



Breast Augmentation

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Introduction

Many thanks for taking the time to download and look through this guide to breast augmentation. This guide aims to address some of the most common questions patients have when considering breast augmentation and also inform patients of what they should expect from their surgeon. The booklet is broken down into sections dealing with each step of the procedure from consultation through to surgery and aftercare. If you have any specific questions please feel free to get in touch (contact details are at the back of the booklet).

All the case examples in this booklet are my patients (a big thank you to all of them for allowing me to use their images).

I hope you find this booklet useful and a help in your surgical journey.



The Consultation

When you go for your initial consultation regarding breast augmentation there are a few questions that your surgeon will want to ask you and it is worth spending a bit of time on these before arriving. Firstly what is it that you want to change about your breasts - if you are unhappy with the size (or volume) of your breasts then augmentation is the procedure for you. If you feel you have lost the shape of your breasts (for example after breast feeding) but are happy with the volume then an uplift may be more appropriate, if you feel you have lost both shape and size then a combination of uplift and augmentation is likely to be the most suitable operation.

If your aim is to increase the size of your breasts then consideration of what particular aspects of their appearance you wish to improve needs some thought - do you want a fuller upper portion of the breast or do you wish to have increased breast projection but maintain a natural shape? Do you wish to try to minimise differences in size between either breast? The more specific you can be with your wishes the more tailored your surgeon can be with the pre operative planning and the more likely the procedure is to give you the result you desire.

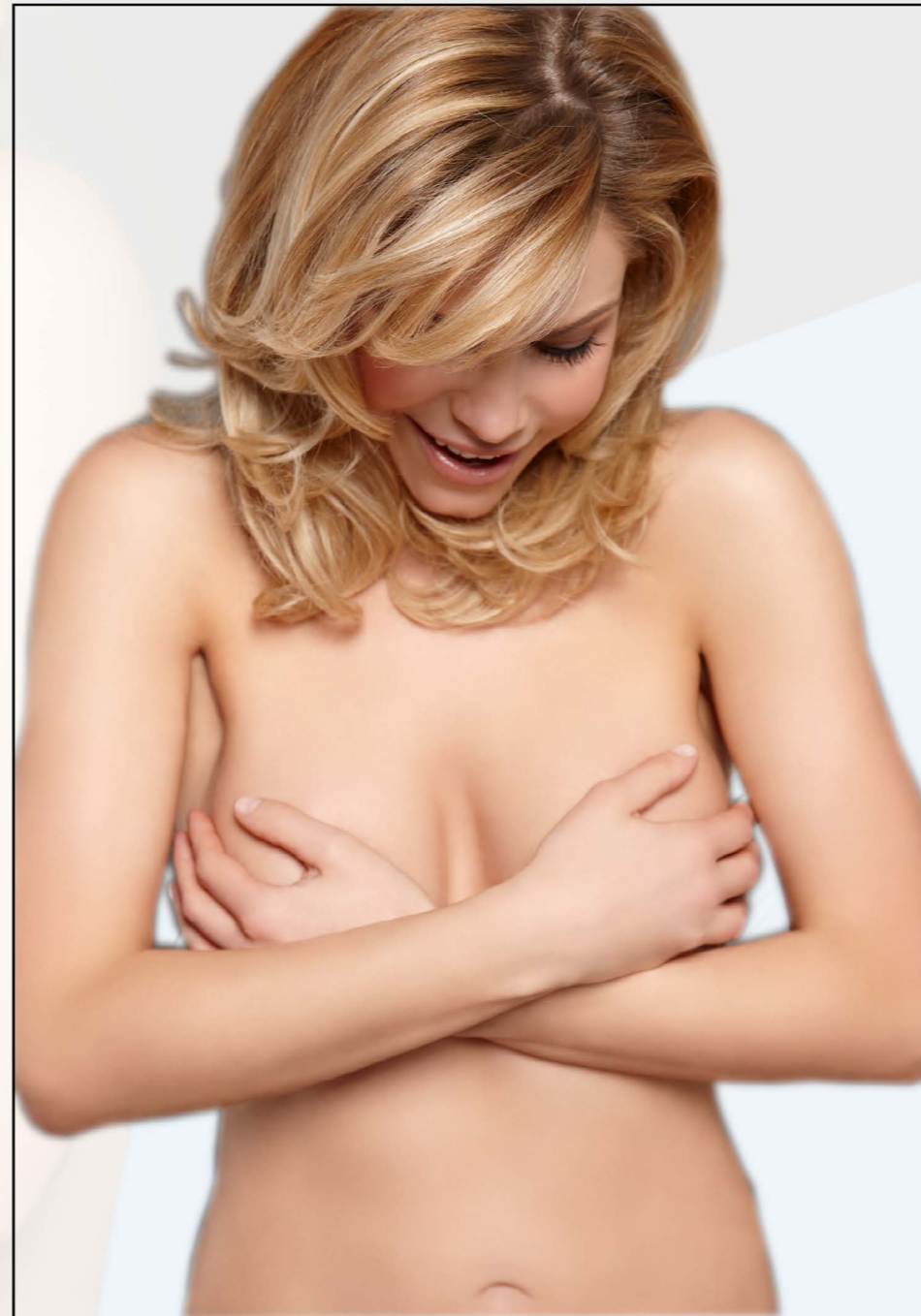


The Consultation

Although cup size is a useful indicator of breast volume each cup size has a volume range within it (breasts fitting into a 32 D cup bra are not all exactly the same volume) and therefore it is better to aim for a bust that you feel looks right for you rather than a specific cup size. During the consultation it is normal for you to be asked to try a sizing exercise to simulate what you will look like following the surgery. I ask my patients to do preliminary sizing using the rice bag test, and after this I use the Allergan sizing kit to simulate the final shape.

