



Patient Information Guide

Revision Breast Augmentation

Revision Breast Augmentation

The purpose of this information sheet is to give you, the patient, a general overview of what can be a difficult operation. The final result of the revision surgery is often a compromise between previous starting breast and chest wall anatomy, the original surgery (of size, shape and placement of implant) and what has changed between that operation and now, such as time, aging, gravity, pregnancy and weight changes.

1. SURGICAL CONSULTATION

After a history and examination, your surgeon will summarise your current result and then discuss which aspects can and can't be changed (chest wall shape and breast volume*) and then explain the surgical options.

A) Your Pre-op status

1. **Breast volume** – the quality of the breast tissue and volume changes naturally with time. Often with implants the breast tissue is thinned as it has been stretched, with areas of implant visibility more obvious the bigger the implant.
2. **Shape of chest wall** – this is very different patient to patient. Often with more curved ribs, the breasts tend to point outwards. This makes creating cleavage more difficult, and also disguising the inner edge of the implant (cleavage area)*
3. **Asymmetry** - most women have some form of minor breast asymmetry. One side may differ from the other in volume, position of the nipple or shape of the chest wall. This is entirely normal.
4. Position of the implant – sub-muscular implants are often higher and more asymmetrical over time. Sub-glandular implants can be more obvious with larger volumes and more obvious edges (called profiles).
5. Capsule formation – if your body has reacted to the implant and formed what is effectively scar tissue, the breast will change shape, become hard and uncomfortable. In these situations it is best i.e. a “gold standard treatment” to remove the capsule completely and change to a fresh tissue plane.
6. Original incision – revision surgery needs good access and often an incision is placed in the fold below the breast. If your original scar was placed there, your surgeon will use it and not make a second scar.
7. Position of the breast on the implant – over time the breast tissue will shift on or over the implant, drooping lower.

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B). SURGICAL OPTIONS – THINGS THAT CAN BE CHANGED

1. **Implant shape** – currently there are 3 shapes of implants (round, anatomical and conical) which your surgeon will show you examples of. It is recognised that the best implant for revision surgery is called a Pure® implant which is a silicone implant with a special coating over it called polyurethane.
2. **Volume versus cup size** – the decision on what size to go for is often difficult, as going bigger in the revision augmentation surgery in some instances can make things look worse with regards to seeing, feeling and having a more noticeable edge. Your surgeon will guide you in this regard. Importantly, you choose a volume of implant not a cup size. The reason for this is that there is no standard cup size and if you went shopping you would find a wide range of bra shapes, cuts, and cup sizes for each classical “Cup”.
3. **Profiles of implants** - For each base of an implant there are 4 different profiles. These are low, medium, high and extra high profile. This is simply a term used to describe the edge or “take off” of the implant. Low profile being a softer subtler edge (a more “Natural look”) to the other opposite end of the spectrum where an extra high profile has a steeper edge to the implant resulting in lots of cleavage (“False look”).
4. **Placement of implants** – there are 2 anatomical places where implants can be put, simplified into “overs” and “unders”. Creating a fresh tissue plane and removing the previous capsule may require a change of plane. A brief summary of the two sites is summarized below.

	Sub-mamary (“Overs”)	Sub-muscular (“Unders”)
Positives	Less pain Quicker recovery No drains Day-case surgery More predictable control of shape, cleavage and upper pole.	Good for the very thin/little to no breast tissue
Positives	Implant visibility (size dependent) Rippling (depends on volume and cohesiveness gel of implant, and breast volume)	More painful Longer recovery Widens gap between breast Overnight stay/Drain? Movement
Changes over time	Ptosis (drooping) of breast tissue) with aging	Ptosis (drooping) of breast tissue) with aging Implant rotation Double bubble effect.

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5. **Capsulectomy** – if your body has developed a capsule in these situations it is best i.e. a “gold standard treatment” to remove the capsule completely and change to a fresh tissue plane. Releasing the capsule and putting an implant into the same cavity runs a risk of capsule formation of up to 45% in some surgeries.
6. **Mastopexy (uplift) surgery** – if the breast has “fallen off the implant” and the tissues are loose/or of poor quality a tightening of the breast is needed. This uplifting surgery is called a Mastopexy (see chapter 2 below).
7. **Fat transfer*** – in areas of thinned tissue and or visible implant edges, in revision surgery it is possible for surgeons to perform liposuction from one area of the body (tummy/thighs) and use this fat to re-inject/sculpt/disguise areas that need improvement (see chapter 3 below)

C). THE SURGERY ITSELF

How the operation is performed:

This is usually performed as a general anaesthetic as a day case procedure i.e. coming in and out of the hospital on the same day. On occasion the Surgeon, or you yourself, may feel it is appropriate to keep you overnight.

