



## *Breast Augmentation*

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**change**  
COSMETIC SURGERY

## General information

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Breast augmentation or enlargement is performed to increase the volume (cup size) of the breasts. A breast implant (prosthesis) is placed under the breast to increase its size.

There are many different types of breast implant. All breast implants have a silicone shell (outer envelope). This is usually filled with a silicone gel but may be filled with saline water. The shell may be smooth or roughened (textured) and the implant shape may be round or teardrop (anatomical). Implants come in many different sizes so that the degree of enlargement can be selected.

To place the implant under the breast a short cut is made through the skin. This is usually placed in the fold under the breast, but can, in certain cases, also be placed around the nipple or in the axilla (armpit). The implant is then placed either directly under the breast tissue or, slightly deeper, under the chest-wall muscle. The best position is determined by various factors, such as previous surgery, body fat, and existing breast size and shape.

It is not possible to predict your final cup size with complete confidence and therefore it cannot be guaranteed. Many factors affect this, other than the size of implant used, such as the shape of your rib cage, the size and shape of your breasts, the quality of your skin and the position in which the implants are placed.

## Preparation for surgery

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Smoking can cause problems with wound healing and increase your risk of a chest infection following general anaesthetic. You must not smoke for at least four weeks before your operation and for four weeks after it.

Please, only take medication prescribed by your doctor for the two weeks before and

two weeks after your operation. In particular, herbal, homeopathic and nutritional supplements (including vitamin E capsules) may contain substances that increase your risk of bleeding and cause sun sensitivity.

Aspirin, and other non-steroidal anti-inflammatory drugs (NSAIDs) increase your risk of bleeding. You should avoid all such medicines for two weeks before and two weeks after your operation. If you are concerned, please check with your GP that it is safe to do so. In certain specific circumstances, you may be prescribed a NSAID for your post-operative pain, which you should take as directed.

If you drink alcohol, it is best to drink only a small amount for the week before the operation and for the first two weeks of your recovery. You should avoid it altogether if you are taking antibiotics or strong pain medication.

Your recovery after the operation will be easier if you are fit and maintain a healthy lifestyle. Regular exercise will help you cope with the operation better.

If you feel unwell leading up to your operation please inform our secretary, as it may be best to reschedule your operation for when you are well.

Do not have surgery if you may be pregnant.

## The operation

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Please come for your operation in loose-fitting clothing that can be easily and comfortably removed. Slip-on shoes are best, as bending over may be uncomfortable. Avoid nail varnish and heavy make-up. Rings, ear-rings and body-piercings should be removed at home. Bring your normal medication with you and a sufficient supply for the duration of your anticipated stay in hospital. Someone should accompany you to the hospital and home when you leave hospital.

The operation is performed under general anaesthesia (asleep). You should expect to be in hospital for one to two nights. You may have one drain in each breast. Getting up and about after the operation is important although it may be painful to start with. You should try to do this as soon as possible.

## *Care after your surgery*

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You will be given a tightly fitting garment to wear for a few weeks after your surgery. You should wear this as instructed. Most patients then prefer to go into a firm supportive sports bra for a further few weeks. One that does-up at the front is probably the easiest to manage. After this time a normal bra can be worn as comfort allows.

The incisions will be closed with dissolving stitches and protected with a dressing. If you have drains, keep the wounds dry while they are in place. You may start to shower your breasts after removal of your drains, unless specifically advised not to, but do not soak in a bath. Dry the area with great care, patting it gently with a towel. The dressing should be changed at least every other day, but can be changed more often if necessary. Once the scars are entirely dry, and no longer staining the dressing, you can stop covering them. However, you may prefer to keep the scars covered until you are no longer wearing the garment.

After two weeks, provided that your scars have healed and are dry, start to moisturise and massage your breasts paying particular attention to the scars. Use any plain skin moisturiser (which can contain vitamin E if you wish) and rub the cream in with a gentle massaging motion for 5-10 minutes, three times a day.

All scars should be protected from the sun for the first year after surgery. Ideally they should be covered with clothing. If this is not practical, then total sun block should be used and the area

shaded from the sun. Sun exposure of a fresh scar can cause permanent discolouration, resulting in a darkened, visible scar.

You should avoid becoming constipated after your surgery. If you are prone to this then you must take a stool softener during your recovery.

## *What to expect after your surgery*

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You will have a scar under each breast (unless it has been placed around the nipple or in the axilla). These are usually red and slightly raised during the early period of healing. It takes a few months for the scars to settle fully and massage can aid this process, once it is comfortable enough to do so. Your breasts may feel numb, including the nipples but this will gradually recover over several months. During this time you must avoid contact with hot things, such as a hot water bottle, as there is a risk of being burned. Some swelling is normal during the first few weeks. Your breasts will feel tight at first and you will experience some pain and discomfort, particularly if the implants have been placed under the muscle. This settles in the first few weeks after surgery. Please take your pain medication as directed until you are able to move about comfortably. Breathing may be sore but it is important you take regular deep breaths and cough frequently, supporting your breasts when you do so, to avoid a chest infection post-operatively.

A follow-up appointment will be arranged for you when you leave hospital.

## *Driving and activity*

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All heavy and strenuous activity should be avoided for the first few weeks after your surgery. Graduated activity and exercise can then be

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started with full, unrestricted activity after twelve weeks, as your comfort allows. You will be able to start driving again when you feel comfortable and are safe doing so. This is usually between two and four weeks. Some car insurance companies have guidelines for driving after surgery and it is always best to check with your own company whether there are any restrictions imposed on you.

## *Complications*

Although complications are uncommon, problems may occur as a result of your surgery. These can result in prolonged recovery but may also have an adverse effect on your final result. These include poor scarring, bleeding, infection, delayed healing, wound breakdown, fluid collection, persistent numbness or pain, and asymmetry. The implant may become visible or palpable through the skin with wrinkles or folds. Further surgery may be necessary to correct some of these, should they occur. A charge may have to be made for any additional treatment.

If the implant becomes infected it will need to be removed. This will leave you lop-sided for a few

months until it is safe for it to be replaced. As the implants settle under the breasts, they may do so unevenly, causing asymmetry. They may need to be repositioned. Scar tissue will be formed around the implants. If this becomes particularly thick it may distort the breast, be painful and feel hard. This is called capsular contracture. Further surgery is usually the only way of managing this problem. There is also a small risk of developing a venous thrombosis (DVT), although measures are taken to minimise this risk.

## *Additional comments*

If you have any questions about the information contained in this leaflet or you do not understand something that is included in it, please contact our secretary for clarification.

If you are concerned about your recovery, have bleeding, feel unwell or have increasing pain then please contact Clare Park Hospital where your surgery was performed, our secretary (during office hours), your local A+E Department, or your GP.

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COSMETIC SURGERY

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a Classic Hospital   
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