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Breast Augmentation

Patient Information Handout

Breast Augmentation

Breast augmentation adds volume to the breasts to improve size, projection and cleavage. It can also address minor degrees of ptosis (drooping of the nipple) and help to improve breast asymmetry. Modern generation implants are very well made, but still carry risks. It is important to discuss these thoroughly at your consultation. Mr. Bunker uses silicone implants, which are the most commonly used implants worldwide. Silicone implants are composed of a 'shell' or outer layer containing an elastic silicone gel that mimics the feel of normal breast tissue. Implants vary not only in size (volume), but also in the shape of the shell (round or anatomical/teardrop), the surface of the implant (smooth or textured), the amount of fill within the shell and the viscosity of the fill itself. Depending on your body habitus, implants may be placed under the native breast or under the pectoralis major muscle. Usually, the scar is placed in the natural fold under your breast to make it as inconspicuous as possible.



What Will It Do?

Breast implants can be used to:

- Enlarge small breasts
- Restore breast volume after weight reduction, pregnancy and breastfeeding
- Improve breast asymmetry
- Reconstruct a breast after cancer surgery

Implants are placed behind the breast, not within the breast tissue. Specifically, they are placed either between the breast tissue and the pectoralis major muscle or behind the muscle. Mr. Bunker will discuss the pros and cons of each implant placement and recommend which position is likely to be the most suitable for you.

Is it Right for Me?

Breast augmentation may be a good option for you if:

- You are bothered by the feeling that your breasts are too small
- You are dissatisfied with your breasts losing shape and volume after pregnancy, weight loss or with aging
- Your breasts vary in size or shape

- One or both breasts have failed to develop normally
- You are physically healthy
- You have realistic expectations
- You do not smoke or quit smoking/vaping at least 3 months prior

Before you decide on breast augmentation with implants some important issues to keep in mind are:

- Future surgery may be required to replace one or both implants
- If you are concerned about the way you look or are thinking about cosmetic treatments to boost your confidence, there are alternatives to cosmetic surgery. These may include wearing padded bras or prostheses.
- The scars are most commonly placed under the fold of the breast to remain as hidden as possible. However, if you require other procedures such as reshaping the skin or lifting the nipple, you may require longer scars. Mr. Bunker will discuss this with you at your consultation.

Will I need Anaesthesia?

Mr. Bunker performs breast augmentation under general anaesthesia to maximise patient comfort. Modern anaesthetics are safe and effective but carry some risks, which you will discuss with your anaesthetist.

Will I need to stay in Hospital?

Usually you do not need to stay in hospital overnight after a breast augmentation. However, you will require a period of observation prior to discharge home to ensure there are no early complications such as bleeding and that your pain is well-controlled.

What are the Risks and Complications?

All surgery has risks. There are general risks which apply to all operations as well as specific risks for individual procedures. General risks include:

- Bleeding
- Infection that may require treatment with antibiotics or further surgery in some cases
- Allergic reaction
- The formation of a large blood clot (haematoma) or fluid collection (seroma) beneath the skin
- Pain, bruising and swelling around the operated sites
- Keloids and hypertrophic scars that are raised, red and thickened scars over the healed incisions. These may be itchy, annoying and unsightly but are not a threat to health.
- Poor wound healing or wound breakdown
- Smokers are at increased risk of complications from any surgery. It is important to truthfully disclose your smoking status, including 'social' smoking.
- Short-term nausea following general anaesthesia and other risks related to anaesthesia

Specific risks and complications associated with breast augmentation include:

- Numbness around operated sites or sensory changes to the nipple. This is usually temporary but can be permanent.
- Breast implants may affect your ability to breastfeed
- Breast implants are not guaranteed to last a lifetime and future surgery may be required to replace one or both implants
- Wound breakdown leading to infection or exposure of the breast implant

- Infection of the breast implant necessitating its removal
- A collection of air around the lung that may require insertion of a drain for removal.
- Formation of thick scar around the implant termed a 'capsule' which can become tight and painful, displacing the implant. This is called 'capsular contracture' and may require surgical correction.
- Visible wrinkling of the implant
- Implant animation (movement as the pectoralis muscles move)
- Some implants (especially heavily textured implants) have been associated with a rare type of cancer termed Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL). This is rare and usually presents with a unilateral swelling around an implant 6 – 10 years after surgery. It is usually completely treated with removal of the breast implant and capsule.
- Some women with breast implants develop a constellation of symptoms referred to as Breast Implant Illness (see below).
- Preoperative asymmetries of the chest wall are highlighted after breast implants are placed.
- Displacement or rotation of the implant
- Rupture of the gel in the implant, which may be contained to within the capsule around the implant or may leak into the tissues

What is Breast Implant Illness?

- Breast implant illness (BII) refers to a constellation of symptoms which some patients attribute to the placement of breast implants and include fatigue, joint pains or feeling 'foggy'. Rarely, women with implants have reported general symptoms, including general aching, swollen lymph glands, greater frequency of colds and flu, hair loss, rash, headaches, poor memory, nausea, muscle weakness, irritable bowel syndrome and fever.
- There is no official medical diagnosis for BII. There have been allegations suggesting a potential link between breast implants and the development of connective tissue diseases. While some research has suggested small increased risks, many medical studies have failed to show a causal link between breast implants and these conditions. A small proportion of all women in the community will develop these diseases, irrespective of whether they have breast implants.

