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Breast augmentation – Detailed information

If you're considering a breast augmentation will this information to give you a basic understanding of what the operation entails, how it goes to and what results you can expect.

General

History

Breast augmentation with implants have been done since the mid-sixties in order to increase the size and change the shape of the breast. Today, breast augmentation is one of the most common aesthetic surgery among women. The reasons why a woman chooses to undergo a breast augmentation varies, but usually feel that the breasts are disproportionate and too small in relation to the rest of the body. The might of nature does not correspond to the size and the form she wants, they can be of different size or have become smaller or lost their shape after pregnancy and breast feeding.

Breast augmentation is also done as part of reconstruction after breast cancer surgery.

Development of implants

In recent years, there has been a development of new techniques in breast surgery, with new implants, each with their pros and cons.

No matter which you choose implants so the outer casing consists of silicone, with either a smooth or a rough (textured) surface. Content typically consists of silicone gel or saline, but there is also a variant which combines the two. The latter consists of an inner casing of silicone gel surrounded by an outer enclosure of common salt. There are also other filling materials, but these are in many cases not yet sufficiently scientifically documented which is why most plastic surgeons choose to work with silicone or saline implants.

are there differences between the different implants?

The surgeon's choice of implants and technology is based on opinion, taste and experience of different implants. There are currently no clear medical reason to prefer one prosthesis over another. However, there are differences between implants filled with saline solution and implants filled with silicone gel, differences that are not a matter of taste and that is important to know.

Saline implants are easier to investigate than silicon, meaning that one sees breast tissue easier at a mammography assessment with saline implants. With today's mammography technology and experience in assessing the breasts with silicone prostheses, there is no longer, however, much difference.

No implants "keep forever". When the silicon case on implants filled with saline fails or begins to leak, the cooking salt is absorbed by the body. The chest becomes flat and the patient must undergo a new operation to get a new implant.

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Silicon case on a silicon-filled denture ("gummy-bear implant") can of course also break, but because the gel is more solid and viscous most of the gel remains inside the implant silicone shell. The silicone that may fall outside the prosthesis stays inside the natural connective tissue membrane, the capsule body forms around all implants. The chest retains its fullness, and a new procedure doesn't have to happen immediately.

Silicone is dangerous?

Studies on tens of thousands of patients around the world has shown that there is nothing to suggest that silicone implants are associated with an increased cancer risk or a risk of immunodeficiency diseases. There are thus no implants today that may be considered more natural than anything else and therefore less dangerous.

"Gummy-bear implants" Style 410

In 1996, a new anatomically, drop style, silicone implants - the so-called "gummybear-implant"- was developed, consisting of a firmer silicone that is not flowing out.

I have since then preferred to work with this implant, because it is available in several different models and with a richness in terms of height, width and projection (how much the implant stands out).

It feels as if I have a palette of colors to paint with, instead of just black and white. I have had more opportunity to individualize and personalize breasts after the patient's wishes and to create proportional and beautiful breasts with a natural look - which is what most women want. The possibility of using these implants to correct any asymmetries of the breasts or chest is also much greater.

Location of incision for implant

The most common is to place the incision under the breast in the crease with thorax. The cut will be 3-5 cm and is well suited for positioning the implant on or below the pectoral muscle.

The incision can also be placed in the arm cavity area. Through the armpit to create a pocket for the implant, usually under the pectoral muscle. The surgeon then uses an endoscope attached to a screen (so-called keyhole surgery), otherwise it can be difficult to inspect the prosthetic burrow and possible bleeding. There is also an option to do this blindly, that is to say without seeing the cavity created, the downside is that it can be more difficult to control any bleeding.

The incision can also be placed in the edge of the nipple, but it requires that the areola is large enough.

Another technique is to place the incision at the belly button. The disadvantage of this technique is the difficulty to create a smooth pocket for the implants and thus a symmetry of the breasts, why it is only used by a small number of surgeons.

At Victoriakliniken we do 99% of the incisions in the breast fold. It's minimizes risk, gives the best control, and the scarring is very limited and hardly visible.

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Placement of implants, at or below the muscle

Around all foreign material implanted the body form scar tissue, a connective tissue capsule. The capsule can in some patients have a tendency to harden and tighten, which is a disadvantage in breast enlargement operations. The capsular contraction can make the breasts feels harder than normal and that they often have a more unnatural appearance.