In addition to information regarding the goals you wish to attain through the surgery there

are further details that your surgeon will wish to know that might affect the surgery and these include:



- Have you had any previous breast surgery ?
- Have you had any previous breast conditions or skin conditions ?
- Have you had any previous breast infections ?
- Have you or anyone in your immediate family had breast cancer ?
- Have you had any children and have you completed your family ?
- Is your weight static or do you anticipate any significant changes in your weight ?

The Consultation

Your surgeon will want to know your full medical history and will particularly ask about allergies and any medication you are taking. Your surgeon will then need to examine your breasts and in addition to ensuring that you do not have any breast lumps or lymph glands in your arm pits (if you do you will probably be asked to have an ultra sound assessment of these prior to surgery) he or she will need to measure your breasts, to work out what size implants your breast will be able to accommodate (the maximum size implant that can safely be used is related to the natural dimensions of your breast). Before you have your operation you should have seen your surgeon at least twice, and be comfortable with all aspects of your procedure.

If you feel that you need more than 2 consultations to decide whether or not surgery is for you then you should be free to take as much time as you need. All reputable surgeons will not hurry you into having surgery and will never offer you incentives in order to do so. Be comfortable you are making the right decision for you.

The Rice Bag Test

The next thing you will need to do is to work out what size of implant you feel suits you best from the range of sizes your surgeon will indicate are available to you (as mentioned previously this relates to the natural dimensions of your breast). There are various ways to estimate this but the way I do it is to get my patients to do the “rice bag test” at home and following this I use the Allergan sizing kit at the next appointment to give the closest possible approximation to the final shape and size!.

For the rice bag test you will need 3 things:

- Uncooked rice (probably a kilo)
- Easy seal sandwich bags
- A measuring jug or cylinder



The Rice Bag Test

Your surgeon will probably have given you a range of volumes to try out (if you have seen me I will usually give you a list of 4 or 5 sizes to try). Using the measuring cylinder, measure out the correct volume of rice (for example 250 mls) and place this inside one of the sandwich bags. Pat the bag flat so that all the air is removed and seal the bag.

Wearing a non padded bra and a favourite top (or one you would like to be able to wear) fit the 'rice bag' inside your bra and smooth the rice to the shape of your breast. Take multiple photos from lots of angles and work out what volume you think works best for you. 'Rice bag' volume does not directly equate to implant size (implants are sized by weight) but acts as a starting point when using the implant sizing kit.



The Sizing Kit

The sizing kit from Allergan helps make final adjustments to what size implant you feel most suits your needs. After using the rice bag test to narrow down the sizing, at the time of your second consultation your surgeon will work through a simulation of what your choice of implant is most likely to look like following your surgery. This is not an absolute simulation but it is the closest that can be achieved without actually having had the surgery.

