

Factsheet for Bilateral Breast Augmentation
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This leaflet tells you about breast augmentation procedure. It is not meant to replace the discussion between you and your doctor, but as a guide to be used in connection to what is discussed with your doctor.

Breast Augmentation Procedure

Breast augmentation procedure involves the placement of an implant either under the breast tissue or behind the muscle on which the breast lies to enhance the size and shape of the breast. The implants are usually inserted using an incision placed under the breast at the crease but can also be put in via an incision around the nipple. Implants can be placed either directly behind the breast (known as sub-glandular placement), or behind the breast and chest wall muscle (known as sub-muscular placement).

Breast augmentation procedure is usually done under general anaesthetic. The operation itself involves accessing and creating the pocket into which the implant will be placed,

Alternative options

- 1- Non-surgical options, include wearing padded bras or external prosthesis
- 2- Surgical options, include fat transfer -a procedure called lipofilling- which involves liposuction and then adding fat through special needles to your breasts. This procedure is done under general or sometimes local anaesthetic, but the outcome is not entirely predictable as some of the fat is reabsorbed by the body and hence you may require multiple procedures.

Significant, unavoidable or frequently occurring risks

Complications are problems that may happen during or after your procedure. All surgical procedures carry a risk of certain complications. The most common complications associated with Breast Augmentation/Removal/Re Augmentation/ Capsulotomy Procedure include the following.

- 1- **Implants** – Breast implants do not come with a lifetime guarantee. They will likely need replacing due to problems with further surgery and expenses involved.
- 2- **Bruising/Swelling** - There is likely to be some swelling with hardness and bruising of the breasts in the early post operative period.
- 3- **Pain and Discomfort** - Pain and discomfort decrease rapidly within two to three days post operatively, but twinges and pain may continue for the first few weeks following surgery.
- 4- **Bleeding (Haematoma)** – Occasionally, after surgery, bleeding may occur from the tissue within the wound cavity. If this happens the breast may be swollen and painful. It may be necessary to drain this by performing an additional procedure which will require a return to the hospital.
- 5- **Seroma**-The building of fluid around an implant is known as seroma. This occurs in a very small number of women and may require additional surgery to remove the fluid.
- 6- **Infection** –It is important to recognise that a surgical incision or the introduction into the body of any foreign material, such as a breast implant, contributes to the risk the introduction of bacteria from the patient’s own skin. Such infection may be associated with tiredness, weakness, fever and muscle aches and pains. Antibiotics given during surgery reduce this risk to a minimum. Rarely a

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patient may require readmission to hospital. In extremely rare circumstances it may become necessary to remove the implants.

