



Breast Augmentation- Mastopexy

Plastic Surgery

BREAST AUGMENTATION-MASTOPEXY OVERVIEW

What is the goal of an augmentation-mastopexy?

Augmentation-mastopexy (also known as a mastopexy-augmentation) is an operation indicated in women whose breasts have lost volume and have become droopy, often due to the effects of pregnancy and breast feeding or after weight loss. An augmentation-mastopexy is designed to enlarge the breast with the use of a silicone implant whilst also lifting the breast to enhance its shape and improve the position of the nipple. It is an operation indicated if there is insufficient breast tissue available to be lifted and tightened with a breast lift (mastopexy) alone or if a breast augmentation alone will still leave loose breast skin and/or a droop in the natural breast tissue over the implant.

It is effectively two different operations performed in sequence. The first involves the insertion of a breast implant either directly under the breast or under the muscle beneath the breast. The second involves repositioning the nipple, lifting and tightening the breast around the implant and reshaping the breast tissue. While the two procedures are usually performed as part of the one surgery, on occasion your Purity Bridge Consultant Plastic Surgeon will recommend that you undergo the breast augmentation and mastopexy as separate procedures. If this is the case, they are usually spaced 3 to 6 months apart.

What should I think about prior to my consultation?

Before coming to see your Purity Bridge Consultant Plastic Surgeon, you should think about what you are hoping to achieve from an augmentation-mastopexy. Points to consider can include:

- How much bigger would I like my breasts to be?
- Why do I want an augmentation-mastopexy?
- Are there any particular aspects of the appearance of my breasts I am unhappy with?
- Are there significant differences in size and shape between my breasts that I am unhappy with?
- Is my weight steady or am I continuing to lose weight as part of a diet or weight loss programme? If so, it is better to postpone surgery until your weight has plateaued for around 6 months.
- Am I considering having future pregnancies and breast feeding? While not an absolute reason not to have an augmentation-mastopexy if you are considering having children in the near future, it may be best to postpone an augmentation-mastopexy until afterwards. The hormonal changes of pregnancy

and breastfeeding affect the size and shape of your breasts and can stretch the breast tissue again.

- Why am I thinking of having the surgery at this time in my life? (You should not consider having cosmetic surgery if you are going through any instability in your personal circumstances.)
- What clothes would I like to wear after my surgery and how would I look?

What are the limitations of an augmentation-mastopexy?

The outcome of your augmentation-mastopexy will be partly determined by your breasts before surgery:

- If your breasts are widely spaced apart to start with, they are likely to remain widely spaced (although you will be able to move your breasts inwards with a bra to create a cleavage).
- If your nipples point in very different directions beforehand, there can be residual differences in nipple positions after surgery.
- If the creases below each breast are at different levels, a difference may remain after surgery.
- If you do not have much breast tissue to start with, the breast implant may be palpable (you may be able to feel it) and with time it may even become visible (you may be able to see the implant lying under your breast) – if you can feel your ribs with your finger beneath the breast or at the side of your breast, you will be able to feel the edge of your implant beneath your breast and at the side of your breast.
- If feeling an edge of an implant shell could be a problem for you, do not proceed with surgery involving an implant. Instead, you should consider a breast lift on its own without a breast implant. This will reshape and lift your breast and tighten your breast tissue but will not increase the volume of breast tissue that you have.
- Larger implants will stretch your tissues over time and will cause more tissue thinning and sagging than a smaller implant. Your tissues do not improve with age, and they will be less able to support the additional weight of any implant, especially a larger implant. In addition, a larger implant could put you at a higher risk of postoperative complications in an augmentation-mastopexy than a smaller implant. Therefore, in this operation it is important to understand that a sizeable breast enlargement is not advisable.
- If you want a totally natural breast, you should not have an augmentation-mastopexy, but alternatively should consider a mastopexy (a breast lift) without the use of an implant. This will reshape and lift your breast and tighten your breast tissue but will not increase the volume of breast tissue that you have.
- If you have excess fatty fullness around the sides of your breasts, going under your arms, a standard augmentation-mastopexy may not satisfactorily address this. Additional liposuction may be needed to achieve the best result possible.

- Augmentation-mastopexy may affect nipple sensation (for more detail please see below). If this is a problem for you, please think twice about having a mastopexy.
- Augmentation-mastopexy surgery always results in scars. If scars on your breasts are a problem for you, you should not have a mastopexy.
- Although breast feeding may be possible after an augmentation-mastopexy, there is a chance that the operation may affect your ability to breast feed. Therefore, if this is of concern to you, it may be better to wait until you have completed your family before having an augmentation-mastopexy.

What are the different types of implants used?

Implants come in different shapes and have different surfaces. Purity Bridge Consultant Plastic Surgeons only use silicone implants in aesthetic breast augmentation. This is because, in their opinion, these provide the best aesthetic results. We prefer more highly cohesive implants that retain their shape for the long term and are less prone to rippling. In some select circumstances, we may use silicone implants covered with a polyurethane shell.

Are silicone implants safe?

Silicone implants have been extensively tested, both in the UK and around the world and have been shown to be safe and have no link with breast cancer or connective tissue disorders (which were concerns in the past). Studies have shown that our bodies are exposed to far greater levels of silicone in everyday life than occurs when you have breast implants. For example, silicone is present in most daily bathroom products such as deodorants, hair products and moisturisers (if you look on the contents label and see words such as cyclopentasiloxane or cyclomethicone or similar, these are chemical names for forms of silicone).

What are the differences in the shapes of implants?