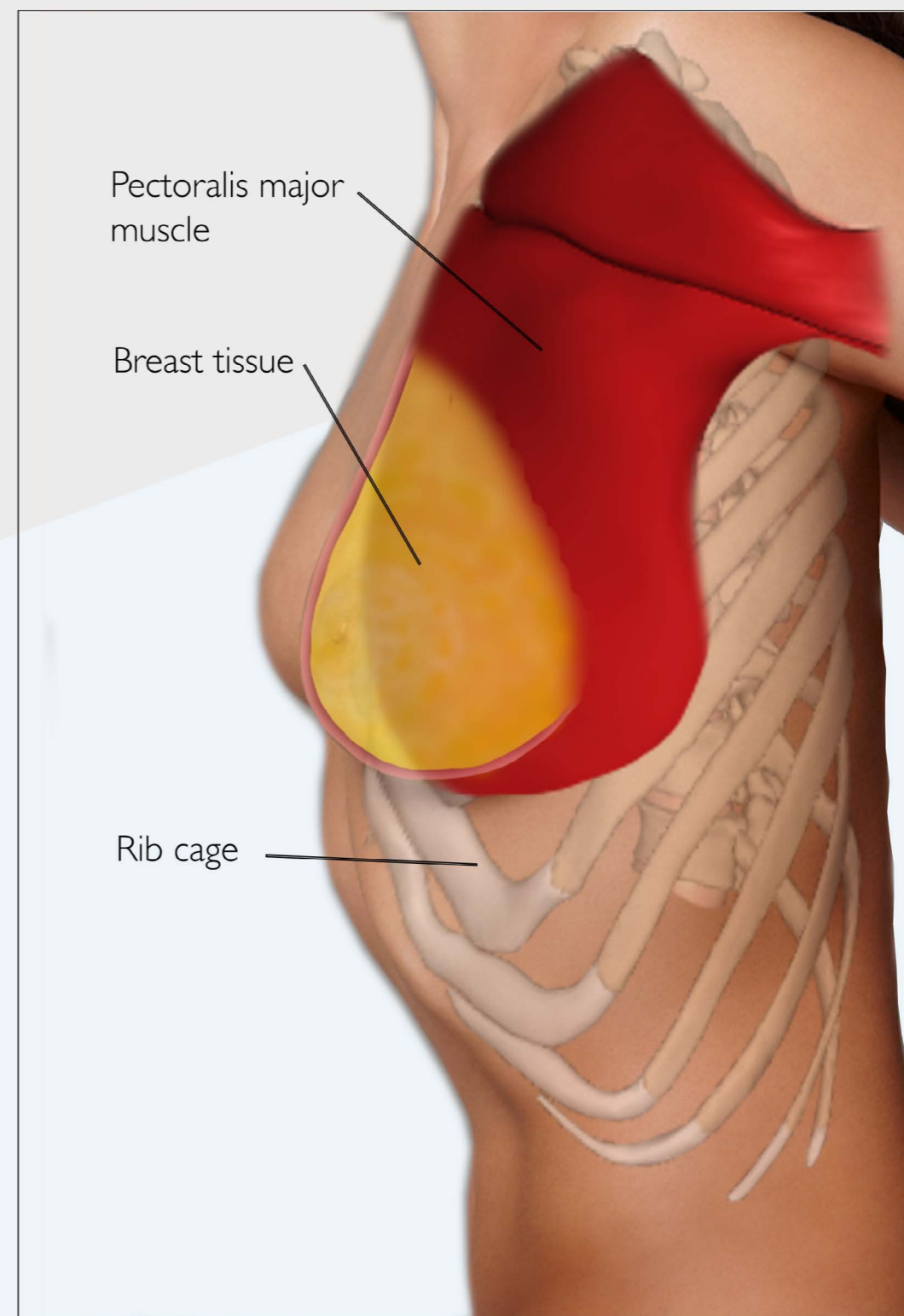
The sizing kit from Allergan contains silicone fillers to place inside a bra, and various combinations are used to mimic the actual implant look and size. The kit supplies tops and bras but if there is a particular top that you want to wear following surgery bring it along to the consultation - it will help you to see if your choice of implant is going to meet your expectations.



Anatomy

The breast is made of glandular and fatty tissue and sits on the front of the chest. The muscle directly below the breast tissue is called the pectoralis major muscle and beneath this muscle are the ribs (these form the rib cage which houses and protects the heart and lungs).

From the point of view of breast augmentation the pectoralis major muscle is important as it defines where the breast implant will sit in relation to the breast tissue. If the implant sits on top of the pectoralis muscle it is known as a sub-glandular augmentation, and if it is placed beneath the muscle it is known as a sub-muscular augmentation. In women with only a thin covering of breast tissue at the top of the breast, placing the implant beneath the muscle helps to disguise or hide its top edge. If the pectoralis muscle is divided at its lower end the implant can be placed partly under the muscle and partly under breast tissue. This is known as a dual plane augmentation and has become the technique of choice for many surgeons due to its excellent results.



