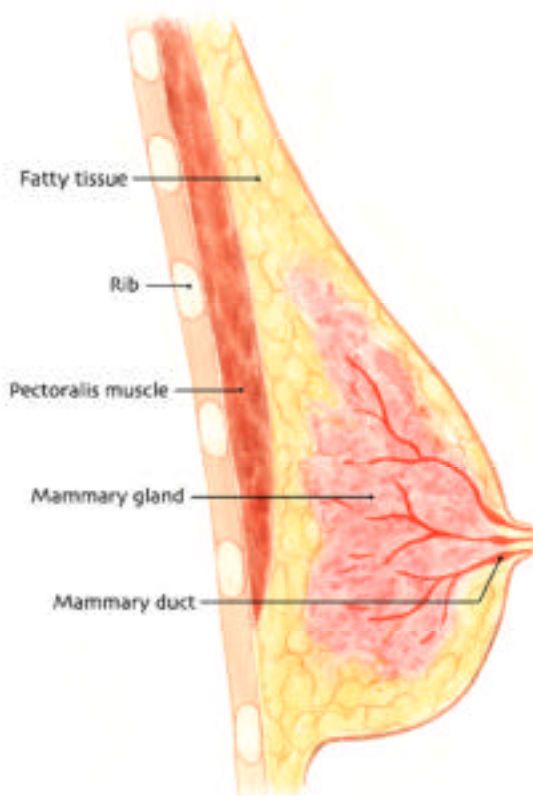


## Patient Information on Breast Augmentation Surgery

### Breast Anatomy

In order to understand breast augmentation surgery, a general knowledge of breast anatomy is often helpful. This section will explain the structure and functions of the breast, and define commonly used terms.

Breasts start developing between the ages of 9-14 years for most women, when hormonal changes associated with puberty begin to occur. The mammary glands, or milk producing areas, lie between the pectoralis major muscle and the skin. The glands that make milk in the breast are arranged into rounded areas called lobules. 15-20 of these lobules exist per breast. Besides glands, the breast contains fatty tissue, ducts that carry milk to the nipple, and small amounts of muscle that open and close the nipple. To the right is a side view of the breast describing the following structures:



1. **Skin**
2. **Fatty Tissue**
3. **Fascia (superficial and deep)** – This a type of tissue that is found between muscles and different tissue layers in the body. It helps hold tissues together.
4. **Coopers ligament** – This the body's own natural bra. This ligament helps hold the breast up and keeps it from sagging.
5. **Acini** – The “sack-like” end of the channel that carries milk. The surrounding glandular, or milk producing tissue dumps milk into these small areas before it is carried away in the ducts.

6. **Areola** – Another term for nipple.
7. **Main Duct** – The milk from the 15-20 lobules all collects into this duct.
8. **Glandular tissue** – The part of the breast that produces the milk.
9. **Retromammary Space** – An area below the breast tissue, but still above the muscle.
10. **Pectoralis (Major and Minor)** – The muscles lying directly beneath the breast.
11. **Axilla** – Another term for armpit.
12. **Ribs**

# Answers to FAQs

## 1. General Overview

### a. What is breast augmentation surgery (breast enlargement)?

Breast Augmentation is an operation to enlarge, or change the shape of a woman's breasts. This is done by putting saline implants under the breast tissue or under one of the chest wall muscles (explained below.)

Breast augmentation surgeries are some of the most common procedures done in the United States each year, and a majority of patients are very satisfied with their results. A majority of patients also state that they recommend this procedure to others and report a positive benefit in how they view their bodies. Hopefully, by reading this information and working with your plastic surgeon, you can decide whether this surgery is right for you.

### b. Who is a candidate?

1. Women who wish to make their breasts larger for personal or psychological reasons.
2. Women who want to correct size differences between the breasts.
3. Women who want to return to a breast size they were before breastfeeding or pregnancy.

