Breast Augmentation

Patient Information

Dr. Jane Paterson

COSMETIC PLASTIC SURGEON

ABOUT DR JANE

Dr Jane is highly experienced in performing Breast Augmentation procedures.

Breast Augmentation surgery is ideal for women who may be small and want larger breasts.

Additionally, Breast Augmentation is best for women who would like a round and full cleavage, or women who has lost breast volume to due pregnancy, breast feeding or weight loss.

The following information has been created on behalf of Dr Paterson as a general guide to assist her patients.

Although the specific nature of the surgery may vary with each individual and is dependent on the exact circumstances of each patient, the information outlined below describes what you would reasonably expect to follow. It is intended to provide a broad overview of the important considerations related to the decision to have breast augmentation surgery.

Patients are encouraged to further discuss this information along with any specific questions or concerns with Dr Jane during their consultation.

"COMMON REAONS WHY WOMEN CONSIDER HAVING BREAST AUGMENTATION"

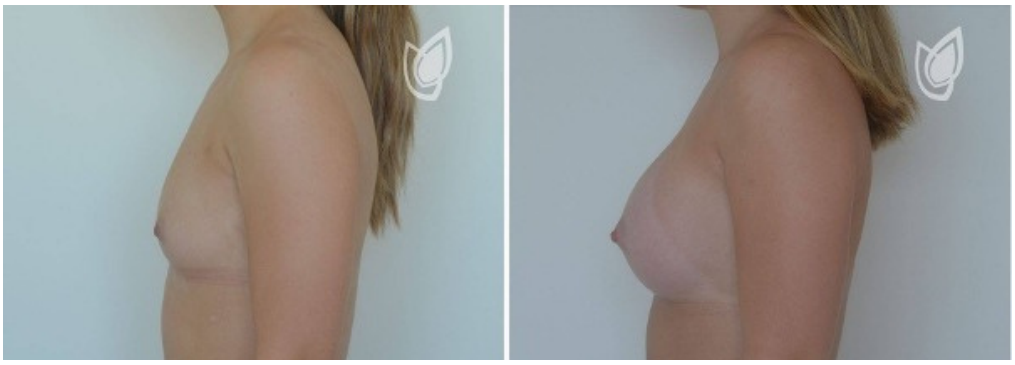
Just like all facets of beauty there is no one-size- fits-all standard of beauty for breasts. Beautiful breasts come in all shapes and sizes and the perception of beauty comes down to the beholder and personal preference.

Why do women choose to undergo breast augmentation?

- Appearance; a wish to have larger or more projecting breasts
- Breast asymmetry (different size/shape)
- As part of breast reconstruction
- After children or weight loss as the breasts may become droopy

During your consultation, Dr Jane will discuss with you the various options that are available with regards to implant size and shape, implant location, scar placement, and implant type.

Every woman is different and has unique expectations, and we feel confident that following this discussion you will arrive at a decision that is right for you.



IMPLANT FACTS, Your options for surgical Breast Augmentation

Dr Jane Paterson understands that every woman is unique, and her compassionate approach helps her understand every woman's individual needs.

During your initial consultation, Dr Jane will talk to you about the procedure, look at your proportions, and assess your skin type. Together, you will try on various implants and discuss sizing so that you will be fully informed and able to make an appropriate and personal decision.

Implant materials

Implants are made with silicone or saline implant. Both types of implants are considered safe. The outer coating of breast implants is generally made out of silicone, but you have a choice between saline and silicone for the implant filling.

Dr Jane specialises in using Silicone Mentor implants.

Silicone: These days, the silicone-filled implants are a lot safer than they used to be as the outer shell is much stronger and the gel is semi- solid. Even if the implant ruptures, there would be no harm to your body. Silicone- filled implants often look and feel more natural (and retain their shape better) than those filled with saline.

Saline: Saline is salt water, and the implant filling is a medical grade saline solution. In the unlikely event that the implant ruptures and leaks, there is no health risk as the solution is safely absorbed by your body. Saline-filled implants tend to feel firmer than your natural breasts but can take on a ripple effect if they lose their shape. This can often be visible if you lean forward which can cause your implants to look obvious.

