



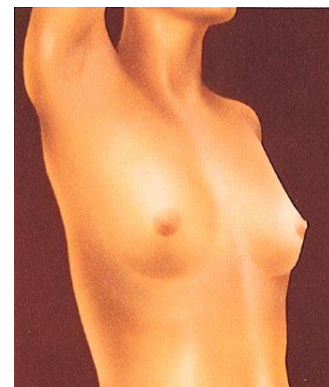
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## Breast Augmentation Consultation

Breast augmentation can enhance your appearance and your self-confidence, but it won't necessarily change your looks to match your ideal, or cause other people to treat you differently. Before you decide to have surgery, think carefully about your expectations and discuss them with your surgeon.

Breast augmentation takes what you have and makes it larger. The goal of the procedure is to build a good-looking breast, one that looks, acts, and feels like a natural breast. The procedure increases the size and the projection of the breast. It does not change the basic shape of the breast; nor does it address breast sagging (ptosis) adequately.



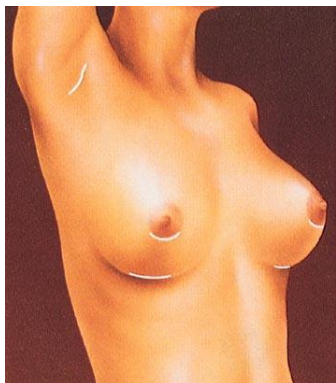
The best candidates for breast augmentation are women who are looking for improvement, not perfection, in the way they look. If you're physically healthy and realistic in your expectations, you may be a good candidate.

## History of Breast Augmentation

### THE PROCEDURE

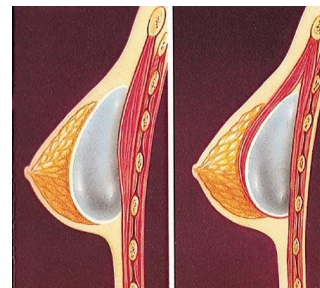
**Procedure:** Breast augmentation is performed under general anesthesia in the hospital on an outpatient basis or in a surgical suite. Dr. Crofts' method of inserting and positioning the implants is usually subpectoral, that is, under the pectoral muscle in contrast to subglandular or on top of the muscle.

This incision is usually placed in the breast fold and the implant beneath the pectoralis major muscle. Actually, any incision can be used, whether it is the fold, nipple/areola, or armpit (axilla).



Working through an incision in the breast fold, the skin, breast tissue and pectoral muscle are lifted to create a pocket. The implant is then centered beneath the nipple. The size is determined by your height, weight, reproductive history, skin envelope, rib cage and muscle structure; it is not an arbitrary decision of yours or of Dr. Crofts'. During the consult you will determine the best look for you. Dr. Crofts will then apply this information at the time of surgery to determine the best size of implant that will achieve that "look" as best possible.

Placement beneath the muscle is more painful for the first few days after surgery, but is usually the best procedure to use with saline implants. The larger subpectoral pocket gives a more natural look; feel and movement to the breast and you are less likely to



experience wrinkling, especially at the upper pole of the breast.  
The procedure is done on an outpatient basis and takes approximately two hours.

Following surgery, one is likely to feel tired and sore for a few days, but the patient will be up and around in 24 to 48 hours.

The patient must restrict heavy duty exercising for two to three weeks after surgery. It is recommended that no bra or support be worn after surgery for about 2 months, which permits the implants to settle to their desired position.

Most of the discomfort will be controlled by medication. The swelling in the breasts may take three to five weeks to disappear. Your final result will be at about 3-6 months postoperatively. It is important to remember that this is a process and it takes time for the final desirable result to appear. The breasts will probably be sensitive to direct stimulation for two to three weeks, so one should avoid sexual contact. After that, breast contact is fine as the tenderness abates. The scars will be firm and pink for at least six weeks. Then they may remain the same size for several months, or even appear to widen. After several months, however, the scars will begin to fade, although they will never disappear completely.