The Operation

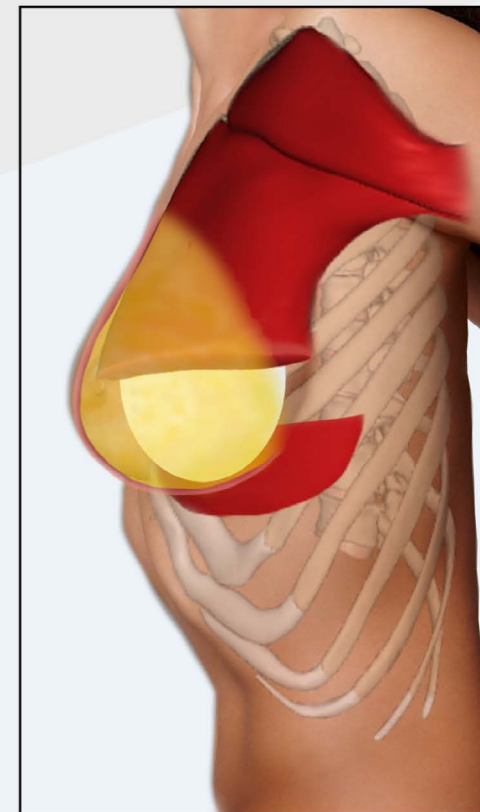
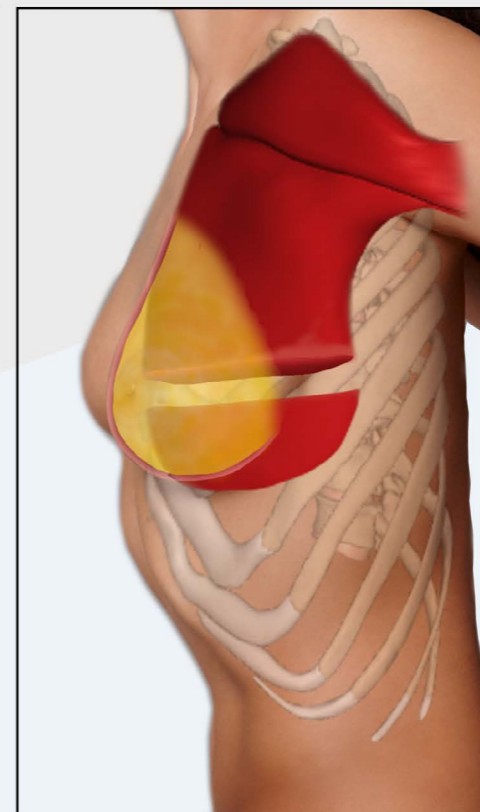
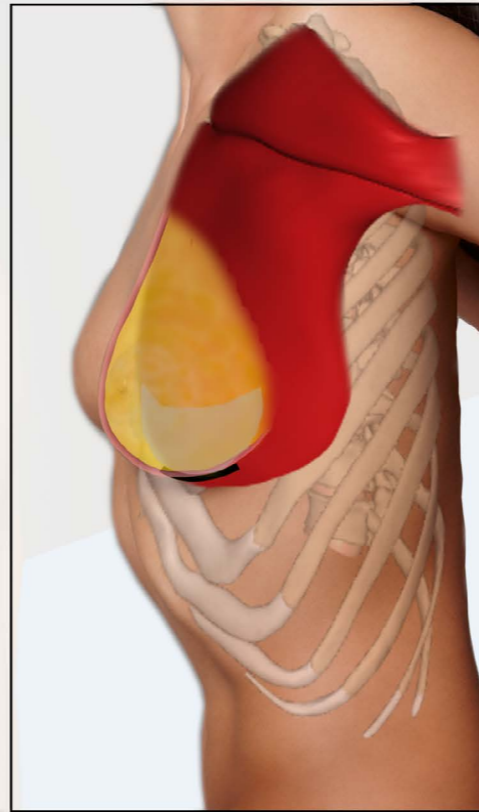
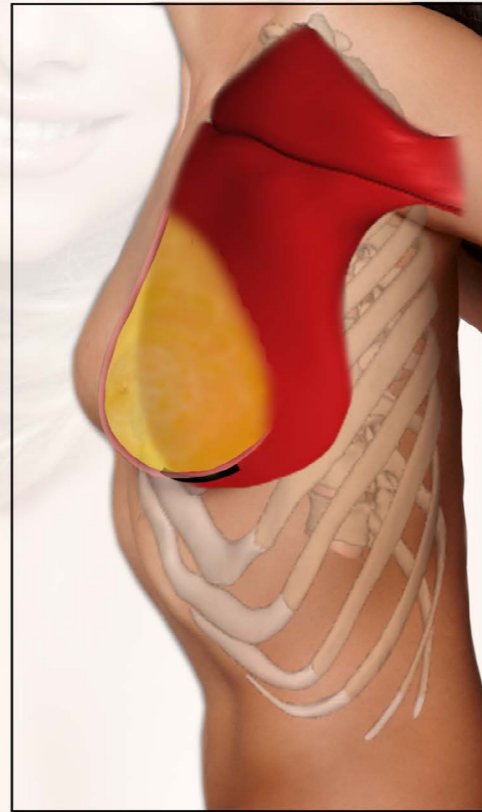
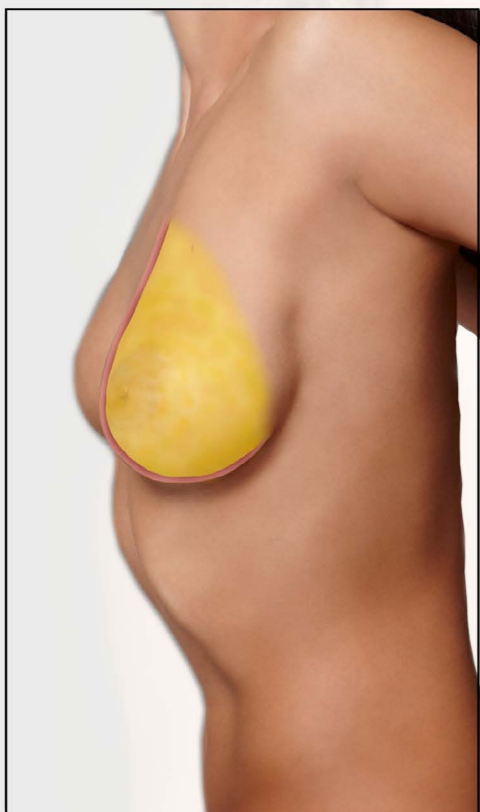
The breast sits on top of the chest wall. The chest wall is formed of

Although there are several incisions used to insert breast implants the

After the cut is made in the skin the breast tissue is lifted off the

Once the pocket has been created the pectoralis major muscle is

Once inserted, the top portion of the implant lies beneath the



the rib cage and the underlying muscles. The muscle that is particularly important in breast augmentation is the pectoralis major.

most commonly used one is that placed in the infra-mammary crease. This is usually 4 to 5cms in length and is well hidden following the surgery.

underlying pectoralis major muscle so that a pocket is created between the breast and the muscle. The pocket generally reaches to the level of the nipple.

incised so that the top portion of the implant can be fitted beneath it. This is known as a dual plane technique and is one of the commonest positions to place implants

pectoralis muscle (this helps to hide the top edge of the implant and give a more natural shape to the breast), while the bottom portion of the implant is covered by breast tissue.

