

Breast Augmentation

Why do women have breast augmentation surgery?

Breast size is genetically determined. A woman may elect to have breast augmentation (enlargement) surgery to improve the size, shape or symmetry of her breasts.

Apart from genetic influences a woman's breasts may fluctuate in size and shape in response to changes in her weight, pregnancy, breast feeding, ageing, trauma or surgery. Natural ageing causes breasts to gradually 'drop' (referred to as 'breast ptosis'). Breast ptosis is more noticeable following pregnancy, breast feeding or after a large weight loss.

If you are concerned about the appearance of your breasts for any of the above reasons then breast augmentation can be used to change or restore breast size and shape.

How is breast augmentation performed?

Breast augmentation involves placing a breast implant (prosthesis) behind the breast. The implant may be placed directly behind the breast tissue (submammary position), or behind the pectoral muscle upon which the breast lies (submuscular or subpectoral position). For women with marked breast asymmetry an implant may be placed behind only one breast.

A small surgical incision is usually made in the skin fold below the breast (inframammary fold). A space for the breast implant is then created in either the submammary or submuscular position. Alternatively, the incision can be made around the areola (the darker skin surrounding the nipple) or in the armpit.

Dr Boorer will explain the advantages and disadvantages of each technique and will advise on the most appropriate choice for you.

Dr Boorer only performs the surgery at fully accredited private hospitals. Breast augmentation surgery takes around 1.5 hours and is performed under general anaesthetic. Most women elect to stay overnight in hospital.

The breast implant

A breast implant is made of an outer layer of silicone which is filled with either silicone gel or saline (salt water). In Australia silicone breast implants are the most popularly used implants. The newer 'cohesive gel' silicone implants have a rough, textured surface and contain a thicker type of gel which is similar in appearance to set jelly. This gel helps to prevent some of the complications previously seen with older style breast implants.

Some implants are round in shape, and others are shaped more like a natural breast (teardrop or "anatomical" breast implant). Both shapes are available in multiple sizes and projections to suit individual patient frames. Either shape can give excellent results.

Safety of silicone

Regardless of whether the implant is filled with silicone or saline, the outer layer is made of silicone. Silicone is a naturally occurring element which is used to manufacture many items including cosmetics, foods and medical implants. Many studies have now been conducted studying the safety of silicone breast implants in thousands of women. These studies have established that there is no evidence to suggest that silicone breast implants are associated with an increased risk of breast cancer, autoimmune or neurological disease.

Which implant is right for me?

The choice of which implant to use is not a simple one. It is best reached in discussion with the patient to take into account individual circumstances. There are advantages and disadvantages to each type and careful consideration needs to be given before a choice is made.

The selection of the most appropriate size of implant depends on a number of factors. Most important, of course, are the patient's wishes. However, one should not attempt to over stretch the skin since this will produce a very unnatural appearance and a breast that does not move normally. In general, patients who have had children are likely to have more scope for enlargement than those who have not, since the breast tissue and skin will have been stretched during pregnancy and/or breast feeding.

It is important to bear in mind that cup sizes are not uniform from one bra manufacturer to another. Because of these various factors, the planning of the post-operative breast size must necessarily be an approximation. The implants themselves are measured by volume (cc's). Placing them inside a bra pre-operatively is little help in gauging post-operative size since clearly when the implant is inside the body the skin tension and that of the tissue surrounding it will have a significant effect. In general, however, following discussion with a patient it is usually possible to predict reasonably accurately what would be achieved by the operation.

How long will an implant last?

Although breast implants are all durable and made to a high standard, they cannot be considered 'lifetime devices'. Any woman undergoing a breast augmentation should assume that at some future date it will need to be revised or adjusted, either because her anatomy has changed (e.g. because of pregnancy and breast feeding) or because the implant 'wears' with time and, therefore, needs to be replaced. This time interval is currently not defined, but it is known that the older the implant becomes, the more likely failure (i.e. leakage) becomes. It is impossible to predict for certain the behaviour of any implanted material over the course of a patient's lifetime and, although statistics are being gathered constantly to improve our knowledge, patients must accept that there is always a degree of uncertainty in the long term.

The recovery period

Dr Boorer will see you regularly after your surgery and is happy for you to contact her between visits if you have any concerns. All women differ slightly in their recovery. You will be given advice specific to your circumstances. Below is a general guide:

Pain and discomfort:

Usually lasts between 3-7 days.

Dressings:

You will be required to wear a shower proof dressing over the incision sites for one week after surgery. Following this you will be required to use tape or silicone patches over the incision sites for the next 3 months. Dr Boorer recommends using soft, non-underwired bras for the first six weeks. After this you may use your bra of choice.

Time off work:

One week for desk work, 4 weeks for more strenuous work.

Driving:

In order to be able to drive you must be comfortable. You will be required to have ceased using all strong pain killers and you should be moving freely. Most women are able to drive within one to three weeks following the operation.

Sports:

Dr Boorer recommends gentle walking only in the first week following surgery. You may progress to strenuous walking after 3-4 weeks, and after six weeks most women have no restrictions upon their exercise regimen.

Follow-up:

There are four scheduled follow-up appointments at one week, one month, six months and 12 months after your surgery

Final result:

The final result of surgery should be evident six months after the operation. Your scars will continue to improve for at least the next 12 months

Is there a risk of unexpected outcomes?

The large majority of patients who have breast augmentation performed by an experienced and well trained surgeon do not run into any unexpected outcomes. All surgery however involves some risks. Dr Boorer always takes the utmost care, and will use the most up to date techniques and preventative measures to minimise risks associated with your surgery.

During your initial consultation/s Dr Boorer will explain in detail the risks associated with breast augmentation surgery and she will provide you with further information to take home to read and discuss with your family should you chose. In the event of an unexpected outcome she will keep a very close eye on you and keep you fully informed.

Following breast augmentation most women commonly experience pain, bruising, swelling, temporary numbness of the skin and nipple, and changes in breast appearance with time (including the effects of natural ageing). Uncommon outcomes include infection, anaesthetic complications, obvious scarring, capsular contracture (hardening around the implant), excessive bleeding, breast asymmetry and implant rippling, rupture or leakage. Some of these unexpected outcomes may require a second operation or removal of the implant.

Breast feeding and breast screening for cancer after breast augmentation

Breast implants do not interfere with breast feeding. Breast screening for cancer can still be performed with mammography and ultrasound; however several extra images may be required to fully visualize all of the breast tissue. Dr Boorer may recommend breast screening before breast augmentation surgery if you are aged over 45years or if you have a family history of breast cancer. Other types of imaging such as CT and MRI scans are also safe after breast augmentation.