**Massage** (implant displacement exercises): This is the best tool that the patient possesses to prevent capsule formation. Massage helps to keep the pocket open and stretched out. It needs to be done a minimum of 6-8 times per day on each breast for the first 2 months after surgery, then once a day forever. For the 1<sup>st</sup> week after surgery Dr. Crofts recommends massage every hour while awake: this will optimize your result. It is simply the movement of the implant through the newly formed pocket.

**Breast Cancer and the Augmented Breast:** Prior to undergoing augmentation mammoplasty, it is important that you discuss with your surgeon your family history of breast cancer. One out of nine women will contract breast cancer over the course of their lives. The most important step that an individual can take in avoiding the serious consequences of breast cancer is to ensure early detection of the cancer. This is best accomplished by self-examination and not mammography. Breast self-examination, which should be done five to seven days after one's menstrual period and only once a month, will accomplish two things. First, it helps a woman understand her own breast architecture so that when a change occurs, she will be able to recognize it immediately. Second, knowing one's breast architecture, a new mass can be quickly identified and evaluated medically. If it does turn out to be a breast cancer, then it will be detected much earlier, which leads to a much greater survival rate. Finding breast tumors when they are smaller than 1 cm by self-examination is very important in the survival of an individual. Once a mass is found, then, if deemed appropriate, further studies can be done. Typically a mammogram will be obtained. Traditional mammography has not been completely adequate in examining a breast with an implant. The Eckuland procedure was developed to better evaluate a breast with a concerning mass. This is also known as compression mammography. Despite this improved technique, it is impossible to completely visualize all of the breast tissue in an augmented individual. Visualization is better with saline implants as opposed to silicone implants. There are adjunctive techniques, which can be used to evaluate the breasts, such as ultrasound or MRI, but these can be expensive. Nevertheless, they are available and effective. It should be noted that breast augmentation surgery is not associated with breast cancer and that implants do not cause breast cancer. In fact, some studies suggest that there is a decreased incidence of breast cancer in augmented women less than 40 years of age. Still, the most important thing that an individual can do is a regular once-a-month self-examination of her breasts. If there is a strong family history of breast cancer, the patient may want to avoid augmentation mammoplasty. For those undergoing augmentation mammoplasty over the age of 30, it is recommended that they get a preoperative mammogram. Post operatively; they are to undergo regular screening mammograms as recommended by the American Cancer Society. The Eckuland procedure is mandatory.

## **Complications Associated with breast augmentation:**

Breast augmentation is relatively straightforward. There are, as with any operation, risks and potential complications associated with this procedure. Some are reviewed below.

### **1. Hematoma (3%)**

Hematoma (bleeding) can occur anytime after augmentation surgery, but it is most frequently experienced within the first four to seven days post-operatively.

Typically, it presents as a painful, swollen, bruised breast that is firm, even hard, to palpation and can be exquisitely painful. If a hematoma occurs, generally it requires a return to the operating room for evacuation of the blood and control of the bleeding. Hematoma formation can lead to an increase incidence of infection and/or capsular contracture with postoperative asymmetry. To prevent a hematoma, the patient must remain quite for the first four to seven days post-operatively and avoid all types of medications that affect platelet adhesiveness for a period of two weeks before surgery and two weeks after surgery.

### **2. Infection (2%)**

Infection is a relatively uncommon complication, but when it does occur, it can have significant implications. It is typically caused by a staph infection, but any organism can be the culprit. To prevent infection, the patient is started on a preoperative course of antibiotics that is antibiotics are begun before surgery and continued for a period after surgery. Intraoperatively, the implants are managed in such a way to minimize infection. If an infection occurs, it will ultimately require removal of the implant until the infection has settled down. The implant can then be replaced four to six months later, if everything has proceeded accordingly.