### c. Who is not a candidate?

1. Women who have serious medical problems. Prior illness can change the way the body heals and can lead to problems during or after surgery. Your plastic surgeon will advise you on the potential impact of any health problems with your surgery.
2. Women who have unrealistic expectations concerning the results of the operation. This surgery changes only a small part of the body. Though some women report that they are happy with their new breasts and enjoy their new look, this surgery should not be seen as a cure for poor self-esteem, unhappiness with body image, or troubled relationships.
3. Women with a strong family history of breast cancer. Women who have this family history should think hard about having this surgery.)
4. Women who have a personal, or family history of numerous breast cysts may not be good candidates for breast augmentation surgery. In these patients, biopsies are often required to rule out breast cancer. If needles biopsies are required, deflation of the implant is a risk.

5. Women who are currently pregnant, or breast-feeding. These women should wait until they have finished breast-feeding. (See FAQ below on pregnancy and implants)
6. Women who are actively losing or gaining weight. Since weight loss or gain can change the shape and size of the breasts, a patient should wait until they are at a stable weight before getting breast implants.
7. Lastly, women with poor mental health that may prevent them from following pre/post-operative guidelines, or women who are being influenced in their decision by others.

**d. Am I too old for the surgery?**

Many women in their 40's and 50's have undergone breast augmentation surgery with good results. The most common patient for this surgery is a woman in her 30's with two children who has been considering this operation for many years.

*Cook RR et al. The prevalence of women with breast implants in the United States. Journal of Clinical Epidemiology 48(4):519-525, 1989*

**e. Should I wait until I am finished having children before having breast augmentation?**

Pregnancy will change the size and shape of a woman's breasts whether she has implants or not. These changes may adversely affect the cosmetic appearance of any augmented breast.

It is usually recommended that pregnancy be postponed until 6 months after the surgery. Breast-feeding with implants is still possible and has been shown to be safe for the baby and the mother. (See FAQ below)

**f. Will having a breast augmentation increase my chances of getting breast cancer?**

This is one of the most frequently asked questions by women considering this surgery. Many studies have shown that women who get implants are not at an increased risk for getting breast cancer. In addition, implants do not delay the detection of breast cancer. Numerous studies, as well as evidence from the National Cancer Institute, show that having implants does not hinder the patient or their physician in finding breast tumors. Finally, breast implant patients who do get breast cancer have the same chance of obtaining remission, or being free of cancer for 5 years, as women without implants. (See article below as well as the Reading List section for additional information and journal articles.)

McLaughlin JK, et al. Cancer Risk Among Women with Cosmetic Breast Implants: a Population-Based Cohort Study in Sweden. Journal of the National Cancer Institute, Vol.90, No.2, Jan 21, 1998

**g. Will breast augmentation also work in people with droopy or sagging breasts?**

Women with sagging breasts, which is called “ptosis”, can also receive breast implants. Depending on how much the breast sags, an additional surgery may also be necessary. For breasts with nipples that droop below the lower crease of the breast, a breast lift surgery, or mastopexy, is often required as well. This surgery will also add scars around the nipple unlike most breast augmentation surgeries. Without this additional surgery to remove excess skin, placement of the implant can cause the breast to have a “double bubble” or “snoopy breast” look. Commonly, women with sagging breasts often have the implants placed under the breast tissue, or “subglandular” to avoid these problems.

**2. Consulting Your Surgeon**

**a. How should I choose a surgeon?**

Choosing a plastic surgeon should be based on the two important factors listed below.

- 1.) Your surgeon should be board eligible or board certified by the American Board of Plastic Surgeons. This means that your doctor spent 4 years at an accredited medical school, followed by at least 5-years of additional training called residency. Finally, only after taking intense written and oral exams is he/she certified. In total, your plastic surgeon has at least 13 years of training after high school before he/she can be certified by the American Board of Plastic Surgeons.
- 2.) Finding a surgeon that you are comfortable with is very important. Patients commonly say that after they made the decision to have this surgery, the choice of the surgeon was the second most critical factor. Having cosmetic surgery is a big decision with potential risks. Working with a caring physician that you trust can make this process much easier.

