

BREAST SURGERY

WHY HAVE A BREAST AUGMENTATION?

There are lots of reasons why women choose to have a Breast Augmentation. They may have small breasts and struggle with their confidence or their breasts may have changed after giving birth. Breast implants can enhance the body contour of a woman who is unhappy with her breast size. Whatever the reason, having breast surgery can replenish self-esteem and make some women feel great about themselves again.

This section will provide many answers to the questions women routinely ask regarding breast surgery. We've created this section to help decide if you think breast surgery is right for you and what you should expect after this procedure.

WHAT IS INVOLVED?

During the consultation, your surgeon will assess the size and shape of your breasts, as well as your skin's thickness and elasticity. They will also evaluate the position of your nipples, as well as the inframammary fold under each breast. Your surgeon will measure the distance between your breasts and may carry out the pinch test on your skin to see if they feel you have excess breast tissue to support an implant. These variables will help determine if you are a candidate for Breast Augmentation, and will help the surgeon make recommendations regarding the implant type, placement and size for your frame.

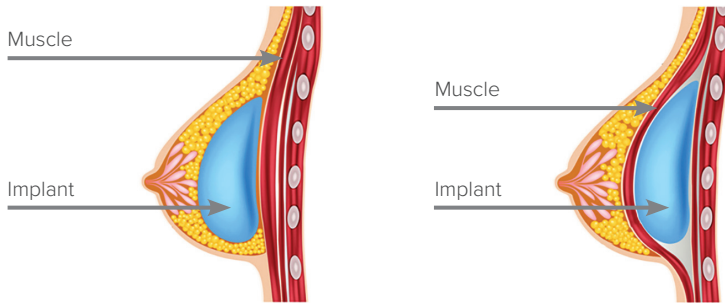
During a breast enlargement procedure, the surgeon places an implant made of soft silicone gel inside the breast to add more volume and enhance the shape. This is done by making an incision, generally under the breast creating a pocket for the implant to be inserted into. The surgeon will then customise the implant position based on the goals defined in your consultation. After the implant has been satisfactorily placed and positioned, the incision is closed and dressed.

Some patients may experience some pain with temporary discomfort after surgery and your breasts may feel tight, you should expect some swelling and each patient will vary on the level. Breasts may be sensitive to stimulation for some time after your surgery. Normally the procedure can be carried out as a day case, so provided you feel well enough you should be able to go home on the same day. You can usually return to work, dependent on your job, within a week however dependent on location, your Surgeon will advise. Driving is not recommended for the first 7 days minimum and should always only be undertaken when you feel recovered sufficient to meet the requirements of your insurance. Scars should fade and flatten throughout the first year after surgery, depending upon how the individual patient heals.

FREQUENTLY ASKED QUESTIONS

How is the implant placed?

The implant can be placed either above or behind the muscle. Your surgeon will discuss the best option for you at your pre-operative consultation.



What size can my breasts be increased to?

During your consultation, the surgeon will be able to assess the approximate implant size that they feel could be used. It is important to understand that implants are not manufactured in bra cup sizes and any attempt to place too large an implant is not advisable. Your surgeon will help you increase your breast size within what they feel are the safe guidelines for your body.

Will my breasts look and feel natural?

The expectation is Yes, once the breasts have settled. During the initial period following your operation your breasts should feel very firm and swollen but as they settle the expectation is they should soften.

Will I need to take time off work?

Most people take off about one week. However, if you have an extremely physical job, you may need to take off longer. Your clinical team can advise you about returning to work if you are unsure.

Will my breasts be painful afterwards?

Some patients may experience some pain with temporary discomfort following surgery and your breasts may feel tight with some swelling. Breasts may be sensitive to stimulation for some time after surgery.

What type of aftercare is needed for my breast augmentation?

You will need some time to recover after your surgery so please ask your surgeon for guidance. We will recommend a post-operative bra to purchase, you will normally need to wear this for 6 weeks following your procedure, only removing for showering as advised.