To solve these problems, surgeons began in the 1970s to put the smooth implant deeper, under the great pectoral muscle, and managed that way to bring down the frequency of capsular contracture significantly. Later an implant was developed with a rougher surface, which also gave a lower frequency of capsular contracture. This implant is placed on, as well as below the chest muscle.

At today's breast enlargement surgeries primarily two methods are used. Either smooth implants are placed under the great pectoral muscle, or implanta with uneven – textuerad – surface are placed on or under the pectoral muscle.

Summary

The incision and the placement is determined thus by the surgeon's surgical technique. I do not want to lock myself into only one technology but am trying to customize my surgery after the patient's biological conditions, age and preferences. Each patient is unique and there is not only one great way to do a breast augmentation. If that was the case, we would have just one technique and one type of implant. Nevertheless, today I almost exclusively work with "gummy-bear implants", because I believe that these provide the best form of breast. However, I work with several different brands; Allergan's Style 410, Mentors CPG, and more recently I've started working with Motiva implants. Regardless of which technology and which implant one chooses to use, the aim should be to strive for a natural and proportionate appearance and to adapt the surgery after the individual patient's needs.

There are currently no medical reasons to change the implants after a certain period of time, but over time the casing around the implant weakens and there is a risk of breakage.

A general recommendation is that after 10-15 years, check your breasts with the plastic surgeon and discusse the possible replacement of the implants. There is a constant development of implants and implants of the future is likely to surpass the quality of the ones we have today.

What are the risks or complications, you should be aware of?

Any form of surgery may present risks, but the risks are usually small if a qualified and experienced plastic surgeon performs the operation. The healing process and the end result is never predictable with each patient having different biological conditions. The chance of being happy with the result, however, is very large if you get accurate information and have realistic expectations after having spoken to your plastic surgeon.

Risks that may be present at any form of surgery

- An after-bleed that sometimes need to be removed. The risk is just over one in a hundred, and does not affect the results in a negative sense. A after-bleed usually occur within 12 hours, after 1 day the risk of bleeding is very small.

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- An infection. This is unusual for a breast enlargement operation, but can normally be easily remedied with an antibiotic treatment. In some cases, the implant may need to be removed until the infection clears, after which a new implant can be inserted.
- A clot formation in a blood vessel. The most common symptom is that the calves swell and ache, you might also sense a sudden shortness of breath. If this occurs, you should immediately contact the clinic.
- Pain and sudden swelling of the treated area, or fever within a few days after surgery. If this occurs, contact the clinic so that we can assess whether a possible complication exists.

Special risks/complications related to this operation.

- Around all foreign material implanted in the body to form a scar tissue, a connective tissue capsule. Some patients have an increased risk of having ugly scars on the outside of the body. In the same way there are some patients who have an increased risk for the connective tissue capsule, which is formed naturally around the implant, becomes thicker and firmer and create a capsular contraction in the breast. The breasts will feel harder than normal and adopts a more unnatural appearance. A so called capsular contracture occurs in about 10% of all breast enlargement operations. The figure, however, is a rough average and vary depending on the type of implant used. A study presented in 2001 shows that the anatomical "gummy-bear implants" style 410 have one capsule rate of 5%, which is significantly lower. At Victoriakliniken, our rates are lower than that; between 0-2,5%. A capsular contraction can be surgically corrected. Normally this is not done any earlier than 6 months after the first operation. The risk of getting a new capsular contraction, after the first one, is about 50%.
- Sensory deprivation such as loss or sensitivity in the nipple or along the cut. This can occur right after surgery but is usually temporary. In exceptional cases it may be permanent.
- Increased scar activity. There is a general risk of this in the breast region, while rare. After 1 year, the scars will usually have faded and become thin white lines, it is important to remember that the scars are permanent, albeit very thin.
- The long-term consequence of breast implants in the breast shape and appearance depends largely on the patient's skin elasticity. This deteriorates with increasing age and is influenced by external factors such as sun exposure, diet and smoking, as well as hereditary factors. Large implants pose a greater risk to skin stretching and hanging breasts. In addition, it puts a greater load on your back.

How do you prepare as best as possible before the surgery?

On your first visit, you will fill out a health declaration. It forms the basis for anything special you should consider before your surgery. After consultation with your plastic surgeon, you will meet with one of our patient coordinators that will give you all other information. You will also receive a piece

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of paper with information that you can read through at home. The consultation is completely independent and you can choose to book the operation at a later time.

