

BREAST AUGMENTATION

MEMORIZE THIS PAPER PRIOR TO SURGERY

Breast augmentation has become one of the most popular and widely accepted cosmetic surgeries in recent years. Whether augmentation is done for reconstructive or cosmetic purposes, most women develop a new sense of self-confidence and feel more feminine.

Today's implants are stronger and safer than those used in the past. Typically, the implants are filled with saline (salt water) or silicone gel. They are available in a variety of sizes, and the size used depends on a number of factors, including the woman's body shape, chest size, and desired breast size. Depending on the amount of breast tissue and body fat, Dr. Toledo will go either over or under the chest muscle. The shape and placement of the implant will be determined on an individual basis.

Women are often pleased to learn that implants should not interfere with breastfeeding.

THE PREOPERATIVE VISIT

This visit will be scheduled approximately two weeks before surgery. It will give you an opportunity to ask questions you might not have asked previously. We will review your medical history, give you a preoperative examination and discuss what to expect during surgery. If you are over forty years of age or have a history of heart abnormalities, we will arrange for an electrocardiogram and lab tests. We will also take preoperative photographs, which become a permanent part of your medical record, and remain strictly confidential. Your operative consent will be read and signed, preoperative instructions reviewed, and prescriptions for the medications will be given to you at this visit.

Arrangements to facilitate overnight or postoperative care will be made to suit your individual needs. Facility and anesthesia charges are separate from the surgeon's fee. Payment for the surgery will be due at this time.

WHAT TO EXPECT DURING SURGERY

Breast augmentation is usually performed at the Highland Park Plastic Surgery Center on an outpatient basis under general or twilight sleep sedation anesthesia. A board-certified anesthesiologist or anesthesiologist will be present to make you comfortable and unaware throughout the procedure.

Before surgery begins, you will be asked to change into a surgical gown and will be taken into a private operating room. An intravenous line will be inserted into a vein in your arm. This will make it possible for the anesthesia provider to administer fluids and to deliver the necessary medications to make you comfortable. Monitoring devices will be connected to you to assure your safety.

Your chest area will be cleansed with an antiseptic solution, and then covered with surgical drapes. The incisions are typically made in one of three locations: the areola margin, the fold below the breast, or the armpit. The incisions will be closed with small sutures and bandages will be placed over your chest.

Your breast augmentation will take about two hours. If performed in conjunction with other procedures, surgery will naturally take longer.

WHAT HAPPENS AFTER SURGERY

You will be transferred to a recovery room adjacent to the surgical suite, where you will be continuously monitored as you recuperate from the effects of the surgery and anesthesia. You will be allowed to go home after a recovery period of one to two hours. You should feel fine, although it is not unusual to expect some discomfort, especially if the implants are placed under the muscle.

If you are going home, the person taking care of you must stay with you for 24 hours and will be given instructions about your after-care before you leave. For out of town patients, we can arrange for post operative care in an after care facility. You will not be able to care for yourself the first twenty-four hours following surgery.

NOTE: If you live out of town, you must make arrangements to stay within a thirty-minute drive of the center for the first twenty-four hours after surgery.

Preoperative Guidelines

Cleanser: Bathe your entire body with CLn body wash the 2 nights prior to surgery and again the morning of surgery. CLn body wash is an anti-bacterial, antiseptic liquid soap. Sleep on clean sheets the night before surgery and wear clean clothes to your surgery.

Medications: Do not take aspirin or ibuprofen for three weeks before or two weeks after surgery. Please inform us of any and all medications you take including prescriptions, over the counter, vitamins, herbal or natural medicines, and supplements. **Hormone replacement therapy and birth control pills increase the incidence of blood clots. STOP 2 WEEKS BEFORE AND AFTER SURGERY.**

Smoking: Smoking or nicotine use (chewing tobacco, nicotine gum, snuff) can have a severe detrimental effect on wound healing. The nicotine decreases the vital blood supply to the skin and can cause poor healing or even skin death. **STOP ALL NICOTINE PRODUCTS 2 MONTHS BEFORE AND AFTER SURGERY.**

Caffeine: Excessive use of products with caffeine such as coffee, tea, or soft drinks, especially Diet Coke, can have similar effects as nicotine. **STOP ALL CAFFEINE PRODUCTS 2 WEEKS BEFORE AND AFTER SURGERY.**

POSTOPERATIVE GUIDELINES

What to expect:

- Bruising. This lasts for two to three weeks.
- Feeling of tightness. This subsides over several weeks.
- Sensation of numbness of the breasts and nipples, usually temporary
- Swelling. This will gradually decrease over a period of several months.