WHY HAVE A BREAST REDUCTION?

Large breasts can be a problem for many women and can cause neck, shoulder and back pain making normal activities uncomfortable to perform. In addition, some women with large breasts feel very self-conscious when wearing certain types of clothing. The independent surgeons with practising privileges at Hammersmith Private Hospital can help reshape the breast by extracting surplus glandular tissue, skin and breast fat to produce a size that is proportionate to a patient's body. During the surgery the surgeon can try to improve sagging and breast symmetry along with making the breasts feel lighter, firmer and smaller.

WHAT IS INVOLVED?

Breast Reduction surgery is usually performed on an inpatient basis using general anaesthesia. After making the surgical incisions, the surgeon will extract excess fat, skin and breast tissue, finally repositioning the nipple. The surgeon will then reshape the remaining skin and breast tissue closing in most cases with dissolving sutures. Patients will wear a post-surgery bra for 6 weeks that lightly compresses and supports the breasts as they are healing.

Patients are expected to feel sore and bruised, discomfort is eased with prescribed pain relief medication. Patients can perform light activities normally after 1 week, and can return to more rigorous activity after 6 weeks. Swelling should start to diminish at around week 4-5. Patients usually return to full activities after approximately 6 weeks and scars should begin to improve over the year. This is only a guide and so all patients should check with their surgeon what they recommend for you.

Usually patients should not shower until after their first post-operative appointment and the dressing should be kept dry always. If you have any queries please contact us for further advise.

Hammersmith Private Hospital strongly encourages patients to attend their scheduled post-operative appointments to make sure that the breasts are healing. You will have your own personal Patient Care Coordinator both before and after your procedure to support you and answer any questions you may have.

FREQUENTLY ASKED QUESTIONS

Who is a good candidate for a Breast Reduction?

Any woman whose breasts are disproportionate to the rest of her frame may be a good candidate for Breast Reduction.

Will there be any scarring?

Yes, the scarring along your vertical and horizontal incision lines should fade over time and should become less obvious.

How much smaller can my breasts be reduced?

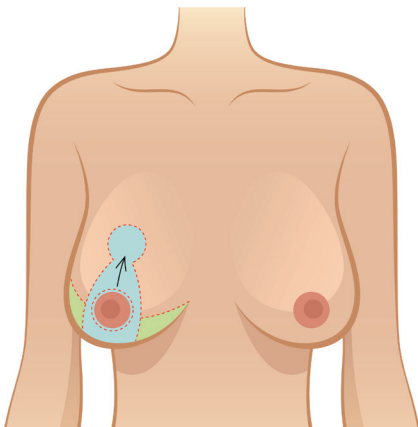
Each individual's surgery is different, your surgeon will examine you and discuss what they feel can be achieved from the surgery.

What will I look like after this form of cosmetic surgery?

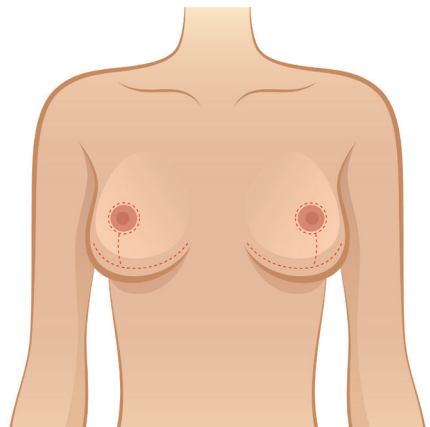
Once the breasts have settled after the operation, your breasts should feel firmer, lighter and smaller.

What type of aftercare is needed for my breast reduction?

You will need some time to recover after your surgery so please ask your surgeon for guidance. We will recommend a post-operative bra to purchase to wear for 6 weeks following your procedure, only removing this for showering. You will see a member of Hammersmith Private Hospital's Nursing team for wound care as requested by your surgeon and see a surgeon as needed.



ABOVE: The illustration above shows how the nipple is repositioned.



ABOVE: The illustration above shows the typical position of scars.