The site of the Incision:

This will be discussed with your surgeon at the time, it may involve using your old scar from your previous surgery or a new scar will be created such as an inverted T shaped scar when performing a Mastopexy.

The types of stitches/sutures:

All sutures are placed below the skin and are dissolved by the body over the course of a few weeks. Nothing needs to be pulled out/removed. Often surgeons will seal the wound with tissue glue, to limit the risk of superficial wound infection from the normal bugs we have on our skin. This glue peels off over 2-4weeks.

Post-operative dressings/support:

You will wake up in a specialised post-operative bra, with the option of the addition of two further binders depending on what type/method of revision surgery is performed. A follow up with the nurse is made for one week and an appointment with your surgeon will be made for approximately 4-6months.

How will the breasts feel after the Operation?

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The breasts will be supported in the bra. They will be swollen, firm, lumpy. You may feel crackles across the chest (air) or hear sloshing (fluid), both are entirely normal. Your body will naturally absorb this air or fluid in the first few post-operative weeks. Figure 1. A simple schematic of a Breast reduction procedure. The breasts start to soften around 6 weeks, and by 3 months the swelling should have gone, leaving you with your new shape.

What about pain relief and antibiotics:

You will not be allowed home until you are comfortable and pain free. We send you home with three different types of painkillers and a course of oral antibiotics.

Pre-assessment:

You may require an assessment with the nursing team approximately 1-2 weeks before surgery. This may on occasion be done telephonically, and during this period you will have an opportunity to discuss any aspect of your surgery.

D). THE POTENTIAL RISKS OF REVISION BREAST AUGMENTATION SURGERY

Standard risks of removal and replacement of implant and capsulectomy are listed below, risks of mastopexy and fat transfer are detailed in the relevant chapters 2 and 3.

- 1) **Bleeding** – this occurs in less than 1% of patients. If it occurs the breast will swell significantly, be 2-3 times bigger than the other side and be painful. Unfortunately we need to see you and take you back to theatre, remove the implant, search for the vessel that is bleeding/has bled, cauterize it and replace the implant.
- 2) **Alteration in sensation** - it is not uncommon to have altered sensation over the lower half of the breast, specifically the nipple. The nipple may be numb or hypersensitive after the operation. It may take some time (months to years) to recover, but occasionally some numbness may be permanent. "Pins and needles" type pains can occur across the breast in the first few months as nerves that are stretched or traumatized by the surgery slowly recover. This will improve over time.
- 3) **Infection** –this occurs in less than 1% of patients. What usually happens is that you make an uneventful post-operative recovery and some time later you get sick with a high temperature, fever and the rigors (shakes). This means that there are bacteria "bugs" in the blood stream and they can settle around an implant and create an infected swelling around the implant. Unfortunately, this means the implant needs to be removed. It needs to stay out for 3-4months until the swelling and infection clears from your breast tissue before we can safely go back and replace the implant.
- 4) **Capsular contraction** –Various brands of implant are available with a wide range of capsular contracture rates. See table below, showing capsular contraction rates as a percentage of patients