Do Breast Implants interfere with the Detection of Breast Cancer?

There is no conclusive evidence that breast implants adversely affect the stage at diagnosis or prognosis for breast cancer. It is important to disclose if you have breast implants when undergoing screening for breast cancer (mammography) and that you learn how to perform self-examinations of their breasts to detect any potential lumps or changes.

What is the Australian Breast Device Registry (ABDR)?

The ABDR is a national registry for implantable breast devices. It is used to track the outcomes and quality of breast implant surgery and reports progressively on the long-term performance and safety of implanted breast prostheses. Our practice contributes to the ABDR, but you can choose to opt out should you wish.

Where will the Surgery take place?

Your surgery will take place in an accredited hospital facility.

What do I need to do Before Surgery?

- Due to the recent cosmetic surgery reforms, all patients in Australia undergoing cosmetic surgery are required to undertake a Body Dysmorphic Disorder Questionnaire.

- You will be asked to complete a full medical history. You must list all medications you take including dietary supplements such as fish oil which increase your risk of bleeding.
- Check with your surgeon about your medications as some may need to be stopped. Any additional tests required preoperatively will be arranged by Mr. Bunker or your anaesthetist.
- If you decide to have breast augmentation, you will need to sign a consent form. Make sure you read the consent form carefully before signing. If you have any questions, please ask them prior to surgery.
- Avoid any strenuous activity or exercise in the week before your surgery.
- Take Vitamin C supplements 1 gram daily starting at least 2 weeks before your surgery, unless you are allergic or unable to tolerate.
- Make sure you arrange for a relative or friend to drive you to and from the hospital or clinic and that you have arranged appropriate help at home, including someone to stay with you for the first 24 hours. Think about the setup at home where you will recover – you may want extra pillows, fluids and a toilet nearby and it is useful to have a telephone within reach.
- Consider work arrangements. Most patients will remain off work for 1-2 weeks after surgery. A medical certificate can be supplied to you preoperatively if required.
- You will receive detailed preoperative and postoperative instructions. Follow them carefully.

What do I need to do After Surgery?

- Someone should stay with you on your first night back from the hospital.
- You can usually drink fluids and eat a light meal two or three hours after surgery. You may have some pain and discomfort, particularly around the incisions. You will receive medications for home (pain relief and antibiotics) as well as detailed postoperative instructions which include how to care for your surgical site, signs which warrant concern, contact information and follow-up instructions.
- No strenuous activity for 6 weeks after surgery. In particular, this involves no heavy use of the arms, no carrying heavy loads and no reaching high above the head. This can cause bleeding or the implant to move.
- Some bruising and swelling is normal and may take up to a few weeks to disappear.
- Dressings are to remain dry and intact until your postoperative review.
- Follow any instructions regarding postoperative garments as per Mr. Bunker's instructions.

If you experience any of the following symptoms, notify us immediately:

- Temperature higher than 38°C or chills
- Heavy bleeding from the incisions
- Sudden swelling or dark bruising around the breast
- A change in the colour of the nipple
- Worsening redness around the incision sites
- Increasing pain or tenderness
- Issues with the dressings (becoming dirty, wet or loose)

Will I have Scarring?

Some visible scars are inevitable and in most cases they are placed under the breast in the natural fold. Mr. Bunker will discuss the placement of scars with you prior to surgery. We offer a range of scar reduction products which can be purchased at the practice. Refer to your sheet titled 'Scar Advice'.

Will I need Revisional Surgery?

Revisional surgery may be necessary to correct minor irregularities.

How much does Breast Augmentation Cost?

Cost is always a consideration in elective surgery and may include:

- Surgical fee
- Hospital or surgical facility costs
- Anaesthesia fees
- Prescriptions for medication
- Postsurgery garments
- Medical tests

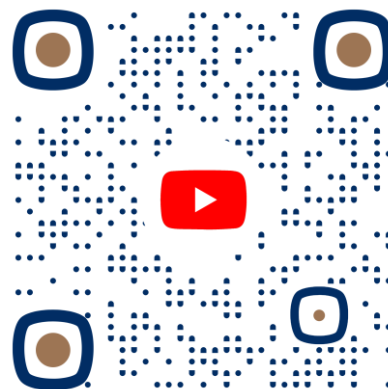
A quote for the surgical fee is provided to you prior to surgery. This also contains instructions on how to obtain quotes for any associated fees as listed above. If you have any further questions, please contact the rooms or Medibill on the information provided.

Terms you Should Know:

- **General anaesthesia:** Drugs and/or gases used during an operation to relieve pain and alter consciousness. When you are under general anaesthesia you are 'asleep'.
- **Ptosis:** Drooping of the nipple-areola complex.
- **Capsular contracture:** Development of thick scarring around the breast implant which can cause it to become hard, painful and displaced.
- **Animation:** Unintentional movement of the implant associated with activation of the anterior chest muscles.
- **ALCL:** Breast Implant Associated Anaplastic Large Cell Lymphoma, a rare type of cancer which develops usually 6-10 years after breast augmentation and is usually completely treated with removal of the implant and surrounding capsule.



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Daniel Bunfer
SPECIALIST PLASTIC SURGEON