

A Patient's Guide to Breast Augmentation

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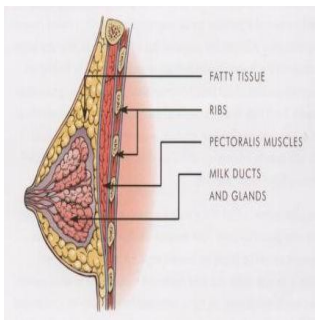
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Dear Patient,

Thank you for choosing to explore breast augmentation surgery with Dr. Naidu. This guide was written to help you understand the risks and benefits of breast implant surgery.

Please read the following information in its entirety prior to your visit, as this will make your time with us more productive. If you have any questions about anything contained in this material, we will be happy to discuss them with you at the time of your consultation.

We look forward to meeting you.



Anatomy of the Breast

The breast is composed of fatty tissue, glands, ducts, and skin. Deep to the breast is the chest muscle (pectoralis major). No woman has two breasts that match exactly. Implants are used to make the breasts larger, but they may not adequately lift the breast. In some cases, a mastopexy (breast lift) may also be recommended to raise sagging breast tissue. It is important that you understand the limitations that may exist due to characteristics of your own breast tissue. The right implant is the one that will balance your goals with what your tissues will safely allow.

Breast implants: silicone versus saline

Effective November 17, 2006, both saline and silicone implants are FDA-approved for cosmetic use. Saline implants include both the traditional smooth round implant, while silicone gel implants consist of smooth round and anatomic textured implants.

You will have the opportunity to hold and feel each type of implant during your consultation. Each type of implant has its unique benefits and trade-offs.

SILICONE

- contains a safe, cohesive silicone gel which feels more like natural breast tissue
- more expensive than saline implants

SALINE

- contains a salt-water solution which feels firmer than silicone
- higher risk of visible wrinkling and rippling
- lower price than silicone implants

Breast implants: size

The best size implant for a given patient is determined by her specific measurements. These include the base width of the breast, the amount of stretch of the breast skin, and the amount of existing breast tissue. While your goals and desires from breast augmentation are very important, it is essential to understand that an implant which is too large for your tissues can result in excessive skin stretch, which may in turn necessitate further surgery. The edges of very large implants may also be visible under the skin. Excessively large implants can accelerate the effects of gravity, resulting in sagging. These changes may not be reversible. Because bra cup sizes are not standardized, a specific cup size cannot be guaranteed.

Breast implants: location

Breast implants can be placed either partially under the pectoralis muscle (submuscular) or over the muscle and under the breast tissue (subglandular). The goal is to provide optimal long-term coverage of your implants and to avoid creating deformities which cannot be corrected, including visible implant edges and rippling.

SUBGLANDULAR

- not recommended for thin tissues
- implants are more visible
- higher risk of capsular contracture
- more difficult to read mammograms

SUBMUSCULAR

- more appropriate for thin tissues
- less visible and palpable implants
- lower risk of capsular contracture
- easier to read mammograms

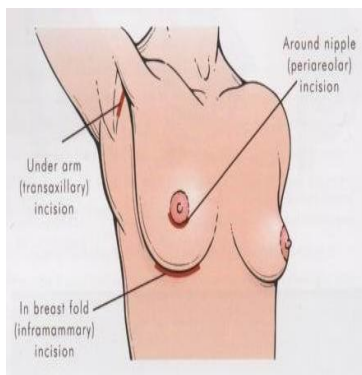


Breast implants: shape and texture

Both saline and silicone implants are made in round and teardrop shapes. Teardrop implants have the benefit of providing additional fill to the upper portion of the breast, and for this reason are more commonly used in breast cancer reconstruction patients who have lost much of this tissue secondary to mastectomy. Round implants are most often used in cosmetic breast augmentation.

The surface of the implant can also be smooth or textured. Smooth implants move easily and feel soft. Textured implants have a slightly bumpy feel on the surface. The benefit of texture is that the implant will not move as much within the breast pocket, which is especially important for teardrop implants. The downside of textured implants include rotation, a higher risk of visible wrinkling, and a possible association with ALCL, a very rare lymphoma. Dr. Naidu currently uses smooth round implants for breast augmentation unless textured implants are specifically requested.

