

BREAST AUGMENTATION

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Breast Augmentation

Important Note for Patients

Please study the information contained in this pamphlet. It is vital that you have a clear understanding of the nature of this procedure and the possible side-effects.

If you have any questions or there are terms used which you do not understand, please contact Dr Paul Belt's office.

BREAST AUGMENTATION

Breast augmentation is a surgical procedure whereby an enlargement is performed to a woman's breast to enhance her body image and to improve her self esteem.

Breast augmentation has been performed for more than forty years. Many developments have occurred both with the surgery, and type of prostheses used, to make this a much safer operation than previously.

Women seeking breast augmentation fall into one of two main groups.

Firstly, there are women who have lost breast volume as a result of pregnancy and / or breast feeding.

Secondly, there are women who naturally have smaller breasts.

Your reasons for considering surgery are very important. Both you and the surgeon should consider these factors together.

Specifically, you would need to consider the following;

- Is breast augmentation something that you have considered for a while or have you made the decision during a time of emotional upheaval?
- Have you reached a stable body weight or are you hoping to lose weight in the future?
- Have you had previous pregnancies and lost breast volume as a result of these?
- Are you contemplating breast augmentation to please yourself or to please somebody else?

- Do you have an image of how you would like your breasts to look? If you do have specific photos of how you would like your breasts to look, please bring these to the consultation.
- Do you have any physical or psychological problems that may impact upon your surgery?
- Are you planning any future pregnancies?

What makes an attractive Breast

- A gentle slope from the shoulder to the peak of the breast. Roundness in at the top (upper pole) of the breast is a giveaway.
- The nipple is located on the centre of the breast mound and tilted slightly upwards and outwards.
- A gentle arc from the nipple to the chest wall underneath the breast.
- A good cleavage
- A silhouette line so that when standing front-on, a gentle bulge is apparent on the side of the chest wall.

YOUR CONSULTATION

Most patients are usually seen for two consultations in order to ensure that there are no misunderstandings or burning questions that have not been answered prior to proceeding with the surgery.

At the first consultation, you will have the opportunity to meet your surgeon.

The consultations are performed purely by the surgeon and not by any nurse or other practitioners.

Dr Belt will discuss the reasons for wanting breast augmentation with you, and you will also begin to learn more about what the surgery involves.

During this first consultation, Dr Belt will examine your breasts; discuss your past medical history, with questions specifically related to any possible predisposition to breast disease.

Dr Belt will also explain the options and complications of this surgery.

Dr Belt will also enquire as to whether you have had any previous breast surgery or breast biopsies.

If you have ever had any previous **X-Rays or mammograms** (breast X-ray), please bring these with you to the consultation.

Dr Belt will also ask if you have a family history of breast cancer.

Dr Belt will also specifically ask about past pregnancies, the number of children that you have, and if they were breast fed.

A comprehensive breast examination will be performed and will exclude any co-existent breast disease, including cancer, to assess for signs of asymmetry, whilst also assessing your suitability for breast augmentation.

If possible, please bring your **significant other or partner** to this consultation. Please also bring photos of desired breast size and shape. It would also be beneficial to bring a **sports bra** of the approximate volume that you would wish to achieve. This makes it easier to fit and trial implant sizes.

If possible, bring this sports bra in a dark colour, as this is less exaggeration due to the bold bright colours.

THE OPTIONS FOR BREAST AUGMENTATION

There are essentially three main decisions which need to be made.

These are as follows:

1. The incision used to place the breast implant
2. The position of where the breast implant will be placed
3. The implant itself

After your consultation, the surgeon will give you advice as to whether he feels that these decisions are appropriate for you, and it is important that you realize that the final decisions are yours and yours alone.

The ultimate decision is yours, and Dr Belt will only guide you through the decision making process.

Incision Location

The location of the incision is based under personal preference, body type and also Dr Belt's recommendation.

There are three types of incision:

1. The most common incision used involves the inframammary fold. This is an incision placed in the crease underneath the breast. When standing, the breast will fall over the incision, and therefore it will not be visible. It may be possible to see the incision when lying flat.

When the breast is made larger, the breast may increase in every dimension, and therefore occasionally the breast will have to be lowered with respect to its position on the chest wall.

The advantage of planning and placing the incision accurately in the fold will usually result in the scar being hidden by the breast falling over the top of the scar when standing.

