What is a breast augmentation?

A breast augmentation is an operation to use silicone or saline (salt water) implants to make your breasts larger, and usually to improve their shape.

Your surgeon will assess you and tell you if a breast augmentation is suitable for you. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

Is a breast augmentation suitable for me?

You are most likely to benefit from a breast augmentation if one or more of the following conditions apply to you.

- You are self-conscious about the size of your breasts.
- Your breasts have become smaller and less shapely because of pregnancy or from losing a lot of weight.
- You have one breast noticeably smaller than the other (breast asymmetry).

Your surgeon will carry out a detailed assessment before deciding if surgery is suitable for you. This may include taking photos for your medical records. They will examine your breasts and ask you questions about your medical history.

Your surgeon will also ask you if you are planning to lose weight. It may be better to lose the weight first before having surgery.

Let your surgeon know if you are pregnant or planning to become pregnant in the future. Pregnancy can change the size and shape of your breasts and may affect the long-term results of surgery.

What kind of breast implant should I choose?

Various types and sizes of implant are available. All implants are made of an outer layer (shell) of silicone or polyurethane. They can be filled with silicone or saline.

The silicone gel used to fill the implant comes in different grades of firmness (cohesiveness). Softer silicone and saline implants give a softer and more natural feel but are more prone to kinking or rippling.

More cohesive silicone implants give a firmer feel, hold their shape more and are less prone to kinking or rippling. They are used in implants that look more natural (anatomical implants), so they are often recommended to women who are having a breast reconstruction.

Textured liquid implants with a simple round shape often give as good results as shaped cohesive-gel implants.

Polyurethane-coated implants give a firmer consistency so you may not be as satisfied with the result. However, using these implants can reduce the risk of scar tissue thickening and tightening around the implant.

Your surgeon will discuss the options with you and recommend the most appropriate type and size for you.

Is silicone safe?

Silicon (without the 'e') is one of the most common natural elements. It becomes silicone when it combines with oxygen, hydrogen and carbon.

Silicone is useful for healthcare products because it does not dissolve in water or react easily to changes in temperature or to substances in your body.

Silicone is used to make heart-valve replacements, facial implants and tubes used to give people medication.

Many studies have been carried out to find if silicone breast implants are safe. There is no evidence to suggest that women with silicone breast implants have a higher risk of developing diseases such as breast cancer and arthritis. There is a reported link between having an implant and a rare type of cancer called anaplastic large-cell lymphoma (ALCL).

The risk is approximately 1 in 10,000 and this may vary, depending on the implant. It is not as serious as it is when it happens elsewhere in your body. It is linked to textured implants and you can talk to your doctor about your risk level for ALCL. You should continue to check your breasts for any changes.

You should be able to breastfeed and there is no evidence that silicone gets into breast milk.

What are the benefits of surgery?

Your breasts should be larger and have a better shape.

Most women who have a successful breast augmentation are more comfortable with their appearance, are able to wear better fitting clothing and their personal and sexual relationships improve.

Are there any alternatives to surgery?

Using padded bras or bra inserts can make your breasts look larger with a better shape.

Natural breast enhancement pills that contain phytoestrogens (plant hormones that copy natural hormones) may help to increase the size of your breasts. However, these pills have not been properly tested, may increase the risk of certain cancers and may cause you to put on weight.

Some surgeons may recommend injecting your own fat into your breasts. However, this technique is new and we do not know how safe it is. It can cause infection, and may result in hard lumps and problems with the shape of your breasts.

Injecting synthetic material (such as hyaluronic acid) into your breasts has a temporary effect, lasting for about a year. This treatment can cause infection that may need surgery and result in unsightly scarring. Your surgeon can inject more permanent fillers into your breasts. These can cause infection, ulceration, discharge and scarring.

What will happen if I decide not to have the operation?