Anatomical implants (teardrop shaped)

These implants are breast shaped, so are fuller at the bottom and emptier at the top of the implant when under the breast. Anatomical implants used alone (without a breast lift) often result in a more natural looking breast, and can also help lift a breast that has a mild amount of droop.

Round implants

Round implants used in conjunction with a mastopexy can produce a very natural looking result as long as a modest sized implant is used that does not have too high a profile. This means that the implant does

not project too far away from your chest wall. Your Purity Bridge Consultant Plastic Surgeon will discuss with you in detail your goals of a breast augmentation and together with you work out what shape of implant fulfils your needs.

Who manufactures breast implants?

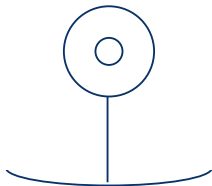
A variety of companies make modern day breast implants such as (in alphabetical order): Allergan, Mentor (a division of Johnson & Johnson), Nagor, and Silimed. All of these companies provide implants that are CE approved (i.e. the product has met EU consumer safety and health requirements). Modern implants are made from rigorously tested silicone gel, which is cohesive – this means that it is not a runny liquid (as was the case in old fashioned implants), but a firmer silicone that maintains its shape.

What incision is used for an augmentation-mastopexy?

Several different incisions (which will result in the final scars) may be used:

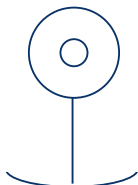
Inverted T scar (Wise pattern, anchor scar)

This is the most traditional way of performing an augmentation-mastopexy and leaves a scar around the areola (the pigmented area around the nipple), vertically down from the areola to the breast crease and then a final scar along the breast crease. It is most commonly used when there is a significant amount of skin redundancy, for example, after weight loss.



Circumvertical scar with short transverse scar

This is similar to the inverted T scar but with a very short transverse scar of only around 6 cm.



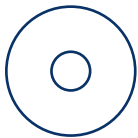
Circumvertical scar (vertical scar)

This is a technique that avoids the scar in the breast crease completely. Purity Bridge Consultant Plastic Surgeons use this approach when there is very little skin redundancy and the breast needs to be narrowed as well as lifted. Occasionally, a dog ear (puckering of the skin) at the lower end of the scar persists, and may need to be corrected under a local anaesthetic at a future date with this technique.



Periareolar scar

This technique results in a scar around the areola only. It is suitable for patients requiring a minor adjustment in nipple position with little skin excess.



Where is the implant placed?

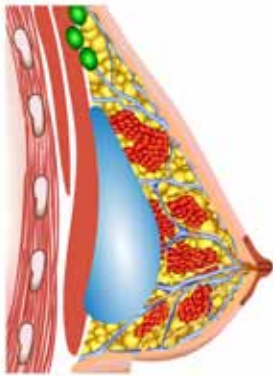
The implants are usually placed in a pocket created either under the breast or partially under the muscle that lies underneath the breast (the pectoralis major muscle). The decision as to which plane (position in relation to the breast) to use is arrived at by your Purity Bridge Consultant Plastic Surgeon following your examination and is principally guided by how much breast tissue you have to start with, as this will determine how much of your own tissue is available to cover the implant. If you have very little breast tissue or little subcutaneous fat, your Purity Bridge Consultant Plastic Surgeon will usually recommend a dual plane approach (described below), otherwise a subglandular approach may be appropriate.

Under the breast (subglandular)

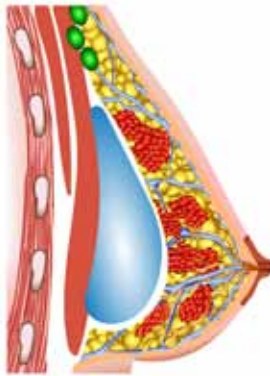
A subglandular pocket refers to one that is made on top of the pectoralis major muscle but under the breast gland. If you have enough soft tissue cover above your nipple, this option may be considered. It may also be an option depending on your breast size to start with.

Dual plane subpectoral pocket

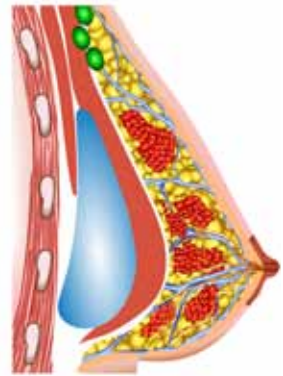
If you do not have enough soft tissue above your nipple, a dual plane approach is often recommended by your Purity Bridge Consultant Plastic Surgeon. A partial subglandular pocket is created over the lower part of the breast and then a subpectoral pocket (under the muscle) is created, with release of the pectoral muscle at its lower border. This allows good implant coverage of the upper pole whilst also allowing the breast gland to drape over the implant.



Placing the implant under
the gland



Placing the implant under
the fascia



Placing the implant under
the muscle

What size implants should I choose?

Your current breast dimensions, measurements of which your Purity Bridge Consultant Plastic Surgeon will make during your consultation, determine the range of implant sizes that may be suitable. Your preference for a modest, moderate or large augmentation will also help determine the size of implant chosen. Implants do not come in cup sizes, but in cubic centimetres (cc or mls). To confirm your choice of size, they will ask you to perform a rice bag test at home after the first consultation (see below). This gives a good indication of how the breast implants will look on you, and is something that can be done in the privacy of your own home.

As described above, an augmentation-mastopexy entails the combination of two operations in one: a breast augmentation which enlarges the breast, and a breast lift which tightens the breast over the implant. As you

can see, there are two opposing or contradictory forces at play in this procedure – an expanding force (the breast implant) and a tightening force (the breast lift). It is important to balance these forces safely, and this can best be done by not using a particularly large implant. Should a large implant be used, the tightening of the breast tissue over the implant will constrict the blood supply needed for tissue healing, and this in turn may lead to wound healing problems. Purity Bridge Consultant Plastic Surgeons therefore usually recommend a low profile or a moderate profile implant of a small to moderate size for augmentation-mastopexy and not a high profile or very large implant.