The Implants

There are several different manufacturers of breast implants for sale in the UK today. Allergan are widely recognised as being one of the top brands available and offer excellent product back up and guarantees and for this reason I offer all my patients Allergan products. In broad terms there are 2 shapes of breast implant to choose from - teardrop (or anatomic) shaped implants and the classic round shaped implant. Which implant you should choose depends on what shape you wish to achieve from the procedure. Round implants tend to give a fuller upper pole to the breast (more of a cleavage look) while anatomic implants tend to give the breast a more natural look. Tear drop implants can help to provide a degree of lift to a breast that has lost shape (either due to breast feeding, pregnancy or weight loss).

The surface coating of implants also varies, modern implants use a granulated or bumpy surface to help avoid the formation of a capsule contracture though smooth implants are also available (these allow greater mobility of the implant and so a more natural look when lying down).

It is worth knowing that many manufacturers offer a premium implant range (the Natrelle collection in the case of Allergan) and a budget range - check that you are not being sold a cheaper implant range if the price you are paying for your surgery seems cheap - you tend to get what you pay for!



The Implants

Several terms are used to describe implants, some of which can be confusing - the first is 'form stable', which is another name for anatomic implants, this means that the gel used to make the implant has memory and will keep its teardrop shape. The term 'textured' refers to the outer coating or shell of the implants and means that the surface is granulated or roughened rather than smooth, as mentioned previously this has the advantage of having a lower rate of capsule contracture (this is when the scar that forms around the implant shrinks down and deforms the implant). Polyurethane implants are a special type of implant that have a coating on their outside similar to that of a sponge. This is useful in those with previous capsule contracture, very thin breast tissue or cases where there is a worry that the implant may lose its position once it has been inserted.



The Hospital

Your surgeon will normally be working at a private hospital (the main private healthcare providers in the UK include Spire, Nuffield, BMI, Ramsey and HCA) and this is where your surgery is likely to take place. The hospital will normally write to you with information about where to go to on the day of surgery and what time to arrive. For a general anaesthetic you will need to starve for 6 hours before the time of your surgery, though you can drink water up to 4 hours before hand. If you are taking any medication take this as normal (but remember to tell your surgeon during your consultation what medications you are on). You will need to bring a bag with toiletries, nightclothes and something to keep you entertained after your operation.



After The Operation

Normally the procedure involves an overnight stay and the morning after the operation you will be seen by your surgeon to check all is well before you are discharged home. You will be given painkillers to take home and there will be dressings over your incisions. Some surgeons like their patients to go straight into a sports type (non underwired) bra, though this does vary. I ask patients who are having anatomic implants to wear a tight fitting supportive bra for 6 to 8 weeks following the operation, though for those having round implants I am happy for the patients to chose to wear a support bra or not (usually it is worn for comfort) depending on how they feel (the reason for the difference being the strict need to avoid any implant rotation with anatomic implants which is not an issue with the round ones as they as they are the same shape whichever way round they are!).

Your surgeon should offer a comprehensive and regular follow up care package as part of the procedure. The exact timings of follow ups vary from surgeon to surgeon, the follow up schedule for my patients is clinic appointments at 2 weeks post op, 6 weeks post op, 3 months post op, 6 months post op and then at a year. After this I see patients on a yearly basis for at least 5 years. Your care package should include any dressings that are required and most hospitals will cover any significant problems that occur as a direct result of the procedure for the first 6 months following surgery (by which time nearly all significant problems that can occur will have become apparent). Some hospitals will offer longer term cover against the development of capsule contracture (though this will vary between hospital groups and individual hospitals within that group).

The Problems

Complications are thankfully rare with breast augmentation but if they occur can cause distress and the need for further treatment. Your surgeon should discuss complications with you thoroughly so that you are fully aware of what can go wrong, as this may influence your decision as to whether or not to go ahead with the procedure. You should be given a written consent form with all the risks clearly explained and you will be asked to read and sign the form to show that you have read and understand the risks involved. Although this may seem daunting when you are reading it, it should be no different from the conversation that you have just had with your surgeon!. For a copy of the consent form I use please contact me via my website and my secretary will be happy to provide you with a copy.

