

### **3. BREAST AUGMENTATION**

For women who have an uneven, asymmetrical or fallen bustline, breast augmentation can be a very satisfying procedure. Over the years several new approaches have begun to emerge, along with the availability of different types of implants. A great deal of controversy surrounds the subject of breast implants, so it is imperative that you carefully review your options. The following facts will assist you in your research of breast augmentation surgery.

*Some important facts about breast augmentation:*

- Breast augmentation can be performed in conjunction with a breast lift and/or reduction. The implant is placed either under or over the pectoral (chest) muscle.
- Saline implants are the main breast implant available in the United States, unless you choose to participate in a silicone gel implant clinical study. (You must go to a physician who is approved to place silicone implants.)
- No known illnesses are associated with saline-filled implants; current medical research and experience indicates that if the saline implant ruptures, the body will harmlessly absorb the saline. However, there could be complications. In March, 2000, the FDA allowed the two major manufacturers of saline implants to keep them on the market, yet they are responsible to inform women of the possibility that the implants could rupture, cause an infection, leak or deflate.
- Saline implants are available with smooth-walled or textured (more expensive) surfaces.

- Saline implants do not feel as natural as silicone gel implants and are *not* guaranteed to last a lifetime.
- Numerous worldwide studies have consistently shown no link between silicone gel implants and any illness or disease. However, this does not discount the complaints or concerns of women who have questions about the safety of silicone implants.
- You should still be able to breastfeed after breast implantation unless silicone implants have been placed—antibodies to silicone are found in breast milk.
- Implants should not hinder breast self-examination unless there is extreme scarring around the implant.
- Breast implants *can* obscure mammograms.
- It is extremely important to notify your mammography technologist of the presence of breast implants; additional views are necessary and special care needs to be taken to minimize the possibility of rupture.
- Research is ongoing to develop a more natural feeling and safe implant that also will not obscure mammograms. Clinical studies are evaluating soy implants. Soy implants have a more natural feel; however, there is a "soy" odor.

## **ALTERNATIVES TO SURGERY**

Unfortunately, bust development exercises that we almost believed in many years ago, do not add breast tissue or mass. They may help the underlying musculature which could strengthen the foundation of the breasts. The only proven

alternatives to surgery are those that aid in the illusion of larger breasts such as breast pad inserts (Curves™) or underwire "wonder bras." More and more herbal products on the market claim to "increase your own body's ability to create breast tissue." No studies report that this is true.

### **NEW TECHNOLOGY TO WATCH FOR: NON-SURGICAL BREAST ENHANCEMENT**

If it is true that there is a way to gain breast tissue without surgery – many women will be clamoring for this new approach. An article in Cosmetic Surgery Times, reports that Dr. Baker of Miami, Florida has headed up a 15month study using a "sports bra" type system to enlarge and lift breasts. All of the women using this system gained at least one full cup size.

It works by placing a gentle, but maintained pressure to "stretch cells in a systematic and carefully monitored process." The idea behind it is that when cells have a constant force upon them, they respond by replicating themselves and creating new growth.

More than 200 women across the country are now in advanced clinical trials with this sports bra type system. Some physicians may either discount the effectiveness of this approach or at least take a wait and see attitude. Either way, it is something to watch.

### **PREPARING FOR SURGERY**

You and your physician should work together and be in full agreement on the desired outcome of your breast augmentation.

Bring pictures from magazines showing your desired look. You also might bring in a full-cup bra in your desired cup size. Depending on the laxity of the tissue and the size of your breasts, your physician may recommend a breast reduction and/or a breast lift in conjunction with your implants.

You will also discuss with your physician the placement of the implants—either above or below the pectoral muscle, the location of the incisions and the type of implants (silicone or saline, smooth or textured). You will also be given more specific instructions on eating and drinking, smoking and taking vitamins and medications. Carefully following these instructions will help your surgery proceed more smoothly.

## **THE PROCEDURE**

With saline implants, the incisions are just over an inch long because the implants are inflated after insertion. A larger incision is necessary for silicone implants because they are inserted in their inflated state. Additionally, there are four possible locations for the incisions.

- **Inframammary** - in the crease underneath the breast. This scar is not visible unless you are lying down.
- **Circumareolar** - on the lower edge of the areola.
- **Axillary** - in the underarm. The incision is larger and can be seen when you raise your arm. The implant is placed with the aid of an endoscope.
- **Umbilicus** - in the navel. The implant placement aided with an endoscope (generally only placed above the muscle).

