

Breast Augmentation
FACTS YOU NEED TO KNOW
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INTRODUCTION

Breast augmentation is a procedure performed primarily to enlarge the breast by placing an implant beneath the breast tissue itself or below the pectoral muscle. There are many options available to you. There are, however, several considerations which you need to know preoperatively to help you make an informed consent about this procedure. First and foremost, cosmetic plastic surgery is both an art and a science. Therefore one cannot guarantee precisely the outcome or the result.

BREAST SHAPE: Overall the breast shape that you have preoperatively will not change significantly even with breast enlargement. Your breast shape is dependent on many factors, most importantly your chest wall diameter, the amount of breast tissue you have at present, and any existing asymmetry.

ASYMMETRY: It is normal to have breast asymmetry whether it is a size or shape difference. Asymmetries of the rib cage are normal as well as chest wall variants. These cannot be corrected by breast augmentation or implants alone. As you are asymmetric before breast augmentation, you will be asymmetric post-op including the size and shape of the nipple. The size of the nipple may actually increase slightly.

BREAST SIZE: The overall general size of the implant used is determined in the initial consultation between you and Dr. Rohrich. However, the implant size has nothing to do with the cup size. As you well know when you go shopping for a bra, the cup size will vary from store to store and from woman to woman. Therefore it is not possible to give you a quantitative/exact cup size for your breast augmentation. At the time of the initial consultation or preoperatively, you may provide Dr. Rohrich with photographs of the size of breasts you desire so that both you and Dr. Rohrich have the same understanding of your expectations. Dr. Rohrich's staff show you photographs of patients with a variety of different sizes and shapes. He also has a number of different patient shapes and sizes on his website at www.drrohrich.com. You can select photographs of what you may desire for breast size from magazines. Dr. Rohrich will discuss with you the goal of making your breast proportionate to your height, weight, and chest wall.

SAGGING BREASTS (Breast ptosis): Breast implants may improve this condition if there is a *minimal amount of sagging or breast ptosis*, but this is not an optimal way to cure this condition. The correction of true sagging breasts requires other incisions on the breast around the nipple and/or an inverted "T" incision. This can be discussed with Dr. Rohrich at your consultation. Breast augmentation does not correct the shape or drooping of the breast.

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SALINE/SILICONE IMPLANTS: Both saline and silicone implants can be used when the patient is undergoing breast augmentation for the first time. However, all implants – saline included – have a life span of about 15 years and they have a deflation rate of about 5% to 7% over the life of the implant. Most of the time implants are placed behind the muscle as it decreases the chance of hardening, has a more natural look long term, and mammograms are easier to perform and interpret. All implants are palpable (but wounds are not visible) in the lower outer aspect of the breast. Both saline and silicone breast implants are FDA approved. Today, most patients prefer silicone due to the more natural feel.

- **TEXTURED IMPLANT:** Textured implants may have a slightly less risk of hardening, especially if placed above the muscle. They do have a higher deflation rate in Dr. Rohrich's experience and have an increased risk of rippling of the skin.
- **SMOOTH IMPLANTS:** have a more natural feel, especially if placed below the muscle and have a lower risk of deflation and hardening. However the implants do move with muscle contraction so if you work out or are a body builder the implants will move when using your pectoralis major muscle. This is normal.
- **INCISION PLACEMENT AND SCARS:** Implant incisions can be placed under the breast (infra-mammary fold) which is well camouflaged underneath the breast and the most common place for the incision. It provides the best access to achieving excellent symmetry. The incision around the nipple does carry a slightly increased risk of change in nipple sensation. The armpit incision gives you a visible scar when raising the arm and if you have significant asymmetry it will be more difficult to use. If an implant does need to be replaced another incision will be required in the infra-mammary fold.
- **RISKS:** With any type of cosmetic surgery there are risks, although they are minimal. Your choice to undergo a surgical procedure is based on the comparison of the risks with the potential benefits. When breast augmentation is performed by a board-certified plastic surgeon complications are infrequent and usually minor. Nevertheless there is always a possibility of complications, including infection, bleeding, or a reaction to anesthesia, excessive scarring, need for revisional surgery, rupture of implant, loss of nipple sensation or capsular contracture (breast hardening). Furthermore, all implants (saline or silicone) will need to be replaced in 10-15 years due to aging or implant hardness or rupture.