What happens during surgery-day?

You are welcome to the clinic at 7:00, and will be shown to your room in the hospital ward where you get in order and change to the clinic's clothes. You must be fasting since midnight and have followed the specific prescriptions you have read about in your paper information.

You will then meet with your surgeon who along with you once again goes through surgical technique, your condition, risks and complications. Of course, there is time for additional questions if there is anything you are wondering about.

In connection with your conversation with the surgeon you will be photographed. The photographs are a means to upon your return visits after 6 months evaluate the end result. Of course, these photographs are confidential, such as all journal content.

Only the most important part remains: a careful drawing and final planning of the area to be operated on, based on your special requirements. You sit or stand so that the surgeon can best assess where the incisions should be placed.

Once this is done, you will get to the recovery room where you will be received by a nurse that prepare you for your surgery. The anaesthesiologist will also have a talk with you, and you get an opportunity to ask any questions.

The planning of the day's operations takes place in the morning. You and your loved ones get information on an approximate time for your surgery after the surgeon met with all patients.

While you are waiting for your operation, you have the opportunity to relax in your bed in the recovery room. Please bring with you something to read or listen to while you wait. It's fine to have your mobile phone switched on but with the signal off. Wifi is available.

What happens during surgery?

The area to be operated on is cleaned with alcohol to make it sterile and is then dressed sterile. The operation is performed under general anesthesia combined with local anesthesia, which means that it is painless and you are asleep throughout the operation. The advantage of using only a light general anesthesia is that you quickly feel better and you feel less nausea afterwards.

The surgeon places the incision and uses the slit to lift the breast tissue and skin to create a Pocket, either directly behind the breast tissue or behind the chest muscle. Small leaking blood vessel blood are carefully stilled and the surgeon then puts in the implant.

The cut is closed by first sewing the subcutaneous tissue with a thread that the body itself takes up. At the top layer of skin, a thin nylon thread is the used, which is removed after about 3 weeks. A surgical tape is put over the stitches to help with healing. The operation takes about 20-35 minutes, depending on the surgical technique used.

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After the operation

The first hour after the operation, you can freeze and shake, this is usually due to a combination of being a bit cold, and that the drugs received are broken down and flushed out of the body.

Some patients may feel nausea. To reduce this feeling can sometimes get medicine, especially if you have a previous experience of heavy nausea. Beverage or food right after surgery can also stimulate a nausea.

The experience of pain is very individual and some patients feel more pain than others. Our goal is that you should feel as good as possible and have as little pain as possible. The art is to bring pain relief after each patient's needs, and to give you just as much as you need without becoming more nauseous or too tired. Our staff have extensive experience with this, which is the best prerequisite for making the first 24 hours after the operation as pleasant as possible.

What happens next after your surgery and what should you consider?

You will have pain relieving pills and antibiotics in connection with your discharge. Please note that some medicine is incompatible with driving or alcohol, so you should exercise caution when driving and give up alcohol the next two weeks. Also consider, that through the anesthetics you are still influenced by drugs and should absolutely not be driving in the next 48 hours after the operation, ensure that you are being retrieved by relatives or you take a taxi home.

Remember to take it easy the first few days after surgery so that healing is not disturbed. You're can be up and moving, but avoid heavy lifting and physical exertion. If you have a job that involves heavy lifting, you should plan so that you can be free for the first 3 weeks. Often, you can start with easier exercise after about 3 weeks, but wait for more detailed information on your return visit.

Nicotine intake adversely affects the outcome of surgery in the form of delayed and poorer healing, higher risk of infection and ugly scars. We recommend that you avoid to smoke or use other forms of tobacco the first 4 weeks after your operation, as well as 4 weeks before. If you find it difficult to quit, you can instead use the nicotine patch or nicotine gum.

If you are taking birth control-pills, progestogen-only pill or Estrogen, you should similarly take a break 4 weeks before and 4 weeks after surgery. Taking hormones increases the risk of blood clots.

You should avoid the heat in the form of sauna, tanning and bathing the first 4-6 weeks after your operation. These activities can increase swelling and risk of infection.

It is important to remember that the end result cannot be judged until after at least 6 months, sometimes longer. Your surgeon will make your incisions as small as possible, but it is important to remember that the scars are permanent. In the beginning, there is often a redness in the scars and the tissue around the surgical site may feel stiff. The scars soften progressively and can fade to thin white lines.

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