

BREAST AUGMENTATION

If you are considering surgery we want you to be thoroughly informed about this procedure. Reading this information is the first step. However, a personal consultation with your surgeon is the best way to obtain any additional information you need.

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WHAT IS BREAST AUGMENTATION?

Breast augmentation, also called Augmentation mammoplasty is a cosmetic surgical procedure to increase the size of breasts. Augmentation mammoplasty will also correct slight sagging of the breast and can increase breast firmness. It involves surgical placement of an implant behind each breast to increase its volume and enhance its shape.

Following breast enlargement, it may be easier to find clothing that fits you well, and you may feel more confident about your appearance.

IS BREAST AUGMENTATION RIGHT FOR ME?

You may wish to consider augmentation mammoplasty if you feel your breasts are smaller than you would like or are out of proportion with the rest of your body. Two different circumstances most frequently create an interest in surgical breast enlargement. The first involves congenital under development or an imbalance in the amount of naturally existing breast tissue relative to the other body measurements such as hip circumference and height.

In this instance, there may be problems with breast asymmetry or shape deformities. The second situation is caused by natural loss of breast volume which follows a large weight loss or pregnancy. The breast often takes on a collapsed or deflated appearance and clothing no longer fits well around the chest.

One or more of the following feelings or conditions may indicate that you are a good candidate for breast augmentation:

- You are bothered by the feeling that your breasts are too small
- Clothes that fit well around your hips are often too large at the bustline
- You feel self-conscious wearing a swimsuit or form-fitting top

- Your breasts have become smaller and lost their firmness after having children
- Weight loss has changed the size and shape of your breasts
- One of your breasts is noticeably smaller than the other

Breast augmentation can enhance your breast size and shape, and give you a more proportional figure. Breast augmentation can be performed at any age after the breasts are fully developed. A good candidate for breast enlargement is emotionally mature, understands her personal motivations and has realistic goals for the procedure.

INITIAL CONSULTATION

During the initial consultation, you may be asked to point out exactly what you would like to see improved. This will help your plastic surgeon to understand your expectations and determine whether they can be realistically achieved. You should always keep in mind that the desired result is improvement, not perfection.

You will be asked about your medical history including previous operations, past and present medical conditions and current medications. You will also be asked about previous breast conditions, you may have had. In order to provide you with the best information and safest options, it is important that you give your surgeon complete information. This will include information about any medical conditions, drug allergies, medical treatments you have received, previous operations including breast biopsies, and medications that you currently take. You will be asked whether you have a family history of breast cancer and about results of any mammograms. Your plastic surgeon may recommend a baseline mammogram before surgery if you have not had one.

It is important for you to provide complete information. The medical conditions that may increase risks of surgery include high blood pressure, thyroid problems, diabetes and bleeding problems.

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If you are planning to lose a significant amount of weight, be sure to tell your plastic surgeon. He or she may recommend that you stabilise your weight prior to undergoing surgery.

If you think that you may want to become pregnant in the future, you should mention this to your surgeon. Pregnancy can alter breast size in an unpredictable way and could affect the long-term results of your breast augmentation. There is no evidence that breast implants will affect pregnancy or your ability to breast-feed, but if you have questions about these matters, you should ask your plastic surgeon.

Your plastic surgeon will examine your breasts and perhaps take photographs for your medical record. He will consider such factors as the size and shape of your breasts, the quality of your skin and the placement of your nipples and areolas (the pigmented skin surrounding the nipples).

A number of measurements will be made, such as the distance from your breastbone to the nipples, the thickness of tissue in the upper part of the breast and from nipples to the crease under your breast. Breast diameter and the distance between the breasts is another important measurement in planning. If your breasts are droopy, a breast lift may be recommended in conjunction with augmentation.

CHOICE OF IMPLANTS

All implants are composed of a shell and filler. All prostheses currently in use have silicone shells.

Implant shells can be smooth or rough. Smooth-shelled implants are easy to insert but have a disadvantage of being more likely to develop a capsular contracture or implant hardening". The textured shelled implants were invented to combat the problem of capsular contracture. The current implants with textured shells have a much smaller risk of capsular contracture. Whereas smooth shell implants had a risk of contracture of 20-50%, the textured implants have reduced the risk to 1-5%.

Shape: The shape of the implant also varies. Some varieties are round whilst some are made in a teardrop or "anatomic" shape that more closely resembles the natural shape of a breast. Your plastic surgeon can discuss the advantages of each with you.

The Filler. The saline filled implant is readily available and most commonly used in Australia at the present time. They are known to be safe. In the event of prosthetic rupture, saline is released from the implant and is absorbed by the body. They are available in either "round" or "anatomical" (tear drop) shape. Many patients will prefer the saline filled implant because of the inherent safety of the saline. However, saline implants do have certain disadvantages as well. Saline implants are not as durable and deflation of the implant is one of the potential risks of using a saline implant. Saline implants also feel firmer than silicone implants and are more prone to visible rippling and wrinkling.