**b. What should I expect at my first consultation?**

First, your plastic surgeon will ask why you want to have this surgery. Topics such as expectations on final size, and emotional reasons will be discussed. It is often easier for a patient who has been pregnant prior to surgery to know how she will feel and look after the procedure. If the natural increase in breast size

during pregnancy was welcomed, this may predict how satisfied the patient will be with breast implants.

Second, the physician will discuss the different types of breast implants, where the scars will be, and what the associated risks are. This is extremely important when considering surgery. Though death from breast augmentation is very rare, problems or complications can happen and should be taken seriously. Usually during this first appointment, the plastic surgeon will also perform a breast exam and take a detailed family breast cancer history. In addition, patients over the age of 40 will have a mammogram to look for breast cancer before the surgery.

**c. Is it okay to ask questions?**

Absolutely! Asking questions and reading about the surgery are the best ways for patients to decide if this operation is appropriate for them. Doctors appreciate well-informed patients who understand the surgery and who have realistic expectations of the final result. Some sample questions that might be good to ask are:

- 1.) Are you board certified by the American Board of Plastic Surgeons?
- 2.) Can you explain how the surgery is done?
- 3.) How many breast augmentations have you done?
- 4.) How are emergencies handled?
- 5.) When is payment due, and do the implants have a warranty?
- 6.) Can you further explain some of the Frequently Asked Questions on the website?

**d. How do I choose the size of my new breasts?**

This is often one of the most difficult decisions, and for many reasons, has the most potential for disappointment. For instance, women often come to their surgeon with a new bra size in mind. Since bra size depends on many factors, a better choice is to look at before and after pictures provided by your surgeon or by photo galleries on other websites. By finding a woman with a similar body shape in the “before” picture, and then with the results you want in the “after” picture, misconceptions on the final breast size can be avoided. Generally, each 125-150cc of saline that is added to the implant will result in an increase in a single cup size. In addition, some surgeons have their patients wear implants under their bra for several days to decide if this is the size they want.

**e. Will I be able to look at “before” and “after” pictures of other breast augmentation patients?**

Your plastic surgeon may provide “before and after” pictures from previous operations. Implantinfo.com has a photo gallery of breast implant patients that can also be viewed.

**f. How much will the surgery cost?**

The national average for breast implantation is between \$4,000-5,000, but this is highly variable and you should talk with your plastic surgeon about the cost for you.

**3. Surgery**

**a. How should I prepare for surgery**

1. Do not take aspirin, aspirin containing products, or ibuprofen (Excedrin, Bufferin, Anacin, Advil) 2 weeks before surgery. These drugs can change how blood clots. By asking your doctor, another drug can be used in its place.
2. No food or drink should be taken after midnight the night before the surgery.
3. Do not drink any alcohol within 24 hours of having lab work done or before the surgery.
4. Make sure you have someone to take you to and from surgery and to take care of you for 48-72 hours after the surgery.
5. For 3 days before the surgery, wash your breasts thoroughly each day with antibiotic soaps such as Safeguard or Dial.
6. Do not wear deodorant, perfume, or powders the day of the surgery.
7. Wear comfortable, loose fitting clothes that button in front, the day of the surgery. Also wear low heeled, slip-on shoes.
8. Bring a contact lenses container.
9. Fill all prescriptions given by your plastic surgeon before the surgery.
10. Do not start taking your antibiotics until after the surgery, or as directed by your doctor.
11. Remove nail polish and trim the nail of your left index finger, since this is where an oxygen monitor will be attached.
12. In the car for the ride home have a bucket with a lid in case of nausea from the anesthesia. Also bring your pain medications, and two pillows.
13. Arrange care for children and pets.
14. Lay out all bathroom items so no excess reaching is necessary.
15. Take care of all the little things like bills, gas for the car, and emptying the garbage before surgery.
16. Have easy to eat foods like Jell-O and soup as well as easy to fix foods in places that are easy to reach!
17. Though reaching and lifting objects greater than 5 pounds is not allowed after surgery, patients are encouraged to walk as much as possible. Problems with blood clots in the legs can occur after surgery and walking can help prevent this.