- 7- **Wound Healing** - Healing of wound varies from patient to patient and even from one part of the body to another. Healing is a gradual process which cannot be rushed. Smoking for the period leading up to surgery and afterwards can seriously hinder the healing process.
- 8- **Capsular Contraction** - The body produces a layer of scar tissue (fibrous capsule) around any implanted foreign material and breast implants are no exception. Scar tissue shrinks, but the extent of shrinkage varies from person to person and even from breast to breast. Abnormal shrinkage, or capsular contracture, is noticeable as an apparent hardening of the breast. Capsular contraction is the most common complication with breast implants although modern implants which have a micro or nano-textured shell, have a lower incidence of capsular contracture. Capsular contraction is also the most common reason for further surgery. Recent evidence in the UK suggests that with the passage of time, in up to 1 in 10 women who have had breast implants, the fibrous capsules can contract causing the implant to deform, become hard and in some cases, painful. The implant may have to be removed along with the capsule and replaced, if appropriate, with another implant. This condition can occur any time after surgery and may require further surgery. Refer to your providers terms and conditions regarding this.
- 9- **Rupture of the Breast Implant** – Rupture means the development of a split or hole in the silicone shell of a breast implant. Rupture was common with early, thin-walled implants. There is little information on the overall rate of rupture of breast implants although modern implants, available in the UK since the early 1990's, appear to rupture less. Their life expectancy is, yet unknown. It is difficult to establish the rate of rupture because imaging techniques can fail to detect ruptures or can incorrectly identify intact implants as ruptured. Rupture does not necessarily create a medical problem, different fillers will react differently. In the majority of cases of the silicone gel filled implants, the silicone gel will remain within the capsule that the body forms and can be removed if the ruptured implant is removed. Occasionally the silicone can spread outside of the capsule into the breast and create a series of lumps known as siliconomas. These may give rise to local symptoms such as tenderness. In a small number of cases the gel has been found in the breast tissue, the muscles under the breast, the armpit or rarely around the nerves to the arm. Breast tissue may be lost when the implants are removed. If any symptoms such as excessive pain, burning sensation, lumps or aching occur and cause concern it is advisable to contact your provider.
- 10- **Implant Displacement** - Implants can move out of position at any time after surgery. Small changes may be noticeable but if the implants move a lot or rotate, surgery may be required to reposition them.
- 11- **Changes in Breast/Nipple Sensation** - It is typical for most patients to observe an alteration in breast sensation following surgery. However, these changes usually subside when the breast has fully recovered from the surgery. Very rarely, patients report that their breasts and/or nipples remain either more sensitive or less sensitive in the long term, permanent loss of sensation may also occur. 1 in 7 women report loss of or diminished nipple sensation.
- 12- **Palpability/Rippling/Weight Loss** - Caution is advised in women with very little breast tissue as the breast implant may be palpable. This means the rim of the implant may be slightly visible or detectable to the touch. A small percentage of women may experience wrinkling or rippling on the

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surface of the breast. The aesthetic appearance of the implanted breast may also be adversely affected by weight loss and pregnancy. Please refer to your providers terms and conditions in relation to rippling.

- 13- **Location and variable nature of scar** - The rate at which scars heal and fade are entirely variable and individual. Uncommonly a scar may not heal in the normal way, this is known as hypertrophic scarring. Scars may be red, or highly coloured, thick, painful and may take several years to improve, if at all. Although this is an unusual problem, it cannot be avoided or diagnosed in advance.
- 14- **Pregnancy/Effects on Breast Feeding** – Implants do not interfere with the ability to breast feed. There is some evidence which suggests that the amount of milk produces by some women with breast implants is reduced. Reduction in milk production may also occur if the implants are inserted into the periareolar area, as this technique tends to cut milk ducts. There is no evidence of any effect in children of women with silicone gel breast implants. Breast implants may adversely affect the shape of the breast, as may pregnancy itself.
- 15- **Breast Screening/Cancer** - There is good evidence that there is no increased risk of developing breast cancer for women who have had breast implants. If a woman who has had breast implants develops cancer, scientific studies have consistently shown that the risk of cancer recurring is no greater than women without implants, and there is no difference in their survival. There have been reports of ALCL (a rare blood cancer, a type of lymphoma) present in the breasts of implanted women. The presence of silicone gel filled breast implants may interfere with standard mammography used to detect breast cancer. In addition, calcium salt deposits around implants can be seen on mammograms and may interfere with the findings. However, studies, indicate that breast cancer in women with implants is not diagnosed at a later stage compared to women without implants. Women should be aware of what is normal for them about their breasts and should look and feel for any changes during everyday activities such as bathing, showering or dressing. Advice on breast checks can be obtained from your GP. **WOMEN WITH BREAST IMPLANTS MUST TELL THEIR RADIOGRAPHER THAT THEY HAVE IMPLANTS SO THAT THE MOST APPROPRIATE METHOD OF SCREENING CAN BE USED**
- 16- **Implanted Breast Size** - Prediction of bra/cup size following breast enlargement is not an exact science, and it is not possible to guarantee any specific bra/cup size. Implants come in a range of sizes, and these are measured either in grams or by volume, a specific implant size does not relate to a specific bra/cup size. The surgeon may discuss with you a specific implant size or a range of sizes. It may be that the exact size of the implant can only be determined during the operation depending on your anatomy.
- 17- **Asymmetry** - It is important to understand that it is normal for patients to have some asymmetry of their breasts. This asymmetry can sometimes be more pronounced following breast enlargement. Your surgeon may discuss with you using a larger implant size in the smaller breast, but any asymmetry of shape or nipple position will persist. Asymmetry can sometimes occur following surgery as the implants may settle differently and it may not be possible to correct this.
- 18- **Ptois (sagging)** - Breast implants do not significantly improve ptois, a mastopexy (breast uplift) is the specific treatment for this condition. Patients undergoing a breast augmentation and