2. A periareolar incision (around the nipple areola complex) means that the scar will be concealed by the colour of the nipple areola complex.

This is a particularly good incision if the patient needs a breast uplift (mastopexy) at the same time. There may be slightly reduced sensation and ability to breast feed with this incision choice.

3. An incision placed in the armpit, under the arm, means that you will not have a visible scar on the breast.

There will be a visible scar in the armpit when the arm is lifted.

This incision is only used if the implant is being placed beneath the muscle.

A fourth incision type is possible with an incision being placed around the umbilicus (belly button). This is not an incision which Dr Belt uses as the great distance of the breast from the incision can reduce the ability to control bleeding and to position the implant correctly. The risk of implant misplacement is unacceptably high, and this type of incision is only suitable for saline implants.

Implant Location

There are four choices to as where the implant pocket can be created.

1. The deepest pocket is created underneath the muscle (submuscular plane).

This is more painful post-operatively, but is generally safer with respect to minimizing any potential problems with implant rupture or deflation. This placement will cause a muscle “jump” with certain chest exercise. It is therefore not recommended for patients who perform regular rigorous physical activity, particularly involving the chest muscles.

This is a particularly good placement if you have minimal breast tissue.

In patients who have a degree of breast ptosis (breast droop) it may be necessary to have an uplift as well, in order to avoid the “snoopy nose” deformity with a submuscular placement.

2. The second choice is whereby the implant is placed directly under the breast tissue itself (subglandular plane). This is only possible in patients who have a reasonable breast volume in order to avoid seeing and feeling the implant edges.

This is a less painful implant pocket location.

3. The third option is to place the implant beneath the fascia which lies on top of the muscle (subfascial plane). This is essentially the same as placing it on top of muscle, although there is an additional film of fibrous tissue which can help to conceal the implant.

4. A “dual plane” pocket can be created whereby the implant is placed partially deep to the pectoral muscle in the upper pole (top) of the breast where the implant edges tend to be most visible. The lower part of the implant is placed in the subglandular plane.

This placement is best suited to patients who have insufficient tissue to cover the implant at the top of the breast, but who need the bottom of the implant to fully expand the lower part of the breast due to droop or a tight crease under the breast.

This position minimizes the rippling and edge effect in thin patients whilst avoiding abnormal contours in the lower part of the breast. This surgery is more complex and can result in visible deformities in the pectoralis muscles when they are contracted.

Type of Implants

The four features to consider when choosing an implant are as follows:

1. The material that is used for the fill of the implant, either silicone or saline
2. The surface of the implant, either textured or smooth
3. The shape of the implant which can be either round or anatomical
4. The profile of the implant. This will reflect the projection of the implant, which will ultimately affect the protrusion of the breast.

All the implants have synthetic shells and therefore all implants have will some silicone within the outer shell.

When you see Dr Belt, he will guide you through the decision making process as well as the advantages and disadvantages of each choice.

Dr Belt will indicate which implants will produce the desired result for your specific procedure.

PREPARATION FOR SURGERY

Once you have had two consultations and have decided to proceed with breast augmentation, you will be given instructions that will make the surgery and recovery period go as smoothly as possible.

Prior to undergoing surgery you should have thoroughly discussed the procedure with Dr. Belt, including the potential risks and complications. It is important that you ask any questions at the time of the consultations.

Occasionally, other tests may be required.

Pre-operative Assessment

Depending on your age, a pre-operative ultrasound or mammogram (breast X-ray) may be required to obtain a baseline investigation.

In addition, some blood tests may also need to be performed in certain individuals.

It is important that you disclose the following information to Dr. Belt :

- Any medications you are taking including herbal remedies (esp. high dose Vitamin E, ginko, ginger, Fish oil and guarana),
- Any previous surgery,
- Family history of breast cancer and the results of any previous mammograms or ultrasound scans
- Any allergies,
- Any past medical problems or diseases,

Questions to ask yourself before surgery ?

Answer these questions honestly. If you have concerns with your answers, discuss them with Dr Belt at your next consultation.

- Why do you want to have breast surgery ?
- How do you feel about your body image now ?
- Is anyone prompting you to have surgery when you do not really want to ?
- Are you prepared to handle a complication if something goes wrong after surgery ?
- Are you a perfectionist, and do you find minor flaws with many parts of your body and with your life ?

