



Northland Plastic Surgery

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Patient Information sheet

Breast augmentation

WHAT IS DONE?

Breast Augmentation has the aim of being able to enlarge the female breast in those instances of poor development or loss of breast tissue after pregnancy. Various methods of fat grafting have been tried but are very problematic and sometimes disastrous. Newer techniques for free tissue transfer have been developed but require major operations and are reserved for situations like limb salvage. These operations leave substantial donor defects which are incompatible with improving body shape.

Other operations for breast replacement after cancer have also been developed but have the same difficulties as above.

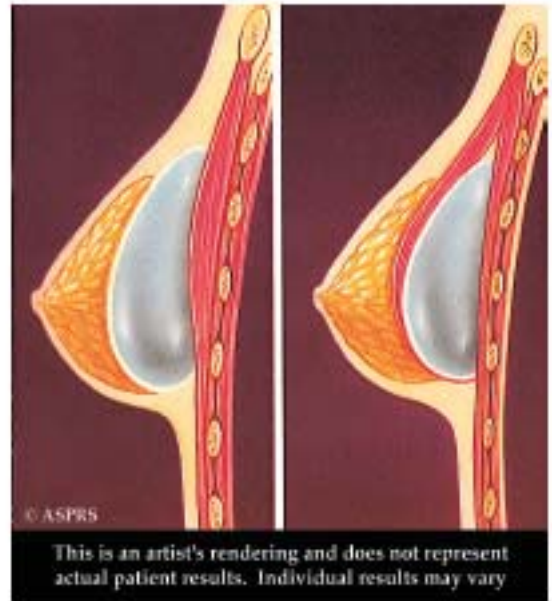
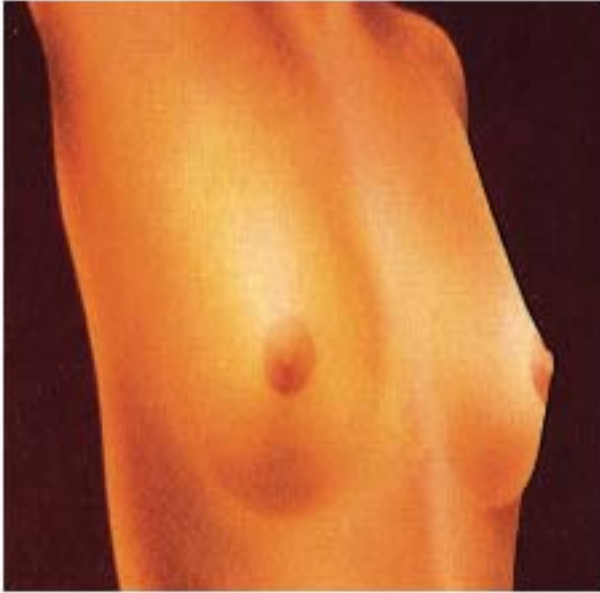
The early implants were very thick and lasted for the expected life span but mostly became hard. Dow Corning the manufacturer of these in the late 70s unilaterally decided to thin the walls to make them softer. The result was leakage and a very stormy passage for the company.

About the same time a smaller company in the states was researching the problems with the profession and came up with the idea of texturing the outer envelope so that when the body seals it off the texturing prevents it contracting and becoming hard. This cut the capsule contraction rate from a very high rate to about 10% which was a big improvement. The type of silicone changed to a set jelly rather than a runny one which prevented leakage in the event of accidental rupture. The envelope was strengthened and the profile improved and this is the device used today.

There was a period when we tried using saline filled devices but the leakage rate was not acceptable. The newer implants have performed well but when all said and done the operation is still not totally ideal in so far as 15% of patients will require some kind of maintenance operation.

As a result of all the research we can say that they do not cause cancer, the silicone does not compromise general health and in most people works satisfactorily.

My recommendation is that for those who are highly motivated and prepared to accept yearly check ups and the attendant risks then it is the best solution we have.



HOW IS IT DONE?

A space is created under the pectoral muscle in those with very thin skin or under the breast itself if there is sufficient cover for the upper border of the implant to give a natural take for the breast profile in the upper chest, and prevent a visible upper border. The implant is often felt at the lower pole of the breast by careful palpation after operation. An implant is placed into this shaped space to a volume matching the overall body shape, including the size of hips etc. Small drains are placed for 36 hours for good healing, The operation is performed under a general anaesthetic.

My preferred approach is via the nipple as the scars are well hidden and access is excellent for accurate placement of the prostheses and in the event of re operation being required. There are a number of alternative approaches but they all have drawbacks. Nipple sensation is only temporarily disturbed. Rarely sensation may be impaired.

The breast size is increased by two cup sizes on average although with careful pre operative planning the best size is chosen before operation.

Surgery takes around 2 1/2 hours and is performed at Kensington Hospital Whangarei as a day case where overnight facilities are available if required.

WHAT IS THE RECOVERY PERIOD

Pain is controlled in the first two days with special medication and generous use of long acting local anaesthetic at the time of surgery. Thereafter Panadene is sufficient for a few more days. Stiffness and tiredness are experienced in the first week to 10 days.

Most of the swelling is gone by 10 days although some bruising may last up to three weeks. It is recommended that three weeks be taken off work although some women like to return to light duties after two weeks. It is suggested that aerobics for the energetic be left for around 6 weeks and weight lifting be left for around three months.

WHAT ARE THE COMPLICATIONS?

The incidence of scar tissue forming around the implant with enough force to squeeze it into a hard ball is about 8% (figures in the US say 4%). This is called Capsular Contracture and is treated by removing the scar and adding some softening body hormones.

The overall re-operation rate when all results are pooled is about 15%. Only half of those going firm will require re-operation. The remainder are removal of old implants or correction of muscle pocket asymmetries.

Occasional wrinkles, folds or knuckles can be felt on careful palpation but are not usually visible. Minor asymmetries which often pre exist in all normal breasts can be compensated for if sufficiently large. Some minor asymmetries may be noted after operation but are seldom severe enough to warrant further operation. Asymmetry can be a problem requiring correction in those of the 8% that get capsular contraction.

Prosthesis lifespan and re-operation rate

The life span of most prostheses is considered to be about 10 years although most of the old ones done in the 60s are still in place. It is important to be mindful that breast implants are reversible devices that are not perfect and may incur maintenance costs. Having said that it is an operation with which a high percentage of people express satisfaction.

What are the costs?

The implants themselves cost approximately \$1600 each and are backed against faults by the manufacturer.

The surgeon's fee is \$4002.50 GST inclusive and is payable 10 days in advance to confirm booking. Hospital costs are an estimate only and dependent on time spent in theatre and the materials used with the average being \$4,500

The anaesthetic costs are again time dependent but the average is \$1,000

The total costs for the average bilateral breast implant is around \$12,800.00

YOUR RESPONSIBILITIES

- To reveal all medications, conditions, history, allergies and recreational drug use.
- To understand all aspects of the information discussed at consultation and all written information given and to seek clarification if needed.
- To understand that you are entering a process where your surgeon is dedicated to the best possible outcome. This requires engaging in the complexities of biology, healing and individual differences.
- That additional stages or further surgeries are occasionally required and that the surgeon's best efforts are the basis of the charges. Further surgeries will incur additional charges in pursuit of a particular result.
- To understand that the initial consultation is charged for but all subsequent pre operative consultations pertaining to this surgery are at no charge.
- To understand and accept the above conditions.