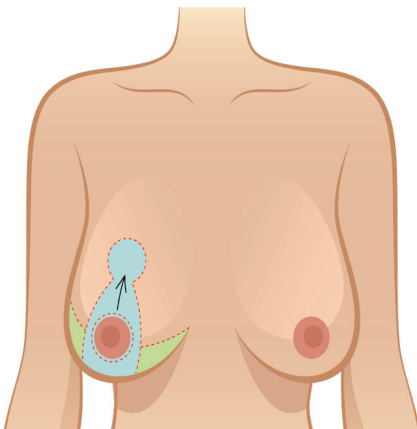
WHY HAVE A BREAST UPLIFT?

As the skin loses its elasticity over the years, the breast position changes, there can be potentially a loss of volume and they can begin to sag. A Breast Uplift should give them a more youthful appearance by rejuvenating the profile by lifting the breast higher on to the chest wall.

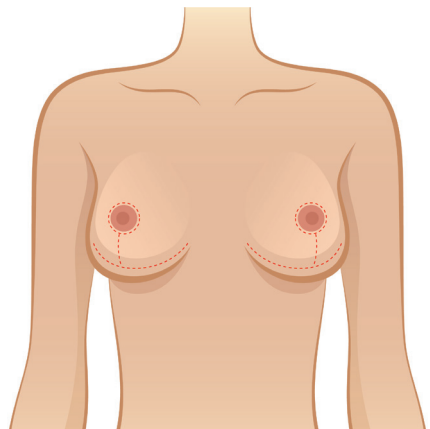
WHAT IS INVOLVED?

Normally the procedure is performed as a bilateral procedure, but it can also be performed on one breast only to achieve symmetry with the other. Often for smaller breast uplift procedures, incisions can be made around the areola with the potential for reduced scarring. A modified uplift serves as an option if the breast is small and there is not excessive sagging. For complete breast uplifts, in patients who have significant loss of volume and “droopiness”, medically known as ptosis, incisions generally need to be made in the standard “anchor” shape and require an implant.

It’s important to note the Breast Uplift procedure generally reduces the size of the areola. During the surgery, some patients may choose to have implants inserted to help give the breasts a fuller look. The size of the breasts should not change significantly after a Breast Uplift if implants are not inserted; however, the surgery should leave the breasts with a lifted and more youthful appearance.



ABOVE: The illustration above shows how the nipple is repositioned.



ABOVE: The illustration above shows the typical position of scars.

FREQUENTLY ASKED QUESTIONS

How do I know if surgery is right for me?

Ideal candidates for a Breast Uplift procedure are women who are unhappy with the shape and position of their breasts.

Where are the incisions?

Because everyone's body ages differently, your surgeon will discuss with you the optimum location for the incisions during your consultations. The goal is to ensure they are located in the most discrete position possible.

What kind of pain should I expect following the procedure?

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a mild to moderate discomfort, your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

What can I do to minimise my risk of bruising?

Your surgeon will discuss and provide a list of post-operative best practices to minimise the risk of bruising following your procedure.

Will a Breast Lift without implants make breasts look smaller or larger?

Volume doesn't significantly change but because of skin removal, the breasts should naturally appear smaller.

Can I combine Breast Lift and areola reduction in one surgery?

A breast uplift includes a scar around the areola, so an areola reduction is part of the lift. You can discuss your goals for size with your surgeon.

What type of aftercare is needed for my breast uplift?

You will need some time to recover after your surgery so please ask your surgeon for guidance. We will recommend a post-operative bra to purchase to wear for 6 weeks following your procedure, only removing this for showering after your first post-operative appointment. You will see a member of Hammersmith Private Hospital's Nursing team for wound care as requested by your surgeon and see a surgeon as needed.

INFORMATION FOR PATIENTS ABOUT BREAST AND COSMETIC IMPLANT REGISTRY

To monitor and improve patient safety, a breast and cosmetic implant register (BCIR) has been developed, recording implants that have been used for patients and the organisations and surgeons that have carried out the procedures.