Implant shape

Round: This has been the traditional implant shape and is still the most commonly used.

- Can be inserted through any incision location
- Being perfectly rounded, rotation cannot produce any deformity of breast shape
- Deliver more upper breast fullness and is the preferred shape to restore upper breast volume lost through breastfeeding or weight loss

Anatomical or tear drop: Offer greater choice in width, height and projection to get a more specific match for your body and goals. Women who are seeking a breast augmentation that appears natural, teardrop implants might be the right choice.

- Can only be inserted through an incision under the breast
- Fullness in the lower half that tapers off towards the top
- Produces a natural straight-line drape of skin from collarbone down to the nipple

Implant surface

Smooth: The smooth, non-textured breast implants, are the ones most commonly used. These implants normally have a thinner skin than their textured counterparts, and this contributes to them feeling softer. Smooth implants last a long time, normally longer than textured, and have a lower chance of rippling once placed.

Textured: Textured breast implants were thought to keep the implant from moving around within the breast pocket created by the surgeon. By giving the implant a slight roughness, the surface of the implant adheres to the tissue around it, keeping them in their initial positions. However, there has been no conclusive medical evidence that the claim is correct. Textured breast implants are known to leak and ripple more often than smooth implants, but textured implants don't become displaced nearly as much.

Implant profile

Think about whether a natural subtle appearance or an obvious difference is what you're after.

Low profile: Provides the least projection but the widest girth and base.

Moderate profile: Provides a slightly higher projection than the low profile but retains a similarly wide base.

High profile: Offer a greater projection with a narrower base so the implant has more of a ball shape when compared to a lower profile implant.

Ultra-high profile: provides the greatest amount of projection with the narrowest base. These implants offer greater upper fullness to the breasts.

Implant position

The implant can either be placed on top of the muscle or beneath the muscle and the decision depends on your overall goals and expectations, balanced with the guidance of an experienced plastic surgeon.

Sub glandular: The implant is placed beneath the breast tissue but on top of the chest wall muscle. This position is generally only recommended if there is a reasonable amount of soft tissue to cover the implant.

Sub muscular: The upper part of the implant is covered by the chest wall muscle. This helps to give a more natural look at the top of the implant – avoiding the visible ridge at the top of the implant, which can make for a very artificial look. Putting the implant under the muscle is, however, more surgically demanding, has a higher rate of bleeding and often more discomfort in the initial post- operative period.

Implant incisions

Breast implants can be inserted via any of the above four routes. Naturally, there are pros and cons with each approach and Dr Jane will explain these to you in detail at your consultation.

Inframammary: Implants can be inserted through an incision in the fold/crease beneath the breast (with
the scar ending up in the new breast crease). Any size implant can be inserted through this incision and any future revision surgery can be performed through the same scar.

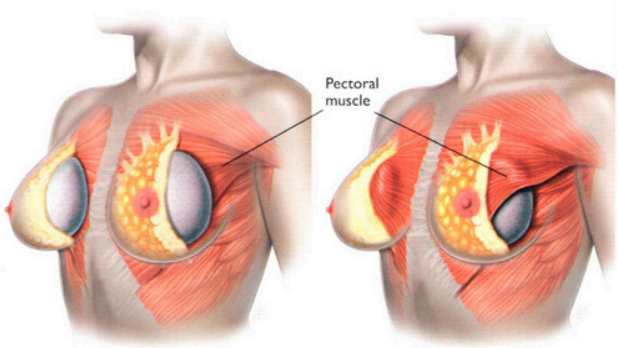
Axillary: Through an incision in an inconspicuous skin crease within the armpit. No visible tell-tale scar on or around the breast.

Peri areolar: Incision is placed halfway around the edge of the areola (the coloured area around the nipple). The scar is less conspicuous than with the inframammary incision.

Trans-umbilical: Through the umbilicus (belly button). The scar is very small and located well away from the breast. Not commonly performed in Australia as it is difficult to create an aesthetic and refined implant pocket from such a distant entry point.

The best control over the end result is achieved through the inframammary approach. The axillary approach or peri areolar approach may be used in certain circumstances but revisional surgery tends to be higher.

