
AUGMENTATION MAMMOPLASTY (BREAST AUGMENTATION)**Indications:**

The amount of breast development in an adult female varies considerably. Some women simply never develop a large amount of breast tissue. Others note that their breast tissue becomes noticeably less in amount following pregnancies. The majority of women seeking this surgery seek only to have normal size breasts that relates to their body proportions and they are not seeking to become exceptionally larger.

Breast implants make small breasts larger. They may, but do not necessarily improve their shape. Breasts made larger by implants may have the same tendency to droop and sag as the same size breasts without implants. Drooping and sagging breasts sometimes, however, can be corrected partially with implants.

How is the procedure done?

The operation consists of developing a pocket behind the breast tissue. An implant is placed in this area between the breast and the chest wall or beneath the muscle behind the breast. The implant displaces the breast forward, but it is not actually within the breast tissue. The most common way to gain access to the area behind the breast in our office is through an incision approximately two inches long in the axilla (armpit).

The size of the implant to be used is determined by the amount of the existing breast tissue that you have and by your height, weight, and general body stature. There is probably no greater tendency to develop cysts or lumps in breasts with implants than without. Implants are not known to cause cancer at the present time, although, the use of implants have been known to cause cancer in certain animals. For unknown reasons, the incidence of breast cancer, according to most studies, is less after one has had breast implants.

Where is the operation completed?

This operation is completed in our office surgical suite as an outpatient surgical procedure. You will be given local anesthetic with sedation and you will feel no discomfort during the procedure. Generally there is little risk in the use of local anesthesia with sedation. However, in some cases, there can be a reaction. Local anesthesia is safer than general anesthesia and therefore is our preferred method of sedation. You will be discharged home after an appropriate amount of time following the procedure with supervision and post-operative instructions.

What may I do after the surgery?

For the first few days you must rest and relax. You will be wearing a jog bra without underwiring. You may sit, lie on your back, or either side. You may be up to the bathroom and for meals. There should be no housework at all for the first two full days. It is important to be relaxed and comfortable. Avoid overheating and excitement of any kind during this period of time to eliminate the possibility of accidental injury or bruising. You may raise your arms above your shoulders as needed after the first day. A shower can be taken on the second day. Passive sexual activity may be resumed on the second day, but no vigorous activity for at least one week. You should wear the recommended bra during the first week following surgery. Sutures will be removed in 7 – 10 days. The time for your next return appointments will be the first day after surgery, then approximately one week later, and then on an as needed basis. You will receive follow-up evaluation and instructions at no charge.

Most of the discomfort will be over after the first two or three days, however, you may have some tenderness and soreness, which could last for a few weeks. After the first two days, you may drive a car if not taking pain medication and do light housework such as washing dishes. You should avoid hot baths and vigorous activity for at least two weeks unless instructed otherwise and should not participate in any sports such as jogging, swimming, bowling, tennis, etc until after the surgery is approximately four to five weeks old.

What complications can occur?

As with any surgery, you will have a scar. Fresh scars are usually firm and red for a period of approximately six months and they gradually improve over the first year. I prefer the underarm incision, since this area scars less and it leaves no scar whatsoever on the breast itself. No guarantee can be made concerning the appearance of your scar, since each individual heals differently and neither physician nor the patient can completely control the patient's healing.

As with any operation, you could possibly develop an infection, although this is rare. Infection is generally limited to a very small area and simply means delayed healing for a few days. The most serious infection would result in removal of the implant. After a satisfactory period of healing (usually three to six months), the implant would be replaced.

Following surgery, you may expect some bruising near the incision and on the breast itself, but for a larger amount of bleeding to occur is unusual. If excessive bleeding occurs, it would require opening of the incision, evacuation or removal of the blood or blood clots, controlling the bleeding, re-insertion of the implant, and re-closure of the skin incision. This is very unusual, but it does rarely happen. **BECAUSE OF BLEEDING, NO ASPRININ, ADVIL, IBUPROFEN PRODUCTS OR VITAMIN E CAN BE TAKEN TWO WEEKS PRIOR TO SURGERY.**

Numbness, tenderness, or burning of the nipples or skin around the incision may be present after surgery, but this is generally temporary. A change in sensation of the nipples that may be permanent is rare, although it can happen. In approximately 5-10% of the cases, the breast becomes firmer following implant surgery. The implant itself does not become firm, but the firmness is due to the formation of scar tissue around the implant. If this is excessive, it can result in undesirable firmness. While some firmness is beneficial to some patients, excessive firmness is ordinarily not desirable. If excessive firmness develops a second operation may also be required in a certain percentage of patients. It is also the opinion of this office that there are a small percentage of women who cannot tolerate breast implants without having permanently firm breasts.

On the day of the operation, you should not have had anything to eat or drink for 8 hours prior to the procedure. If you have had anything to eat or drink during this time before your surgery, you must tell the doctor and the operation may be cancelled. Also, if you have taken any aspirin recently, the surgery will be cancelled.

Try to arrive promptly, slightly before your scheduled time. Following surgery, you will be observed for a period of time before leaving for your home. Additional instructions will be available for persons taking you home. Also, someone must be with you for the first 24-48 hours.

Prior to your surgery, you should have a baseline mammogram if you are over 40 years of age or earlier if you have a family history of breast cancer.

What types of implants are used?

Saline implants are primarily used. The FDA requires saline implants to be used for primary augmentation. If you have had breast augmentation surgery, you may qualify for silicone implants under a "Silicone Implant Study".