Gel filled Implants: A new, safe form of silicone gel was recently developed and is now available for use as a filler in the new generation implants. Because the gel is cohesive, meaning it sticks together in a predetermined shape, it minimises the risk of dispersal should the implant rupture. It also can maintain a breast shape more effectively than a saline implant, especially in the upper pole of the implant. Cohesive gel filled implants are produced in both the anatomical and round shape.

In recent years, some patients have raised concerns about silicone causing diseases. To date, however, these claims have not been substantiated by carefully performed scientific studies that have examined the health of thousands of women who underwent the procedure in the past. If you wish to find out more about the silicone controversy, we can supply you with more detailed information on this topic.

During the consultation for breast augmentation, discussion will lead to a decision regarding the amount of breast augmentation that best meets your needs.

YOUR OPERATION

Because of individual factors, not everyone will achieve the same results from breast augmentation surgery. There are many variables which need to be considered before a final surgical plan is formulated. After discussion with you, your plastic surgeon will select the surgical technique that he feels will obtain the best outcome for you.

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CHOICE OF IMPLANT PLACEMENT

Breast Implants can be placed either under the breast tissue or partially under the muscle of the chest wall (pectoral muscle). The placement depends on your pre-existing breast shape and size, the amount of tissue in your upper chest, the amount of physical activity you do and the size of implant you wish to have. Excellent results can be achieved with the use of both placements but each has certain limitations. This will be discussed with you and the appropriate choice determined at the time of consultation.

CHOICE OF INCISION

Three approaches to the operation using a different incision for each can be used:

- Sub mammary - incision in the fold under the breast.
- Peri-areolar - incision made around the nipple.
- Axillary - incision in the armpit.

All three approaches can achieve excellent results. Again, each approach has advantages and drawbacks. Your plastic surgeon can discuss these with you at the time of consultation to determine the most appropriate approach for you. Incision placement is influenced by such factors as clothing preferences and implant placement. Should you have a preference, your plastic surgeon is trained in all three methods.

Scars are an unavoidable result of the incisions required to place breast implants, but they generally are small and can be placed inconspicuously. One of the advantages of a saline-filled implant is that, because it is filled with saltwater after being inserted, only a small incision is needed. Often, an incision of less than one inch is made underneath the breast, just above the crease, where it is usually quite inconspicuous.

In some cases, the implants can be placed with the aid of a surgical telescope (endoscope), which permits even smaller incisions and scars.

Once the incision is made, the surgeon creates a pocket into which the implant will be inserted. After insertion and positioning, the incisions are closed with sutures.

HOW LONG DOES THE OPERATION TAKE?

The operation takes 1 to 2 hours, depending on the incision, placement and size of implants.

PREPARATION FOR SURGERY

Smokers will be asked to stop smoking 3 weeks before surgery. Aspirin and some anti-inflammatory drugs used for the treatment of arthritis can cause increased bleeding, so you should avoid taking these medications for 2 weeks before surgery.

The operation is performed on a day surgery basis, meaning you can leave after the operation is finished and you have recovered sufficiently from the anaesthetic. If this is the case, make certain you have someone drive you home after surgery and to stay with you at least the first night following surgery.

THE DAY OF SURGERY

You will be admitted to the hospital or day surgery by the admitting staff. This requires about 15 minutes of paperwork after which you will be seen by the anaesthetist. This is the doctor responsible for putting you to sleep and keeping you safe during the operation. The anaesthetist will ask you again about your previous medical history to ensure that giving you anaesthetic is in fact safe. During the anaesthetic, various monitors are used to check your heart, blood pressure, pulse and the amount of oxygen circulating in your blood.

Your surgeon will mark your skin before the operation and if you have not already done so, you will need to sign the consent form for your operation. You will also have the last opportunity to ask any last minute questions you may have.

You will then be moved to the operating theatre. There, you will be placed on the operating table. The anaesthetist and his assistant will prepare you for the anaesthetic and put you to sleep. You will also be given antibiotics intravenously to minimise the chance of infection.

AFTER SURGERY

When surgery is completed, you will be taken into a recovery area where you will continue to be closely monitored. You will feel drowsy for several hours after the procedure and you will

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remember very little of this time. Generally, you will be ready to leave the day surgery about 3-4 hours after the operation is finished.

Because the area is infiltrated with long-lasting local anaesthetic, you will have little or no pain when you wake up. As the anaesthetic wears off, some discomfort will return. This can generally be well controlled by taking oral medications such as Panadeine Forte. Resting also helps decrease the discomfort. The pain will settle over several days to a point where you will be taking only Panadol by 4th day or so. It is important to realise that the amount of time it takes for recovery varies greatly among individuals. Some discomfort arises from the stretching of the breast tissues, but it largely resolves within two to three days and is well-controlled with simple oral medication such as Panadeine. Showering is one or two days after surgery.

Straining, bending and lifting must be avoided, since these activities might cause increased swelling or even bleeding. Some discolouration and swelling will occur initially, but this will disappear quickly. Most residual swelling will resolve within 6 weeks.