What measurements will be made during my consultation?

A female chaperone is always available for your examination. Your Purity Bridge Consultant Plastic Surgeon will make the following measurements when they examine you:

- The distance from the bottom of your neck to your nipple
- The distance from your nipple to the breast crease
- The width of your breast
- The distance between your breasts
- The thickness of your breast tissue (above and to the side of your nipple)
- The laxity of the skin of your breast
- Your chest wall circumference

No-one has two breasts that are exactly the same. Your Purity Bridge Consultant Plastic Surgeon will also assess any degree of asymmetry between your breasts as part of their examination. It is important to be aware that certain differences between your breasts will remain after surgery. So if, for example, one breast is slightly larger than the other before the surgery, there may still be a difference after the surgery, although as part of the mastopexy operation, adjustments in size may be possible to minimise this difference.

Photography

Purity Bridge Consultant Plastic Surgeons always take pre-operative photographs from a variety of standardised positions. These can be referred to with you during your consultation to point out various attributes of your breasts, as well as forming an essential part of your medical records. Your face will not appear in any of the photographs, and your consent for the photographs will be obtained.

THE RICE BAG TEST

Determining the correct size (volume) of implant is one of the most crucial decisions in your pre-operative planning. Ensuring you are happy with the size of implant that your Purity Bridge Consultant Plastic Surgeon has suggested is crucial. They will usually guide you towards a range of possible implant sizes. If they feel that your implant size wishes are unsuitable for your breasts, they will talk about this with you and explain why.

Implants do not come in cup sizes, but rather in volumes. So, how do you know what volume you need to get your desired result? A surprisingly accurate method of determining implant size is by doing a rice bag test. This is a test that you can do at home and one that will enable you to make pop sock “implants” filled with rice to estimate the right volume breast implant for you.

How to do the rice bag test (see page 11)

What you will need

- Measuring jug of around 500cc
- Rice, couscous or lentils (usually at least 1kg)
- Several pairs of pop socks
- A good quality sports bra that offers firm support with no under wires. This should fit you comfortably round the back, but be of the cup size you would like to aim for (for example, if you normally wear a 34A bra, but would like to be a C cup, you should wear a 34C sports bra)

How to make rice bag implants

At your consultation, your Purity Bridge Consultant Plastic Surgeon will have given you a range of implant sizes that may be suitable for you (for example 200cc to 250cc). You should make around three pairs of rice bags of the relevant sizes. The rice can be measured out in the measuring jug and then be poured into each pop sock in turn, marking their sizes on the rice bags. The pop sock can then be knotted to seal it and prevent the rice from spilling.

How to do the test

Once you have made up a selection of pairs of rice bags, you are ready to start: put on the sports bra that you hope to fill following the surgery. The matching pairs of rice bags should then be placed into your bra to simulate breast implants. You may need to adjust your breast and the bag so they fit comfortably. You should then look at yourself in the mirror from different angles in your bra, as well as with different types of clothing on to see what size you are happiest with, and what size fits your chosen bra. This exercise gives a good estimation of the breast implant size you will need.

What to do next

Once you are happy with the size of rice bag that works in your bra, you should note the result. Your Purity Bridge Consultant Plastic Surgeon will then be able to run through the sizing with you at your next clinic visit. You should bring the bra you have used for the rice bag test to your second clinic visit.

BEFORE & AFTER



GUIDE TO THE RICE BAG TEST



1. Rice, measuring jug, pop socks, post-surgical or sports bra



2. Measure rice out (300cc in this example) and fill the pop sock



3. Tie-off and label each pop sock, filling various sizes as discussed at your consultation



4. Wearing a sports bra, insert the rice bag in front of the breast



5. Adjust to comfort – ensure rice is evenly spread around



6. See how you look in the mirror – try on different tops

WHAT YOU NEED TO KNOW ABOUT THE SURGERY ITSELF

What happens when I get to hospital?

When you arrive at the hospital you will be shown to your room on the ward and a nurse will go through a detailed questionnaire assessing your health, your allergies and other relevant details (much of which will have been covered before with your Purity Bridge Consultant Plastic Surgeon). You will be asked to change into a hospital gown in preparation for surgery. Your anaesthetist will visit you to assess you prior to the planned general anaesthetic.

Do I see my Purity Bridge Consultant Plastic Surgeon before my operation?

You will always see your Purity Bridge Consultant Plastic Surgeon before your operation. They will spend some time reviewing everything you have discussed before and make sure you have no unanswered questions or nagging worries. Once you have confirmed you are happy to go ahead, they will ask you to sign a consent form. They will then carefully draw important markings on your breast and chest wall in planning for your surgery and may also take clinical photographs of your markings for your records.

What does the operation involve?

The procedure is performed under a general anaesthetic (with you asleep) with an overnight stay in hospital. You will be asked to arrive at the hospital around 2 hours before your operation and you should be starved for at least 6 hours before surgery. This means that you cannot eat or drink anything for 6 hours before your operation. You may, however, drink water up to 3 hours beforehand.

