

Breast Augmentation; Consultation letter to Breast Augmentation Patients

Breast implants were invented in the early 1960s by Dr. Frank Gerow and Dr. Thomas Cronin, two Plastic Surgeons from Houston, Texas. The first implants were made from an outside shell of silicone rubber and contained silicone gel. They had a remarkably natural feel that very closely compared to normal youthful breast tissue. The major complication of silicone breast implants was scar formation around the implant which made them get very hard and even, in some cases, very painful. This is not surprising since all foreign objects that are placed into the body cause scar tissue to form. However in the case of stainless steel plates for fractures or a pacemaker, no one cares if they are hard because they started out that way. In the case of breast implants, it occurred 80 percent of the time which was a very big deal. After some research, Plastic Surgeons began placing the implants under the Pectoralis muscle in an attempt to prevent this "Capsular Contracture" from forming. This was somewhat successful and brought the contracture rate to approximately 30 percent. Better but not perfect. Then research was done changing the surface of the implant to what is called textured or rough. The idea was that the irregular surface would bond with the body's tissue better and break up the scar tissue and, thus, prevent contracture. This worked much better with contracture rates approaching 5 percent. However, like everything in medicine, nothing is zero percent and contracture rates still range around 5 percent. So in the late 1980s there were silicone gel breast implants with textured surfaces and the results were excellent. In fact the results were so good that many times it was impossible to tell by physical exam that patients had implants.

In the early 1990s a group of women that had undergone Breast Augmentation and Reconstruction began making claims that their Silicone Breast implants were causing diseases in their bodies. These were serious, progressive and non-curable auto-immune diseases such as Rheumatoid Arthritis, Lupus, and Chronic Fatigue Syndrome. There was no scientific evidence that this was occurring but the claims caused the Food and Drug Administration (FDA) to ban their use. After several years of litigation and scientific study, it has now been shown that Silicone Breast Implants do not have any association with or cause disease in patients. That does not mean that they are perfect by any means. The problem with silicone gel is that it is not absorbable by the body. So if it ruptures and the gel gets outside the scar tissue that normally encases the implant (this is very uncommon), there can be some very serious inflammatory tissues that can form and may require surgery to correct. But this is not a disease. You must always keep in mind that nothing in medicine or surgery is perfect. For example, if you vaccinate your children, as many as one in two hundred thousand can have a severe reaction and even die.

However, at the time of this writing, the only implants that are approved for general use are Saline-filled. They are made of a similar silicone rubber shell and are inflated at the time of surgery to their appropriate size. The nice thing is that if they break, the body just absorbs the water with little side effect other than the volume is lost. However, as you will see during your consultation, saline-filled implants do not feel anything like silicone gel or normal breast tissue. This is why we now generally place these implants under the Pectoralis Muscle. It is a sculpting technique to hide this implant under normal soft tissue. In this way, the implant is less visible and feels more natural. They are still not as natural feeling as silicone gel but they are almost always acceptable in appearance and feel for most patients. Another interesting thing about saline-filled implants is that the rate of Capsular Contracture (becoming hard) is about the same for textured and smooth implants. Since textured implants tend to be more visible and palpable (easily felt), I think they are less natural. Therefore, I have preferred smooth implants since 1996 and have had little trouble with hardness.

There are three options for placement of the incision and there are pros and cons to each.

Placing the incision in the armpit is nice because there is no incision on the chest. However, the most critical part of Breast Augmentation is the placement of the implant in the fold below the breast. Since this incision is the farthest from the fold, it is technically more difficult to place the implant precisely. Also, you must consider this surgery a maintenance operation. For many reasons it may be necessary for you to undergo additional surgery to improve or maintain the result. Although I have not seen these rates of re-operation in my practice, in recent data the re-operation rate can approach 20 percent in ten years. The problem with axillary incisions is that many of the surgeries that need to be done in the future can not be done through that incision. Therefore, many of the women that have used this incision will need a different one in the future. For these reasons, I don't prefer this incision.