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mastopexy procedure should note that the breasts will sag again with time or 'bottom out', as they settle and with the weight of the implants.

- 19- **Stretch Marks/Veins** - Stretch marks may develop, especially with bigger implants, also veins may become more noticeable on the breast surface.
- 20- **Cleavage** - Some patients have a naturally wide cleavage; breast implants will not change this. In fact, the cleavage can appear wider especially with sub muscular placement. Breasts may also be noted to fall to the side on lying down.
- 21- **Removal of Breast Implants** - After breast augmentation, if the implants are permanently removed or the size of the implants is reduced, this is likely to have a detrimental effect on the breasts.
- 22- **Allergic Reactions** – Rarely local allergies to tape, suture material or other preparations used in surgery have been reported. Please ensure that you inform your surgeon of any known allergies.
- 23- **Deep Vein Thrombosis and Pulmonary Embolism** – This is a rare but serious complication of surgery and anaesthesia, where a blood clot forms in the veins, usually the legs, and then moves to the lungs interfering with their normal function. Medical and nursing staff take active measures to reduce the chance of this happening, you may be asked to wear special stockings during your admission and will be actively encouraged to mobilise early following surgery. You can further reduce the risk after discharge by avoiding dehydration and remaining mobile. If you experience sudden chest pain or breathlessness, you should seek medical help without delay. Following surgery, it is recommended that you do not fly short haul for at least 4 weeks and long haul for at least 6 weeks.
- 24- **Revision** -as with any surgery there is always the possibility that your surgeon is of the opinion you could benefit from some form of revision procedure after the original procedure. Please refer to your providers terms and conditions relating to this.
- 25- **Subjectivity**- This procedure is a cosmetic procedure and so assessment of the results involves a great deal of subjectivity. Therefore, it is important to understand that whilst you have been advised of the probable results, this should be in no way interpreted as a guarantee.
- 26- **Breast Implant Illness (BII)**: some women who have breast implants report a multitude of unexplained symptoms (e.g, tiredness, hair loss, headaches, muscle aches, depression, etc.) that seems unrelated, but they report that they improve as soon as the implant and/or the capsule is surgically removed. This is yet a poorly understood disease and is yet to be studied. The cause of these symptoms is poorly understood, and as of now, there is no exact scientific explanation behind it.
- 27- **Breast Implant Associated – Anaplastic Large Cell Lymphoma (BIA-ALCL)** - Since 2016, a condition called Anaplastic Large Cell Lymphoma (ALCL) in association with breast implants has been recognised by WHO (World Health Organisation). The risk of this is small (1:14000). It is not a breast cancer, but a type of blood cancer associated with the scar tissue or capsule laid down by the body around a breast implant. Cases of Breast Implant Associated –ALCL (BIA-ALCL) have occurred between 2 and 28 years after breast implant insertion with the average time being 8 years. It is most likely to show up as a fluid around the implant causing an increase in size of the breast (a seroma). It can usually be successfully treated by an operation to remove the implant and the capsule of tissue surrounding it. Because it is so uncommon, international organisations are sharing

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data and information about this condition. Most of the cases worldwide have occurred in women with textured breast implants with higher numbers of BIA-ALCL seen in women with implants that have a coarser texture than those with a finer texture. It is important to ask your surgeon what the most up-to-date recommendations are. However, breast implants continue to have safety approval from Government organisations such as the UK MHRA and USA FDA. They continue to be used in breast reconstruction patients following treatment of cancer worldwide.