REMEMBER THE BRUISING, SWELLING AND NUMBNESS IS NEVER SYMMETRICAL, EACH BREAST WILL HEAL SLIGHTLY DIFFERENT.

Call (214) 363-4444 if you have:

- Severe pain that does not respond to medication.
- Significant swelling, and/or unrelenting pain that occurs more on one side than the other.
- One breast swollen 10% more than the other one.
- Deep pain in the legs/calves; which may indicate a blood clot.
- Shortness of breath or labored breathing can be a sign of blood clots in your lungs.
- Any problems or questions that we haven't covered on this instruction sheet.

Activity: You should take it easy the day of your operation and the following two days. Increase activity slowly as instructed. Try not to lift anything over ten pounds for one week. You can resume non-strenuous activities within three days, but wait three weeks for strenuous sports. Sleep on your back for two weeks to avoid direct constant pressure on your breasts. Because of the pain medications, you may feel light headed and need assistance getting to and from the bathroom the first few days.

Medications: Take the medications we prescribed according to the instructions on the bottle. You may feel a bit drowsy, so have someone help you. If you need a refill, call the office and give us the number of your drugstore or pharmacy. Do not take aspirin or ibuprofen for three weeks before and two weeks after your surgery. Tylenol may be used as an alternative to the prescribed pain medication. For more detailed instructions on your prescriptions you may refer to the post operative medication sheet that you will be receiving upon discharge. **Hormone replacement therapy and birth control pills increase the incidence of blood clots. STOP 2 WEEKS BEFORE AND AFTER SURGERY.**

Pain: The period of greatest discomfort usually lasts about twenty-four to forty-eight hours. Thereafter, you should have less discomfort and less need for medication. Occasionally, it lasts a bit longer, as different people have different pain tolerances.

Alcohol/ Diet: Do not drink alcohol for five days after surgery or when taking pain medication. Start with liquids the first few hours and then progress to your regular diet as you desire.

Driving: You may drive when you feel up to it, starting 48 hours after surgery. Never drive under the influence of pain medication or sedatives.

Bra: You will be given a bra at your postoperative office appointment. You must wear the **bra day and night for four weeks. Forty-eight hours** after surgery you may remove the bra to shower or change it. As a general rule, you should refrain from going braless for the first month following surgery.

Bathing: You may shower **48 hours after your surgery.** Do not use very hot water. Bathing or swimming may loosen the steri-strips or tape on the incisions.

Sun: Do not sit in the sun at all for one week after surgery. Then you may gradually increase sunbathing. If the incisions are exposed, apply sunscreen for six months.

Sports/Work: Strenuous sports such as tennis, swimming, jogging, aerobics, or bicycling may be resumed after three weeks. Refrain from any activity that significantly raises your body temperature, blood pressure, or heart rate for three weeks after surgery. Depending on the kind of work you do, you may be able to return to your job as soon as you are comfortable. If your work is fairly sedentary, you may go back to work in three days.

Postoperative visits: One to two days after surgery, you will be seen at our office.

Your breasts will be examined at that time, dressings will be changed, and we then place you in your bra. Subsequent visits: All further office visits will be determined by your progress. Typically, the sutures will be removed 5-6 days after surgery, and your next visit will be 3-4 weeks later.

Massaging: If you received round, smooth implants it will be extremely important for you to massage your breasts. Massaging will help limit the amount of scar tissue formation around the implants and therefore keep your breasts feeling soft. You will begin massaging your breast five or six days after surgery when you return for suture removal. Our nursing staff will teach you the proper way of massaging your breasts. You need to massage your breast at least twice a day, sliding the implant up towards your collarbone. It is imperative that you keep this superior pocket open. Unfortunately, one week after surgery it is still a little uncomfortable to massage your breast, but if you wait more than one or two weeks after surgery to do this, that upper pocket will be closed off forever. Pay close attention to our nurses' instructions because this is the single most important thing you can do to achieve a good result after surgery.