Under the breast fold was the most common way when silicone gel implants were being done because you needed a large incision to place that kind of implant. The problem with that incision is that it frequently widens and rises up on the breast and is visible. Unless I am revising a patient from another practice who has this scar, I nearly never use this approach.

Most surgeons, me included, prefer an incision around the nipple. This is called the peri-areolar approach. There are some misconceptions about this incision that deserve discussion. You might have heard that if you go through the nipple, you can not breast feed in the future. This is not true. We never cut through the ducts that connect the nipple to the breast tissue and, therefore, all patients should have no difficulty breast feeding. Another thing you might hear is that it is more painful to go through the nipple. This is, again, not true. Most of the pain associated with Breast Augmentation is related to muscle spasm that results from making the pocket for the implant. Since you are going to make a pocket below the muscle regardless of the

incision, the post-operative pain is the same for each incision. Lastly you might hear that going through the nipple causes the nipple to become numb. This is not true either. However, can you get nipple numbness from this operation? The answer is yes. But it has nothing to do with the incision. The nerves that go to the nipple are located near the pocket for the implant and commonly get stretched and bruised. If they get stretched or bruised enough, they can stop working. In the 15 to 20 percent of cases that have numbness after surgery, most will resolve and be normal at 12 months. However, they might be permanently numb. But this has nothing to do with the incision. It is, again, due to the pocket. There are three reasons that most surgeons perform this incision. For one, it is technically easier to create the pocket precisely. Two, if you ever need another operation you can usually perform it through the same incision. However, the biggest reason why most surgeons use this incision is that for some reason, and no one knows why, this area heals with nearly an invisible scar in the majority of patients.

Breast augmentation is performed as an outpatient. In this practice it is performed under general anesthesia. Although some practices perform Breast Augmentation with sedation and local anesthesia, I believe that it is a much more pleasant experience and it can be done more precisely with you asleep. The risks of general anesthesia are commonly greatly over-stated. In fact, most patients have a much larger risk of injury and death by getting into their car than from the sophisticated general anesthesia techniques now available. I do not use drains, or little tubes, to collect fluid that may occur around the implant. I know that some surgeons do, but I have found no advantage to using them. However, I would not fault a surgeon for using them and I have, on occasion used them as well. If they are used, they generally are removed 24 hours later.

We always see you the following day after surgery. We will give you a post-operative bra at that time. We will see you again in 7 to ten days to remove sutures and again at 6 weeks after surgery to make sure the implants are settling well into their pockets and everything is progressing normally. I like to see you yearly to check and see how you are doing.

Most patients take about 7 days off of work. I only have two major rules after Breast Augmentation. No push-up or under-wire bras until the implants have settled (about 6 weeks) and if it hurts, don't do it. Most patients can only lift 10 to 15 pounds for the first two weeks. Mild exercise can usually be started in two weeks but upper body work outs should be put off for four to six weeks.

It takes about 6 weeks to see the final result with any type of surgery. However, areas of the body that have undergone surgery actually change and mature for an entire year. The changes from six weeks to a year are very subtle and occur slowly.

Other factors important when considering Breast Augmentation include whether or not you have finished having children and how recently you breast fed your children. Pregnancy and breast feeding have major hormonal, physiologic and anatomic impacts on the breast that may be very important to the outcome of your surgery. It may require more surgery to improve or maintain the result after having children. It may be wise to wait until after you have had your children before having breast augmentation. Because of risk of infection, you should not breast feed within 8 months of having your surgery. Also, becoming pregnant immediately after your surgery may compromise your result due the large hormonal stimulation to the breast with pregnancy. If you have questions about these factors, please bring them up at the time of your consultation.