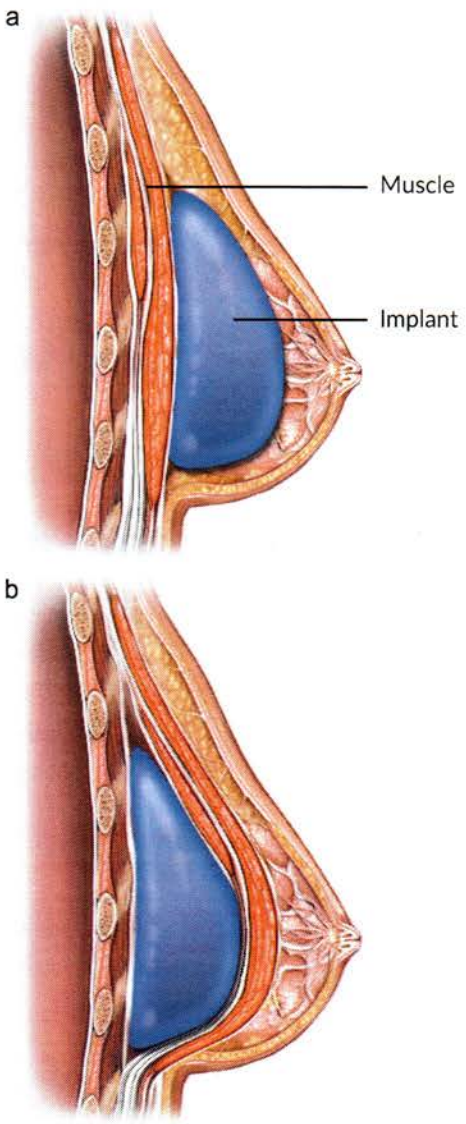
A breast augmentation will not improve your physical health. Your surgeon may be able to recommend an alternative to improve the size and shape of your breasts.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes about 90 minutes. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will usually want to place the implant directly behind your breast as this gives the most natural result. However, if you are slim and do not have enough breast skin and tissue to cover the implant, they may recommend placing the implant behind the pectoral muscle which lies behind your breast. This will prevent the outline of the implants from being noticeable.



a An implant placed in front of the muscle
b An implant placed behind the muscle

Your surgeon will usually place the implant through a cut on the crease under your breast (inframammary fold). Sometimes they will place the implant through a cut on your armpit, in the line of the areola (the darker area around your nipple), or through a hole made near your umbilicus (belly button). Your surgeon will make the cut and create a pocket to place the implant in.

They may insert a drain (tube) in the pocket to drain away fluid that can sometimes collect. They will usually close the cut with dissolvable stitches, leaving the drain in place.

To give your breasts support, your surgeon may wrap your breasts in bandages or fit you into a supportive bra.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. You may feel sore along your breastbone, especially if the implant was placed behind the pectoral muscle. Moving your arms can be uncomfortable for 2 to 3 weeks.
- Bleeding during or soon after the operation. It is common for the area between and under your breasts to be bruised. Rarely, you will need a blood transfusion or another operation.
- Minor infection on the surface of your wound in the inframammary fold. This is rare and easily treated with antibiotics. It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful.
- Unsightly scarring of your skin. The scars usually settle with time but this can take up to 18 months. If you have dark skin, the scars can sometimes stay thick and red. Your surgeon will try to make the cuts in an area that is difficult to notice even in a swimming costume. Follow the instructions your surgeon gives you about how to care for your wounds.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.

- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

Specific complications of this operation

- Developing a collection of blood (haematoma) in the pocket where the implant is (risk: 1 in 30). You may need another operation to remove the blood.

- Infection of the implant (risk: less than 1 in 100). Your surgeon will need to remove the implant. You will need to wait for about 3 to 4 months, while the infection clears and your wound heals, before your surgeon can replace it. If the skin around your scar is red and your wound is painful and swollen, let your doctor know.

- Wound breakdown or skin necrosis, where some of the skin over your breast dies. The risk is higher if your surgeon closes the cut too tightly, or if you smoke or have other medical problems such as diabetes. If the implant shows through or gets infected, you will need another operation to remove the implant.

- Kinking and rippling caused by a capsule forming or by natural sagging of your skin. This is more common if you have liquid silicone or saline implants. Sometimes it is possible to feel the edge of the implant under your skin but any kinking or rippling is usually obvious only if you are slim and had small breasts.