**b. What will I be instructed to do following the surgery?**

Please visit the Post-Operative section of the Plastic Surgery website ([http://www.med.umich.edu/surg/plastic/patient\\_family\\_care/cosmetic/cos\\_post\\_op\\_instruct/breast\\_aug\\_post\\_op.htm](http://www.med.umich.edu/surg/plastic/patient_family_care/cosmetic/cos_post_op_instruct/breast_aug_post_op.htm))

**c. Where should I have the surgery?**

Several options exist for where breast augmentations are done. For the most part, patients undergo breast augmentation as an outpatient, “a day surgery” without an overnight hospital stay. Outpatient surgery can be done at a hospital, or even at a private plastic surgery practice that has an operating room. After surgery, when the affects of the general anesthesia have worn off and the patient feels capable of walking (1-2 hours), they are then allowed to go home. Wherever you decide to have the surgery, the office or hospital should be accredited. JCAHO is one example of an accrediting organization. This means that the medical center has been inspected and has passed tests for quality.

**d. What kind of anesthesia will I have?**

General anesthesia is most often used for this surgery. This means that patients are “asleep” and will not have any memories of the surgery.

**e. How long will the surgery take?**

Depending on the type of breast augmentation chosen (where the incision in made) the surgery usually last 1-2 hours.

**f. What type of implant will be used?**

**Implant Surface**-Two implant surface types exist: smooth and textured. The textured surface means the outside of the implant has lots of tiny microscopic bumps. This was developed to decrease a complication called contracture after surgery (discussed in risk section below.) Some studies show a decrease in this complication when using textured implants. In reality, however, many surgeons have excellent results with the smooth implants. Smooth implants also have a softer more



Photo courtesy of McGhan Medical Corporation

natural feel. Since options exist on what type of implant is used, it is important to ask your plastic surgeon.

**Implant Filler**-Although several implant filler types exist, the saline implant is the only one being used in the United States. The FDA banned silicone gel implants in 1992 because of concerns over their safety. They have recently been reintroduced under close FDA surveillance for use in breast reconstruction and in patients with previous silicone implants. In the past 10 years, saline implants have been used with excellent results.

**Implant Shape**-Two options exist for shape as well. There are anatomical or “tear drop” shaped implants as well as round implants. Generally, round implants work the best. Most women have excellent results since these round implants conform to the natural shape of the breast. Contoured implants are often used if large parts of the breast have already been removed in a previous operation, for instance in mastectomy reconstruction.

#### g. What kind of scars will I have?

This will depend on which of the four possible surgeries are performed. The incision site determines where the scar will be. (A complete description of the pros and cons is located at the link below. It is strongly encouraged that you review these.)

1. Trans-axillary – The incision is made in the armpit. The implant is inserted with the help of a small video camera, or “endoscope.”
2. Inframammary fold or Sub-pectoral – The incision is made under the breast on the chest.
3. Peri-areolar – The incision is made around the nipple.
4. Trans Umbilical Breast Augmentation or TUBA – The incision is made in the belly button.



# Surgical Approaches to Breast Augmentation

*When deciding the type of surgical incision, it is important to remember that each patient's body is different. In addition, many surgeons tend to have more experience with one or two types of operations. This list should be used as an educational tool in helping you and your surgeon discuss the options available*

## **Inframammary**

This approach tends to be more direct and to allow greater control of the implant positioning. Seventy to eighty percent of breast augmentations are performed using this incision site. Since the incision is in the fold underneath the breast, the parts of the breast that make milk are less likely to be affected. This option also allows the surgeon to look directly where the implant will be placed and allows for better implant placement. In addition, if complications occur and additional surgeries are needed, the original incision can be used. Some of the other incision sites may not be ideal for treating complications.

This approach works well with patients who have already had children and are a little older, since age creates a small amount of natural sag in the breast. This minimal sag allows the incision to be well hidden in most women. For women who have yet to have children, who are thin, or who are younger, this surgical option may result in a more visible scar.

