

WHAT IS BREAST AUGMENTATION?

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

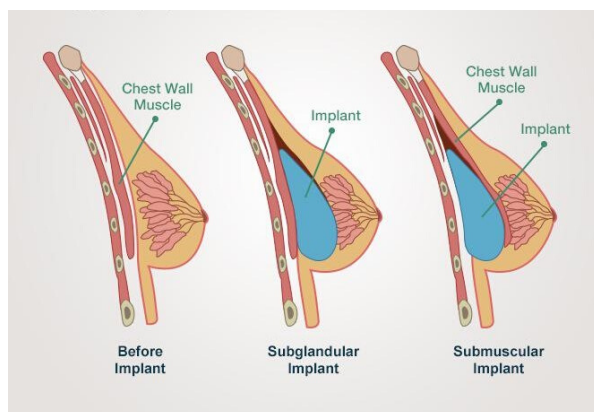
- Enhanced body contour
- Correction of volume loss resulting from ageing/pregnancy
- Balancing the volume of breasts in women who have breast asymmetry

There are a number of techniques used to perform breast augmentation. In addition, there are options regarding 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 current breast shape and size, to ensure that you obtain the best possible result.

Breast augmentation can improve mild breast sagging. 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.

Breast augmentation in most instances is a day procedure and you will be discharged home when you are safe and feeling well.



ALTERNATIVES TO BREAST AUGMENTATION

Fat Injection: Currently fat injection is a well utilised technique for women who are undergoing breast reconstruction following breast cancer. It may also be used for augmentation with increase of a cup size possible. Fat injection may also be combined with an implant.

POST-OPERATIVE COURSE

Post-operatively you will have an incision that runs under your breast or in your arm pit depending on the approach chosen for you. You will have a compression garment in place to help decrease swelling.

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. Discomfort will improve significantly over the next few days and you will be discharged with pain relief as required.

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

With regards to physical activity post-operatively you will be required to rest for 1 week. After this you may increase your activity level, however it will be six weeks before you can undertake heavy exercise or lift heavy objects.

POTENTIAL RISKS OF SURGERY

Bleeding/haematoma: any bleeding after surgery is usually minor. 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: 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 may need to be drained.

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 and additional information has been provided (please read attached form).

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.

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.

If there are any questions or concerns, we encourage you to contact WPRS to discuss these either with your surgeon or the dedicated team at WPRS.

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

I consent to WPRS using my images for presentations and educational purposes.

Yes No

Signed:.....