The wounds are generally sutured with dissolving sutures so that no stitches need be removed after surgery. The wounds are sometimes covered with a sticking tape to ensure optimal healing of the incision.

You will wear a sports bra for about six weeks.

WHEN CAN I RESUME MY NORMAL ACTIVITIES?

Patients generally return to work within one week depending on your job, but should avoid exertional activities especially sport and occupation involving arm movement, may be restricted for two to three weeks required for bruising and swelling to resolve.

Sexual activity should be avoided for at least the first week following surgery. After that, care must be taken to be extremely gentle with your breasts for at least the next month.

Lower body exercise, such as walking can be resumed anytime. However, be careful to be sensible: do not go for a long run straight after surgery. Upper body exercise can be started after

six weeks. Contact sports should be avoided for 3 months.

RESULTS OF YOUR SURGERY

Since the healing process is gradual, you should expect to wait at least 6 to 8 weeks to get an accurate picture of the results of your surgery. The breast shape will continue to settle and change slightly for 3-6 months. Incisions will fade over a number of months until they become barely visible.

RISKS AND POSSIBLE COMPLICATIONS OF SURGERY

Fortunately, significant complications from augmentation surgery are infrequent. Every year, many thousands of operations are performed with no major problems and good results. However, everyone considering surgery, should be aware of both the benefits and risks. The subject of risks and potential complications of surgery is best discussed on a personal basis between you and your plastic surgeon

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- Some of the potential complications include **bleeding** and blood accumulation that may need to be drained surgically. The risk of such bleeding is less than 3%
- Although uncommon, (around 2%), an **infection** that does not subside with appropriate treatment may require temporary removal of the implant.
- Changes in **nipple** or breast sensation occur in approximately 15% of breast augmentation surgery, although they are usually temporary.
- When a breast implant is inserted, a scar capsule forms around it as part of the natural healing process. The capsule may sometimes tighten and compress the implant, causing the breast to feel firmer than normal. **Capsular contracture** can occur to varying degrees. If it is severe, it can cause discomfort or changes in the breast's appearance. In such cases, more surgery may be needed to modify or remove the scar tissue, or perhaps

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remove or replace the implant. The risk of capsular contracture occurring varies widely and is not possible to predict. With modern textured implants, the risk is as low as 3% but may be significantly higher.

- Breast implants are not lifetime devices and cannot be expected to last forever.

Deflation, leak or Rupture can occur as a result of trauma to the chest, but more commonly it occurs spontaneously with no apparent cause. Surgery will be required to replace the implant, if desired.

- **Scarring** can be unpredictable and thick, stretched scars may result. Most of these can be treated well by steroid injections and silicone sheet application.

- Implant **movement** may occur, resulting in asymmetry of the breasts. Pre-existing breast asymmetry may be accentuated by augmentation surgery.

- Implants make **mammographic screening** more difficult and they may shield some of the breast from mammographic examination. It is possible that the presence of breast implants could delay or hinder the early detection of breast cancer. Implants placed behind the pectoral muscle interfere with mammography less than those placed under the breast.

- **Calcification.** Calcium deposits may form in the tissue around the implant in rare cases. This may cause hardening and pain. This type of calcium deposit may also resemble the type of calcium deposit associated with early breast cancer.

- **Wrinkling and folds.** The implant surface may wrinkle. This may be noticeable on the surface of the skin, depending on how the implant is placed and where the implant surface wrinkles. Large wrinkles, or folds, may irritate or damage the surrounding tissue. Crease-fold failure may also occur, resulting in implant rupture or deflation.

- **Changes in sensation.** The implant may affect sensation. Sensation may increase or decrease, temporarily or permanently.

Extrusion. In rare cases, the implant may push through the tissue covering and become exposed. This is most likely to occur if the overlying tissue is already damaged, or becomes damaged from pressure ischaemia (i.e., lack of blood circulation) associated with an excessively large or displaced implant.

- **Dissatisfaction with cosmetic results.** Dissatisfying results may include scar deformities, displacement, migration, incorrect size, asymmetry, unanticipated contour, palpability, ptosis, and sloshing of the saline in saline-filled implants.

- **Replacement.** You should not consider your implants lifetime devices; revision surgery, including explantation and replacement, may be needed at any time. Medical management of any of the complications described above may include explantation.

You can help to minimise certain risks by following the advice and instructions of your plastic surgeon, both before and after your surgery.

MAINTAINING A RELATIONSHIP WITH YOUR PLASTIC SURGEON

Should there be any questions regarding breast augmentation surgery, be sure they are answered in advance. Well meaning friends are not a good source of information. Find out everything before proceeding with the operation - a well informed patient is a happy one.

After surgery, you will return to your plastic surgeon's office for follow-up care at prescribed intervals, at which time your progress can be evaluated. Once the immediate postoperative follow-up is complete, many surgeons encourage their patients to come back for periodic check-ups to observe and discuss the long-term results of surgery.

Please remember that the relationship with your plastic surgeon does not end when you leave the operating room. If you have questions or concerns during your recovery, or need additional information at a later time, you should contact your surgeon.