

BREAST ENLARGEMENT (AUGMENTATION)

BULLET POINTS

- Breast enlargement is a safe “quick fix” for solving the embarrassment of small breasts or correcting differences between the two breasts but:
You will almost certainly eventually need a second operation sometime in the next 25 years because the breasts will probably become misshapen or hard from capsule formation or uncomfortable. This may well cost you about the same amount of money as the first operation (adjusted for inflation). You probably won’t get these late on-set problems sorted out free of charge or through the NHS.
- You must try and understand how the operation is done and what types and sizes of implants are available before selecting your options. Please read and re-read all of the information sheets given to you on the subject and do your own research on the internet if you wish
- Before deciding finally about going ahead with the operation make sure you understand the risks. These are short term and long term.
- **SHORT TERM RISKS**
There is about a 1 in 10 risk of you having a minor disappointment about the size or the shape or problems with pain which you hadn’t anticipated. Ie, the breasts may not be as perfect or as shaped as you had hoped or anticipated.

There is about a 1 in 50 risk of you needing an adjustment operation for complications occurring during the first few weeks (bleeding problems or wrong position of implants).

There is about a 1 in 100 risk of serious infection which will need removal of the implants to control the infection.
- **LONG TERMS RISKS**
After the first six months or so some women develop increasingly tight scars around the implant (capsule formation and contracture).

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By the end of the first year about 5% of women will notice that one or both breasts are firmer than they would like; by about five years approximately 20% of women will notice that one or both breasts are too firm; by 10 years up to 50% of women will notice that one or other breast is a bit firmer than they would like; by 20 years at least 80% of women will notice that one or both breasts are much firmer than is desirable, although they may still be able to tolerate this and not wish to have them changed.

- **CAPSULAR CONTRACTURE**

The main problem with breast enlargement is the problem of capsule contracture. A scar forms as a result of the interaction between the implant and the person. It is not rejection, it is a foreign body reaction. It happens around any artificial implant, wherever it is in the body. It is not dangerous in any way but it can spoil the natural feel and look of the breasts, especially if one breast is soft and the other become hard. Some women can accept this but some find it unacceptable and want to have corrective surgery for it. Unfortunately, corrective surgery doesn't always succeed.

- **SEROMAS**

An unlucky 1% of women develop a seroma around one or both implants. This is a very serious problem because fluid accumulates under pressure around the implant inside the capsule. Most commonly a woman suddenly notices that one breast seems to be getting firmer and bigger than the other one for no very obvious reason. I have never seen one occur in less than two years after the original operation but it may need surgery to correct the problem. Sometimes the seromas seem to fluctuate in size often getting worse if the breast is stimulated a great deal as in taking excessive exercise or having the breasts manipulated in vigorous sexual activity. Sometimes the only way to correct the problem is to remove the implants altogether and then wait for several months and then try putting them in again hoping that this problem won't recur.

- **PREGNANCY**

The shape and size of breasts will change dramatically in the majority of women who become pregnant. If they have already had implants there may be no problem but in some women who enlarge a great deal the shape of the breasts may be unsatisfactory after pregnancy.

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- **WEIGHT LOSS**

If a person has implants but then loses a great deal of weight the skin over the breasts may thin and the implants may appear to ripple or wrinkle, and so in my experience it is risky to lose a lot of weight after you have had breast enlargement.

- **CHANGING IMPLANTS**

There is no truth whatever in the common saying that implants must be changed after 10 years. Implants only have to be exchanged or removed if and when problems arise. "If they ain't broke, don't fix 'em" applies very much in this situation. If you have a problem then obviously you should report it. If you don't have problems there is no need to worry about developing them. Spontaneous rupture of implants is nowadays extremely rare. It used to be quite common with old type implants but modern implants seldom rupture unless they are damaged while they are being inserted.

- **MYTHS**

It is a myth that it is hazardous to fly in an aircraft after you have had breast enlargement. There is no evidence at all that it is in any way unsafe to fly after breast augmentation.

It is a myth that you should wear a tight supportive bra or some kind of pressure garment around the breasts after your operation. Some surgeons think that it helps to massage the breasts very vigorously, some surgeons think that this is a bad thing to do, some insist upon their patients wearing very tight pressure vests after breast enlargement, some surgeons avoid these altogether. If these things made a great deal of difference then one would have expected this to become very clear by now because breast enlargement has been available for 40 years now but there has never been a single article which shows that these things make any difference to the final result in the long run.

- **BLEEDING PROBLEMS**

There isn't much doubt that patients who take Aspirin or drugs which have the same effect as Aspirin have an increased risk of developing bleeding problems at the time of surgery. It is wise to avoid taking any painkilling medication in the two weeks prior to your breast enlargement.

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It is safe to take Paracetamol or Co-Codamol if you need to take a painkiller but if you are in any doubt contact the hospital and ask for a list of the medications which you should avoid. It is something to be discussed with the surgeon if you are on regular painkilling medication for arthritis, etc.

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