- Are you currently suffering from an emotional or psychological disorder ?
- Did you recently experience a stressful event or crisis, like a divorce or loss of a loved one ?
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Pre-operative Instructions

Dr Belt will advise you to cease any blood thinning agents, or non-steroidal anti-inflammatory drugs prior to the surgery. These should be ceased a minimum of 10 days prior to your surgery. It is also advisable that you cease smoking prior to your surgery as this reduces blood flow, impairs wound healing and may cause some anaesthetic problems.

If possible, it is also advisable to cease the oral contraceptive pill six weeks prior to surgery, as this can have a slightly higher risk of clots forming in the calves during the surgery.

This risk however is very small, and active measures are taken, when possible to reduce clot formation in the form of stockings and compression devices for the calves.

Remember, that if you do stop the pill, there are other side-effects for stopping the pill and alternative contraception would need to be employed.

Fill any prescriptions for painkillers and antibiotics prior to your surgery. Make arrangements for someone to drive you to and from the operation and have someone to be with you for the first 24-72 hours after the operation.

Set up a home recovery area with lots of pillows, books, magazines, TV, remote control, videos and CDs. Drink plenty of fluids in the 24 hours prior to surgery. Get a good night's sleep the night before surgery.

The day of your Operation

On the day of your procedure, you should be both mentally and physically prepared for your surgery. Try to stay calm and relaxed and co operate with the staff at the Hospital who will be caring for you.

Follow Dr Belt's instructions on what to eat and drink on the day of surgery. You must stop eating 6 hours prior to surgery and stop can drinking 4 hours before surgery. You should only drink clear water between 6 and 4 hours prior to the surgery.

Wear comfortable loose clothing that is warm and is easy to get into and out of. Slip on shoes are also preferable.

Do not wear any jewellery, nail polish, makeup, deodorant, hair gel or hair spray on the day of surgery.

You will need to complete an admission sheet detailing your past medical history. The surgeon and the anaesthetist will see you before your procedure.

Expect to spend about an hour in surgery. You will then be taken to a recovery area.

Post-Operative Period

Dr Belt will also give you a post-operative wound care instruction care sheet prior to your surgery so that you can be prepared prior to the procedure itself.

You would be advised to have at least two support bras with no underwire.

The specific bras and the retail outlets that we recommend will be given to you pre-operatively by Dr Belt's office staff.

The Surgery

On the day of the surgery you will be consulted pre-operatively and your breasts will be marked.

The marks will indicate the proposed implant site and also the existing creases under the breast and incision site that will be used.

During the operation, an incision is made, a pocket created and the implant of your choice will be inserted.

Sutures will be used to close the wound in four layers. All of these sutures are dissolvable and do not need to be removed.

A dressing is then placed on the wound. This will be left in place for 24 hours and Dr Belt will see you either as an inpatient or as an outpatient 24-hours following the surgery.

After one day, the outer bra and dressing will be removed, leaving only a simple tape dressing covering the wound. This wound is then left, and you are advised to keep this wound clean and dry for 48-hours following surgery.

You will then be reviewed one week following the surgery and the remaining tape will be taken off and changed.

You will be advised that this tape should be changed and replaced using Micropore or Hyperfix tape and this will be changed at least once per week for a further six weeks.

For the first two weeks, we also recommend placing a piece of tape across the centre of the chest. Dr Belt does advise that no underwire bras be worn for six weeks and that a special post-operative support bra be worn day and night for this period.

Generally, no drains are used and no sutures are required to be removed.

Post-Operative Period

You will remain in a recovery area for up to 4 hours after the procedure. Your support person should be responsible for picking you up from the surgery on the day of your operation. They will also have to make themselves available after surgery.

Dr Belt will see you before you leave the hospital. It is important you follow his instructions to the letter.

You will be given a prescription of antibiotics to take for five days following the surgery as well as strong pain-killers. You will be reviewed one and seven days following the surgery, and then normally at six weeks, three months and six months, depending on your preference and the ease of travelling to Dr Belt's rooms.

You are given a specific set of post-operative instructions, which will be given to you prior to your discharge.

You may find that you are a little emotional and teary after your surgery. This is quite common and is perfectly normal.

It is important that you stay hydrated by drinking plenty of fluids after the operation. Avoid strenuous athletic activities for at least 6 weeks after the surgery.

Important

Please contact Dr Belt immediately if you experience any of the following:

1. Sudden increase in pain, swelling or asymmetry
2. Fever or rashes at any point, particularly within the first 24-hours
3. Excessive pain, nausea or vomiting
4. Any concerns which you feel are abnormal as per Dr Belt's post-operative instructions

The Healing Process

The breast will heal over a period of time following your surgery.