Swelling: Surgery anywhere on the body causes swelling-your breasts are no exception. The swelling is never symmetrical and of course varies with each individual. Typically you will swell approximately 1/2 of a cup size, and it then regresses slowly over several weeks to months. For the first several days you may hear or feel "slushing" sounds-this is just a little serous fluid or blood around the implant that should disappear. If you notice one breast suddenly become significantly larger than the other and it is tight and painful, this is possibly a hematoma (collection of blood) developing, so call us immediately. This (blood collection) is the reason strenuous exercise should be avoided for 3 weeks, as blood clots can break loose as a result of high blood pressure.

Steri-Strips: Steri-strips or tape, are the single most important factor that reduces scarring. The tape helps to flatten the scar and keeps it from spreading or widening as the internal sutures dissolve. The steri-strips will be placed on your breast incisions after the sutures are removed. Watch how the nurse applies the glue and tape, as you will be doing this once a week for four to six weeks. Depending on your skin oils and physical activities i.e., sweating, bathing, or swimming, your tape may or may

not stay on very long. The longer you can have your tape on the incisions without changing the better the scar result. Frequent tape changes can sometimes cause an allergic rash manifested by redness, swelling, and itching. If this happens, stop the tape and glue immediately and call our office. The rash will generally subside on its own, or we may need to prescribe a cortisone ointment. If any of the areas along the incision exhibit irritation, redness, drainage, or open skin, **DO NOT APPLY THE TAPE.**

You will be more comfortable using the private postoperative waiting room for your initial postoperative visit. Park at the handicap spot in front of the Sherry Lane door. Press the doorbell and we'll let you in from the inside.

Please feel free to call us at any time during your healing period. **THE OUTCOME OF YOUR SURGERY IS IN YOUR HANDS AS WELL AS THE DOCTOR'S. IT IS YOUR RESPONSIBILITY TO FOLLOW ALL INSTRUCTIONS GIVEN TO YOU.**

POSSIBLE PROBLEMS AND COMPLICATIONS

No surgical procedure is without risk. Most complications associated with breast augmentation, however, are minor.

Here are some possible problems:

- Collection of blood under the breast (hematoma). This can be removed.
- Temporary crusting which forms on the incision.
- Loss of sensation in the lower portion of the breast. This is fairly common, but in time, sensation usually returns.
- Decreased or absence of sensation in one or both nipples. This may or may not return.
- Extraordinary sensitivity when breast incisions are touched. This occurs occasionally, but disappears with time.
- Depression. With aesthetic surgery, as with other surgical procedures, this sometimes occurs postoperatively. This is generally attributed to the normal response of the body to surgery and anesthesia.
- Asymmetry. No patient is identical from side to side. Small differences exist in all patients. In the occasional patient with a major difference, this can be improved with a secondary procedure.
- Capsular Contraction. Scar tissue, which forms internally around the breast implant, can tighten and make the breast round, firm, and possibly painful. Excessive firmness of the breasts can occur soon after surgery or years later. Although the occurrence of symptomatic, capsular contracture is not predictable, it generally occurs

in less than 20 percent of patients. The incidence of symptomatic, capsular contraction can be expected to increase over time. Capsular contracture may occur on one breast, both breast or not at all. Treatment for capsular contracture may require surgery, implant replacement, or implant removal. To help avoid this complication, we cannot stress enough the importance of MASSAGING AND VITAMIN E.

- **Implant Rupture.** Breast implants, similar to other medical devices, can fail. Implants can break or leak. When a saline-filled implant deflates, its salt water filling will be absorbed by the body. Rupture can occur as a result of injury, from no apparent cause, or during mammography. It is possible to damage an implant at the time of surgery. Damaged or broken implants cannot be repaired. Ruptured or deflated implants require replacement or removal. Breast implants cannot be expected to last forever. Currently, at this writing, the rupture rate for saline implants is less than 10% for ten years. Depending on the manufacturer of your implants, you may have a warranty. The details of the warranty will be explained to you before the surgery.