## **Trans-Axillary**

This incision is from the armpit, or the axilla. Fifteen to twenty percent of breast augmentations are done using this surgery. This incision site can be used for both submuscular and subglandular placement of the implant. One of the advantages to this site is placement of the scar in a less visible location. It also allows better access to place the implant in the submuscular position. Some surgeons will also use an endoscope, or a small fiber-optic camera, to help them in this surgery. This approach is often used for thin women where submuscular placement would allow more natural appearance to the breast. It is also used for women who are younger and have little to no breast sag, thus making an inframammary scar more visible.

A potential disadvantage to this approach is that proper implant positioning is somewhat more difficult, particularly if the procedure is performed without an endoscope. In addition, if the patient experiences scar thickening postoperatively, this scar may be visible when the patient wears a shirt or dress without sleeves. In addition, it may be visible when the patient wears a bathing suit and raises her arms.

## **Trans-Umbilical Breast Augmentation (TUBA)**

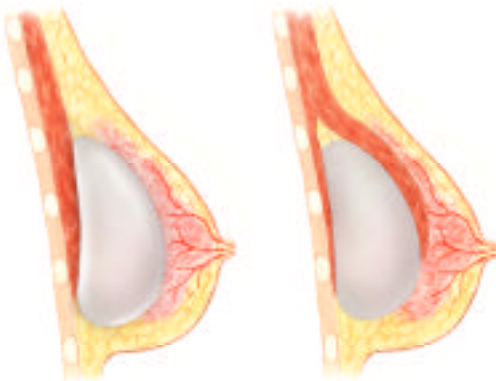
The incision and scar in this newer approach is through the belly button or umbilicus. A fiber-optic camera (endoscope) is tunneled from the umbilicus to a pocket under the breast. The implant is inserted through this tunnel into the breast and is then inflated

with saline. It is important to note that using this incision, only sub-glandular placement is possible. Advantages of the TUBA include a less visible scar, and a faster recovery time. Disadvantages of this approach include a slight increase in the likelihood of damage to the implant, and the possibility of tunneling under one of the chest muscles (pectoralis major) during placement. Furthermore, complications that require additional surgeries for treatment may require a new incision closer to the breast. In addition, implant manufacturers frequently will not honor the implant warranty if the implant is placed through this approach.

### **Peri-Areolar**

This is an incision around the nipple. The scar usually blends into the edge of the areola. However, since the incision lies closer to the parts of the breast that make milk, women with this type of breast augmentation often have more problems with breast feeding and nipple sensation following the surgery.