The operation involves making an incision into the breast to create a pocket (a space) in the plane into which the implant can then be inserted. This may be done through the transverse part of the scar (as described above) or the vertical scar, depending upon your surgical plan. Once this is done, a meticulous check to ensure there is no bleeding is performed prior to the insertion of the implants. The implant cavity is then stitched to seal it in place. Then an assessment is made of the amount of loose skin on your breast, in comparison with the pre-operative markings (this is known as tailor-tacking). Once the markings are

checked, the outer layer of skin is removed and the nipple then lifted to its new position. A small portion of breast tissue under the nipple is removed, which will enhance your postoperative shape, and then the breast tissue is carefully stitched together internally. Finally, the wounds are stitched using dissolving stitches, over which surgical tape is placed. You will then either be placed into a supportive dressing or a well fitting sports bra. Surgical drains may be used in some cases, which stay in for around 24 hours – these ensure any wound fluid produced is drawn away from the implants.

How long does the surgery take?

The operation itself takes around 2 to 3 hours. However, you will be away from your hospital room for longer than this, as it takes additional time to prepare for the general anaesthetic as well as prepare the operating theatre for your surgery and for you to wake up comfortably.

Will it be painful?

Most patients describe the feeling after surgery as being very tight, which is not unexpected, considering the nature of the surgery. You will be given painkillers to take after the operation, and most people find them helpful to take for a week or so following surgery. The area near your armpits where the drains come out (if used) may be uncomfortable for several days following your operation – this is nothing to worry about and settles down on its own. In addition, as your breasts heal, it is normal to experience occasional shooting pains or electric-shock type pains. These are caused by small nerve endings being trapped in scar tissue, and are only a temporary effect.

What else can I expect after surgery?

You should be able to get out of bed later on the same day or evening of surgery. The drains (if used) can be uncomfortable, but do not stay in for very long. You will also have compression stockings on your legs that will have been fitted prior to surgery – it is vital that you keep these on and continue to wear them for 2 weeks after your operation. They have an important role in minimising the chances of developing blood clots in the legs.

When will I leave hospital?

Your Purity Bridge Consultant Plastic Surgeon will see you later on in the day of your surgery and again the following morning. They will check your breasts are soft and not painful, as well as assess the amount of fluid in the drains (if used). Normally the drains are removed the following morning and you can

go home later on that day. Some people produce more fluid than others into their drains. If you are producing a lot of fluid into your drains, you may be discharged from hospital with your drains still in, with a plan to take them out in another day or so. Should this be necessary, how to look after your drains at home will be carefully explained to you.

In some situations your Purity Bridge Consultant Plastic Surgeon may also explain how to perform massage to the space between your breasts, to ensure the swelling there disappears as soon as possible. The aim of this is to achieve the best cleavage possible following surgery.

What should I do when I get home?

Once you get home, you need to achieve a balance between taking things easy, but not lying down and doing nothing, as this may increase the risk of certain complications. It is recommended that you do light shoulder exercises after the surgery to prevent you from getting stiff. In fact, the best way to start is to wash your own hair the day after the surgery. You should take short walks, ideally accompanied by someone, in case you feel unwell at any time.

Over the first week you will start to feel much more comfortable and the pain will continue to subside. You must continue to wear the sports bra day and night for at least 6 weeks, taking it off for half an hour per day for showering. After surgery the wound will have been dressed with surgical tape. This is splash-proof and shower-proof (but not bath-proof). You will be able to shower from the day after surgery facing away from the shower hose (so as not to soak the tapes directly), and dab the tape dry with a clean towel, kitchen towel or you can use a hairdryer on a cold setting.

If advised to do so, you should perform the central chest massage regularly, around every 2 hours for 4 weeks. This will help you to achieve the best possible cleavage.

How to wear your bra

Your sports bra should be firm and supportive without being tight. When putting your bra on, you should try and rotate your breasts towards the middle of your chest, so the bra helps to support them in a position that pushes them together slightly. This aims to minimise the tension on the skin in the central chest area, to avoid a tenting effect of the skin being pulled up between your breasts. Wearing your bra correctly will help to give you the best cleavage possible.

What is the recovery period?

You will be able to return to sedentary activity (i.e. an office job or light duties) at 1 or 2 weeks after surgery, depending on how you are feeling. You should not feel reluctant to take the painkillers that you have been sent home with – there is no need for you to be in significant discomfort.

Occasionally, there may be an area of delayed wound healing, often where a dissolvable stitch has not dissolved quite as quickly as it should. These stitches may “spit” out of the wound (much in the same way as a splinter may start to work its way out of your finger after it has been there for a few days). This can be dealt with easily, and if necessary, your Purity Bridge Consultant Plastic Surgeon can remove any spitting stitch in the outpatient clinic.

How long before daily activities may be resumed?

You should avoid all heavy physical activity and contact sports for 6 weeks following the surgery to prevent damage to your new breasts. Driving should be avoided for 2 to 3 weeks. Light exercise, such as gentle sessions on an exercise bike can be started at 3 to 4 weeks. Starting any earlier than this may result in more swelling to the area around your breasts.

How can I achieve the best possible scars?

At around 2 or 3 weeks after your operation, regular daily moisturising and massaging of the scars is important to help the scars to soften and mature as quickly as possible. This should be done twice a day or more, until any redness disappears from the scar (which may take up to a year in some people). There are a number of creams and oils that may be used – the most important thing is to use an unperfumed product initially to avoid irritation of the scar.

In addition, silicone products (gels and tapes), which are available at Purity Bridge and most pharmacies, are an excellent additional means of ensuring good scars. These products are applied directly onto the scars and should be used for as near to 24 hours a day as possible. They will need to be used for several months to have a good effect.

