

Breast Augmentation

Breast size and shape is genetically determined, but can change throughout life in response to weight changes, pregnancy/breast feeding and ageing.

As part of the natural ageing process, the elastic tissues of the breast and skin tend to droop/sag (ptosis). This can also be seen after pregnancy, breast feeding and weight loss. It is normal for most women to have two breasts which are slightly different in size and shape. If this difference is significant, then they may also seek surgical correction.

BREAST AUGMENTATION OPERATION

Breasts may be made larger by placing an implant (or fat grafts) in a pocket created under the breast tissue or behind the pectoral muscle of the chest (especially in very slim women with little breast tissue). Implants are usually inserted through incisions in the fold under the breast (inframammary fold).

Your surgeon will meet with you to assess your suitability for the procedure and help you to decide on the type, shape and size of implant that will be best for you. The surgeon will also spend time discussing the surgery, scars, expectations and potential complications of this procedure.

BREAST IMPLANTS

A breast implant consists of an outer silicone shell and silicone gel filling. While saline (salt water filled) implants are available, these are not often used in the UK, and are considered to have a less natural feel than the silicone filled implants. Some implants are round, while others are anatomically (teardrop) shaped. Both have pros and cons and can give excellent results. The average life expectancy of a breast implant is 10 - 14 years. This is an average, so while implants can stay in, without problems, for much longer, occasionally problems can arise in a much shorter timeframe.

CONSEQUENCES & RISKS OF BREAST AUGMENTATION

While no surgery, however big or small is not without risk, breast augmentation remains the most common cosmetic procedure in the UK and the USA, which is a reasonable indication of its safety and satisfactory outcome in most patients.

Complications specific to implants include implant malposition, implant palpability, rippling, silicone leak and implant rupture (10% at 10 years) and capsular contracture.

When any foreign material, such as a breast implant, is inserted into the body, the natural response of the body is to create a wall of protective scar tissue, called a capsule, around the implant. In most women, this scar tissue is soft and thin, however, in some women (up to 10% of women at 10 years after augmentation surgery), this scar tissue can become thicker and distort the shape and position of the implant. This is called a capsular contracture. This problem may be detected at about a year after surgery to a greater or lesser extent, but usually takes several years to become noticeable when looking at the breasts. In some cases the capsular contracture can lead to pain, hardening of the implant and loss of the normal shape of the breast. While the recommendation for minor degrees of capsular contracture are to avoid surgery, treatment may be needed to remove the scar tissue and replace the implant.

More recently there have been some reports of a breast implant associated Anaplastic Large Cell Lymphoma (ALCL). This is estimated each year to affect 1 in 300,000 patients that have silicone implants.

There may also be a risk of numbness, shooting pains, indentations, dog ears, hard red lumpy scarring, asymmetrical or adverse scar position, asymmetry, dissatisfaction with the aesthetic outcome and breast droop.

Other complications that may occur with breast augmentation are those those associated with any type of surgery. These include such things as bleeding, bruising, swelling, infection, haematoma, seroma, skin breakdown or loss (necrosis), delayed healing, asymmetric healing, and pain. There is also a risk of complications affecting general health such as anaemia, deep venous thrombosis and pulmonary embolism.

EXPECTATION

Many studies have been carried out into silicone breast implants and these have shown that, at present, there is no evidence that these implants are associated with an increased incidence of breast cancer, nor do they cause autoimmune diseases such as rheumatoid arthritis.

Breast augmentation does not interfere with breast feeding, nor does any silicone enter the breast milk. Breast implants may make mammography x-rays difficult when screening for breast cancer, however other methods, such as ultrasound or MRI scans, are as effective in the detection of breast cancers in women with implants. Rates of detection of cancerous lumps in the breasts of women with implants has been shown to be no different than women without implants.

While most women have a variable amount of asymmetry between their breasts that does not require correction, this difference in size or shape may occasionally appear exaggerated after augmentation.

A breast with an underlying implant will not necessarily feel or behave like a breast without an implant. Implant augmented breasts will usually feel a little more firm than a breast without an implant, and will tend to maintain their shape in most positions (such as when lying flat). Some women (especially if very slim), may need some time to allow the body to adjust to having an implant inside. It may also take some time for the true size and shape of the breast to settle after augmentation surgery, making final cup size unpredictable. Creation of a full cleavage, where the breasts are close together in the midline, may not always be possible, particularly in slim women where the implants may have to be placed behind the pectoral muscles. Larger implants will also be heavier and may speed up the drooping of the breasts during the ageing process. A breast augmentation operation will leave a permanent scar in the inframammary fold of the breast, which is usually well hidden by a bra or bathing costume. These scars will usually soften and fade over a period of about 2 years, however, the appearance and behaviour of scars can vary greatly between different individuals.

It is also worth mentioning that there is little evidence to show that a breast augmentation procedure has any beneficial impact on long term happiness or satisfaction, and it is therefore not advisable to undergo this procedure while experiencing adverse/significant life events, such as after separation or divorce.

RECOVERY

Following a bilateral breast augmentation procedure, there will be swelling and bruising, most of which should settle in the first few weeks. The scars may take about 2 weeks to heal, although may take several months to fully mature. While 2 weeks of sick leave may be sufficient for employment such as a desk-based job, it may be advisable to take a little longer for more physical work and refrain from heavy, upper body exercise for about 6 - 8 weeks. It is usually advisable to wear a sports type bra night and day for the first 2 - 3 months after surgery in order to support the breast.