Cases Examples

265 cc round high profile implants
Dual plane technique

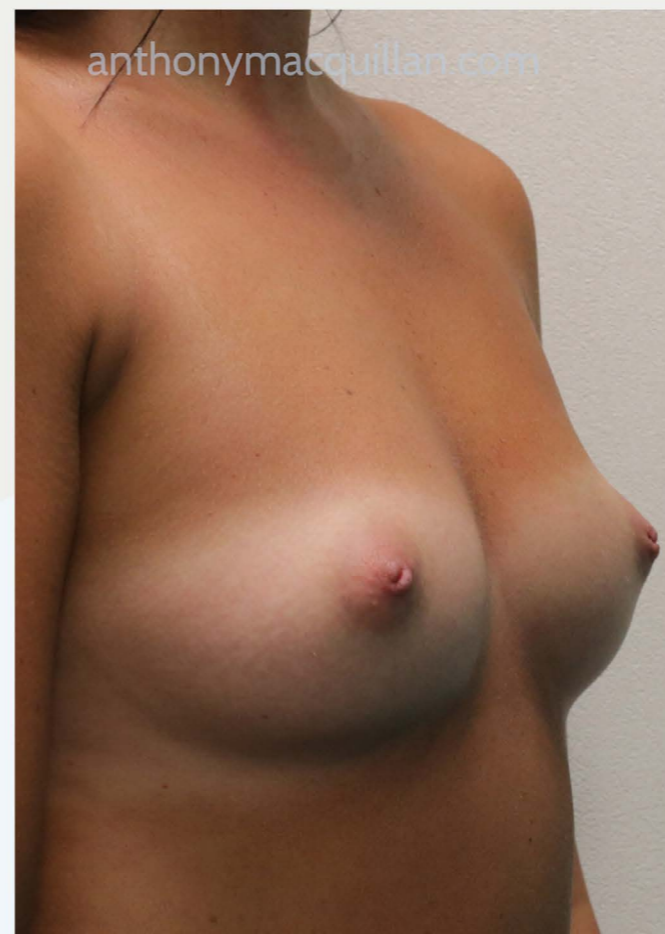


BEFORE



AFTER

295 cc round high profile implants
Dual plane technique



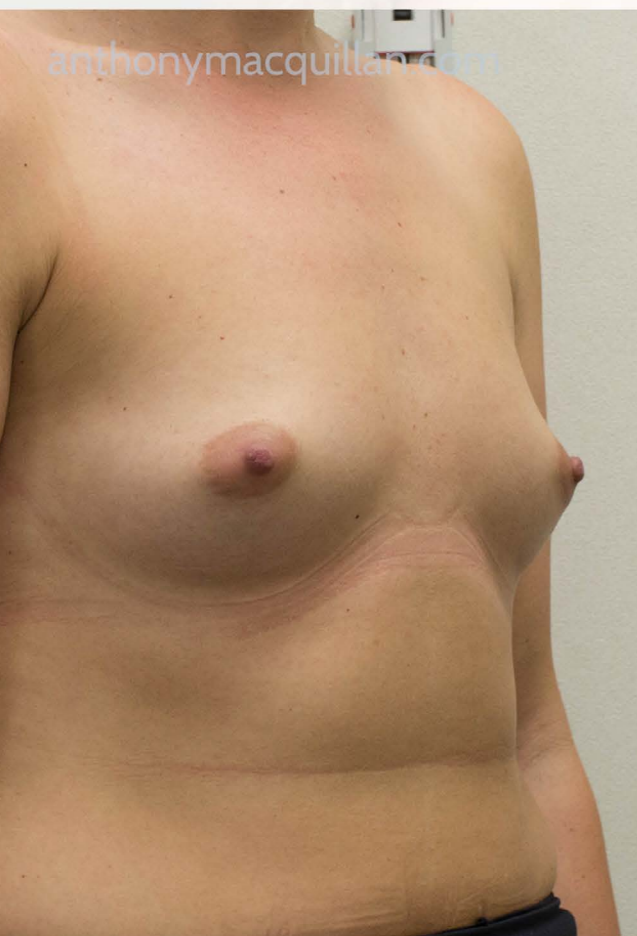
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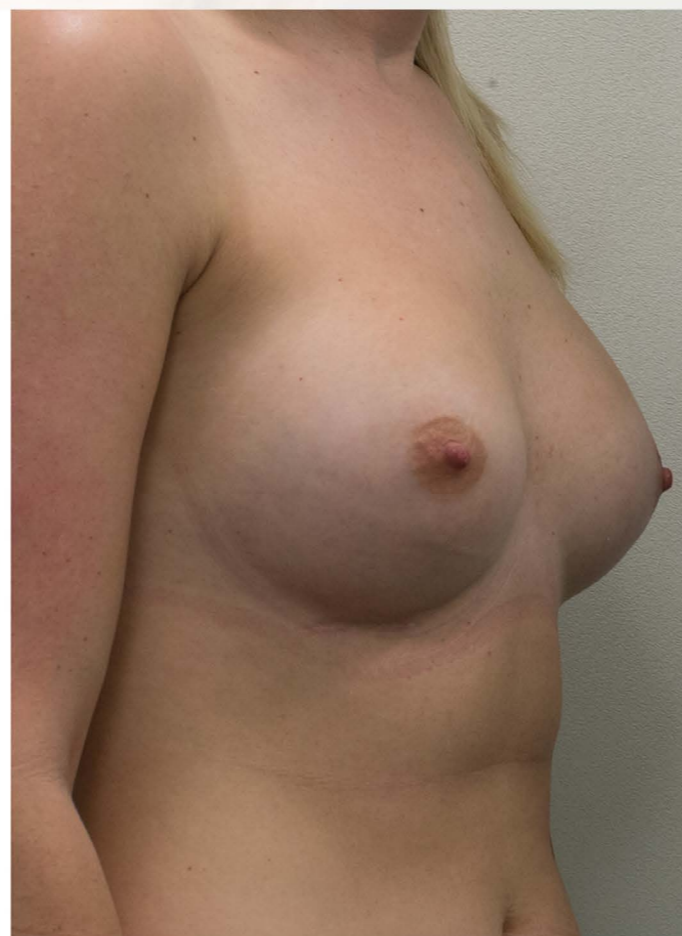
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Case Examples