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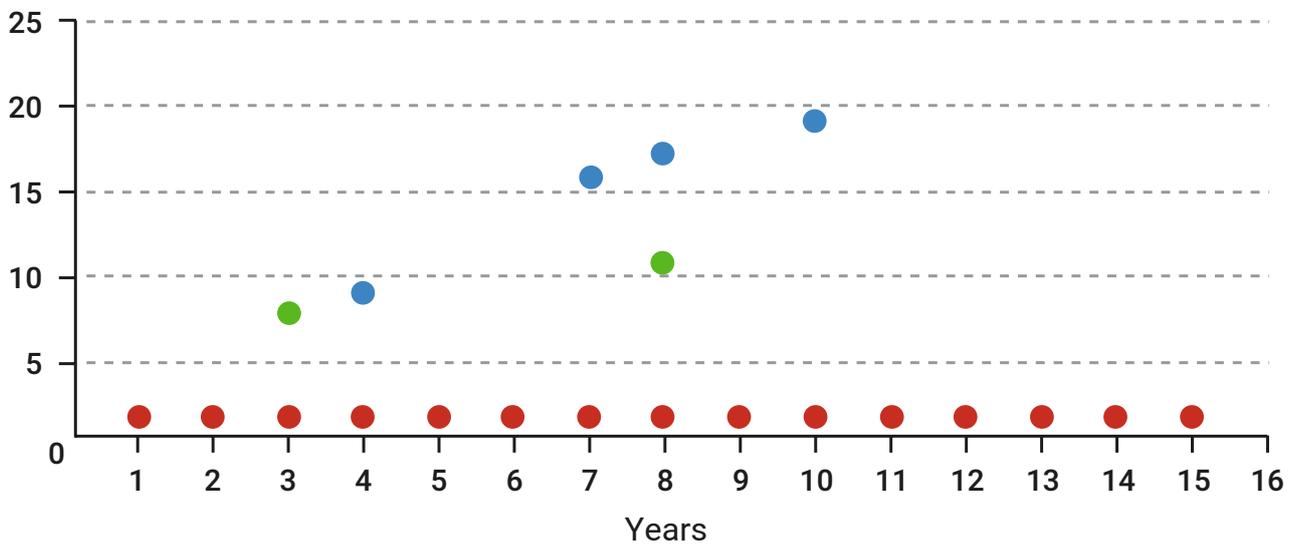
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undergoing primary breast augmentation for various implants over time. This table will be explained in more detail by your doctor in the consultation. Re-occurrence of this scar tissue has been shown to be dramatically reduced by using Pure® implants.



Implant type:

● Pure ● Mentor ● Allergan Naturelle

- 5) **Breast screening** – if you have implants, breast mammography is possible, but the radiologist needs to be aware and will take the x-ray from a different angle. Having implants does not affect the pick up rate of breast cancer.
- 6) **Revision surgery over time** – this may occur due to capsular contraction (as mentioned above), weight changes (increase or weight loss), post-pregnancy or breast feeding involution, natural changes with thinning of the tissues that occurs with ageing. Further surgery may include removing/replacing the implant or a Mastopexy, called an uplift procedure.

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E). PREPARATION BEFORE SURGERY

It is advised that you undertake all of the household duties prior to your admission to hospital, as you will not be able to perform these for a while afterwards. This includes vacuuming, dusting, and clothes washing, ironing and shopping i.e. no pushing, pulling, lifting.

I prefer if you do not take Arnica tablets pre op.

DO NOT take any Aspirin or medication containing Aspirin for at least 7 days prior to surgery. (Aspirin may be re commenced after 48hrs post op.) If you take Aspirin or any other form of blood thinning medication for a medical condition, please discuss with your surgeon.

Food and drink

NO FOOD IS ALLOWED 6 HOURS PRIOR TO ANY SURGERY, THIS INCLUDES ANY SWEETS/CHEWING GUM. YOU MAY HAVE SMALL SIPS OF CLEAR FLUID (STILL WATER/BLACK TEA/BLACK COFFEE) UP TO 2 HOURS PRIOR TO ADMISSION TO HOSPITAL

F). WHAT HAPPENS ON THE DAY OF THE OPERATION

On arrival you will have routine observations performed and a check of all the relevant paperwork carried out by the nursing staff. Then you will be asked to change into a gown. All your jewellery must be removed, including ALL metal body piercings. It is recommended that you do not bring anything of value into hospital. All makeup must be removed as it can damage your eyes if left on while you are asleep. You must also remove all nail varnish and acrylic nails.

What will happen when I wake up?

You will find yourself sitting upright, supported with pillows. It is important that you remain in this position to help reduce the swelling unless indicated otherwise. Do not try to move yourself up the bed using your arms/ pushing in the hands, as this action moves the muscle on your chest and could potentially move the implants or cause bleeding. You should use your stomach muscles and bottom to move up the bed. Do not allow anyone to assist you up the bed by lifting you up from under the armpits.