SUMMARY OF TYPICAL TIMELINE FOLLOWING OPERATION

(this may vary on occasion)

DAY OF SURGERY

- ✓ Review in hospital by your Purity Bridge Consultant Plastic Surgeon

DAY 1 AFTER SURGERY

- ✓ Review in hospital by your Purity Bridge Consultant Plastic Surgeon; usually discharge from hospital
- ✓ Removal of drains if used
- ✓ Start central chest massage if advised
- ✓ Gentle hair wash when you get home

DAY 2

- ✓ Start gentle shoulder movements
- ✓ Continue daily central chest massage if advised to

WEEK 1 AFTER SURGERY

- ✓ Hospital appointment for nurse check of your breasts

WEEK 2

- ✓ Check up with your Purity Bridge Consultant Plastic Surgeon
- ✓ If all ok, may start to drive
- ✓ Still continue with central chest massage if advised to

WEEK 4

- ✓ Gentle exercise may start (e.g. light programme on exercise bike)
- ✓ May stop central chest massage at end of week 4

WEEK 6

- ✓ Check-up with your Purity Bridge Consultant Plastic Surgeon
- ✓ All exercise/heavy physical activity may resume

THINGS TO CONSIDER

Other points to consider when thinking about a breast augmentation-mastopexy

Mammograms

It is still possible to have mammograms after an augmentation-mastopexy. You will need to tell the radiographer that you have implants so that special views can be taken. It is possible that around 5% of the breast will not be visible on a mammogram after you have had implants. Other means of checking your breasts for breast cancer are also available, such as ultrasound and MRI (magnetic resonance imaging).

Breast feeding

Breast feeding following augmentation-mastopexy may be possible and if so it is safe. As the breast tissue has been operated on and moved around, some people will not be able to breast feed after this surgery. However, should you be able to breast feed it is safe: studies have been done to examine the quantities of silicone in the breast milk of mothers with breast implants, and the levels found are many times below what would be cause for concern. Therefore breast feeding with breast implants is not an issue.

The effect of having larger breasts

The majority of patients are delighted with their decision to go ahead with their surgery: the boost to their self confidence seems to permeate into every aspect of their lives. However, depending on the size

of breast implants you choose, there can be some unexpected effects. Large implants can be heavy and some patients do comment on the extra weight they are carrying around. In extreme circumstances, this can result in back ache, so it is important that you consider this when choosing your implant size.

Effects of implants on breast tissue and skin

Breast implants of any size will exert some pressure on the breast from within. The larger the implant the more pressure will be exerted. The long term effects of this pressure are a loss of some of your own breast tissue (loss of breast volume) and stretching of the skin. Therefore, the larger the implant, the more the loss of breast tissue and the more the skin is stretched over time. These are further important points to consider if you are thinking about a large size.

Antibiotics

An antibiotic irrigation solution lowers the risk of capsular contracture in the long term. Antibiotics are also given at the time of surgery. There is no need to be on a course of oral antibiotics after breast augmentation surgery – those given at the time of surgery are adequate.

Future pregnancies or significant changes in weight

With any future pregnancies, the same hormonal changes will occur in your breasts as they would have done without any surgery. Therefore any changes in size and change to your breasts that would normally occur during pregnancy, will continue to happen. After your pregnancy is over, your breasts will again undergo the same changes that they normally would after a pregnancy. This can mean some residual stretched skin and/or a change in the volume of your breast tissue compared to your pre-pregnancy breasts. Likewise with any significant gain or loss of weight, your breasts will gain or lose weight as they would normally do and this will change the size and shape of your breasts as would have happened before your surgery.

The future

Although modern implants should last for many years, you should be aware that you might need further surgery in the future. This may be for any of the reasons outlined above, but is usually to correct capsular contracture or for implant rupture. It may never be needed, but it is always a possibility.

BREAST LIPOAUGMENTATION

This is a technique where fat is removed by liposuction from another area of the body such as the hips or thighs and injected into the breast area. It is appealing as it provides a way of augmenting breasts without the use of breast implants, whilst simultaneously addressing areas of concern on the abdomen or hips (where the fat is most commonly taken from). No foreign material is left in the breast and this technique can achieve a very natural look and feel afterwards. Only a moderate amount of fat can be injected at one stage so most patients will require several surgeries to bring about a worthwhile effect or only have a modest enlargement. Usually 2 to 3 procedures spaced 3 to 6 months apart are needed to bring about the required increase in breast size. Some of the fat will be absorbed in the initial weeks after the operation, but fat that lasts beyond this time will bring about a permanent enlargement. On average, patients tend to achieve an increase in breast size of around 75% of their original breast tissue. This is a much more gradual approach compared with implant based breast augmentation, but does avoid a breast implant. Since it is a relatively new technique we cannot be entirely sure how effective it will be in any given patient. There are some questions about the long term effects of fat cells on breast tissue and on how screening for breast cancer may be affected. The most recent studies suggest that there is no increase in breast cancer associated with lipoaugmentation and that experienced breast radiologists can distinguish between changes on a mammogram due to lipoaugmentation and those due to breast disease. These issues are currently still under research and more information will be available in the future. If you are very slim, you may not have enough suitable areas to donate fat for the transfer.

What does the operation involve?

The procedure is performed under a general anaesthetic (with you asleep) as a day case procedure in hospital. You will be asked to arrive at the hospital around 2 hours before your operation and you will need to fast for at least 6 hours before surgery. This means that you cannot eat or drink anything for 6 hours before your operation. You may drink water up to 3 hours beforehand.

The operation involves preparing the area(s) where fat will be removed from by injecting fluid containing adrenaline. A technique similar to liposuction is used to remove fat from the chosen area through very small incisions and then the fat is prepared for transfer in the operating theatre. Once ready, this fat is

then carefully injected into your breast. Absorbable sutures may be used to close the incisions and you will then either be placed into a supportive dressing or a well-fitting sports bra.