RECOVERY:

- **HOW WILL YOU FEEL:** After surgery you will feel sore 3-5 days. Your surgery can be performed on an outpatient basis. Patients will go home with prescriptions for pain medication and muscle relaxants. The medication for pain can be taken every 3-4 hours for the first 24-48 hours after surgery. If you have a muscle relaxant (Xanax) you may take it every 6 hours for the first 24-48 hours. You will also be given antibiotics. At home you will need someone to stay with you. Infrequently you may require drains. Dr. Rohrich will discuss this with you. A surgical bra will serve as the dressing with gauze on your incisions for the first 2-3 days. You may shower and leave off the dressings after 24 hours.

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- **RETURNING TO NORMAL ACTIVITY:** You may return to work in 3-5 days with limitations on physical activity. No lifting over 10 pounds for 3 weeks. No high impact aerobic workouts or increasing your heart rate above 100 beats per minute for 3 weeks. Walking may resume in 1 day.

BREAST ENLARGEMENT Options

Breast augmentation, as you know, is performed by inserting a breast implant beneath the breast. There are many options available. This outline gives you an explanation of these options and the advantages and disadvantages of each:

IMPLANT TYPE

- Saline Filled Implants**
- + Available to all patients over the age of 18 yrs
 - + Significant lower incidence of hardening
 - + Ruptures are immediately detected as saline is absorbed by the body without harmful effects
 - + They are inserted through a much smaller incision. (less than 50% the length needed for a silicone implant)
 - Have a slightly less natural feel than silicone gel in patients with no breast tissue
 - Rippling is occasionally a problem in patients with minimal breast tissue
 - + Replacement is a simple procedure

Silicone Gel Implants

Available to patients over the age of 22 years with the exception of some patients

- + A more natural feel in some patients
- Higher incidence of hardening
- Ruptures may be undetected
- Lifespan is approximately 15 years
- A larger incision is needed for insertion (2x of a saline implant)
- Replacement is a more involved procedure

SURFACE MATERIALS

- Textured Implants**
- + Slightly less incidence of hardening
 - Replacement is a complex procedure (capsulectomy and requires drains for several days)
 - Thicker shell – more rippling
 - Slightly larger incision needed
 - Higher deflation rate
 - Used only in re-do (revision) and breast reconstruction patients

- Smooth Implants**
- + More natural feel

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- + Small incision
- + Lower deflation rate
- Slight increased incidence of hardening

SHAPE

- Round Implants**
- + Appears anatomic when placed sub pectoral
 - + Easy to insert
 - + Available with a smooth/textured surface
 - + Most versatile/natural appearance in most patients
 - May require breast massage if smooth implants

- Oval/Anatomic Implants**
- + No need for breast massage exercises
 - + Reasonable for selected patients with no breast tissue
 - Only available with textured surface
 - More difficult to insert and remove
 - Can rotate and look deformed
 - Firmer than round implants

INCISION PLACEMENT

- Incision Under the Breast**
- + Easiest to perform
 - + Higher rate achieving good symmetry
 - + Easiest to replace a ruptured implant
 - Incision slightly visible when lying down
 - Lower rate of nipple sensation loss (5-7%)

- Incision Around the Nipple**
- + Scar is usually camouflaged
 - Slightly more difficult to perform and to replace a ruptured implant
 - Increased incidence of change/loss of nipple sensation (10-15%)

- Armpit Incision**
- + No scar on breast
 - Scar visible when raising the arm
 - Difficult to replace a ruptured implant
 - Difficult to get uniform symmetry
 - Necessary to make a 2nd incision to treat scar tissue should it form excessively around an implant
 - Increased incidence of change/loss of nipple sensation (10-15%)

Umbilical Incision (Not recommended – invalidates breast implant warranty)

IMPLANT POSITION

- Above the Muscle**
- + Easier surgery to perform (less pain)
 - + May be done under local anesthesia

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- Increased risk of hardening
- Implant more palpable long-term
- More sagging with time – may require revisional surgery.

Behind the Muscle

- + More coverage over the implant – implant less palpable
- + Muscle supports implant – less incidence of implant sagging
- + Mammography easier to perform
- + Less incidence of hardening
- Movement of implant with muscle contraction
- Surgery slightly more complicated (more discomfort in early post-op period)

Dr. Rohrich would encourage you to make a list of any questions that you might want to ask and have them answered at the time of your consultation with him.

I have read and understand these facts and information presented about the breast implant procedure and realize that plastic surgery, including this cosmetic procedure, is both an art and a science and that a quantitative/specific result cannot be guaranteed prior to surgery.

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