The main aim of the registry is to trace and inform affected patients in the event of any future recall of a failed implant. The registry will also allow identification of possible trends and complications relating to specific implants.

The registry has been established in response to the Keogh Review of the Regulation of Cosmetic Interventions, which was an independent report setting out recommendations to protect people who have had cosmetic surgery. This followed issues caused by faulty Poly Implant Prosthesis (PIP) breast implants in 2010.

The breast and cosmetic implant registry is being managed by NHS digital, the trusted national provider of high quality information, data and IT systems for health and social care. NHS digital is supported by relevant cosmetic and surgical professional groups:

- British Association of Aesthetic Plastic Surgeons (BAAPS)
- British Association of plastic, reconstructive and Aesthetic Surgeons (BAPRAS)
- Association of Breast Surgery (ABS)

The information that your surgical team will submit to NHS digital will include:

- Your NHS number
- Your family name
- Your first name
- Your current postcode
- Your date of birth
- Your surgeon
- Details of the surgical procedure
- Details of implants used

Your personal information (NHS number, name, postcode, date of birth) will be retained to allow you to be contacted in the event of a future implant recall. Your personal information will be held securely and will only be accessible to a limited number of staff at NHS digital whose role it is to maintain the registry.

NHS digital takes its responsibility for looking after care information very seriously, and follows the legal rules, guidance and practices known as Information Governance (IG) for both the collection of the registry data and the IT systems used. No aspects of the information will be sold or made available to commercial companies for other uses.

If for patient safety reasons, in the future, there is a need to contact you and recall you for assessment, your personal details will be used by NHS digital to attempt to trace your current address, using records held on a central NHS database. Hammersmith Private Hospital will be provided with your current address, where available, so they can contact you and arrange for the appropriate steps to be taken to assure your safety. If the NHS cannot reach Hammersmith Private Hospital you will be contacted by NHS digital.

This applies to patients residing in England. If you live elsewhere in the UK or are an overseas patient, an attempt will be made to contact you at the address you provided when you registered.

NHS digital will produce reports on the use of various implants, procedures and outcomes. These reports only contain anonymised, aggregated information (i.e. data that has been grouped or combined) so that patients cannot be identified.

Your surgeon will ask you to complete a consent form for your surgical procedure and in addition they will ask you to complete a consent form allowing your information to be shared with NHS digital for the purpose of the registry. Please complete and sign the relevant parts of the consent form if you would like your details to be included in the registry.

If you do not wish your details to be recorded in the registry, you can indicate this on the consent form. Please be aware that this will not affect your surgery or care, but may make it difficult or impossible to contact you in the event of future product failure or recall. Therefore, it is in your best interests to be included on the registry.

If you register and later decide that you do not wish your details to be included, you can withdraw your consent at any time by contacting Hammersmith Private Hospital and asking us to make a request to have you removed. Should you be unable to contact us, you can contact NHS digital so your records can be amended. Alternatively, if you do not register but change your mind in the future, you can talk to your surgeon / or us who can complete a new registry participant consent form and submit your information.

Useful Links

NHS Digital www.digital.nhs.uk

Register <http://digital.nhs.uk/bcir>

Central database <http://systems.hscic.gov.uk/ddc/spine>

For queries about the registry please speak to your surgeon
or email enquiries@nhsdigital.nhs.uk

RISKS AND CONDITIONS

- **ALCL (ANAPLASTIC LARGE CELL LYMPHOMA)**

BIA-ALCL appears to be related to textured breast implants and it appears to have occurred with textured implants made by every manufacturer. International collation of these cases should allow more information on these links in coming months and years. It should be noted that ALCL is extremely rare and should be treatable by excision of the capsule and adjunctive treatment on the recommendation of the appropriate MDT.

- **ALLERGIC REACTIONS**

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

- **ANAESTHETICS**

A general anaesthetic is a drug that is used to alter a person's consciousness and is used alongside analgesia.

