

## **INSTRUCTIONS FOR PATIENTS FOLLOWING BREAST ENLARGEMENT SURGERY**

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This information sheet is designed to give advice about some of the common events and occasional problems which occur after this type of surgery.

### **WHAT TO EXPECT ON WAKING UP FROM THE SURGERY**

When you wake up from the operation you can expect some pain in the breasts. It will probably be minimal if you have had the implants placed in front of the muscle, but may be quite considerable if they have been placed behind the muscle. Some women compare the pain to the uncomfortable feeling that they experienced in their breasts when they were full of milk during pregnancy. The pain usually lasts for only a day or so in most people, although it can last for as long as a fortnight in a few people.

### **DRAINS**

The suction drains are removed usually about 24 hours after the operation, usually before the person leaves hospital. In a few exceptional cases it is wise to keep them in place for an extra day or so. Some people suspect that a large fluid collection around the implants increases the risks of the development of a firm scar or capsule around the implant and there is some evidence to suggest that the use of drains reduces this risk of thick capsule formation.

A lot of people fear that the removal of the drains is going to hurt, but in practice it hardly ever does.

### **SHOOTING PAINS**

It is extremely uncommon for women not to experience the occasional sharp sudden shooting sensation in the breast after breast enlargement surgery. The shooting pains usually happen when the breasts move (due to movement of the implant inside the breast). The shooting pains very rarely persist for longer than 2 or 3 weeks. There are a few women who never get them, but most feel them once or twice a day for a week or 2. Some are troubled for a month or longer, but I have never known a patient to experience them permanently.

### **SLEEPING POSITION**

Most women find that they are most comfortable lying on their backs in the early stages after surgery. The breasts simply hurt too much if the person lies on their side. Wearing a bra may relieve some of the aching or tenderness from lying on the side, but it is usually possible to sleep comfortably in almost any position, other than lying on the front, within 3 to 4 weeks. Lying on one's front obviously is going to put more pressure on the breasts and this is probably best avoided for 5 to 6 weeks. If there is a lot of discomfort in the breasts, it is sensible to take Paracetamol tablets every 4 to 6 hours at no more than 2 tablets at a time.

## **WOUND DRESSING**

It is best to keep the wound dry for 4 to 5 days after surgery. The dressing can then be removed by yourself (peel it off) to inspect the scar. You will see a narrow line and very occasionally a red spot within the line. There should be no stitches showing and so none will need to be removed. The stitches are dissolvable. At this stage it is not sensible to soak the breasts in a bath or a swimming pool, but it is acceptable to wet and wash the breasts with ordinary soap in the shower. It is then advisable to put some kind of gauze dressing along the scar for another few days, especially if you need or want to wear a bra or crop top. This is to prevent the bra rubbing on the scar while it is so tender.

**NB: There is no absolute need to wear a bra in the early stages after the operation, although some Surgeons recommend the use of a bra at an early stage. I personally don't think it matters very much.**

Most patients receive a course of antibiotics and so wound infection is extremely rare. If the wound looks very red or weepy this must be discussed with the Surgeon straightaway. I have only seen one case in which the wound opened up accidentally after the operation. This occurred in a patient who had a rare skin condition which interfered with healing.

Patients who suffer from eczema or psoriasis sometimes develop an area of eczema or psoriasis along the wound for a few weeks after the operation. It seldom interferes with the strength of healing.

## **STITCHES**

There are 2 layers of stitches in and underneath the skin. These dissolve over a period of about 2 months. Very occasionally the loose thread end of a knot works its way out through the wound and appears like a white piece of cotton on the surface. This does no harm and there is no need to worry about it. It will dissolve eventually and break away, but it can occasionally be annoying and very occasionally tender and red due to irritation of the skin. In such cases it is a good idea to trim it down by cutting it with a pair of fine nail scissors or it can be tugged gently and it will then probably break or come away. If you are afraid of trying to pull on the stitch, leave this until you see the Surgeon on your next follow-up visit.

## **BRUISING**

In a very few cases there is visible bruising in the skin of one or both breasts. This happens of course more often in women who are particularly prone to bruising. It is more likely to happen in women who have very heavy periods. In such people it may be best to time the operation to a mid-cycle. If the bruising is associated with a great deal of swelling in the breast, one may suspect that there has been bleeding inside the breast around the implant. In most cases this is not important, but it should be a matter for discussion with the Surgeon if you think the swelling is more noticeable on one side than the other. It might be necessary, for example, to open up the breast again to check for a blood clot inside the breast.

## **ABILITY TO DRIVE**

The law requires that you wear a seatbelt at all times. It is likely to be uncomfortable to wear a seatbelt across a swollen tender breast and it is unwise to risk sudden violent pressure on the breasts, as might occur if you have to brake suddenly. Thus, you are taking a slight risk if you go driving or get driven during the first week or 2 following surgery. It is an absolute rule that you must not drive for 36 hours after a general anaesthetic, even though you might be feeling perfectly alright. This is because your car insurance will not cover you for the period immediately after a general anaesthetic.

Many mothers of small children need to plan who is going to drive the children to school. It is probably reasonable for mothers to do this for short predictable journeys within a week or so of the operation, but don't plan on driving for long distances after this surgery.