There are two other concepts that are very important for you to understand. First is the concept of cup size. Cup size is the worst way to measure an individual's breast for many reasons. First, few people understand what is really meant by cup size. Few women wear the right size bra and all bra manufacturers make them differently. Also, each patient has a unique anatomy that will dictate what size implant is best for them and how they will look after surgery. As the implants get larger, their base diameter

becomes bigger and they can sit too close to each other. This looks ridiculous. The implants also only come in so many sizes. Because of these factors, there is no guarantee for post-operative cup size on any specific patient. However, I always ask what the patient wants to figure out what they are thinking. Patients that come in desiring to be a C usually really want a D but are afraid to say that thinking that a D is too big. What that means to me is that they want to be proportional to their body size and look good in their clothes and bathing suits. They just don't want to be the object of jokes or have their significant others get in fights over them. Women who come in saying they want to be a D usually want to be much bigger. Usually as big as I can possibly go. Sometimes patients come in with pictures from magazines and say "I want to look just like this." The reality is that we don't usually have that much flexibility with Breast Augmentation and that your individual anatomy will dictate your final result. I sometimes joke with my patients that this is not a Burger King operation. You can not "have it your way." If you started out looking like "Miss July", it is likely you will have her result. But otherwise, it is very unlikely that any patient would look exactly like "Miss July."

The other concept that you must be comfortable with is that Breast Augmentation by its nature is a maintenance operation. By having Breast Augmentation you are making the choice to enhance your appearance by enlarging your breasts. However, it is very likely that the results of this one operation will not last your lifetime. In most patients it lasts years, but there are multiple reasons that patients need additional operations. Most of these

will be covered below. The fact is that the majority of patients will undergo further surgery in the future to maintain or improve upon their result. Future surgery, whether for revisions or complications, will almost always result in additional anesthesia, facility, implant (if necessary) and possibly surgeon's fees. It is impossible to predict the kind of surgery or the costs that would be required in this case. An example of additional surgery would be Mastopexy. Mastopexy, or a breast lift, may be necessary at the time of the initial Breast Augmentation or may become necessary as a woman ages or has children. As the skin of the breast ages, it can stretch and cause the nipple to become too low on the chest. Mastopexy is designed to reposition the nipple back where it belongs. This is not commonly needed in patients that have had a standard Breast Augmentation, but it is possible. Also some women decide later in life to have the implants removed. Those who do may develop cosmetically unacceptable dimpling and/or puckering of the breast following removal of the implant.

Risks:

Although all routine cosmetic surgical procedures have very low complication rates, it is always important that you understand the standard potential risks and complications of any procedure. I joke with my patients and tell them that I have to scare them before I operate on them. The reality is, however, that even if the risk is one in a 100,000, if it happens to you it is 100 percent for you.

RISKS OF BREAST AUGMENTATION

BLEEDING: Bleeding is a potential risk of any operation. The chance of needing a blood transfusion from breast augmentation is exceptionally small. If a collection of blood occurs around the implant, it is called a hematoma. If you get a significant hematoma, you need to go back to the Operating Room to have it removed. You cannot heal properly if a hematoma is in place. At the time of this writing, our practice has had only four hematomas over a period of over six years and approximately 400 cases.

INFECTION: Infection is a potential complication of any operation but can be especially serious in breast augmentation. Although every effort is made to prevent any infectious complications including use of intravenous antibiotics, placing the implant in antibiotics, placing antibiotics inside the pocket and giving postoperative antibiotics by mouth, infections can still occur. If the implant gets infected, the implant must be removed and must stay out of the body for at least 3 to 6 months. This is a potentially disastrous complication. Since our practice began, we have had one major infection that required implant removal.

DEFLATION: Breast implants are products and it is unlikely that they will last more than 10 to 20 years. Although there are some patients who have had saline implants for 20 to 30 years and have done just fine, it is doubtful that any surgical implant will last forever. If a saline implant ruptures, it contains saline which is easily absorbed by the body. Most patients describe not feeling anything, but rather waking up in the morning with a "flat tire." The warranties regarding these implants have changed, but at the time of this writing, the implant company (Mentor) is willing to give you a new implant and pay \$1200 toward replacement of the implant for the first five years. If you elect for the extended warranty, the warranty will be extended to 10 years and increased to \$2200 to help you replace the implant. After 10 years, there is a life-time warranty on the implant, but any recurrent surgical fees would be your responsibility.