Placement of Implants in Breast Augmentation



Implants are placed either between the breast tissue and the chest muscle, (left diagram) or, behind the large pectoral chest muscle (right diagram). Each position had advantages and disadvantages which will be explained to you by your plastic surgeon. What matters is your anatomy and the size and type of breast profile you want to achieve. What may suit others may not suit you or be physically possible. Dr Jane will listen to what you want and work with you to make an informed decision.

FACTORS TO CONSIDER BEFORE BREAST AUGMENTATION

If you plan to get pregnant after the procedure

The ability to breastfeed after this surgery is generally unaffected. It is, however, possible for pregnancy and/ or breastfeeding to result in significant changes to the breast shape and implant position. This may necessitate revision surgery.

If you are happy with the shape of your nipples

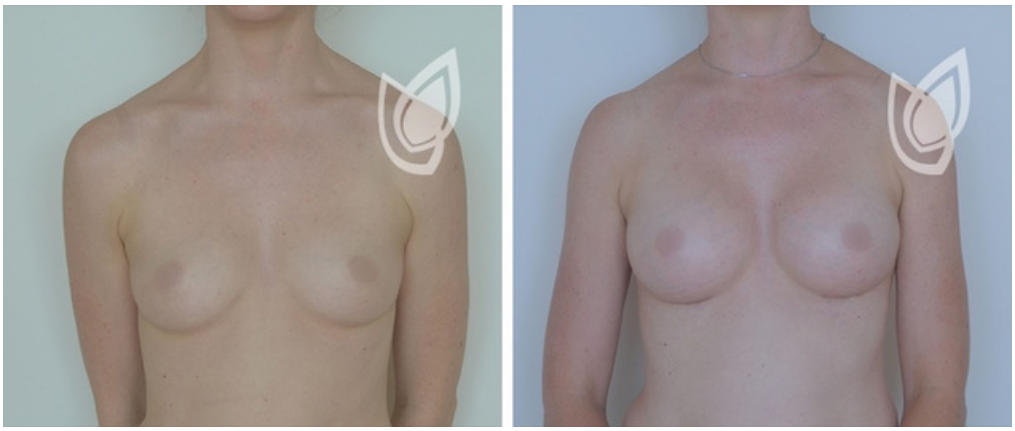
Surgeons can change the shape of the nipples during surgery. If this is something you are wanting to discuss, please bring it to their attention during your consultation.

Have you considered all the risks?

Just like with any surgery, breast surgery involves risk. Your surgeon will go through all the risks with you well before your procedure; however, ensure you do thorough research and also seek a second opinion.

Do you have reasonable expectations?

You need to be in the right frame of mind to consider surgery and expect a reasonable outcome. While your surgeon will always strive to achieve the results you want, it is unreasonable to expect the exact same results as another person.



WHAT IS INVOLVED IN BREAST AUGMENTATION SURGERY?

Before deciding to have breast augmentation surgery, Dr Jane will ensure that:

- You have a stable, healthy weight
- You are generally otherwise fit and healthy
- Your breast screening is up to date
- If you are a smoker, seriously consider quitting
- Patients need to be at least over 18 years old and have finished breast development

Dr Jane will explain all the main considerations and limitations and you will be fully informed of all of the costs associated with breast implant surgery, including the cost of your specialist anaesthetist, the fully accredited hospital, and all of your post-operative care and appointments.

Recovery after surgery

Post-operative pain is usually limited and is well controlled with pain relief tablets. Your wounds will be covered with waterproof dressings so that you may shower as soon as you feel comfortable.

- Patients may generally feel a little uncomfortable for a few days – more so if the implant is placed under the muscle. It is expected and entirely normal to experience some discomfort, swelling and bruising to your breasts after your surgery.

- You will be asked to wear a soft surgical bra for support and comfort during the first six weeks to allow your breast to heal properly into their new shape.

- You should avoid heavy lifting for the first 6 weeks; avoid the gym, aerobics, running, etc.

- Gradually increase mobility and activity; patients have generally returned to most normal day to day activities at two weeks.

- Most women allow approximately two weeks off work. However, you may require additional time if your job is more physically demanding.

