



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 world-wide 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 breastfeed 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 'gelatin-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 sizeers 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 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 utilize 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 Hospital is required. After surgery a supportive dressing maybe placed over the breast. One day later this dressing is removed and a sports bra is applied. Arm movements must be restricted for a few days. All stitches are dissolvable 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.

There are also physical contraindications and risks associated with breast enlargement surgery that you should be aware of:

Physical contraindications

1. Poor health

Poor health of various sorts, such as bleeding tendencies, hypertension, heart disease, chronic pulmonary, renal and hepatic diseases, acute and chronic skin, ear, or periodontal infections may be problems. Keloid and excessive scar



formers are not only more likely to have problems with the incision site scars, but are also more prone to capsular contracture. A person with dermatographia may also be more prone to capsules.

2. Chest wall deformities

Chest wall deformities can be a contraindication to surgery. If appropriate this would be discussed at consultation.

3. Pendulous breasts

The patient with pendulous breasts presents a challenge. Many women, following the birth of their children, find that their breasts have dropped and lost both elasticity and volume. In a normal 'average' breast, the nipple and areola are positioned at a point level with the centre of the upper arm. If the breast has been stretched by breast feeding or weight gain, the nipple will be at a lower level. If this is the case, a Mastopexy (up-lift) may be indicated rather than a Breast Augmentation.

4. Gross asymmetries

The patient with gross asymmetries such as different size areola, nipples pointing in different directions, having one inframammary fold higher than the other, having one breast hypertrophied or more pendulous than the other, inversion of one nipple, etc. should have these issues clearly documented on photographs and preferably will give consent in writing that she understands the surgical procedure cannot correct these problems.

5. Lactating breasts

Very often the patient seeking augmentation will have been pregnant and will wish for implants to fill up the breasts as they were during pregnancy and breast feeding. This is a very reasonable request, and one with which the surgery can comply.

You should not have breast surgery until 6 months after the birth of your child and/or 6 months following the end of breast feeding.

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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.