How long does the surgery take?

The operation itself takes around 90 to 120 minutes, but you will be away from your hospital room for longer than this, as it takes additional time to prepare for the general anaesthetic as well as prepare the operating theatre for your surgery and for you to wake up comfortably.

Recovery

In the early stages, the recovery process is similar to that following breast augmentation-mastopexy surgery using implants in terms of how to look after your breasts and activity levels. You may have some swelling, bruising and discomfort in the area(s) where fat was removed from for the surgery. Once a stable result has been achieved and your tissues have recovered from surgery, a further procedure can be planned if needed to achieve a larger augmentation. We do not usually judge the success of the procedure until 6 weeks after surgery, to allow for post-surgical swelling to have subsided.

BEFORE & AFTER



POTENTIAL COMPLICATIONS

What you need to know about the possible effects of surgery and potential complications

Early complications (within the first week of surgery)

Bleeding (haematoma)

If there is any suggestion that bleeding into one of your breasts has occurred after surgery you will need to go back to the operating theatre to have the bleeding stopped and the implant cavity and breast washed out to evacuate the collected blood. Signs that a haematoma is developing include: the filling up of your drain bottle with blood, swelling of one of your breasts, a blue and swollen nipple, pain on one side and the development of severe bruising around the breast.

Infection

Infection rates in augmentation-mastopexy surgery are low (less than 1%), but if an infection develops it must be taken seriously. If the implant pocket appears to be involved, you will require further surgery to remove the implant and wash out the cavity. Surgery to replace the implant needs to be delayed for 3 to 6 months to allow the body to heal properly.

Blood clots

Blood clots in the veins of the legs (DVT – deep venous thrombosis) are rare in breast augmentation-mastopexy surgery, however they can occur. For this reason, you will be given support stockings to wear when you get to hospital. You should continue to wear these for around a week after surgery.

Intermediate complications (within 6 weeks of surgery)

Suture spitting

As described above, stitches (sutures) that are designed to dissolve sometimes do not dissolve as quickly as they are meant to. In these situations, there is a chance that they can work their way out of the wound and appear as sharp prickly filaments, occasionally with a surrounding area of redness. Should this occur,

this can be treated easily in the outpatient clinic. Your Purity Bridge Consultant Plastic Surgeon can remove any sutures that are spitting out of the wound in the clinic, and the wounds should then heal over these areas uneventfully.

Delayed wound healing

Uncommonly, in some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from overdoing it straight after surgery. Normally this is a minor inconvenience, which can be managed with special dressings as an outpatient. Occasionally it can lead to a more severe infection developing as described above.

Nipple problems

As the nipples are moved to a position higher up on the breast, the nerves and blood supply to them can be affected. This may result in your nipples losing sensation (i.e. becoming less sensitive or even numb) or occasionally becoming more sensitive.

Rarely, the blood supply to the nipple can be affected, resulting in loss of part of the nipple. If this happens, it can usually be left to heal on its own under the scab that forms. Very rarely, it is possible for the blood supply to the nipple to be so significantly affected that the whole nipple dies. Should this happen, it may require further surgery and dressings to ensure the breast heals. It is also possible that future revisional surgery may be needed to adjust the breast if you have nipple problems. This type of problem is at a significantly higher risk of occurring in smokers. If you smoke, we strongly advise you to stop for at least the period before, during and after your surgery.

Fat necrosis

In the same way as there may be some trouble with the blood getting to the nipple to keep it alive, occasionally the same may happen to the fat in the breast. If this happens a pocket of fat may die — this is known as fat necrosis. If this happens to a small degree, it may just present as firm lumps in the breast. These will usually settle with time and massage. If you have more significant fat necrosis, you may produce an oily discharge from the wound. Depending on the assessment of the degree of fat necrosis, this may either be managed with dressings and wound washouts in the outpatient setting, or if it is more severe, it may require a further trip to the operating theatre for a formal washout of the breast.

Synmastia

This describes an effect where the implant pockets connect between your breasts, resulting in an unnatural webbed appearance between your breasts. This is unusual and your Purity Bridge Consultant Plastic Surgeon takes every care during your operation to ensure this does not happen. They may advise regular central chest massaging as described above to help to minimise mild synmastia that can be caused by swelling in this area.

Late complications (after 6 weeks from surgery)

Asymmetry

As described earlier, everyone has a degree of breast asymmetry (differences between the breasts). If this is mild, no special steps are taken to address this, and the differences that were present prior to your surgery will remain after your surgery. Should you have a significant degree of asymmetry between your breasts, your Purity Bridge Consultant Plastic Surgeon will discuss how best to address this, which will usually entail reducing the larger breast as part of the mastopexy procedure. However, despite aiming to address the asymmetry, there may still be noticeable differences between your breasts.

BEFORE & AFTER



Capsular contracture

Following the insertion of any implant, the body forms a protective layer of scar tissue (a capsule) around it, to “wall it off” from the body. With breast implants, this capsule is normal and should be soft and undetectable. However, sometimes the capsule thickens, contracts and tightens, resulting in a distortion of breast shape and discomfort. This is known as capsular contracture. The true rate of capsular contracture is unknown, but studies suggest rates are between 2% and 13% at 6 years following a breast augmentation with an average of about 3% at 5 years. Capsular contracture rates are increased with saline implants and smooth implants placed in the subglandular pocket.