- **ASYMMETRIC**

The risk of any surgery performed bilaterally (both sides) is that one is likely to look different to the other and perfection cannot be offered.

- **BREAST CANCER SCREENING**

If you have breast implants, you should still get routine screening mammograms. However, if you have implants, you need to tell the radiographer before starting the mammogram and you should also be aware that it may be hard for the doctor to see certain parts of your breast. Women with implants have 4 extra images taken (2 on each breast), as well as the 4 standard images taken during a screening mammogram. In these extra images, called implant displacement views, the implant is pushed back against the chest wall and the breast is pulled forward over it. This allows better imaging of the front part of each breast.

- **BREAST FEEDING**

Breast implant, uplift and reduction surgery may interfere with your ability to successfully breastfeed. It is possible that you will produce less milk or not be able to produce milk at all. Some women have also reported painful breastfeeding. If your surgeon uses an incision around the areola surrounding the nipple, it may further increase the chance of breastfeeding difficulties.

- **CALCIUM DEPOSITS**

Calcium deposits can form in the tissue capsule surrounding the implant. Symptoms may include pain and firmness. Deposits of calcium can be seen on mammograms and can be mistaken for possible cancer, resulting in additional surgery for biopsy and/or removal of the implant to distinguish calcium deposits from cancer. If additional surgery is necessary to examine and/or remove calcifications, this may cause damage to the implants. Calcium deposits also occur in women who undergo Breast Reduction procedures, in patients who have had haematoma formation, and even in the breasts of women who have not undergone any breast surgery. The occurrence of calcium deposits increases significantly with age.

- **CAPSULAR CONTRACTURE**

Capsular contracture is the tightening of scar tissue (also called a capsule) that normally forms around the implant. If the condition persists further surgery may be necessary, charges will apply.

- **DEEP VEIN THROMBOSIS**

These often occur in the legs and are more common in long surgeries and those done under general anaesthesia. A clot that blocks a blood vessel can cause tissue damage in the immediate area. If it breaks loose and travels to the lung or heart, it can be fatal.

- **DEPRESSION**

While depression is not directly caused by having surgery, the 2 have been known to be linked to health disorders, including body dysmorphic and eating disorders. If you have been diagnosed with or treated for depression, an anxiety disorder, or another mental health condition, you should wait until your condition has resolved or stabilised before having surgery. Discuss any history of mental health disorders with your surgeon prior to the procedure.

- **RESULT AND SAGGING BREASTS (PTOSIS)**

Following implant surgery, depending on the weight and size of the implant will depend on the strain placed on your breast tissue. Naturally, heavier implants will cause a gravitational pull which leads to a sagging effect in some cases. This does depend on tissue type and skin condition. In these cases, further surgery (at cost) will be required such as a Mastopexy (uplift).

- **HAEMATOMA (BLEEDING)**

It is possible to experience a bleeding episode during or after surgery. Should post-operative excessive bleeding occur, it may require emergency treatment to drain accumulated blood (haematoma). A Haematoma may contribute to capsular contracture, infection or other problems. Do not take any aspirin or anti-inflammatory medications for 10 days before or after surgery, as this may increase the risk of bleeding. Non-prescription “herbs” and dietary supplements such as St John Warts can increase the risk of surgical bleeding. A Haematoma can occur at any time following an injury to the breast.

- **IMPLANT DETECTION**

Some patients will be able to feel their implant in the breast after surgery.

- **IMPLANT EXTRUSION AND TISSUE NECROSIS**

Lack of adequate tissue coverage or infection may result in the exposure and extrusion of the implant through the skin. The implant can be rejected, if this takes place normally it is because the implant is not given sufficient healing time to settle (like not wearing the bra for 6 weeks) or too much movement of the implant causing internal irritation. Tissue death (necrosis) has been reported in patients who use steroid drugs, or after chemotherapy/radiation to breast tissue, smokers, microwave diathermy, and excessive heat or cold therapy. In some cases, incision sites fail to heal normally. A breast implant may become visible at the surface of the breast because of the device pushing through layers of skin. If tissue breakdown occurs and the implant becomes exposed, implant removal is normally necessary. Tissue necrosis can cause changes to the scar.