## **ACTIVITY**

A sports bra with a wide band below the breasts which clasps the breasts firmly, but doesn't lift the breasts, is usually the most comfortable bra type to wear in the early stages after the operation.

**AVOID** underwired bras for at least a month. A lot of women want to swim or workout to do aerobics, etc. Step aerobics is probably fine at an early stage, but other activities which jolt the breasts are best avoided or done very gently for a month or so.

If the implants are underneath the muscle on either side (subpectoral) then arm movements are often uncomfortable for several weeks, but this can vary enormously between women. The breasts will be tender in the early stages, but normal sexual activity can be enjoyed if the breasts are excluded from this for 2 to 3 weeks.

## **NIPPLE SENSITIVITY**

Some women lose feeling in the nipples due to unavoidable nerve damage in the operation. It usually recovers, but not always completely. Some women notice that their nipples have increased arousal and in some the nipples are extremely sensitive and tender and can remain so for a month or more. It is very rare for these changes in the nipples to be completely permanent however.

## **TRAVEL**

It is unwise to go on holiday immediately after the operation for several reasons:-

- a) If there are any complications they are most likely to occur in the first few days after surgery. Complications are rare, but it may be tempting fate to go on holiday where you will find it most difficult to get back to get the problem sorted out.

- b) The breasts are tender and arm movements may be sore for a fortnight or so, thus making lifting luggage, small children, etc, much more uncomfortable than usual.
- c) Sexual activity may have to be inhibited for a week or 2 just at the time when you might want to enjoy this more than usual.
- d) The wound dressing will need to be kept in place for 5 days or so and swimming should be delayed for about 10 days after surgery.

**NB: The myth of implants exploding in aircraft is just a myth. It has no foundation whatever.**

#### **FOLLOW-UP**

Most Surgeons like to see patients for routine review 2 or 3 times after the operation. It is worth checking for the development of a capsule or firmness in one or other breast and to discuss this if it seems relevant.

The use of breast enlargement doesn't stop the breasts behaving like normal breasts and so it is quite possible to develop a breast lump some time after enlargement surgery. It is always important to find out what a breast lump is, but in this case it is usually wise to get the lump first checked by the Plastic Surgeon to see whether or not it has anything to do with the surgery done to enlarge the breasts.

If the Surgeon feels that the lump ought to be removed it may be worthwhile carrying out some further kind of investigation, such as a mammogram, but this should probably be done in a specialist Breast Unit.

It is, in general, unusual for women to complain of breast pain for longer than a month or so. The capsules which form around the implants can, however, of themselves cause a degree of tenderness or pain if the capsule becomes hard enough. This is only likely to happen in 2 to 3 women out of every 100, but the subject of how to deal with a lump in the breast is a long one and quite complicated and it is obviously best to discuss the matter very carefully with your Surgeon.

#### **PAIN IN THE BREASTS/CHEST**

Some ladies develop pain in their breasts many years after breast enlargement. This can be annoying and worrying. There are so many causes of breast and chest pain that it is impossible to give clear guidance on this subject.

The important points to make, however, are that pain in breasts which have implants is hardly ever caused by cancer and is much more likely to be due to scars from the original operation. (The breasts sag with time and stretch the scar and this can hurt). Pain can be due to a very tight capsule around the implant, but this is usually due to tenderness rather than pain at rest.

The commonest causes of pain associated with the breast are in fact physical ones to do with the ribcage and spine and nothing to do with the implants or breast tissue. So, in general, ask for an appointment with your General Practitioner and if appropriate you may be referred back to the Plastic Surgeon.

### **IMPLANT RUPTURE**

Many women are very worried about the rupture of their implants. This can happen but, in fact, it is very rare in the first 10 years and probably remains rare overall. In the vast majority of women it probably doesn't matter even if it happens.

People worry about rupture because they have heard that they may suffer some kind of illness if silicone "escapes" or spreads in their body. In fact there is no scientific evidence that the escape of silicone does cause any harm, although there is a group of women who believe it and claim that they are very ill from silicone. Obviously some of the claims have been financially motivated because of the enormous claims that have been made in the United States. So far the biggest winners have been the Lawyers.

At present it is uncertain whether the new style of textured implants are stronger and more durable than the old style smooth surfaced ones.

It is important to understand what happens when "an implant ruptures."

**NB: Everyone who has an implant makes a scar around it. This scar is called the capsule. This capsule is strong and silicone gel cannot pass through it. Even if the implant shell has broken or disintegrated, it is very probable that the silicone gel is contained within the capsule and the person is totally unaware of any rupture of the implant. Only if the implant shell and the capsule rupture will silicone leak into the breast. Even this may not be noticed because there may be no reaction to it. However, some women will notice that the breast changes shape or becomes softer or develops a small lump or swelling near the implant. Under these circumstances it is sensible to investigate things further. In general, however, I think that the risks and consequences of rupture have been over-emphasised and exaggerated. Again this is something which needs to be discussed very carefully before you contemplate having the operation.**

This advice sheet may well not discuss some subject which is important to you. Please mention to Mr Henderson anything that you would like discussed in it so that this may help other patients who have the same worries as yourself.

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