### **3. Sensory Dysfunction (15%)**

Nipple areolar and/or breast sensation can be altered by augmentation mammoplasty. Injury to the nerve supply to these structures occurs when the nerves get stretched either anteriorly or more so laterally. In fact, the larger the implant, the more likely one is to experience injury to the nerve supply to the nipple areolar complex. Most often, the sensation comes back in time, perhaps one year or longer, but occasionally, it is permanent leaving the patient with either a complete loss of sensation, decreased sensation or increased sensation.

### **4. Deflation and Rupture of the implant (5% for silicone and 10% for saline)**

Implants are not organic and, therefore, are prone to wear out over the life of the implant. Deflation of the saline-filled implant is typically a sudden change, but it may also be more gradual. If the implant does deflate, the saline is reabsorbed into the body and the breast goes back to its preoperative state. This requires immediate surgical intervention so that the old implant can be removed and a new implant placed in order to maintain the pocket that was once created. If a silicone implant ruptures or leaks, the silicone goes into the pocket and alters the feel and shape of the breast. This requires excision of the capsule with the free silicone and replacement with a new implant.

### **5. Capsular Contracture (5%-10%)**

Capsular contracture, also described as firmness, distortion and/or asymmetry can occur at anytime postoperatively. When an implant is placed within the body, a scar tissue layer is formed around the implant. The degrees to which that scar forms, which form around all implants, will determine the softness or firmness of the breast. This is the most vexing problem that we face with augmentation surgery. Although various causes of capsular contracture have been suggested (infection, bleeding, pocket placement, implant surface texture, lack of adequate massage), it is generally believed that good post-operative massage and perioperative management to prevent infection and bleeding will lead to a successful result and minimize the risk of capsular contracture. If a capsule develops, then it will require a return to the operating room for either a capsulotomy or complete capsulectomy.

## 6. **Asymmetry**

Post-operative asymmetry occurs in the presence of either uneven healing or capsular contracture formation. If this cannot be corrected with post-operative massage and directed compression, then it may require a return to the operating room to adjust the pocket and attempt to achieve symmetry.

## 7. **Lactation**

There is no evidence that breast implants will affect fertility, pregnancy, or ability to nurse. If, however, the patient has nursed a baby within the year before augmentation, milk may be produced for a few days after surgery. This may cause some discomfort, but can be treated with medication prescribed by your doctor.

All of the above may require further surgery at further expense to the patient. Often times insurance companies do not cover related medical expenses due to complications arising from a cosmetic procedure. They likely will not pay for these procedures making care of the cost of a complication an added expense to you.

## **SALINE-FILLED BREAST IMPLANTS**

An alternative to silicone gel-filled breast implants is a device inflated with saline, or salt water. It has been used by plastic surgeons for nearly as long as silicone-gel implants – almost 30 years – and has a proven track record.

Saline implants are similar to gel implants in that they both have shells made of a silicone rubber. However, saline implants are inflated with a salt-water solution at the time of surgery, instead of being pre-filled with silicone gel. The Food and Drug Administration has said that it is not currently concerned with saline-filled devices, since the “tightly cross-linked” silicone molecules in the shell cannot migrate to any significant degree.

Saline breast implants are inserted into the body in a manner similar to silicone-gel devices. However, in contrast to gel implants, they are filled with a salt-water solution at the time of surgery – allowing the size to be adjusted somewhat to fit the needs of the patient. Another advantage of saline implants is that if they leak or rupture due to trauma or another reason, the salt water – which is very similar to natural body fluids – is harmlessly absorbed and excreted.

There are disadvantages to saline implants. If the implant does deflate (which can occur in an estimated 1-3 percent of women who have the modern devices sold today), the breast will lose its added size within hours. Additional surgery is required to replace it.

In addition, many patients and plastic surgeons feel that a breast with a saline implant does not look or feel as natural as one with a gel implant – particularly if there is little existing breast tissue to cover it. Some women say that wrinkles or ripples on the surface are more easily seen through the skin; therefore, it is recommended that they be placed behind the breast muscle.