

Ms Judith Hunter MA MB BChir MD FRCS (Plast)

Consultant Plastic Reconstructive and Aesthetic Surgeon

9 Harley Street

W1G 9QY

PATIENT INFORMATION

Bilateral Breast Augmentation - Breast Implants

Aim of Surgery

Implants are used to enlarge your breasts and may create a subtle uplifted appearance too. Generally, small scars are placed in the fold under the breast to achieve this. Implants can be placed under the breast tissue only (sub glandular), under the chest muscle (sub muscular) or partially under the chest muscle (dual plane). This depends on your natural breast shape and your desired outcome, Ms Hunter will advise you which type she would recommend for you. Typically Ms Hunter uses round textured implants as these give fullness in the upper part of the breast which most patients are keen to achieve. Teardrop shaped implants are also available but Ms Hunter tends to use these for reconstructive rather than for cosmetic purposes.

What to Expect

Bilateral Breast Augmentation is performed under general anaesthetic and takes around 60 minutes. A general anaesthetic means you are fully asleep. You must not eat or drink anything other than water for 6 hours beforehand; you can drink water only from 6 hours up to 2 hours beforehand. You will have a pre-op assessment and occasionally blood tests are taken. Typically this operation is performed as a day case. You will be fitted with a supportive bra at the end of the operation and you will need to continue to wear it for six weeks, day and night. You will be walking immediately afterwards. You should expect to take 1 - 2 weeks off work and you will need to avoid heavy lifting or upper body work at the gym for a month. You should also not drive during this time. Usually we will arrange for you to be seen by the nurse for a wound check at one to two weeks after the surgery and Ms Hunter will see you then at around six weeks after the surgery.

CONTACT: Concerns or Queries

Sophie Freud – PA to Miss Hunter:

Tel: 07980 307829

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Post-Operative Instructions

You will be able to walk straight away but you need to avoid excessive upper body work as explained above for one month. You can remove your supportive bra to shower but should otherwise wear it at all times, including sleeping in it at night. You will be able to shower straight away; there will be dissolving sutures underneath the scars which will be waterproofed with glue and covered with tape. After showering, pat the tape dry with a clean towel or dry it with a hairdryer on a cold setting. Do not remove the tape - we will do this at your first clinic appointment a week after the surgery. Do not soak in a bath for a minimum of 2 weeks - the wounds need to be completely healed first. Avoid swimming for 6 weeks.

At your first clinic review we will check the wounds and then re-tape them. At this stage you can keep showering and drying as above. The tapes will then slowly peel off and can be trimmed if needed. Once all the tape has come off - usually at 2-3 weeks - and all the wounds have healed, you can start to moisturise and massage the scars. This can be done twice a day with any moisturiser that suits your skin. After six weeks you no longer need to wear the bra at night and can be fitted for a normal bra but it is advisable to avoid under-wires until 3 months after surgery.

Complications

Of the General Anaesthetic

It is possible to get a blood clot in the legs or lungs or a chest infection after any general anaesthetic although there is a low risk of these and we do everything we can to prevent these problems. You will have compression stockings on and calf compressors on during the operation and you should walk around as soon as you can after surgery.

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Your anaesthetist will talk to you about the general anaesthetic if you have any particular health concerns.

Of any Operation

Bleeding: You will be a little bruised and swollen after the surgery. It is unusual to have excessive ongoing bleeding, if this happens, the affected breast will swell up soon after the procedure. It is possible, although rare, that you would need to go back to the operating theatre for this to be fixed. It would be very rare to need a blood transfusion.

Scars: Scars are usually placed in the fold under the breast, the infra-mammary fold (IMF) and are around 6cm long. Scars will be red and raised to begin with and can take up to 18 months to really settle down. Even when faded, they will always be there if you look closely enough. Moisturisation and massage helps to mature the scars but should not be started until the wounds are completely healed. It is possible to have problematic lumpy scars, particularly if you have darker skin, and you will be given advice on this.

Infection: We take all possible steps to avoid infection. You will have antibiotics around the time of the operation and will need to take them at home too. If an infection gets onto an implant, this is a real problem and may mean that the implant needs to be removed.

Pain: This should be controlled with painkillers. You will be sent home with some which you should take regularly for the first few weeks, afterwards you can take them as and when you need. Simple painkillers such as paracetamol and ibuprofen should be all that you will need after the first week.

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Specific to Breast Augmentation

Asymmetry: No two breasts are identical to start with and there might be subtle differences between the breasts afterwards too.

Seroma: A collection of fluid can occur around the implant after surgery, more commonly in people who have had breast surgery before. This sometimes needs to be drained with a needle in clinic or in the ultrasound scanning department.

Numbness: You may notice that you have some numbness around your scar to start with. It is possible but unusual to have some change in sensation to your nipples.

Implant Issues

Wrinkling/Palpability: You will be able to feel the edges of the implant if you try hard enough or if you are very slim or have quite big implants, it may be easier to feel or even see the implant edges.

Rupture: Implants are made of silicone, typically they have a silicone textured shell and a cohesive silicone gel inside. This gel can leak through the shell if the implant ruptures. There is around a 1% chance of this happening for every year the implant is in place. If this were to happen you would notice that the affected breast would swell up. This is not an emergency but you should seek help from your surgeon who is likely to organise a scan. If the implant is shown to be leaking it would need to be removed. The silicone itself is an inert or non-reactive material, there was some concern in the 1990s that leaking silicone could cause problems such as arthritis but there has been no evidence since to support this.

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Capsular Contracture: With time your body will create scar tissue around your implants, this is normal and is called a capsule. Usually this will stay soft but can over time, perhaps in 10 - 15 years, start to tighten; this can compress your implant and may make your breasts seem misshapen, firm or can even be painful. At this stage, the implants should be removed; the scar tissue can be dealt with and, if you wish, new implants can be placed. It is important that you realise that we don't expect the implant to last for the rest of your life and you may need surgery again years later.

ALCL (Anaplastic Large Cell Lymphoma): This is an extremely rare form of lymphoma that has recently been recognised and is associated with some implants. Current evidence suggests that the risk is less than 1 in 40,000. If it does occur it is usually very treatable by simply removing the implant and its capsule without the need for chemotherapy or radiotherapy. It is very rare but has usually been noticed as a marked swelling of the breast due to a fluid collection several years after surgery. If you become concerned always seek advice from your surgeon.

Cancer Screening

You can still have screening scans for the early detection of breast cancer. The scans are done slightly differently so you will need to tell the person doing the scan that you have breast implants.

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