During the natural healing process, scar tissue will form. This will form at both the point of the incision and around the implant.

In a smooth implant, it is important to massage the implant after the surgery in order to prevent scar contracture.

Returning to Normal Activity

You may plan a graduated return to normal activities at a slow and incremental pace.

It is possible to return to work within a week of the surgery (depending on the nature of your occupation).

You may begin light exercise approximately one week following surgery.

Lifting and strenuous movement should be restricted for several weeks. As a general rule, be guided by pain and if certain exercises cause pain, then stop performing these.

You will be able to return to full activities by the end of the six week period.

Breast Health Following Augmentation

It is important that you resume normal breast health treatment as this is still as important as it was prior to your surgery.

This means that you should have regular mammograms and ultrasound scans as dictated by your GP, breast surgeon or Dr Belt.

It is also important to perform monthly breast examination.

Self breast examination should be performed standing in front of a full length mirror and lying down. Any abnormalities should be checked by Dr Belt, your GP or a breast surgeon as soon as possible.

In the future, if you are having any breast screening, it is vital that you mention that you have had previous breast augmentation performed.

SOME IMPORTANT FACTS REGARDING BREAST AUGMENTATION

Breast Cancer

Prior to proceeding with breast augmentation, it is vital that you are aware of certain scientific facts.

At this stage, there is no association between breast augmentation and breast cancer. However, there have been some studies performed that have shown that women with breast augmentation detect breast cancer at an earlier stage. There are also some studies that suggest that breast augmentation may even be a protection against breast cancer. This has not been shown to be the case in all studies.

Breast cancer can be detected in the augmented breast.

It is important that whenever that you are undertaking a breast examination or investigation (such as ultrasound) that you inform the examiner, doctor or radiographer that you have had a breast augmentation.

Due to your augmentation, specific X-Rays will need to be taken called AKLUND views. These will display the breast and the implant, allowing the normal breast to be properly visualized.

Breast implants may obstruct x-rays from penetrating all of the breast tissue. Implants placed under the muscle produce less obstruction than those placed under the breast tissue itself, but will still cause some obstruction to the imaging of breast tissue.

Mammograms and ultrasounds are still possible, although a portion of the breast gland can at times be camouflaged by a breast implant. This may be up to 10% of the breast. Cases have been described of implant rupture with mammography and therefore it is important that the radiologist or radiographer performing your procedure is aware of the presence of the implant.

In older implants, particularly where the implant may have ruptured, silicone may leak into the breast and may cause silicone lumps (granulomas). Sometimes specific X-rays or other tests such as biopsies may be necessary in order to exclude cancer in these lumps.

Further Surgical Procedures

It is important to note that many women who have breast implants will require further breast implant surgery throughout their lives.

This may either be due to the natural aging processes, or problems related to the implant.

Other reasons for having further breast surgery include capsular contracture. It is important that you consider that the initial breast augmentation operation may not be your only operation.

Collagen Disorders and Autoimmune Diseases

In the mid 1990's there was much speculation about arthritis, various collagen disorders and muscle disorders being due to breast augments being filled with silicone.

Silicone is widespread throughout all medical devices.

It is even used with syringes and intravenous lines.

At this stage, there is no evidence that silicone causes autoimmune diseases.

Breast Feeding

Not every patient having a breast augmentation will be able to breastfeed.

There is no direct evidence that breast augmentation will interfere with the ability to breastfeed, however this risk may be increased if the periareolar incision (around the nipple) is used.

Changes in nipple sensation may affect the ability to breast feed, If nerve damage occurs during breast augmentation surgery, and nipple sensation is altered, breast feeding may be uncomfortable.

Complications

As with any surgery, breast augmentation carries specific risks.

These can be broken down into complications which can occur with any operation and specific risks related to breast augmentation.

General complications involve:

1. Infection. Infection is significant risk for breast augmentation. The reason for this is that if an infection becomes established around the artificial material of the implant that it may be impossible to eradicate unless the implant is removed. This surgery will require the involved implant being removed for a period of six months and replaced with a new implant once

signs of infection have completely settled down. If the infection is not treated early, it can be potentially life-threatening.