- 28- **Squamous Cell Carcinoma of the capsule (SCC)** - Recent reports have emerged of handful of women having a type of aggressive skin cancer that appears in the capsule of the implant. These are early reports and only few women have suffered of these cancers. Incidence reported so far is 1:150,000.
- 29- **Changes with weight change, hormonal changes, ageing and gravity** – Unfortunately results do not last for life. As with everything in life, things change with time. Changes can be expected with significant weight loss or gain, hormonal changes during pregnancy or menopause, or after. Also ageing has a significant effect on our skin elasticity, volume of fat and muscle and our skin ability to retract (elasticity). Gravity is also a compounding factor, and unfortunately, things will tend to sag and droop over time.

This list of risks and conditions is not exhaustive, please discuss any concerns you may have with your surgeon:

Scars/ keloids/ hypertrophic/ depressed scars
Wound breakdown
Need for more surgery Loose skin/ folds
Infection
Swelling/bruising
Skin irregularities
Pain
Itching/burning/numbness (nerve damage)
Recovery time
Asymmetry of scars stretchmarks
haematoma
subjectivity of result anaesthetic (reactions include sickness/DVT/PE)
pregnancy effects breastfeeding

Significant, unavoidable or frequently occurring risks specific to breast augmentation procedure

capsular contraction
nipple erectability/sensitivity / muscle indentation in sub muscular pocket
implant removal
implant size/ rippling /displacement/ sagging
breast screening/ implant position
implant rupture/ seroma
nipple necrosis (loss)/ prominent veins/ implant asymmetry

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Immediate post operative period

You may have some post operative pain this can be easily controlled with analgesia which the ward staff will provide you with

Your chest may feel tight

You may have some post operative bruising and swelling

Your breasts and ribs below your breasts may feel sore and tender

Additional Surgery Necessary

Should complications occur, additional surgery or other treatments may be necessary and can be unpredictable as the practice of medicine and surgery is not always an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained through the hospital does have specific terms and conditions which they should supply separately.

Covid

Private healthcare providers review the covid situation on a regular basis. Unfortunately, there is a risk associated with acquiring covid during any hospital admission. However, the hospital takes a number of reasonable precautions and only people screened negative proceed with general anaesthetic procedures. There is reduced emergency and ICU capacity within the NHS due to covid and therefore there is a risk that, in the rare event that you need ICU, access to this may be delayed. All patients are screened and only proceed to surgery if negative; I am also swabbed. You have already had consultations where we discussed potential complications as well as receiving my own consent form/fact sheet and the above is additional information. Should you wish to defer your operation I fully understand. If you wish to discuss the specifics of this letter, I would be happy to do so.

Patient Compliance

Follow all post operative instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

Female Patient Information

It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may affect the preventive effect of birth control pills, allowing for conception and pregnancy, so please use alternate contraception until discussing with your family planning doctor.

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Intimate Relations After Surgery

Surgery involves coagulating blood vessels and increased activity of any kind may open these vessels leading to a bleed, or haematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery and control bleeding. It is wise to refrain from intimate physical activities for at least 4 weeks after surgery.

Health Insurance

Most health insurance companies exclude coverage for cosmetic surgical operations or any complications that might occur from surgery. Most insurance plans exclude coverage for secondary or revisionary surgery due to complications of cosmetic surgery.

Financial Responsibilities

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anaesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered.

The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.

Changing your mind

You can change your mind at any stage and there is no obligation to have any procedure. This may be to discuss the procedure in more detail or to withdraw from the treatment completely. Please bring up any concerns as soon as you have them, and I can attempt to address them.