### **h. Where does the implant go?**

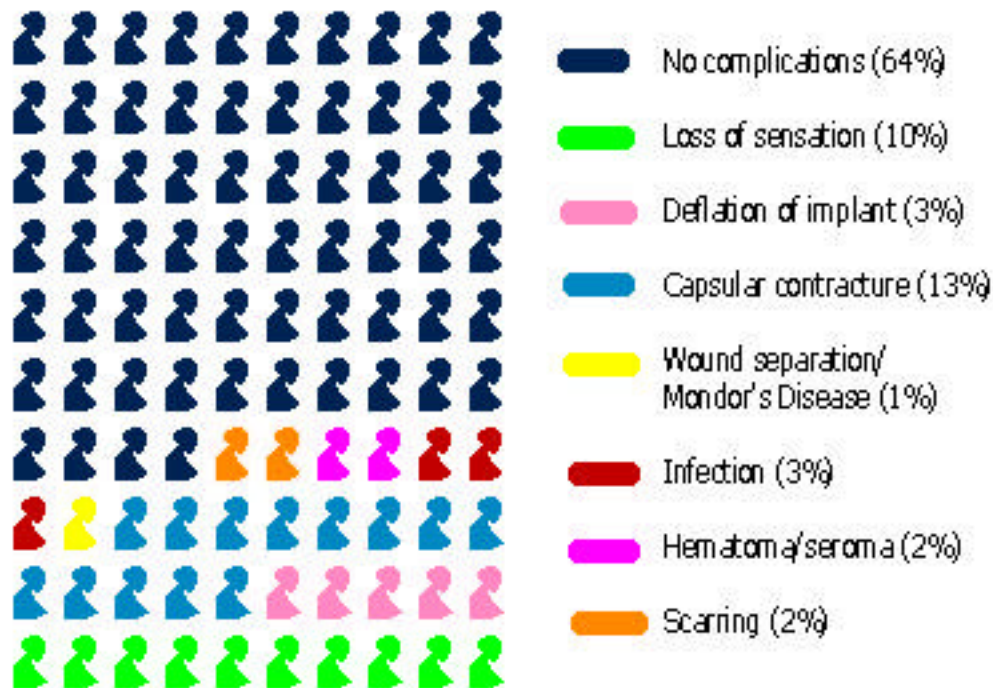


The implant can be placed in one of two areas. When the implant is placed behind the breast tissue, this is referred to as “subglandular”. Seventy-five percent of breast implants are placed in this position. When the implant is placed behind one of the surface chest muscles called the pectoralis major, this is referred to as “submuscular.” The remaining twenty-five percent of implants are placed behind the muscle. is more painful that subglandular surgery.

Advantages exist for both sites depending on the shape of the breast before surgery. Studies suggest that placing the implant behind the muscle decreases the risk of scar tissue contracture following the surgery, though submuscular placement. In addition, mammography is generally easier to perform with submuscular breast implantation. Submuscular placement is also recommended for smaller women, or women who want to greatly enlarge their breasts since this will often give better results. The subglandular surgery may give better results for women with sagging or droopy breasts and may be less painful.

### **i. What are the potential risks of the surgery?**

The overall risk of complications for saline breast implant surgery is 27.6%, with 25.8% of patients requiring re-operation for deflation of capsular contracture. (Note that the chart below depicts average rates of complication.)



Complication rates adapted from Wilkins EG et al,  
Journal of the American Cancer Society 1995; 180(2):177.

## Early-

- 1.) Hypertrophic Scarring- This is a very thick, raised, red scar that develops after surgery. Hypertrophic scarring occurs in 2%-5% of patients and may require treatment with additional operations or steroid injections into the scar.
- 2.) Hematoma- A hematoma is a pocket of blood inside the wound. It occurs in 1%-6% of patients and is usually occurs within 2-3 days after surgery. Hematoma symptoms are swelling of the breast and severe pain that does not respond to pain pills. Treatment includes putting a tube in the breast to drain the blood. This procedure often requires a trip back to the operating room. Sometimes, if the collection of blood is small, no treatment is required and the body is able to clear the hematoma on its own.
- 3.) Seroma-In the days or weeks following the surgery, fluid can collect around the implant, causing pain or swelling. This can be thought of as "blister fluid." Just like a hematoma, it can leak from vessels damaged during the surgery and form a collection. Removal of larger seromas is recommended since they can become infected. Usually, the fluid can be removed carefully by a needle and does not require additional surgery. However, this technique of draining the seroma with a needle also may create a hole in the implant leading to implant deflation.

- 4.) Wound Separation (Dehiscence) –A relatively rare complication within the first 2 weeks where the edges of the wound separate resulting in an open wound or possibly exposure of the implant. This can be solved by using Steristrips to close the incision, or may require additional surgery.
- 5.) Infection (Cellulitis)-This complication occurs in 2%-4% of patients, and is usually from bacteria that normally live on the skin. Most surgeons will give a single dose of antibiotics before the surgery, and use an antibiotic solution in the wound before implant placement to help reduce the chance of infection. Symptoms of infection include pain, redness, swelling, and fever. Doctors may treat this complication with antibiotic pills, or if the infection is severe, by having the patient go to the hospital for intravenous antibiotics until the swelling and redness go away. After leaving the hospital, antibiotics pills are taken for 1-2 weeks. For infections of the implant itself, surgery to remove the implant is often the only option. Though some surgeons will attempt to save the implant from being removed by reopening the pocket and washing out the wound, this may not be effective. Infected implants put the patient at additional risks including scar contracture, wound separation, and (in very rare cases) a severe illness called Toxic Shock Syndrome. After removal, healing and softening of the breast need to take place before the implant can be replaced, which often takes several months.
- 6.) Mondor's Disease-This is an inflammation of the blood vessels that run under the surface of the breast and it occurs in about 1% of patients. Fortunately, this condition requires no additional treatment and will go away on its own.