Every precaution is taken to minimize the risk of infection. This includes showering prior to surgery with an antibacterial soap, IV antibiotics used during the operation and for a further five days of oral antibiotics days following the surgery. In addition, sterile dressings are placed over the nipples at the time of surgery to reduce the potential of the implant placement causing massage of milk or fluid through the nipple, which may potentially be contaminated with bacteria.

If any sudden increase in pain develops following the surgery, it is vital that you contact Dr Belt immediately.

2. Bleeding and Haematoma formation. Post-operative bleeding can be caused by many factors. It is important that you avoid blood thinning agents prior to the surgery as will be directed by Dr Belt. Certain non-prescribed medications such as St John's Wart, fish oil, high dose Vitamin C, and garlic may also be associated with increased risk of bleeding in patients. It is also important to limit activity and exercise in the post-operative period to reduce the risk of bleeding. If bleeding does occur, and blood envelops the implant, this may require a return to theatre and evacuation of a haematoma (a collection of blood under the skin).

Once this occurs, there is an increased risk of infection and higher risk of capsular contracture.

If excessive bleeding occurs, increased pain is experienced, or if an increase in size occurs with subsequent asymmetry of the breasts (more swelling on one side compared to the other), please contact Dr Belt immediately.

3. Scarring and abnormal scars. A scar will develop around the incision site.

Depending on the incision that is employed, this scar will be visible during certain times depending on your posture.

The scar will mature over a period of 12 months and may be initially red for the first six months.

Ultimately, a thin white scar should result.

Certain people are predisposed to having significant scarring. These resulting scars are termed hypertrophic or keloid scars.

This can be treated with special silicone gels, paper tape, and occasionally steroid injections. In extreme cases, it may be necessary to excise the scar and revise the scar.

The indications for the various incisions and the potential scar that you achieve will be discussed with Dr Belt on your second visit.

Specific Complications

These are complications that are specifically related to breast augmentation procedures.

Implant Related Problems

1. **Implant Migration or Malposition.** If a patient experiences a haematoma after the procedure, it is possible that the pocket dimension may increase in size. Usually, the pocket is made to the precise size of the implant. An implant may rotate if the pocket is too large. This is not a problem with a round implant but a re-operation may be required for an anatomical implant, if the implant becomes malpositioned such that the tear-drop shape is no longer in line with the natural breast shape.
2. **Implant Extrusion.** If the wound breaks down and the implant becomes exposed, this may result in infection and require the implant to be removed. This is a very rare complication.
3. **Implant Failure.** Very rarely, an implant may deflate and rupture.

Saline implants can have an approximately 5-20% chance of failure of the implant. The implant will leak and the saline within the implant will gradually and safely be absorbed by the tissues.

This may be caused by rupture of the wall of the implant or failure of the valve mechanism used to inflate the implant.

The saline that is absorbed by the body is completely harmless and will cause no adverse effects. There will obviously be marked asymmetry with the deflation which will require replacement of the implant.

The newer silicone implants use a thick gel. This cohesive gel should not leak into the natural breast tissue. The manufacturers claim that even if the outer shell were to rupture, the implant itself should be contained, the normal shape maintained and reduce the risk of migration of gel into the tissue.

With older implants, there is always the chance that the silicone gel would be absorbed into the tissue causing lumps (granulomas or siliconomas).

Some implant companies will offer a lifetime replacement warranty with certain cohesive gel implants.

Capsular Contracture

When any foreign body is placed into the body, it forms a scar layer around the structure. This scar layer will deteriorate over a period of time and usually remains soft.

In extreme cases, such as when there is infection or haematoma formation, the capsule may contract, causing the implant to feel hard.

When this occurs, it may be necessary to remove the capsule and / or replace the original implant. In addition to the implant feeling hard, there may also be distortion of the shape. Textured implants have a low rate of capsular contracture, but may also cause some problems with visibility at the edge of the implant.

It is important that the instructions are followed regarding smooth implants with daily massage to minimize this risk.

Massage is not required for textured implants.

It is important that blood thinning agents such as aspirin are not restarted the first few weeks following surgery.

Rippling

Rippling occurs when the filling inside the breast implant shifts and creates a fold or wrinkle in the outer silicone shell, or when adhesion to the envelope restricts movement. The resulting ripple can be felt, and sometimes seen on the outer surface of the breast.

Rippling is seen less frequently in silicone- filled implants (compared to saline – filled), smooth implants (compared to textured) and in those positioned in the submuscular plane.