325 cc round high profile implants
Dual plane technique

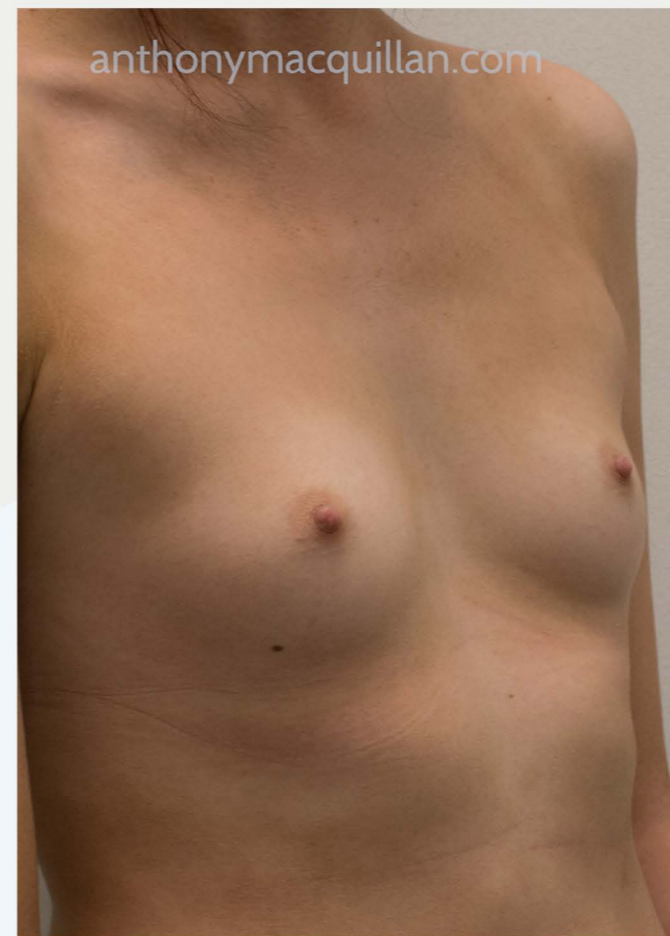


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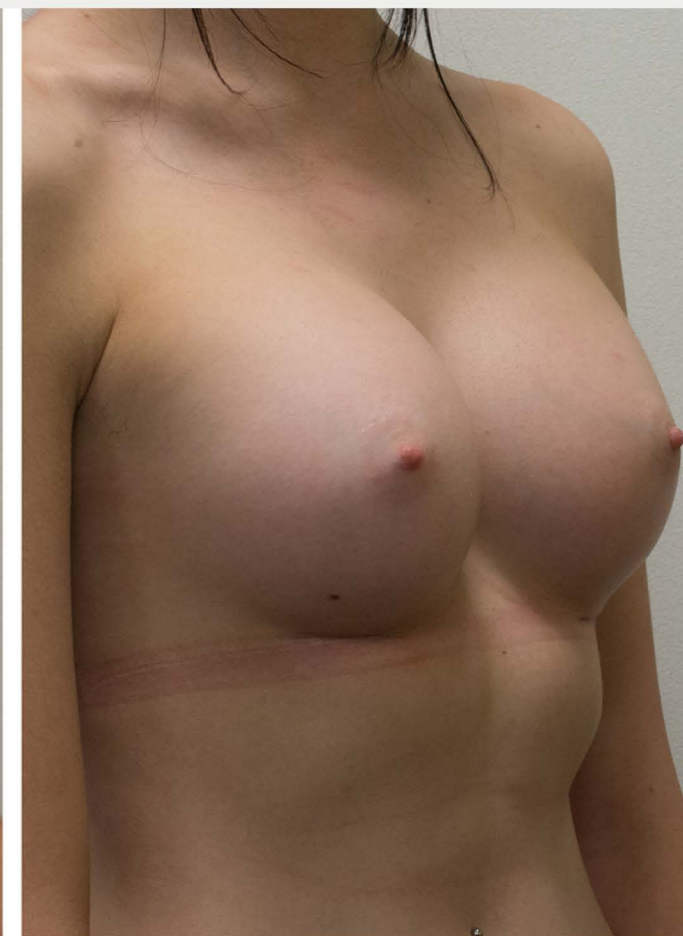