## **Late-**

- 1.) Asymmetry (difference in size or shape between breasts)-Most breast are asymmetric before breast augmentation, and all breasts remain (at least to some degree) asymmetric after the operation. Usually, the differences between the breasts can be improved during surgery, but occasionally the breast can become even more asymmetric after the operation and additional surgery may be required to improve this problem. For problems with sinking implants or implants placed off center, the wound is opened and the implant is moved. Sometimes if the first procedure is done in a subglandular approach, fixing the asymmetry can be done with submuscular implant placement.
- 2.) Contour problems- These may be seen before or after breast augmentation. Although implants usually improve breast shape,

contour irregularities may persist or worsen after the operation requiring additional surgery to correct them.

### 3.) Capsular Contracture-

a. Definition- Once an implant has been placed, cells called fibroblasts make scar tissue to surround the surface of the implant. This occurs around every implant in the body, including artificial joints, pacemakers, or shunts. The scar tissue that forms around the implant is called “connective tissue” or the “fibrous capsule” and is responsible for keeping the implant in place. This capsule, for reasons which are poorly understood, can sometimes thicken and contract. This squeezing of the implant can cause shape changes, hardening, or pain.

b. Preventing Contracture- A number of factors may reduce the occurrence of capsular contracture. These include submuscular implant location, use of textured implants, and prevention of post-operative infection or bleeding. Sometimes doctors will also ask patients to start massaging the breast 5 days after surgery to reduce hardening of the capsule surrounding the implant. It should be noted, however, that massaging with textured implants is discouraged.

c. Treatment For Capsular Contracture- For severe capsular contractures, the treatment of choice is re-operation. During this procedure, scar tissue lining the implant pocket is removed. Subglandular implants may be moved to a submuscular position.

4.) Altered Sensation or Feeling- Most women have some decrease of breast/nipple feeling or sensation following surgery. For women with these changes, feeling often returns after 6-12 months. Unfortunately, 15% of patients have permanent loss of nipple sensation in at least one of their breasts. Loss of feeling to areas besides the nipple is common as well, though within a year most patients return to normal. Rarely, symptoms such as itching and tingling occur, but like the others, these normally end in 6 months.

5.) Deflation or Rupture- The rate of deflation was published in one large, well-controlled study at 8.3%, though in the past this has often been a largely debated number. Implants that are placed in the subglandular position and implants larger than 450cc are at greatest risk for deflation. If this complication occurs, additional surgery is required to replace the implant. The cost of replacement usually is the responsibility of the patient.

Cunnigham BL. Lokeh A. Gutowski KA. Saline-filled breast implant safety and efficacy: a multicenter retrospective review. *Plastic & Reconstructive Surgery* 105(6):2143-9 2000 May

**j. How long will I be in the hospital/outpatient surgery center?**

For outpatient surgery, (surgery without an overnight stay in the hospital), patients are allowed to go home after the anesthesia has worn off which is usually about 2 hours. Before leaving the medical center, patients will be able to walk, drink water, go to the bathroom, and have their pain controlled by pain pills.

**k. Will my breasts look “natural”?**

Patient satisfaction for breast augmentation surgery is high. Even women who experience complications after surgery are often satisfied with the way they look. How “natural” post-implanted breasts look will depend on the size of the implant AND the patient. For example, women who have small breasts before surgery and are receiving large implants are less likely to have “natural” appearing breasts, compared with women receiving smaller implants (i.e. more modest enlargement.)

Not all patients are happy with this surgery. 3% of patients report that they are dissatisfied with their implants. Understanding the potential risks for this surgery and working with a plastic surgeon you are comfortable with will help ensure a good result.