You will be allowed out of bed to pass urine (water) with the assistance of the nursing staff the first time, in case you feel lightheaded. A surgical bra, stabiliser band and binder will be in place. The implants on your chest may feel heavy and your breast skin tight, more so when you take a deep breathe in. Because you are lying / sitting on your bottom for quite a while, it is quite common for the small of your back to be uncomfortable. It helps if you move slightly from one buttock to the other to relieve the pressure.

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G). AFTER YOUR OPERATION

Travelling – home and afterwards

When you travel home you may want to put some padding or a small towel under the car seat belt, as it could rub and be uncomfortable across your breasts. It is recommended that you do not drive for 14 days following surgery.

Follow up care

You will need to return to the hospital after one week. This appointment will be made at the time of your pre-assessment. You may be asked to remove your binder after 48-72 hours. To remove your binder, rest back in a chair or bed so you are semi-reclined; undo the Velcro fastening slowly and take a few deep breaths before continuing. It is not unusual to feel slightly light headed when you do this. Lie quietly for a few minutes and the feeling will pass.

At Home

It is important that you have total rest. This means do nothing that will raise your blood pressure, including physical activities, sexual activities and housework during the first 2 weeks. This could induce a bleed, and add to the swelling. You can potter about and undertake activities that do not involve pulling, pushing and lifting. For 2 weeks avoid anything that involves raising your elbows above shoulder level, including washing your hair, in first week. (Ask someone to help you)

H). AFTER THE FIRST TWO WEEKS

Start returning to your normal activities of living. Be sensitive to your body and try not to do too much too soon. Therefore, if you experience any pain, stop and try again another day. You can drive and start lifting light objects.

Gym activities, aerobics or sports that involve using your arms should be avoided for six weeks.

You may start lower leg exercise after 4 weeks. You can start lifting your elbows above your shoulders, washing your hair, getting the washing off the line, etc.

Massage/moisturise: Treat the whole breast, including scar. Use the palm of your hand in a gentle circular movement, using a moisturising cream for dry skin, e.g. E45. This helps to soften your skin, adjacent tissue, and adjust to its new contour. Experience how your breasts feel before letting anyone else touch them.

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Capsular formation (not to be confused with complication 'capsular contracture') occurs during the natural healing process, the body forms a capsule around the implant. This helps to keep the implant in place and will maintain the shape of your breast.

6. GENERAL INFO /FAQ'S

Am I at risk of infection:

Infection is very uncommon. If you feel unwell, hot, or your breasts appear red, with sensations of burning or there is any discharge, **DO NOT HESITATE TO CONTACT US.**

What type of Bra should I wear?

Wear your supportive bra for 24 hours a day during the first week, for the next 5 weeks it may be removed for showering only. It is important that you do not wear any bras with wire, as they rub on the scars and push your breasts up, which will delay them from softening and dropping into the natural breast shape.

What is the best position for me to sleep in?

Sleep on your back with one or two extra pillows during the first 2 weeks, as this will help to reduce swelling. If you want to lie on your side after the second week, use a pillow, hugged at the front and one between the knees, this helps to stop you rolling and aids comfort.

Will I be in much pain?

It will be uncomfortable over the first few days; this varies from person to person. Analgesia (painkillers) will be prescribed to take home.

What about my Skin care?

After the first week you can apply moisturising cream, to keep the skin supple, best performed straight after showering, to avoid removing your bra too frequently.

Will my new implants feel heavy?

Over time you will adjust to the weight, and your skin will become soft and supple as you progress through your recovery. (This could take 6-12 weeks)

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What about Work / Sport / Leisure?

It is recommended that you take 2 to 3 weeks off work. If you have an active hobby / leisure interest, please ask the surgeon or nurse for advice. It is also advisable to avoid bending forward too much at first.

Can I lift my Children?

If you have young children or babies, please do not lift them from a low level, and avoid knocking your breasts. However you may still maintain your bond with a cuddle, but protect your breasts with a pillow or towel. It is recommended that you get help with care for your children during the first 2 weeks of recovery.

Should I take special precautions when bathing?

Please keep the wounds dry for the first week. You may take a shallow bath. Keep your bra on and do not have the water too hot, as heat can cause swelling. After your first post-operative check with the nurse at 1 week, you will be advised if you can then shower.

How soon after my procedure can I sun bathe?

Do not sit out in strong sun for the first 2 weeks after surgery. Once fully recovered and the scars are matured you may go topless. (In cold and hot environments you may experience strange sensations in both breasts.)