The implants may be placed either above or beneath the pectoral muscle; each position has its own advantages. Additionally, implants vary in material, shape and texture. Silicone implants are available only to certain patients: those who already have them in place, those who have had repeated problems with saline implants, those who have had a mastectomy, those who have severe ptosis (drooping) of the breast(s) requiring a mastopexy (breast lift), or patients with specific medical or surgical deformities. Saline implants are inserted before inflation so that there is a smaller incision. Available in smooth and textured surfaces, the shell is an elastomer of silicone (different than the silicone gel). These implants are available in round or teardrop shapes, and smooth or textured surfaces. Textured implants may adhere better to tissue, but smooth implants are less expensive. Finally, it is important to remember that there is no guarantee that your implants will last an entire lifetime. At some point, you may need replacements and this fact must be kept in mind when electing to undergo in breast augmentation surgery.

### Anesthesia

Breast augmentation is usually performed under general anesthesia, but some doctors perform it under intravenous sedation with local anesthesia.

### Length of Procedure

Breast augmentation usually takes approximately one and one-half to two and one-half hours.

### Level of Pain/Discomfort

If the implant is placed above the muscle there is minimal discomfort during the postoperative period. The discomfort may

be more pronounced if the implant is placed beneath the muscle. Most discomfort can be controlled with pain medications or Extra-Strength Tylenol.

## **PRE AND POSTOPERATIVE INSTRUCTIONS**

The following suggestions are intended to make you feel more comfortable and help you heal:

- Stop smoking, discontinue the use of alcohol, and stop taking vitamin E and any medications containing aspirin or ibuprofen (two weeks pre and postoperative is usually recommended). Check with your doctor regarding any other medications (including homeopathic/herbal products) that you are currently taking.
- Do not have food (including gum or mints) or drink (including water) for a minimum of six to eight hours prior to surgery. (Follow your surgical facility's preoperative instructions.)
- Have someone stay with you the first night after surgery (the first 24 to 48 hours, optimally).
- Do not lift anything heavier than a small telephone book for at least 10 days.
- If you blow-dry your hair, it may be more comfortable to keep the dryer at a low angle for 10 days to two weeks.
- Dressings – this procedure may require a supportive bra, which may be provided to wear for four to six weeks after surgery. You may want to purchase a second garment to wear while you launder the other. Some physicians use Ace wraps to prevent the implants from riding up. Do not wear

an underwire bra, especially if the incisions are in the crease underneath the breast.

- Your doctor may instruct you to apply cold compresses, usually for 20 minutes every hour for a minimum of 48 hours. Do *not* apply cold compresses to the nipple area.
- You must sleep on your back with your upper body elevated for at least the first week to 10 days.
- The breasts must not be exposed to the sun or tanning beds, especially while bruising is visible, because the pigmentation of the skin may change permanently. Optimally, sun and tanning beds should be avoided completely for skin care and health.

## **RECOVERY**

The initial healing period for a breast augmentation can take, on average, from one to two weeks, however everyone heals differently. Healing is affected by many factors, including your genetics, whether you smoke and/or drink alcohol, pain tolerance, and the extent of the surgery.

The first day after surgery you will probably experience soreness and tenderness and will probably want to sleep. You can expect some swelling and bruising, which usually heals in two to three weeks. Minor swelling can last as long as six to nine weeks. Bruising can last up to six weeks. You may also experience some temporary numbness and itching around the incision sites. If the incision sites itch, do not scratch them; instead gently rub them with ointment prescribed by your doctor.

Some physicians recommend massage to keep the breasts soft and/or a postoperative vitamin E cream may be recommended to lessen capsule formation (hardening of the area surrounding the implant).

## **RISKS / COMPLICATIONS**

Before you have a breast augmentation, you must be aware of the complications associated with breast surgery. Complications that can occur include hematoma (a collection of blood under the skin), changes in nipple sensation (may not be permanent), infection, and asymmetry, which may require another surgery. Every effort is made to keep the scars as inconspicuous as possible. Most scars fade over time and become barely noticeable.

The most common complication in breast surgery is known as "capsular contracture." The body attempts to "wall off" the implant by forming a fibrous capsule around it. The thickness of the capsule formed varies from patient to patient and is influenced by heredity or the presence of postoperative hematoma or infection. Depending on the severity of the capsule, the physician may break it up manually or it may require removal and/or implant replacement. Physicians disagree as to the value and appropriateness of manually manipulating the capsule, should it form. Often, daily massage is recommended to keep the breasts supple and to aid in avoiding the formation of scar tissue.