Breast implants: incision locations



There are three commonly used incision locations for placement of breast implants: within the breast fold (intra-mammary), around the nipple (peri-areolar), or under the arm (transaxillary). The infra-mammary incision is well-concealed and affords the best visualization of your tissues while decreasing the risk of capsular contracture. The peri-areolar incision is also well-concealed but is associated with a slightly higher risk of scar tissue around the implant. While the transaxillary incision is off the breast, it does run a small risk of injury to important nerves and vessels in the arm. Dr. Naidu most frequently uses the infra-mammary incision.

Risks of breast augmentation surgery

All surgery carries specific risks and benefits:

Rupture: Although breast implants are very durable, they may rupture at any time after surgery. MRI screening is recommended by the FDA for silicone implants at 3 years after your initial surgery, and every two years thereafter, to assess for silent rupture. If a rupture is found, removal with or without replacement is recommended. Dr. Naidu typically brings patients back to the office for a routine physical examination yearly following surgery.

Capsular contracture: Capsular contracture is a tightening of thick scar tissue surrounding an implant. This may result in firmness or hardness of the breast or squeezing of the implant. Additional surgery may be required for severe pain and firmness. The risk of capsular contracture is approximately 5% and appears to be slightly higher with use of the peri-areolar incision.

Unsatisfactory result: Wrinkling, asymmetry, implant displacement or shifting, implant palpability, and scarring may occur.

Pain: Pain of varying intensity and length of time may occur and persist following breast augmentation.

Change in nipple & breast sensation: Your breast and nipple sensation may increase or decrease after implant surgery.

Infection: Although most infections occur within several days after surgery, this complication is possible at any time. Infection may necessitate implant removal for at least three months prior to replacement.

Hematoma/seroma: A hematoma is a collection of blood in the space surrounding the implant. A seroma is a build-up of fluid around the implant. Both collections can result in an eventual infection or capsular contracture. While small collections may resolve spontaneously, larger amounts of fluid or blood require additional surgery and possibly additional scars.

Breastfeeding: Two recent studies demonstrated that 93-95% of patients are able to breastfeed following breast augmentation surgery, regardless of their incision location.

Mammography: Breast implants make mammography more difficult. Although techniques have been developed to move your implants during the study, complete visualization of the breast tissue is not possible. You should alert your mammography center that you have breast implants, and you should continue to perform a monthly self-examination of your breasts.

Surgery and Anesthesia

Surgery is performed on an outpatient basis, either in the hospital or in an ambulatory surgery center. Surgery lasts 1-1.5 hours and is performed under general anesthesia. Many patients worry about the risk of general anesthesia, but it is safe and assures that you will be completely comfortable during surgery. Prior to surgery you will be required to obtain routine bloodwork. The evening prior to surgery, you should not eat or drink anything after midnight. This ensures that you will have an empty stomach prior to surgery, which is very important for your anesthesiologist to care for you safely. You will need to have a responsible adult available to escort you home after surgery.

Recovery

Following surgery, you will awaken in the recovery area. Once you are fully alert, you will be given something to eat prior to discharge. You will need to be seen in the office 5-7 days following surgery.

You may return to most normal activities the day after surgery, but aerobic and sexual activity should be limited for 2 weeks. Most patients take 4-5 days off of work. You will be given detailed, written instructions regarding activity. Special bras, drains, and pumps are not used. You may notice some temporary swelling, tightness and numbness. If you notice sudden swelling of one or both breasts, severe pain, redness, drainage, or a fever, please contact the office immediately.



About Dr.Naidu

Nina S. Naidu, MD, FACS is Board Certified by the American Board of Plastic Surgery and is a Clinical Assistant Professor of Surgery at Weill Cornell Medical College. Her practice focuses on aesthetic and reconstructive surgery of the breast and body.

Dr. Naidu completed her undergraduate studies at The Johns Hopkins University and obtained her medical degree from Cornell University Medical College. After completing her general surgery and plastic surgery training at New York Presbyterian – Weill Cornell Medical Center, she performed an additional year of fellowship training at the University of Pennsylvania. She is a former member of the American Society of Plastic Surgeons (ASPS), the American Society for Aesthetic Plastic Surgeons (ASAPS), and the International Society of Plastic Surgeons (ISAPS). She is a current Fellow of the American College of Surgeons (ACS). Dr. Naidu maintains active privileges at New York Presbyterian Hospital – Weill Cornell Medical Center.



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