Should I adjust my diet?

Maintain a healthy nutritious diet with plenty of fruit and vegetables, as this is important for wound healing & bowels.

Will my procedure affect my bowel movements?

As you are inactive and due to use of painkillers, you may become constipated. For your own comfort and wellbeing, prevent this from happening. Purchase an aperient such as Senokot® or what ever has suited you in the past.

Will my procedure affect my ability to breast feed?

Breast implants do not interfere with breastfeeding as the implant pushes forward your existing breast tissue.

How soon after my procedure can I fly?

If possible avoid flying for the first six weeks, wear flight socks and take low dose aspirin before flying weeks to settle the shape of your breast.

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2. BREAST UPLIFT (MASTOPEXY)

How the operation is performed:

This is performed usually under a general anaesthetic with either a day case or as a planned overnight stay.

The site of the Incision:

There are various methods of breast Uplift techniques, all basically revolve around preserving the blood supply to the elevated nipple/areolar complex and then re-shaping the breast mound using the remaining breast tissues. See diagram below. Your surgeon will explain his/her preferred technique, and where the incision is to be placed. The most common final scar of all Mastopexy techniques is the anchor-shaped scar.

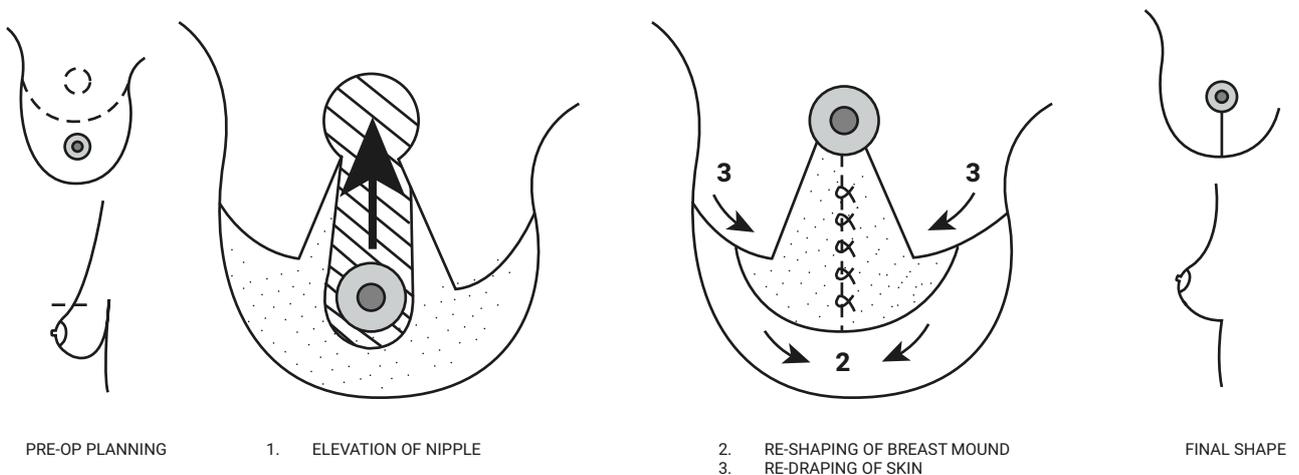


Figure 1. A simple schematic of an Uplift procedure.

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The types of Stitches/sutures:

All sutures are placed below the skin and are dissolved by the body over the course of a few weeks. Nothing needs to be pulled out/removed. Often surgeons will seal the wound with tape (Preneo®). This acts to limit tissue glue, and a specialized tape (Preneo®). This acts to limit the risk of superficial wound infection from the normal bugs we all have on our skin. This glue and tape peels off after approximately 2 weeks.

Surgical drains

In most breast lifts, drains have been proven to have no benefit, but your surgeon may reserve the right to make an intra-operative decision to use a drain if he/she feels they are indicated.

Shape of the breast after operation:

In the procedure the breast is reshaped and during this process lifted up. A slight "over-correction" is performed knowing that over the course of the first few post-operative weeks as the swelling reduces the breasts will drop into a more natural position.

Volume or cup size changes after an Uplift?

The volume of the breast is not reduced significantly in this procedure, so it's more a case of re-shaping the volume you already have. If the Uplift is combined with a breast augmentation then the cup size will obviously increase in proportion to the size of implant, your surgeon will guide you in this regard.