Dr Jane Paterson will review you at 6 days, 6 weeks and 6 months post-surgery, also annually if needed.

No surgery is risk free

All surgery is a balance between realistic surgical goals and knowledge of possible risks and complications. Risks are minimised by careful patient selection and planning, high standards of surgical training, meticulous surgical technique and vigilant postoperative care. Small, less serious issues are common, and every effort is made to resolve them quickly. All surgery has risks, and it is important to be aware of the potential risks and complications.

RISKS TO CONSIDER

General Anaesthesia: In healthy people, general anaesthesia is very safe with modern techniques, however there are an array of potential complications that can occur during or after general anaesthesia. These can be as minor as bruising at the cannula site or muscle soreness and as major as an allergic reaction to the anaesthetic, which can be life threatening. Common complications are nausea, vomiting and sore throats. Dr Paterson will give you the details of your anaesthetist before surgery to discuss any specific concerns.

Breast shape can change over time: The implants may become out of harmony in this situation and may need revision surgery. While it is true that implants can "be removed down the track" they do have effects on the tissues surrounding them. Many of these changes will not be totally reversed just because the implant is removed.

Capsular Contracture: Any foreign implant in the body produces scar tissue around it. The amount of this varies between patients. Different techniques are used to minimise the extent of this problem. In approximately 5-10% of patients, this may be quite severe necessitating revision surgery. Even then further capsule formation can recur.

Infection in the wound: If this does occur, it can usually be cleared up with antibiotic tablets. Infection affecting the implant: Despite best sterile surgical technique and covering antibiotics in a small proportion the implants can become infected. Sometimes this can be treated with antibiotics, but it may be necessary to take the implants out and replace them at a later time to completely resolve the infection.

Scars: Typically, the resulting scars are at their thickest and reddest at 6-10 weeks after surgery. Scars continue to mature and improve for up to 18 months after surgery. Scar management advice will be discussed in your follow-up visit with Dr Paterson to assist in achieving the goal of a thin, barely noticeable scar.

Sensation: This is rarely altered with surgery. The nipple area may be numb or may even become more sensitive. This may affect both normal sensation and erotic sensation. Generally, this settles down over weeks to months.

Symmetry: The final result will take several months to achieve. Women have different sized or shaped breasts before surgery. These differences are taken into account for your operation, but small differences may continue to exist or even new ones created. Small differences may be increased after augmentation. Scars may also be slightly different on your right compared to left side.

Rippling: Modern implants have fewer rippling effects, but this varies between patients and is largely dependent on the amount of soft tissue covering the implant.

Wound separation/delayed healing: This is much more common in smokers or if there is an infection.

Seroma: Clear like fluid that can collect following surgery. Usually, it settles down with no intervention but if persistent or large may require drainage in the rooms (sometimes on several occasions) or even a drain tube to be inserted.

Bleeding/Hematoma: This may need a return to the operating theatre to evacuate a blood clot. This can impact on wound healing or skin survival.

Smoking: As cigarette smoke constricts the small blood vessels within the tissue, smokers have a higher incidence of wound healing problems. In particular, smokers are much more likely to develop wound breakdown and infection. For this reason, it is important to stop smoking 2 weeks prior to surgery and for 6 weeks post-surgery.

Deep Vein Thrombosis (DVT): Following surgery, there is a risk that blood may accumulate in the veins of the lower legs. Post-surgery, these clots can dislodge from the vein walls of the calves and travel to the lungs, resulting in a pulmonary embolism.

Disclaimer: Individual results will vary from patient to patient according to factors including but not limited to; genetics, environment and lifestyle factors. All surgery carries possible risk and recovery times. Before proceeding with surgery, it is advisable to seek a second opinion from an appropriately qualified medical practitioner such as a Plastic Surgeon. All before and after patient photos are of real patients who have had their surgery performed by Dr Jane Paterson. These patients have given their consent to share their photos.

Plastic Surgeon is a regulated term that can only be used by surgeons who have completed speciality training within plastic surgery and are Fellows of the Royal Australasian College of Surgeons (FRACS).

Dr Jane Paterson (MED0001141949) is a registered medical practitioner with specialist registration in Plastic Surgery.