The external visibility of an implant will be influenced by the thickness of a patient's tissues on top of the implant. Rippling will be more noticeable on the outer and bottom sides of the breast as well as in the cleavage.

Rippling will be more noticeable if the implant is large and there is very little breast tissue, muscle and skin thickness over the implant.

Asymmetry

Many patients have subtle asymmetry of their breast wall and size with respect to the skin envelope and the breast volume. This should be pointed out prior to the surgery.

Occasionally, Dr Belt will place implants of a differing size and shape to correct this asymmetry.

It is possible that even with very precise surgical planning, minor degrees of asymmetry may persist following the operation.

In extreme cases, this may require a repeat operation to correct the asymmetry.

Asymmetry may also be caused by capsular contracture (see above).

Sensation Loss

Temporary or permanent loss of sensation may be experienced in both the breast skin as well as the nipple areola complex.

The nipple sensation is of three types; including tactile, erotic and normal sensation. Sensation may increase, remain the same or decrease.

No guarantee can be made as to the response or preservation of the sensation of the nipple or breast to the operation and therefore, if nipple or breast sensation is important to you, you should consider not proceeding with the operation.

Approximately one in ten patients experience permanent alteration in their nipple sensation.

Temporary loss in sensation may be due to the stretching the nerve that supplies the nipple (T4).

This sensory loss should usually return to the breast 6-12 months following surgery.

FREQUENTLY ASKED QUESTIONS

How Do I Choose the Type of Implant?

Dr Belt will discuss the nature of the types of implants and will advise you which implant will give you the size, shape and appearance that you are seeking.

It is important to bring a sports bra with you on the time of the first consultation so that the implants can be tried as a trial of the potential size.

When an implant is placed in this manner, it will generally exaggerate the size that will be achieved.

The most common complaint following breast augmentation is that the patients wish that they had gone larger. It is therefore advisable to err on the slightly larger rather than the slightly smaller implant in most cases.

Is Breast Enlargement Surgery Covered By Private Health Insurance?

In most instances, breast implant surgery is not covered by either Medicare or your Private Health Insurer.

There are exceptions and these are notably revision surgical procedures and occasional developmental abnormalities and / or breast asymmetry.

Please seek information from Dr Belt as to whether your surgery will attract a rebate.

How long will it be before I can resume normal activities?

Following surgery, Dr Belt will provide you with instructions regarding your return to normal activities including sporting and sexual activity.

Generally, you should be able to return to full normal activity within six weeks.

Let pain be your guide, and if pain starts in the post-operative period, it is important that you stop the aggravating exercise.

How Long Can I Expect To Be Off Work?

This depends on the nature of your job.

But generally most patients can return to work within a week or two.

More physical occupations may require up to six weeks off work.

Are There Any Stitches to be Removed?

The stitches that are used are dissolvable and therefore do not require specific removal.

How is the Operation Performed?

The operation is performed by the surgeon making an incision, creating a pocket and then placing the implant of your choice. The site of incision choice is through the nipple, under the armpit, or through an incision underneath the breast.

The implant can be placed either underneath or above the muscle. The implants come in many different types, either silicone or saline, round or anatomical (tear-drop shaped) and can have either a smooth or rough textured surface.

Implants will also vary due to the projection of the implant, and this is reflected by the profile of the implant (low, moderate or high). Dr Belt will guide you through this decision making process, and help you make the best decisions for you operation to give you the result you are seeking.

What is the Implant Made Of?

The implant is made of a soft outer shell that is filled with either a silicone gel, or a sterile saline solution. There is no evidence that silicone gel in the body causes cancer or is related to any other disease processes, as previously discussed above.

How Will I Feel After the Operation?

A general anaesthetic is undertaken and therefore some patients may feel sick or unsteady following the surgery. This anaesthetic generally wears off 24-48 hours following the procedure. Pain, discomfort and swelling may be experienced and this is quite natural and should wear off within the first seven days.

Further pain, asymmetry or swelling is usually an abnormal sign and should be relayed immediately to Dr Belt if any of these symptoms are experienced.

How Long Will it Take For the Swelling to go Down Following the Surgery?

The swelling will settle down within a period of six weeks, however most of this swelling should abate within the first week of surgery. Over a long period of time, the implant presses deep within the breast such that it may cause thinning of the natural breast tissue. After many years, the natural breast may also look smaller.

Do I Need to Wear Any Special Bra After the Operation?

