

Breast Augmentation

Breast augmentation is a surgical procedure performed to enlarge your breast volume for a number of reasons;

- Enhance body contour
- Correct volume loss resulting from ageing/pregnancy
- Balance the volume of breasts in women who have breast asymmetry

There are a number of techniques for performing breast augmentation. There are options regarding the type of implants (smooth/textured, round/anatomical, saline/silicone), position of implant placement (sub glandular/sub muscular/dual plane), and incision placement (sub mammary, arm pit, peri-areolar). The options recommended for you will depend on your breast shape and size and will be individualised to ensure that you obtain the best possible result.

Breast Augmentation will correct some mild forms of breast sagging. However for more severe breast sagging which may occur after pregnancy or weight loss, a breast augmentation procedure may need to be combined with a breast lift in order to obtain the desired result for you.

Alternative Options to Breast Augmentation

- **Breast Suction Device.** Recent technologies in breast suction devices result in an increase in breast size of approximately one cup size. These devices require strict compliance and must be worn for 23 hours per day for 4-6 weeks.
- **Fat Injection.** Advances in this field are progressing rapidly. Currently fat injection is a well utilized technique for women who are undergoing breast reconstruction following breast cancer. However, the use of this technique is currently not approved in Australia in native breast tissue due to the difficulty differentiating fat breakdown from breast cancer on mammogram.

Post-Operative Course

Post operatively you will have a scar that runs under your breast or in your arm pit depending on the approach chosen for you. There will also be a drain tube in each of your breasts and you will have some mild compression on your breasts to decrease swelling.

You will be asked to sit out of bed and mobilise on day one post operatively, performing deep breathing and coughing exercises. If all is going well your drain tubes will be removed and you will be discharged home day one.

During the first 2 weeks post operatively you should not use your arms to push yourself up or lift heavy objects as this may displace the implants.

Pain post operatively will depend on whether the implant is placed under the breast tissue or under your muscle. Implants under the muscle can sometimes cause more discomfort. Your anaesthetist will ensure that you are comfortable. Any pain experienced will improve significantly as time goes on and you will be discharged with pain relief as required.

There will be some swelling and bruising post-operatively. This will continue to improve over time; however it will take approximately 3 months to achieve your final result.

With regards to physical activity post operatively you will be required to rest for two weeks. After this period you may increase your activity level, however it will be six weeks before you can exercise or lift heavy objects.

At WPRS, whilst we aim to achieve the best result from your surgery, there can be no guarantee of perfection. We pride ourselves in offering you the best possible experience with your surgery. If there are any questions or concerns we encourage you to ring WPRS to discuss these either with Mr Toma or the dedicated team of nurses at WPRS.

I have read and understand the procedure and potential risks. I have no further questions regarding my surgery.

Signed.....

Potential Risks of Surgery

- **Bleeding/haematoma:** any bleeding after surgery is usually minor. However rarely you may bleed enough to require a return to theatre.
- **Infection:** uncommon, however if it occurs you may be required to commence antibiotics. If the implant becomes infected it may require removal.
- **Wound separation/delayed healing:** is uncommon in breast augmentation.
- **Scar widening/hypertrophy:** this can occur with any scar. Your wound will be carefully closed however some people may develop widened or elevated scars. WPRS monitor for this and provide information to avoid this potential complication
- **Asymmetry between breasts:** It is very uncommon for both breasts to be exactly the same size and shape pre-operatively. Whilst every effort is made to ensure that you have symmetry post operatively there may be small differences between your breasts.
 - **Implant rippling or malposition:** All attempts are made to minimise this risk. If of concern post-operatively it may rarely require revisional surgery.
 - **Fluid collection (seroma):** can occur in up to 5% of people. If a collection does accumulate then it will need to be drained, which can be performed in the rooms.
 - **Altered nipple sensation:** Any change normally settles with time. Complete loss of nipple sensation occurs in <2%.
 - **Breast feeding:** is not affected by breast augmentation. Approximately 30% of women cannot breast feed normally and this percentage is not changed by breast augmentation.
- **Implant rupture:** Although rare can occur especially with severe blunt trauma to the implant. Spontaneous rupture rates are estimated at 2% per year.
- **Capsular contracture:** is a complication that may affect all implants at some time. Rate is approximately 10%. This may be mild in which case it is asymptomatic. Severe contracture can lead to pain and require implant replacement.
- **Breast cancer surveillance:** Mammography is still possible, however different views are required. Current recommendations are for MRI to be performed in women who have breast implants for cancer surveillance. The diagnosis of breast cancer is not delayed by breast implants
- **ALCL (anaplastic large cell lymphoma):** recent concerns of increased rates in people with textured implants. Currently being investigated however this is very rare and not proven at this stage.
- **Anaesthetic complications:** sore throat, nausea/vomiting, other rare complications (i.e. allergic reaction to anaesthetic) can be discussed with your anaesthetist.
- **Deep venous thrombosis/pulmonary embolism:** risk of a DVT is 1 in 100. Rarely these can be fatal if they become a PE. Special precautions are taken in hospital to avoid this. These include: calf compression devices, anticoagulant injections and early mobilisation.