- **INFECTION**

Infection can occur with any surgery or implant, most resulting from surgery appear within a few days to weeks after the operation, however they are possible at any time after surgery. Infections in tissue with an implant are harder to treat than infections in tissue without an implant. If it does not respond to antibiotics, the implant may have to be removed, and another implant may be placed after the infection is successfully treated.

- **IRREVERSIBILITY**

Breast implants may permanently alter your breast tissue. If you decide to have the implants removed, your breasts may not return to their pre-surgery shape. Your breasts may stay dimpled or wrinkled.

- **ITCHING + BURNING SENSATION**

These symptoms are normally caused by nerve endings reconnecting after the surgery, the expectation is that this should subside between 14 to 28 days. This may also be a symptom of infection, so attending a post-op appointment is essential.

- **MALPOSITION AND/OR DISPLACEMENT**

The implant is not in the correct position in the breast. This can happen during surgery or afterwards if the implant moves or shifts from its original location. Shifting can be caused by factors such as gravity, trauma, capsular contracture and non-compliance to postoperative instructions, such as patients who return to work too soon, driving, physical activity and not wearing a bra as directed. Can be accompanied by discomfort and/or distortion in breast shape. Additional surgery may be necessary to correct this problem.

- **NAUSEA AND VOMITING**

Post-operative nausea and vomiting (PONV) is a side effect that leads to almost half of surgery patients feeling ill in the hours and days after surgery. Prevention is key. Make sure your anaesthesia provider is aware of your previous experience and ask for a plan to prevent it from happening again. It is much easier to prevent this issue with medication than it is to treat it once you are feeling unwell.

- **PAIN**

Patients will probably have some discomfort after surgery. The intensity of the pain and the length of time it lasts vary from patient to patient, however this should be controlled using analgesia. If the pain continues to persist long after you have healed from surgery you need to see your surgeon. In addition, improper implant size, placement, surgical technique, or capsular contracture may result in pain. Tell your surgeon if you have a lot of pain or if your pain does not subside.

- **PROMINENT VEINS**

Prominent veins are often a sign of poor blood flow. After breast surgery veins may appear or become more prominent permanently. This risk must be understood and accepted by the patient.

- **RUPTURE OF THE IMPLANT**

This involves a split or hole in the shell of an implant, this is not necessarily an emergency but will require treatment. Further surgery will incur costs.

- **SCARS**

All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars can be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

- **SEROMA**

Fluid may accumulate around the breast implants following surgery, trauma or vigorous exercise, additional treatment may be necessary to drain this. A seroma may contribute to infection, capsular contracture, or other problems.

- **RIPPLING**

Visible and palpable wrinkling of tissue can occur and is normal and expected. This may be more pronounced in patients who have implants with textured surfaces or thin tissue.

- **SHOCK**

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalisation and additional treatment would be necessary.

- **SKIN AND NIPPLE SENSITIVITY**

Feeling in the nipple and breast can increase or decrease after implant surgery. The range of changes varies from intense sensitivity to no feeling in the nipple or breast following surgery.

- **SMOKING**

Smoking provides us with unlimited risks, it can delay healing, promote complications during anaesthesia and restricts the flow of oxygen to the body's main organs.

- **STRETCH MARKS + VEINS**

Stretch marks may develop, especially with larger implants, veins may become more prominent on the breast surface.

- **SUTURES**

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously erupt through the skin, become visible or produce irritation that requires suture removal.

- **SWELLING AND BRUISING**

Some bruising and swelling normally occur. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

- **TOXIC SHOCK SYNDROME**

In rare instances, toxic shock syndrome has been noted in women after breast implant surgery, and it is a life-threatening condition. Symptoms include sudden fever, vomiting, diarrhoea, fainting, dizziness, and/or a sunburn-like rash.