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## AUGMENTATION MAMMOPLASTY Breast Enlargement

### Notes for Guidance

It is a fact, unfortunately, that no amount of exercise, hormonal treatment, or creams will have any noticeable effect on the size of small breasts. There is no method, other than surgical correction using implants, that can increase the size and fullness of the breast, and thus augmentation mammoplasty has become a very popular method of enhancing the female form. This operation has been successful in this country and worldwide and has helped many women attain a better figure, which in turn has made an important psychological contribution to their feelings of femininity, confidence, general sense of well-being and happiness. Physical and psychological factors are closely linked in this area. Patients are very carefully assessed by the surgeon in order to assist patients in realising their expectations and to achieve a mutual understanding.

Augmentation mammoplasty is suitable for women who perceive their breasts as being too small, either because they have never had full development of breast tissue, or as a result of the loss of breast tissue that sometimes occurs after pregnancy and breast-feeding. Small breasts may also be due to massive weight loss. If breast sagging accompanies small breast volume, a breast uplift operation, Mastopexy, may be required. Augmentation and Mastopexy can be performed together or separately. Post-mastectomy breast reconstruction is also performed to correct the deformity resulting from the removal of a breast, e.g. for cancer. Modern surgical techniques allow the aesthetic plastic surgeon to simulate a breast, and free the mastectomy patient from the need to wear an external prosthesis within the bra.

This surgery does not usually alter breast function. Since the operation does not interfere with breast tissue, the possibility of breast-feeding after pregnancy remains unaltered. It must be remembered that not all women can breast-feed successfully anyway - the important point here being that the breast will function the same after treatment as before. There may be altered nipple sensation.

Augmentation Mammoplasty does not increase or decrease the chances of later developing breast cancer. Hundreds of thousands of augmentation mammoplasties have been performed worldwide and there has never been any demonstrated relationship between breast enlargement treatment using implants and future breast cancer or other breast disease.

Augmentation mammoplasties involve the small breast being made larger by the insertion of a pre-formed 'gelatine-like' material implant, into a pocket behind each breast, through a small incision. (This is not to be confused with silicone injections that are not used). The implant is placed either above or below the pectoralis muscle that covers the ribcage. The texture of the implant is very similar to the natural feel of the breast. The size of the implant can vary, according to the wishes of the patient and the advice of the surgeon. However, the size selected is based on the degree of stretch within the breast and the amount of breast tissue available to accommodate the implant. The patient's general physique and stature must also be taken into account. There are now sizers available to assess the desired size of implant. A natural looking result is the aim.

There are several variations to the above-described technique. Different types of implant may be used. The location of the incision can be varied. It may be beneath the breast in the normal fold of skin, or in the armpit, or it may be in the areola, the pigmented area surrounding the nipple. These variations can be discussed in greater detail with your consultant. The main purpose of the procedure is to make the breasts as attractive as possible. There will be scars but these will be kept as small as possible and either hidden, as stated above, beneath the nipple or under the creases of the



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breast or in the armpit. In either case they usually fade and become almost unnoticeable after a period of time. Some factors to be considered when making your choice of implants are the compatibility of implant materials with your body over time, the need to have a well read mammogram, and to be able to follow the implant over a long time. Implants are man-made and can wear out. Of course, the implants need to look and feel right. All breast implants utilise a silicone shell but the fillings differ. Silicone implants are gel-filled; saline implants are filled with salt water.

The operation is performed under general anaesthesia. The procedure itself takes about one to one and half-hours as a general guide. An overnight stay in the clinic is required. After surgery a supportive dressing is placed over the breast. One day later this dressing is removed and the patient must then follow the surgeon's instructions on the wearing of the correct size bra. Arm movements must be restricted for a few days. Stitch removal takes place at about one week after surgery, and the patient can usually return to work within seven to ten days. Heavy lifting and strenuous exercise must definitely be avoided for three weeks, and patients should take six weeks to gradually resume full activity. Any surgical procedure of this extent will result in swelling, bruising and discolouration in and around the breast. At first a feeling of fullness, soreness and discomfort is almost routine, but adequate pain relief medication can be prescribed. Aspirin or any medication that may contain aspirin should never be used.

