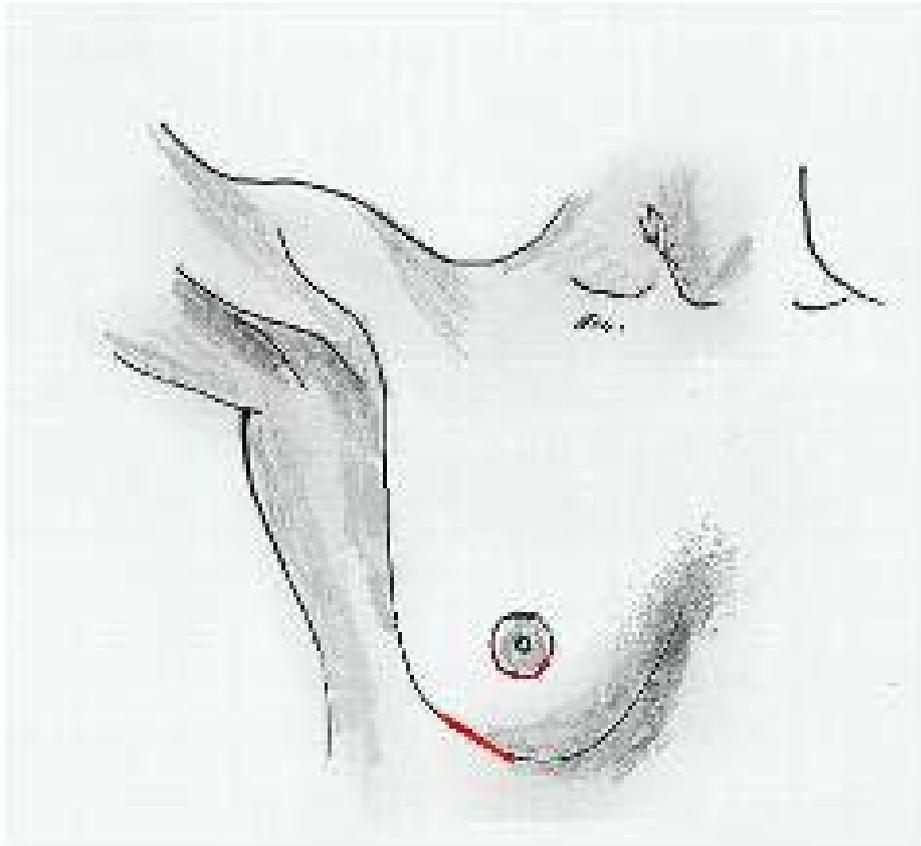


Breast augmentation is an operation to enlarge breasts, equalise two unequal breasts more, reshape and lift the breasts.

The scars from a breast augmentation can be:

- Under the nipple only
- Under the breast



The implants can be placed:

- Under the breast tissue only
- Under the muscle
- Dual plane (half and half)

Barbara Jemec will discuss and explain the best option for you with you at the consultation.

Breast augmentation is performed under General Anaesthesia and takes approximately 60 minutes. You may have a drain (thin plastic tube to drain away excess tissue fluid) from each breast, which is removed the same or the next day.

You can go home the same day or stay in overnight and you will have painkillers and antibiotics to take home.

The wounds are taped and you are advised to wear a supportive sports bra for the next 6

weeks, during which time you should avoid vigorous exercise. Depending on your job you should take 1-2 weeks off work.

The potential complications from breast augmentation surgery are:

- Bad scars (you will have scars but they may be usually not bad)
- A bleed in the breast which necessitates your return to theatre for the blood to be removed (this is always done from an incision underneath the breast as this allows best visualisation of the pocket for the implant)
- Infection (in which case the implant has to be removed and a new implant is inserted when the infection has definitely settled)
- Altered nipple sensation or even loss of nipple sensation
- Capsule formation/contracture (thick internal scar around the implant which can be felt, seen and may be painful)
- Rupture of implants (can happen if the implants are old)
- Visible rippling (if you are very thin)

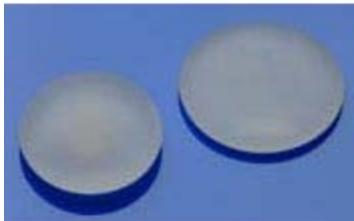
Detection of breast cancer is not affected by implants, you must tell the radiographer that you have implants and they will change the views taken accordingly for your mammogram.

Although pre existing asymmetry can be lessened, it can not be eliminated entirely by breast augmentation only.

Implants all have silicone shells, the inside can either be silicone gel or saline (physiological salt water). The new generation all have cohesive silicone gel which means that the gel does not run if the implant ruptures.

The shell is either smooth or textured. Textured implants are thought to produce less capsular contracture. Some implants have polyurethane shells which makes them less likely to produce a capsular contracture. They are usually only used for breasts which have produced capsular contractures with normal implants or after radiotherapy as they are firmer than other implants.

The shape of the implants is either round or teardrop/ anatomical. Which shape you choose depends on what breast shape you have and what breast shape you wish to achieve.



I use [Nagor Implants](#), which gives you a lifetime replacement policy.

For each 200 mls you will approximately go up one cup size, the volume needed to increase the cupsize is less for smaller breasts, more for bigger breasts. The projection of breast implants depends on whether they are low, moderate or high profile and the base width changes with the size of the implant. A bigger implant means a wider implant, unless they are custom made.

**This is why the optimal size of implants depends on the width of your chest.** Narrow chested girls cannot have very large implants, because the implants themselves are too wide and there is a chance of symmastia (mono-boob), because the implants lift the skin off the breast bone in the middle.

Presently, the recommendations are that you should have implants changed every 10 years or if they change consistency.