Asymmetry:

Most women have some form of minor breast asymmetry. One side may differ from the other in volume, position of the nipple or shape of the chest wall. This is entirely normal. Your surgeon will try to adjust this as best he/she can during the procedure, but if minor differences still remain after the operation we accept that it is within normal limits.

Potential risks of the operation:

- 1) **Bleeding** – If it occurs the breast will swell significantly, be 2-3 times bigger than the other side, be obvious and painful. Unfortunately we need to see you and take you back to theatre, search for the vessel that is bleeding/has bled, cauterize it wash the breast out and close the wound again.
- 2) **Swelling & bruising** – this is not uncommon to have swelling/bruising, which may take a few weeks to settle.

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- 3) **Infection** – We make every effort to limit the risk of infection, however if after the operation the wounds become red, hot, swollen or there is a discharge from the wound we need to see you straight away. Minor wound edge problems can be treated with appropriate antibiotics and specialized dressings. Deeper tissue infection may require a return to theatre.
- 4) **Scarring** – The size length and position of the scar would have been discussed with you in your pre-operative consultation. However, everybody heals differently and all scars usually start out a bit red and raised and lumpy for the first few months and then take around 1 or 2-years to fade.
- 5) **Alteration in sensation** - it is not uncommon to have altered sensation over the lower half of the breast, especially the nipple. The nipple may be numb or hypersensitive after the operation. It may take some time (months to years) to recover, but occasionally some numbness may be permanent. “Pins and needles” type pains can occur across the breast in the first few post operative months as nerves that are stretched or traumatized by the surgery slowly recover. This will improve over time.
- 6) **Stitches** – very occasionally a deep suture (stitch) takes longer than expected to be absorbed by the body and then works its way to the surface and looks just like a small pimple within the scar. This may cause anxiety, but in fact is a minor problem that the plastic surgery nurses can manage easily in the dressing clinic all it takes is a clean of the area and a quick pull with some tweezers.
- 7) **Necrosis** – This is a medical term for poor blood supply to the tissues resulting in that tissue dying and although very rare this can occur to the skin edges, breast tissue and fat or the nipple. This may require further surgery. This will be explained in more detail by your surgeon.
- 8) **Breast feeding** – depending on the technique used in the breast Uplift, breast-feeding may not be possible.
- 9) **Breast screening** – your radiologist performing the breast screening needs to be told if you have had any breast operation, but an Uplift does not affect the pick up rate of breast cancer.
- 10) **Revision surgery over time** – this may occur due to changes over time with weight changes (increase or weight loss), pregnancy or breast-feeding.

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3. FAT TRANSFER (AND LIPOSUCTION)

How the operation is performed:

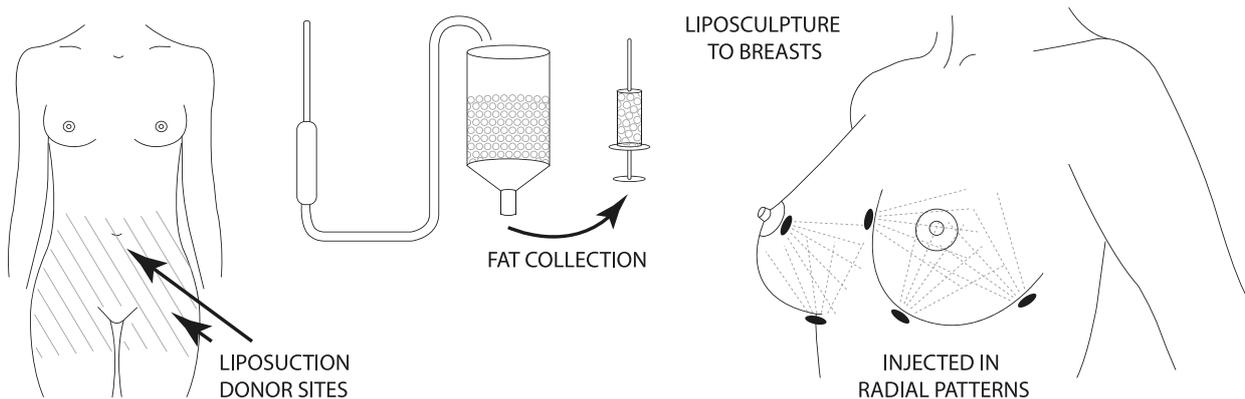
The operation is usually performed under general anaesthetic as a day case procedure or with a planned overnight stay.