### **Risks Of Surgery**

**1. Bleeding** - Any surgery carries the risk of bleeding or haematoma (collection of blood under the skin). Bleeding can occur although this has been minimised by using fibre optic lights. If it occurs early, postoperative stage, surgical drainage may be necessary. Any fluid collection around implants may also require drainage.

**2.** A small percentage can get infected which will lead to break down of the incision necessitating the temporary removal of the implant until the infection clears. A new implant would be inserted.

**3. Capsular contracture/calcification** - The most common problem with any type of breast implant is a slowly developing firmness called "capsular contracture". The body's natural response creates a layer of scar tissue ("capsule") around the entire surface of any type of implant. Ideally, the scar capsule will remain thin and pliable. However, if the scar tissue shrinks and thickens (contracts), it may compress the implant, making the breast round and firm, sometimes tender and immobile. Capsular contracture can start anytime after surgery, even several years later, most commonly on one side only. Often capsular contracture does not occur at all. Because some form of scar capsule always occurs with a breast implant, capsular contracture is considered an inherent risk of a breast implant. No one is sure of the cause, and some women have no scar problems. However, it is believed that the surgical method - whether placing the implant under the chest muscle or above - as well as the composition and surface treatment of the shell, can combine to modify the body's response. Always discuss treatment of capsular contracture with your surgeon.

**4. Breast Symmetry & Shape** - Breast Augmentation does not correct the asymmetry of the breasts and the implants usually take the original shape of the breasts. Capsule formation can change the shape of the breast, which might need further surgery to correct it.

**5. Pain & Discomfort** - Some occurs in the early post operative stage which normally subsides as the healing takes place.

**6. Leakage or Rupture of the Implant** - Modern implants are extremely difficult to burst however this can happen as a result of a severe blow to the chest or a road traffic accident. Very occasionally the implant may



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rupture during manipulation. Shells may simply wear out. Filler which has leaked may require surgical removal. Rupture can be diagnosed by ultrasound or breast x-ray.

**7. Breast Examination & X-rays** - There is no doubt that the presence of a Breast Implant could interfere with the ability of a radiologist to read a mammogram (breast X-Rays). Not being able to make a good reading could hinder the detection of early cancer but there are now techniques, which overcome this problem. Statistics have shown that mammograms are just as useful in detecting early cancer in those with implants as in those without when read properly. There are specific techniques for viewing tissue around implants. You must inform the physician ordering the X-ray and the one performing the X-ray to take a "diagnostic X-ray", e.g., multiple views.

**8.** Any surgery or injury to the breast may produce small spots of calcium, which may be seen on mammography. These deposits may not occur until years after the surgery and occasionally a biopsy may be necessary to confirm that the spots are harmless.

**9.** Sensory changes - some impairment of sensation of the nipple may occur following surgery. Usually all sensation returns to normal in a few weeks; occasionally, changes in sensation may be permanent. Sometimes the nipple area can become extra sensitive. In addition, sensitivity in the lower portion of the breast may be impaired until the sensory nerves recover. Some patients even report an electric shock type of sensation. These changes usually settle given time.

**10.** Rejection - True rejection is extremely rare.

**11.** Auto-immune Disease - The main reason why silicone is so widely used for medical purposes is that it is considered inert and biocompatible, or neutral, in the

body. Despite this medical understanding, recent reports in the media have suggested that silicone implants might cause auto-immune disease, or specifically connected tissue disorders. Connective tissue disorders occur independently in the general population. Statistically, women to begin with have a higher incidence of auto-immune disease than men. Types of the disease, including rheumatoid arthritis, systemic lupus erythematosus, and systemic sclerosis (scleroderma), occur often coincidentally along with implants. These patients may also have silicone breast implants; this does not mean the implants caused the disorders. The cause and effect relationship between breast implants and these diseases has never been proven.

Finally, it is important to mention that most patients feel very comfortable with the changes to their breasts, and within a period of three month patients are usually no longer aware of the presence of the implants. They are very content with their new figure.

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This leaflet has been prepared to give a basic understanding of the procedure before a consultation takes place, and to cover many of the questions frequently asked about this type of cosmetic surgery. Final decisions should not be made until an individual assessment has taken place with the surgeon. There is no obligation on the part of the patient to undergo surgery by attending for consultation. If you have any further questions or would like to arrange a consultation please do not hesitate to call us.