AFTER

345 cc round high profile implants
Dual plane technique



BEFORE



AFTER

Case Examples

365 cc round high profile implants
Dual plane technique



BEFORE



AFTER

470 cc Anatomic implants
Dual plane technique



BEFORE



AFTER

The Top Tips

- Ensure that the person you are seeing pre operatively is the surgeon who will be performing your operation.
- Ensure that you are seen twice before your operation and receive full and comprehensive details of the procedure and the risks and complications associated with it.
- Make sure you are being offered comprehensive long term follow up.
- Make sure you have done a sizing exercise before you have the operation.
- Aim for a breast volume that suits your shape and fits with your natural breast dimension rather than going for a particular cup size.
- Go for surgery where the up front cost is the actual cost (there are many companies advertising attractive initial costs that only apply for the cheapest implants and for last minute surgery to fill slots).
- Ensure your surgeon is registered with BAAPS and BAPRAS – the kite marks for excellence in UK Plastic Surgery.



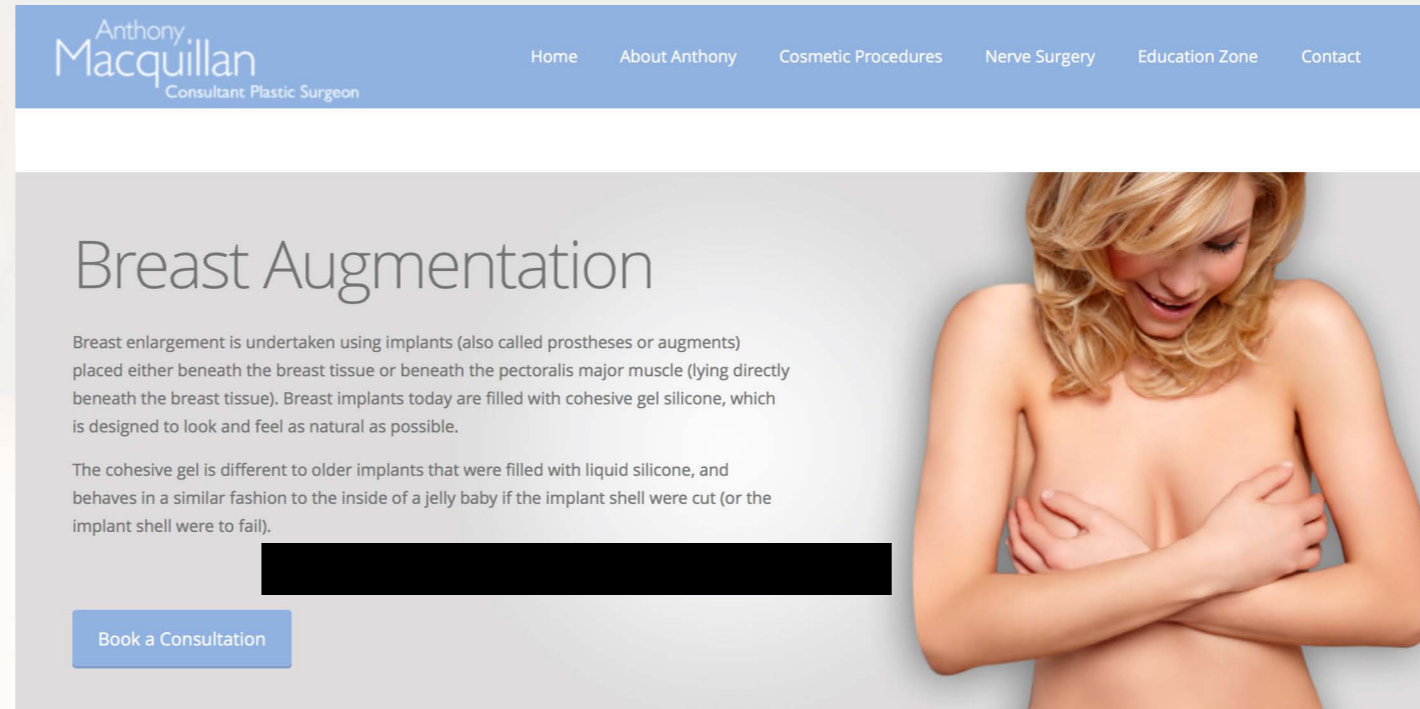
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Breast Augmentation

Breast enlargement is undertaken using implants (also called prostheses or augments) placed either beneath the breast tissue or beneath the pectoralis major muscle (lying directly beneath the breast tissue). Breast implants today are filled with cohesive gel silicone, which is designed to look and feel as natural as possible.

The cohesive gel is different to older implants that were filled with liquid silicone, and behaves in a similar fashion to the inside of a jelly baby if the implant shell were cut (or the implant shell were to fail).

[Book a Consultation](#)