*Strom SS. Et al. Cosmetic saline breast implants: A survey of satisfaction, breast-feeding experience, cancer screening, and health. Plastic & Reconstructive Surgery. 100(6):1553-7, 1997 Nov.*

**l. Will my nipple sensation or feeling change?**

Most women will have loss of some feeling or sensation following breast augmentation surgery. For most of them, this lasts 6-12 months before returning to normal. 15% of women, however, have permanent alterations in nipple sensation.

**4. After Surgery**

**a. How long will I be out of work?**

This obviously depends on the type of work being done. Some general guidelines are as follows. Upper arm movements like reaching should be avoided for the first 1-2 weeks. Driving can begin after this time as long as the patient no longer needs pain medication. Patients should not lift anything heavier than 5 pounds for six weeks after the operation. This lifting restriction may prevent some women from returning to work.

**b. How long before I can exercise?**

It is recommended that patients begin walking immediately after surgery. However, women should not perform any intense physical exercise for six weeks following the operation. Physical exercise including weight lifting, biking, jogging, and other forms of intense activities may cause implants to shift position or cause wound healing problems that may alter the appearance of the breasts after surgery.

**c. How long before I can drive?**

Women may start driving a car 1 week after surgery as long as they are not taking any pain medications.

**d. How much pain will I have?**

The pain from breast augmentation surgery generally can be well controlled with medication in the first 1-2 weeks following the surgery. It is important to note that severe or untreatable pain following surgery can mean infection or another complication.

**e. What breast size will I be?**

“Breast size” as measured by bra-size is variable and is often not a good way to measure final size. As a general rule, every 125-150cc of implant volume equals an increase in a single cup size. However, every patient’s body is different.

**f. Will my implants affect my physical functioning such as working, lifting weights, or lifting heavy objects?**

Unlikely. Depending on the size of the implant, most women find no trouble performing most physical activities following the surgery. Weight lifting, or lifting heavy objects will not affect the implant once the scar has properly healed. In fact, women body builders with implants attest to this!

**g. Can I still breast feed after breast augmentation?**

Yes. Placement of the implant below the breast tissue, as in subglandular placement, does not affect the ability of the breast to produce milk. Similarly, submuscular placement, or implant placement below one of the chest muscles preserves proper breast functioning. With the peri-areolar incision, an increased risk of breast-feeding problems may exist. In one study, 7/8 patients reported problems with breast-feeding following peri-areolar breast augmentation surgery. For women who choose the infra-mammary or trans-axillary incision, (incisions under the breast and through the armpit), breastfeeding is usually not a problem.

### **Is breast-feeding safe after augmentation?**

Yes. Studies have shown that babies that are breast-fed by mothers who have received breast implants are not at increased risk of any disease.

### **h. Will the implants affect cancer detection in later years?**

Many studies have addressed this question. It has been found that cancer detection is not delayed by having the implant behind the breast tissue. In addition, the risk of developing breast cancer is the same, as that in women without implants. Women with implants that do develop cancer have the same survival rates as women without implants. Breast implants do make it slightly more difficult to examine the breasts with mammography. However, special views during mammography are used to examine more of the breast tissue. It is slightly more difficult to see the breast tissue with mammography when the implants are placed in the subglandular versus the submuscular position.

### **i. Will the silicone in my implants affect my health?**

The saline implants that are currently in use have a shell or envelope made of silicone plastic. Silicone “gel” implants that were used from the 1960’s until 1992 have been the subject of much controversy and even resulted in the short term ban of silicone gel implants in 1992. After much investigation, the FDA declared in 2001 that silicone implants do not place women at increased risk of disease.

### **j. Will I ever need any additional operations?**

Sometimes additional surgeries may be required if there are complications from breast augmentation surgery including implant rupture, capsular contracture, or the development of breast asymmetry. In addition, implanted breasts will age just like any other body part and in the future some woman choose to have additional operations to correct the results of gravity and aging.

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