- The implant rotating or moving out of place. You may need another operation to put the implant back in position.

- Developing a collection of fluid (seroma) in the pocket where the implant is (risk: 1 in 30). This is not usually serious and settles with time. Sometimes the fluid needs to be removed using a needle and checked for the presence of ALCL. If the seroma becomes large and keeps coming back (a pseudocyst), the implant may need to be removed and replaced (risk: less than 1 in 100). If the problem continues you will not be able to have an implant.

- Capsule contracture, where scar tissue that your body naturally forms thickens and tightens around the implant (risk: up to 1 in 10 in 1 year, the lifetime risk is not known but the risk increases each year the implant is in place). The scar tissue can make your breast feel hard and can cause the shape to change. In severe cases your breast can become painful and the implant will need to be removed and replaced. This is the most common reason for needing to have an implant replaced. The risk may be lower if you have polyurethane-coated implants.

- Change of breast and nipple sensation. This usually settles within a year but the change may be permanent and may affect breastfeeding.

- Stiff shoulder. The healthcare team will give you exercises and it is important that you do them to keep your shoulder moving. Take painkillers as you are told if you need to relieve the pain.

- Numbness or continued pain on the outer part of your breast caused by injury to the small nerves that supply your skin. Any pain or numbness usually gets better within a few weeks but can sometimes continue for many months.

- Rupture of an implant. This can happen when your surgeon is inserting the implant, by trauma (where a physical force is applied directly to your breast) or by the implant simply wearing out over time. Unless you have a saline-filled implant (which would deflate) you would not normally be able to notice that an implant has ruptured. If you think your implant may have ruptured, you should have an MRI scan to check as a ruptured implant should be removed.

- Cosmetic problems. It is difficult to predict exactly how a particular implant will make your breasts look. The size and shape of your breasts will change over time. The implants can take up slightly different positions and they can make natural differences (asymmetry) between your breasts more noticeable. Asymmetry is normal in natural breasts and you will have some degree of asymmetry with implants. Sometimes it is not possible to create a cleavage. Larger implants are also heavier and can speed up age-related sagging that also happens in natural breasts. Your breasts may not look or feel like natural breasts.

- ALCL (see section called 'Is silicone safe?').

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. Your breasts will look discoloured and feel firm and swollen.

You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You should be able to return to normal activities after 2 to 3 weeks.

The bandages can be removed after a few days as long as you have a soft bra that fits comfortably. Do not wear a tight sports bra or an underwired bra for a few weeks.

You should be able to return to work after a week, depending on your type of work.

Do not lift anything heavy or do strenuous exercise, such as vacuuming or ironing, for 3 weeks.

You should be able to do a limited amount of activity, such as lifting young children, after about 2 weeks.

Do not have sex for 2 weeks and then be gentle with your breasts for at least another month.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and comfortable wearing a seat belt. Always check your insurance policy and with your doctor.

The future

The healthcare team will arrange for you to come back to the clinic regularly to check on your progress.

It usually takes a few weeks for your breasts to look and feel more natural, and up to 6 months to achieve their final shape. The results of a breast augmentation usually last for a long time. However, even if the operation is a success, you may need another operation at some time in the future to have them replaced or removed, usually after about 10 years. Also, gravity and the effects of age will change the shape and size of your breasts.

You should not have any problems breastfeeding but many women who have implants choose not to breastfeed.

Implants placed behind your breast may interfere with a mammogram (breast x-ray used to detect breast cancer). Let your doctor know that you have had an implant. It is possible to check your breast using an ultrasound scan or MRI scan. There is no evidence that having an implant delays the diagnosis of breast cancer.

Depending on the type of implant you have, your surgeon may recommend that you have regular scans.

If you have any concerns or notice any of these changes to your breasts, contact your GP.

- Redness
- Swelling
- Lumps in your breast or armpit
- Uneven shape
- Change in appearance

Summary

A breast augmentation is an operation to make your breasts larger, and usually to improve their shape. It is suitable only for certain women. You should consider the options carefully and have realistic expectations about the results.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements
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