Capsulectomy and implant replacement

Should capsular contracture of any significance (i.e. it distorts your breasts or becomes uncomfortable) develop, it is recommended that your implants are removed with the contracted capsule. New implants may be put in as replacements at the time of this surgery, should you wish. Future risks of capsular contracture are higher if you have developed a capsule and range from 11–40%.

A capsulectomy and implant replacement operation takes about 2 hours and the drains are usually left in for longer than with a primary breast augmentation surgery. You may be able to go home with your drains in and return to hospital at 48 to 72 hours for their removal.

Double capsule/late seroma

This is an unusual phenomenon whereby fluid starts to build up around the implant over a year after surgery. It has mostly been associated with a particular implant (Allergan 410 with a Biocell shell).

Implant rupture

With modern highly cohesive implants, rupture is fortunately much less common than it used to be. Rates of about 1% are reported and usually have a clear explanation, such as someone being involved in a car crash. Implant rupture is not dangerous in terms of causing breast cancer or other disease, but will require surgery to replace the implants.

Scarring

The scars under the breasts will fade but this can take up to 18 months. Until this time they are often red and firm. Regular scar massage and moisturising is important to help the scars mature and settle down

as quickly as possible. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent.

Palpable or visible implants

People who are very slim, have implants placed under the breast (rather than under the muscle), those with large implants and people who have had their implants for a long time are all at risk of palpable or visible implants (i.e. you may be able to feel or see the implants under the breast skin). Should this develop, your Purity Bridge Consultant Plastic Surgeon will discuss with you what options you may have to improve the situation.

Size issues

Some people are unhappy with the size of implant they have and wish they had chosen a different option. As stated above, getting the pre-operative sizing right is crucial, as once the implants are in, it takes further surgery (and cost) to change them. Therefore, if you have any doubts or anxieties about the size you have agreed to with your Purity Bridge Consultant Plastic Surgeon, it is vital that you let them know prior to your surgery date.

Implant rotation

Rarely, anatomical (tear drop) implants can rotate and cause the breast to change shape. Should this occur, it may be possible to manipulate the implant in the outpatient clinic to get it back to its correct position. If this does not work, you may require surgery to correct this problem.

Implant migration

Larger implants that are heavy can occasionally drop down below the breast crease, producing an unsatisfactory appearance of the breast. Should this happen, you would need surgery to correct it.

Implant extrusion

The pressure effect of a large implant in a thin-skinned breast can lead to the implant wearing away the skin and working its way out of the breast. Fortunately this is rare. If this happens, and the implant appears through the skin, it will need to be removed surgically and corrective surgery performed. As in the case of an infection, if it is appropriate to replace the implant, this will need to be done at a later date.

Silicone leakage

With the older generation implants silicone leakage was a real problem, sometimes causing inflammation in the glands in the armpit, requiring surgery to remove them. With modern implants of higher cohesivity, silicone leakage is very unusual. Should your implant rupture, all the cohesive gel stays within the capsule and is not at risk of migrating outside the breast. There is no risk of it causing any harm to you.

Explantation

In certain situations, it is necessary to remove the breast implant, known as explantation. This would only be done if absolutely necessary, which may be in the following situations: a bad infection, significant capsular contracture, implant rupture or implant extrusion (an unusual situation in which the implant comes through the skin - this is usually associated with a bad infection).

The need for further surgery

Some of the complications outlined above will lead to the need for further surgery, either in the short term or long term. For example; surgery to help with an infection in the short term or surgery for capsular contracture in the long term. It is important for you to understand that having an augmentation-mastopexy operation means that there is always a chance that you will need further surgery in the future.

Revisional surgery may sometimes be indicated to make minor adjustments to areas such as the nipple shape, nipple position, scars position and dog-ears (puckering skin that can occur at the end of the scars).

Breast implant associated anaplastic large cell lymphoma (BIA-ALCL)

Recently a very small number of cases of a rare type of immune system cancer called anaplastic large cell lymphoma, possibly associated with breast implants, have been reported. The presenting symptoms of BIA-ALCL include a swelling in the breast (from fluid production) over 1 year after surgery, pain or a thickened capsule. (These symptoms are more commonly due to other causes (see above) e.g. capsular contracture or infection.) The treatment is surgery to remove the implant, drainage of the fluid that has collected and removal of the scar tissue (capsule) around the implant. In most cases, no further treatment is necessary. It is uncommon for BIA-ALCL to spread to any other parts of the body but if suspected, further treatment would be indicated. BIA-ALCL is extremely rare. There is no increased risk of contracting other lymphomas with breast implants, compared with the general population.

Complications specific to breast lipoaugmentation (fat transfer)

Loss of transferred fat

It is expected, and planned for, that not all the fat transferred to your breasts will survive. However, in some circumstances, less than the expected amount of fat survives. This may result in an uneven or smaller than expected increase in size of your breasts and an additional procedure(s) (other than the series of surgeries originally planned) to counteract this effect.

Fat necrosis

Sometimes when transferred fat does not survive, it undergoes necrosis or tissue death. This can become apparent as a lump in your breast. Usually this slowly resolves over time and no specific treatment is needed but it may be worrisome when it occurs. Sometimes a scan is needed to ensure that this is the cause of a lump.

Asymmetry between breasts or contour irregularity

More fat may survive in one breast compared to the other resulting in an uneven appearance to the breast or noticeable differences between your breasts. Further surgery is usually required to correct this.

Oil cysts

Occasionally, if your body is absorbing some of the fat transferred, oily fluid cysts may form in your breasts. They may be palpable and cause concern. A scan or biopsy may be needed to confirm what these cysts are.