It is important that the wounds are taped with Micropore tape and that the support bra is worn day and night for six weeks. It is important to avoid wearing an underwire bra for the first six weeks.

You should wear a bra that fastens or zips up from the front. This makes it easier to dress when movement of the arms is painful after the surgery.

Does the Implant Prevent Breast Feeding?

Some patients who have a breast augmentation will not be able to breast feed following the surgery. However, in the majority of patients, breast augmentation does not affect your ability to breast feed.

However, volume changes do occur with breast feeding and it is important that you are aware that many women even without breast augmentation may require surgery to their breast to restore the pre-pregnancy breast volume and shape.

If you are planning a family in the near future, it would probably be wise to have your children and breast feed prior to having a breast augmentation performed.

Is Breast Augmentation Surgery Dangerous

Any surgery carries with it inherent risks.

Every effort is made to prevent these risks; however they can never be fully eliminated.

There are potential risks with any operation, and also there are also some specific risks associated with breast augmentation. Dr Belt will explain these to you. It is important that you check the credentials of the surgeon and check that they are a properly trained plastic surgeon (a member of the Australian Society of Plastic Surgeons or ASPS) and also check the credentials of the anaesthetist. (www.plasticsurgery.org.au)

Will I Lose Sensation to My Nipples Following Surgery?

It is possible that a temporary loss of sensation may occur due to stretching of the nerves.

This should recover over a period of four to six months.

In some extreme cases, sensation loss can be permanent. It is also possible to lose sensation to the breast tissue itself.

How Long Do the Implants Last?

We are now using fourth or fifth generation implants. These are made of thick shells and thick gels. These employ the latest developments in breast implants are based on extensive implant research. These implants have been available since the beginning of the millennium and are much longer lasting than previous ranges available to us.

The previous generation of implants lasted an average of 15 years.

You should not consider the implants to be lifelong and further surgery may be required in the future if complications are experienced.

What Holds Implants in Place?

During the natural healing process, the body will form a scar. The implants will also be held in place by the thick tissues on top of the breast, and the breast tissue itself and / or the pectoralis major muscles.

The wound is closed meticulously using four layers of sutures and this will generally hold the implant in place until the scar matures.

Does This Surgery Leave Unsightly Scars?

Some people are predisposed to poor scars and such individuals should consider the potential of poor quality scarring before the operation is performed. Most patients develop a very thin white scar. If you have experienced any problems with your scarring in the past, you will need to point this out to Dr Belt prior to your surgery.

If the quality of the scar after the surgery becomes abnormal or thickened, it is also to report this to Dr Belt at an early stage. Preventative steps can be employed to minimize the scarring

What Happens After Surgery?

Patients may go home on the day of surgery or remain overnight. They will then either be reviewed in hospital or in the rooms the day after surgery.

No drains are used in routine cases.

You will be sent home with a prescription for strong antibiotics and painkillers to take for the first five days. A simple dressing is placed over the wound the day after surgery.

You will then be placed into a special support bra and be advised to use a special tape on the wounds for a further six weeks. You will be seen regularly by Dr Belt. The cost of these ongoing consultations will be covered by the operation.

How Much Does the Procedure Cost

Please contact Dr Belt's rooms on 3852 6800 or at admin@paulbelt.com.au. You will be sent a specific quote for your operation.

Different implants have differing prices and this will affect the overall cost of the surgery.

A precise quote will be given to you prior to the surgery.

There is no fee for the consultation and there is no obligation to continue with the surgery following your consultation.

Is There a Fee to See Dr Belt for a Consultation?

You will see Dr Belt personally for your consultation and Dr Belt does not charge a consultation fee for a breast augmentation.

Do Breast Implants Cause Cancer?

There is no evidence of a link between breast cancer and breast augmentation. Approximately one in eight women will experience breast cancer, and therefore there will obviously be some women with breast augmentation who will be diagnosed with breast cancer.

It is important that every woman follows the standard advice regarding breast screening, as they are at the same risk as the rest of the population to develop breast malignancy.

Can I Expect any Problems With my Breasts Following the Surgery?

The vast majority of patients who undergo this procedure experience no complications.

However, complications can occur, and although every step will be taken to minimize the risks, it is important that you consider the potential risks before continuing with any surgery.

Please contact Dr Belt at the time of your consultation if you have any past medical history that you feel would expose you to any increased risk of complication during surgery.