Where is the fat harvested from?

After a history and examination your surgeon will discuss with you the potential areas for harvesting the fat. If you are particularly thin, your surgeon may request you to put on weight to make the collection of fat easier. The surgeon may discuss performing the operation in stages, so he/she will look at other potential secondary donor sites.

Where can fat be transferred?

Harvested fat can be transferred to many areas of the body including breasts (primary augmentation, to balance asymmetry, or post cancer reconstruction defects), buttocks, face, and to fill post-traumatic defects.



Simple diagram of procedure.

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How does fat transfer work?

Fat is harvested by liposuction (see attached liposuction leaflet). Once the fat is collected, it undergoes a process of cleaning (through filters) or centrifugation (spinning at speed). This fat can then be re-injected into the relevant recipient site (e.g. breast). The next crucial stage is up to your own body where the transferred fat picks up a blood supply from the surrounding tissues. This needs to occur within the first few days, otherwise the fat will die and be absorbed by your body.

How much survives?

Different areas have different levels of fat survival, studies report around 60-80%, with the best results clinically with transfer in the breast. There is a natural balance in the tissues with respect to tissue tension/pressure and fat picking up a blood supply. Too much tension i.e. forcing too big a volume into an area, will result in a poor survival of the fat. If you are requesting a significant change, you will need to be prepared to have repeated surgeries to gain the desired affect.

The site of the Incision:

The ideal scar is a hidden one, and for fat transfer small stab incisions with a needle need to be made. Your surgeon will explain his/her preferred technique, and demonstrate where the incisions are to be placed. These will often be placed in natural folds or hidden at junctions between areolar and normal breast skin for example.

Wound closure:

The stab incisions are usually closed with a small absorbable suture. This suture does not need to be pulled out, and will fall out naturally by itself after a few days. The wound may be sealed with a specialised Tissue glue and covered by a small waterproof dressing.

Surgical drains

No drains are needed in liposuction and fat transfer.

Asymmetry:

We are all born with some minor asymmetry, which is entirely normal. Your surgeon will try to adjust this as best he/she can during the procedure, but if differences still remain after the operation we accept that it is within normal limits.

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Potential risks of the operation (some similarities to liposuction):

1. **Swelling and bruising** – this is not uncommon to have swelling/bruising, which may take a few weeks to settle and is to be expected/anticipated. Your final result will only be seen around 4 months post op.
2. **Bleeding** – If it occurs, simple pressure is applied over the area. It may be more swollen for a period of time, but will settle. You do not need to return to theatre.
3. **Pain** -You will not be allowed home until you are comfortable and pain free. We send you home with a range of different painkillers (mild, moderate and strong) and a course of oral antibiotics as part of our standard package of care.
4. **Infection** –We make every effort to limit the risk of infection, however if after the operation the wounds become red, hot, swollen or there is a discharge from the wound we need to see you straight away and the area treated with appropriate antibiotics and specialised dressings.
5. **Scarring** – The size length and position of the scar would have been discussed with you in your pre-operative consultation. However, everybody heals differently and all scars usually will be a bit red and raised and lumpy for the first few months and then take around 1 to 2 years to fade.
6. **Alteration in sensation**- it is not uncommon to have altered sensation around the operation area including the scar. This can cause areas of hypersensitivity, but is temporary and will usually improve over the coming week.
7. **Collection of fluid (Seroma)** – this is a collection of fluid found in the potential space left by the liposuction of fat. If it is small your body will absorb this over time. If it is uncomfortable the collection can be simply drained in a matter of minutes with a needle and syringe.
8. **Fatty lumps/cysts** – in areas of liposuction or transfer fat cells can become damaged and form cysts or hard lumps. If this occurs and the areas are symptomatic, further surgery may be required.
9. **Revision surgery** – the beauty of this technique is that you can use your own tissues to your advantage, remove from areas you dislike and inset the fat where you need it. If after the operation there are areas that are asymmetrical due to the liposuction and or variable fat “take”, further surgery can be performed. If this is minor, it can be done under local anaesthetic as a day case procedure.

PLEASE DO NOT HESITATE TO CONTACT US IF YOU HAVE ANY CONCERNS.