Problems with the donor site

Occasionally, problems with the donor area where fat was taken from persist e.g. irregularities or lumpiness where the fat was removed or sensitivity or numbness of the overlying skin.

Size issues

Some people are unhappy with the size increase or shape that they achieved with lipoaugmentation and wish they had chosen a different option. Therefore, if you have any doubts or anxieties about the size you have agreed to with your Purity Bridge Consultant Plastic Surgeon, it is vital that you let them know before your surgery goes ahead.

Change in size with changing weight or age

The fat transferred tends to behave in a similar way to how it behaved in its original location. Therefore,

if you gain or lose weight in the future, the fat transferred to your breast may increase or decrease in size. It will also age with your tissues, as it normally would have.

Future problems with breast screening or breast cancer

Breast cancer is a common cancer in women. Most initial concerns about lipoaugmentation for breasts centred around fears that the transferred fat could trigger breast cancer or cause confusion in future mammograms or scans used to detect and assess breast cancer. To date, there appears to be no increased risk of breast cancer following breast lipoaugmentation and experienced breast radiologists are able to distinguish between changes on xrays and scans due to lipoaugmentation from those due to cancer. There is ongoing research in this area and future information may alter or further advise us on this aspect of breast lipoaugmentation.

The sub-optimal result

Despite a successful augmentation-mastopexy operation, some patients will feel their breasts are not exactly as they were hoping. This may be due to a number of factors, but can be due to unrealistic expectations (for example, some patients are disappointed that they have visible scars, or that they have mild degrees of asymmetry). It is important to discuss any concerns you have with your Purity Bridge Consultant Plastic Surgeon. If further procedures are warranted, there may be further costs involved and this will be explained. Your Purity Bridge Consultant Plastic Surgeon will speak frankly to you at your initial consultations to discuss what limitations an augmentation-mastopexy will have in your specific circumstances. It is crucial that you appreciate what you can expect from an augmentation-mastopexy prior to undergoing the surgery.

CONCLUSIONS

Overall, most patients are delighted with the results of their surgery. They find they can wear clothes they may never have been able to wear before and going bra shopping is often a whole new experience!

Your Purity Bridge Consultant Plastic Surgeon would be happy to discuss any issues that may have arisen from your reading of this information booklet in addition to any other issues you would like to talk about at your consultation.

NOTES

Other Procedures Offered at Purity Bridge

Facial procedures

Eyelid lift

A blepharoplasty is an excellent operation to brighten up and refresh the eye area in a very natural way. It is hard to tell that someone has had an eyelid lift, apart from seeing how refreshed and well they look!

Rhinoplasty

Nose reshaping can be done to reduce a dorsal hump, address deviations and asymmetries as well as refine the nasal tip. Each nose is different, and each face is different, so the transformation of your nose must be tailored to your individual goals and what is achievable. Nose reshaping can have an incredibly positive impact on people's self esteem and self-consciousness.

Ear correction

A number changes can be made to reshape and reposition ears — these include correction of prominent ears, reshaping of earlobes and correcting split earlobes. Our Purity Bridge specialists usually carry out these operations under local anaesthetic as “office-based” procedures, allowing a quick recovery and excellent result.

Facelift

A facelift remains the gold standard facial rejuvenation procedure. The expert Consultant Plastic Surgeons at Purity Bridge regularly perform a variety of types of facelift — each designed to be bespoke for the individual patient. A facelift should not look pulled or tight, but natural and refreshed.

Breast procedures

Breast enlargement

Breast augmentation enhances a woman's natural breast volume and can restore fullness lost after breast feeding or weight loss. This can be done using a carefully chosen high quality breast implant or using your own fat. A specific plan would be made with you to create the most natural outcome with the least downtime and a long lasting result.

Breast lift

A mastopexy (breast lift) raises the nipple, tightens the breast skin, reduces the size of the areola, restores lost volume to the upper part of the breast and overall produces a perkier and more youthful breast shape. Breast implants can also be used in a breast lift to enhance the volume if needed. This is particularly popular after having children or losing weight.

Nipple surgery

Surgery to modify nipples is usually simple to do under a local anaesthetic as an outpatient procedure. Inverted nipples can be corrected; nipples can be reshaped and even reconstructed after removal for breast cancer treatment.

Body procedures

Liposuction

Liposuction is an ever popular procedure to remove excess fat deposits using tiny incisions. Areas of the body, including chest abdomen, arms, legs and neck, can be re-contoured to create better proportions. It is a body contouring procedure, rather than a weight loss procedure.

Tummy tuck

An abdominoplasty (tummy tuck) is a very popular procedure to re-contour the abdomen, frequently in people after weight loss, or in women to correct the effect of pregnancy. Excess skin and fat is trimmed from the lower belly, and also stretched abdominal muscles are re-tightened to create a flatter, smoother abdominal contour.

Labiaplasty

Labiaplasty is a very personal procedure that reshapes and trims excess labia minora (inner vaginal lips). It is usually performed as an outpatient procedure under local anaesthetic. The results are very natural and the scars are very hard to see.

Lipofilling (fat grafting)

Using fat as a natural filling material has revolutionised approaches to a wide variety of body areas, such as the face, around the eyes and the breasts. Lipofilling is a versatile technique that has a number of applications and is frequently used by our team.

Many other procedures are performed by our specialist team of Consultant Plastic Surgeons at Purity Bridge including:

- Arm lifts
- Thigh lifts
- Body lifts
- Body contouring after massive weight loss
- Breast reduction
- Correction of breast asymmetry
- Breast reconstruction
- Brow lifts
- Facial implants
- Facial bone reshaping and repositioning
- Skin cancer treatment
- Skin lesion excision



CONTACT

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