This is a pulmonary embolus and in very extreme cases can be life-threatening. Your surgical team will prescribe you compression stockings and/or blood thinning medication after careful assessment of your individual risk.

Risks specific to breast implant surgery

Nipple sensation: This will be altered after breast augmentation. Around 15% of women lose all nipple sensation and some experience a possibly painful increase. The underside of the breast will also have reduced sensation.

Pain: A degree of pain is likely after any surgery. We aim to manage your pain with painkillers to an acceptable level postoperatively. Very rarely a chronic pain syndrome can develop after breast augmentation. If the pain or numbness and tingling continues to be troublesome please let your surgeon or breast care nurse know and we can give you a medication to manage the pain.

Palpable / visible implants: Inevitably close palpation of the breast will reveal the presence of an implant. This may be more obvious if a larger implant is used and is more common in the lower and outer part of the breast. Implants may also be apparent visually especially if there is little overlying tissue. The implants may also move when the chest muscles are tensed.

A condition known as rippling of the implant may become apparent visually under the skin. This is more noticeable when bending down and with larger implants.

Rotation and movement: Shaped or "tear drop" implants can rotate and this is why it is advisable to wear a bra day and night for two months and avoid raising your elbows above your shoulders for two weeks. The implants will move differently to normal breast tissue and in particular can move outward when lying down to produce a "gap" in the middle of your cleavage if not supported by a bra.

Contracture: A contracture is a tight fibrous capsule that the body forms around the breast implant causing it to become less natural looking. Approximately 1 in 4 women will develop a contracture with around 1 in 20 requiring surgical correction. It should be regarded as a side effect of implant surgery rather than a complication and it is not possible to predict pre-operatively. However, smoking and any infection such as urinary tract or dental infections dramatically increases the risk.

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Device failure (rupture): With saline implants there is the risk of deflation and with silicone implants it is wrong to consider the initial augmentation as being life long. Rupture rates are roughly 3% at 5 years and 10% at 10 years for the implants we use.

This means that at some stage the implants will need to be replaced.

Pregnancy and weight gain: Any alteration in weight or the breast tissue itself will have an unpredictable effect on the result. Breast feeding is safe for the baby after breast augmentation but will affect the appearance of the breast.

Scarring: There is the risk of overgrowth of scarring known as hypertrophy and rarely a keloid scar may form and require treatment.

Aging: If you are having the implant placed on one side it is inevitable that the breasts will age differently, leading to asymmetry in the future.

Lymphoma: There have been a few reports of lymphoma (a type of cancer) forming in the capsule around implants but this is incredibly rare.

Autoimmune disease: There is no evidence that silicone implants cause autoimmune disease.

Subsequent breast investigations: The presence of an implant should always be revealed prior to any breast investigation such as mammography or needle biopsy. Implants do reduce the accuracy of mammography.

Breast Implant Associated Anaplastic Large Cell Lymphoma: this is an extremely rare and treatable condition which may have a link with breast implants (all manufacturers). It is thought to be associated with, and contained within the capsule which forms around the implant. It tends to present with rapid swelling of the breast usually a year or more after the reconstruction. It is however, extremely uncommon with the risk being about 1 in 20,000 patients having breast implants. Surgery to remove the capsule and implant is usually all that is necessary for treatment of BIA-ALCL.

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Summary

1) No augmentation will provide perfect symmetry or a totally natural looking breast. The larger your implant the worse your breast will look over time.

2) If you can feel your ribs in front, underneath or beside your breast you will be able to feel your implants.

3) It is important that you have a realistic expectation of what can be achieved in terms of residual asymmetry and lifetime of the result.

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