Potential but unlikely complications

- Infection
- Poor healing of skin.
- Loss of a small area of skin or nipple and areola (necrosis).
- Persistent pain in the breasts. This occurs rarely, and if it does, it usually disappears with time.
- Hypertrophy or keloid scarring – if this happens it can be treated with cortisone injections or tape or possibly scar revisions.
- Complications of a severe nature, which could be life threatening
- Deep venous thrombosis (blood clots) affects mainly the veins in the lower leg and the thigh. This clot may interfere with circulation of the area, and it may break off and travel through the blood stream. This clot can then lodge in the brain, lungs, heart, or other area, causing severe damage to that organ or even death. This is the reasons we have you stop hormones, wear TED hose, and walk every 3 hours the night of surgery.

Infection Alert

There is evidence of an increased incidence of MRSA (methicillin-resistant Staphylococcus aureus) and other antibiotic resistant bacteria in our community. In the past, these resistant bacteria were typically found only in hospitals, but they are now found everywhere. Frequently people can be a carrier of the bacteria without their knowledge. An infection with this bacteria can cause severe damage to the skin and even death. We are diligent in cleaning and sterilizing our facility and try to limit the exposure of outside bacteria from patients into

our surgery center. We therefore have implemented the following hygiene steps to help prevent the contamination of our facility and therefore decrease your postoperative infection risk. Bathe your entire body with CLn body wash the 2 nights prior to surgery and again the morning of surgery. CLn body wash is an anti-bacterial, antiseptic liquid soap. Sleep on clean sheets the night before surgery and wear clean clothes to your surgery.

MRI RECOMMENDATION
AFTER SILICONE GEL BREAST AUGMENTATION

- 1) The FDA has recommended an MRI of the breasts at 3 years postop and every 2 years after. You are currently at one of these postoperative time frames.
- 2) Most silicone gel implant ruptures are silent. In other words, there are no symptoms.
- 3) MRI is not 100% accurate. Some intact implants will appear ruptured, and some ruptured implants will appear intact. This is not a fault of the radiologist or the MRI, this is the limitation of the technology.
- 4) Over many years of research, there is no indication that a ruptured implant will cause any disease.
- 5) If an MRI indicates a ruptured implant but at surgery it is found to be intact, you will need to consult your warranty for coverage.
- 6) You must understand that because of the limits of MRI technology, that you may have surgery for an implant that is found to be intact, but you will still have undergone the possible risks and complications of surgery.
- 7) In most countries outside of the United States, the equivalent of the FDA does not recommend routine follow-up MRI.
- 8) The cost of the MRI is your responsibility. Your insurance company and the implant manufacturer will not pay for this.

The decision to proceed with a postoperative MRI must be made by you, the patient, based on the above information and the information provided to you prior to surgery in the manufacturer/FDA brochure.

YOU MUST ENTER INTO YOUR SURGERY FULLY UNDERSTANDING NOT ONLY THE BENEFITS, BUT ALSO THE POSSIBLE PROBLEMS. ON RARE OCCASIONS, MINOR REVISION MAY BE NECESSARY TO ENHANCE THE FINAL RESULTS.

Note: Breast augmentation does not increase the risk of breast cancer. Examination of the breasts is still possible after breast augmentation.

WHAT YOU WILL SEE IN THE MIRROR

Your breasts will look larger, firmer, and fuller. It takes 3-4 months after surgery for your breasts to obtain their final appearance. At first, they may be somewhat bruised and “boxy” in appearance. This “boxy” look occurs because suture lines are non-elastic right after surgery, and any postoperative swelling goes to the sides of your breasts. Your supportive bra will help shape the breasts as the swelling diminishes and the suture lines begin to relax.

After 6-12 months, the scars should have faded and will be less conspicuous. The scar around the areola tends to blend nicely because of its location between the darker areola pigmentation and lighter skin.

Each woman’s breasts have unique characteristics. A surgeon can only work with what the patient is given; improvement of the existing breast is the only realistic alternative, perfection is impossible. Women’s breasts are never the same on both sides and no two women have breasts that are exactly the same. These differences and asymmetries will always exist to some degree after surgery. Breast augmentation surgery offers improvement, not perfection.

The instructions above are general and some portions may not apply to all patients. Changes in the instructions depend on your medical history, number and type of procedures and type of anesthesia.