SENSORY CHANGES: It is inevitable with any operative site that sensation in that area will change. Whether the surgery is an appendectomy, hernia or a breast augmentation, the area of surgery will change in the way it feels. Any patient may experience numbness, tingling, burning sensation, twingy or shooting pains. Most of these sensation changes will be short-lived and resolve on their own, but they can be permanent. Thankfully, these sensations are rarely permanent.

SCARRING: Although every effort will be made to make the incisions and resulting scars as minimal as possible, visible scars are possible with any operation. Occasionally implants do not settle in the pocket properly and there can be some asymmetry in their Position. Occasionally reoperation is required to place an implant in a more natural Position. It has been more than five years since I have had to redo that for one of my own patients. Despite using saline implants underneath the muscle, you can still have capsular contracture and hardness of the implant, but this is reported to be less than 5%. In seven years I have had one patient require repeat surgery for this problem.

BREAST ASYMMETRY: It is common for women to have one breast that is larger or in a different position from side to side. This is actually the norm and not the exception. Every effort will be made to minimize this asymmetry, but there will probably be asymmetries left after the surgery.

BREAST INDENTATION AND DEFORMITY WITH ANIMATION: Because the breast implant is located underneath the pectoralis major muscle, when that muscle is flexed with upper body workouts or exercises, the implant will be flattened and move laterally. This is inevitable because of the location of the implant.

BREAST CANCER: In our country the instance of breast cancer is one in eight women during their life-time. This is an unfortunate fact. The problem with breast implants is that x-rays do not go through them and therefore mammograms are not as good as without breast implants. If a patient has a mammogram without a breast implant in place, only 90% of the breast tissue is seen. In women who have had breast implantation approximately 40% to 50% of the breast tissue is seen; however, what is interesting is that women who have breast implants if they do get breast cancer have a slightly higher cure rate than the general population. Why is this? In general because women with breast implants tend to check their breasts and pick things up earlier. The earlier the cancer is detected the more likely it is curable. Also when a patient has a breast implant on their chest wall and the breast tissue is draped over the front of it, it is physically easier to do a physical exam and detect a smaller lesion.

PALPABILITY OR VISIBILITY OF THE IMPLANT: All of the implants wrinkle within the body, although in most cases these wrinkles are not visible through the skin. However, occasionally these wrinkles are visible and many times can be felt through the skin. This is one of the limitations of saline breast augmentation and is actually one indication for converting to Silicone gel. At the time of this writing, there are certain studies in which Silicone gel can be utilized and this would be one indication that would indicate that.

RARE COMPLICATIONS: Rarely there can be complications such as collapsed lungs and blood clots with pulmonary embolism, but these are exceptionally rare.

STANDARD ANESTHETIC RISKS: The administration of any medication has some amount of risk. Although every effort is made to minimize these risks, adverse reactions and side effects can not always be prevented. Complications of anesthesia can be as mild as slight dizziness or nausea to more profound abnormalities. Although rare, hospitalization may be necessary to control and/or treat any potential complication. Any patient undergoing general anesthetic has a 1 in 200,000 chance of catastrophe and death. However this risk is small enough to say that it is safer to have general anesthetic than get into an automobile. It is not risk free, but severe complications are rare.

CALCIUM DEPOSITS: The longer implants are in the body, the more likely it is to have calcium deposits in the scar tissue surrounding the implant. It is possible these calcium deposits can make the breast firm, but they can also further impair mammograms. This does not occur in all patients.

About the Author

Located in [Sacramento CA, Board Certified Plastic Surgeon](#) Dr. Donald Hause provides the highest level of compassionate service in his practice of Breast Augmentation, Breast Implants, and Breast Enhancement surgery. Check out his [Breast Surgery](#) page.

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