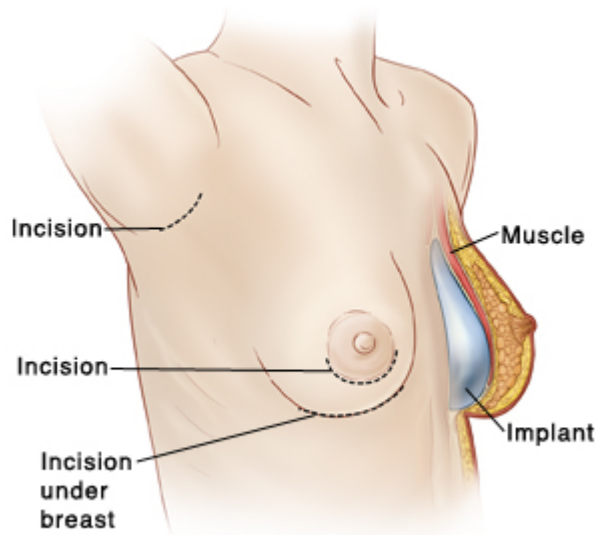


Breast Implant Surgery (Augmentation)

Breast implant surgery (breast augmentation) is a cosmetic procedure that increases the size of your breasts. Breast implants are put in above or below the chest muscle, to make the breasts larger.



Different kinds of implants

Breast implants are made of a silicone shell. The shell may be filled with saltwater (saline) or gel (silicone). Different implant sizes, shapes, and textures are available. Silicone is also available in different thicknesses. There are benefits and drawbacks to each type of implant. You and your surgeon will discuss which type is best for you.

Preparing for surgery

Meet with your surgeon before the day of surgery to ask questions about their experience with breast augmentation, your specific surgery, and the results you can expect. The FDA has a list of questions that may help you. Ask your surgeon what makes you a good candidate for breast implants. Ask what your choices are for size, shape, and surface texture. Your surgeon will also review the risks and benefits of the surgery. Ask for before and after pictures of other patients so you can understand if your expectations are realistic.

During this meeting, ask the surgeon for a copy of the patient labeling for the breast implant that will be used. As a patient, it's your right to have this information and the surgeon will expect to provide it. Talk with your surgeon about the risk of breast implants linked to anaplastic large cell lymphoma (BIA-ALCL). This is a rare type of non-Hodgkin lymphoma that can develop after breast implants. The exact number of cases is not known. But the most current data suggest that BIA-ALCL is seen more often after breast implants or tissue expanders with textured surfaces instead of those with smooth surfaces.

Read and understand the informed consent form. Ask any questions before you sign it.

Prepare for the surgery as you have been told. Also:

- Tell your surgeon if you think you could be pregnant.

- You may need a mammogram or breast X-rays before the surgery. This helps show any breast abnormality. It gives the surgeon an image of your breast tissue before the surgery.
- Tell your surgeon about all prescription and over-the-counter medicines you take. This includes herbs and other supplements. It also includes any blood thinners, such as warfarin, certain anti-inflammatory medicines, clopidogrel, or daily aspirin. You may need to stop taking some or all of them before surgery.
- Follow any directions you are given for not eating or drinking before surgery.
- Don't smoke. Smoking decreases blood flow, which slows healing. Nicotine from any source (cigarettes, e-cigarettes, patches, chewing tobacco) slows healing. Join a stop-smoking program to improve your chances of success.

The day of surgery

The surgery takes about 1 to 2 hours. You will normally go home the same day, but you may stay overnight.

Before the surgery

- An IV (intravenous) line is put into a vein in your arm or hand. This line delivers fluids and medicines.
- You will be given medicine to keep you pain free during surgery. This may be general anesthesia, which puts you into a state like deep sleep. A tube may be put into your throat to help you breathe. Or you may have sedation, which makes you relaxed and sleepy. If you have sedation, local anesthesia will be injected to numb the area being worked on. The anesthesiologist will discuss your choices with you.

During the surgery

- The surgeon makes a cut (incision). This may be made under the breast, under or within the dark skin around the nipple (areola), or under the arm. You and your surgeon will have decided on the incision site or sites before the surgery.
- Next, the surgeon forms a “pocket” to hold the implant. This may be above or below the chest muscle.
- The implant is put through the incision and placed into the pocket. If the implant needs to be filled with saline, that is done next. The implant is then put into place.
- If both breasts are being treated, the process is repeated on the other breast.
- The incisions are closed with stitches, surgical glue, or both. A tube (drain) may be placed into the incisions before they are closed. This will drain extra fluid as the wound starts to heal.
- A bra or surgical gauze may be put on at the end of your surgery.

After the surgery

You will be taken to the PACU (post anesthesia care unit) to be monitored as you wake up from the anesthesia. You may feel sleepy and nauseated. If a breathing tube was used, your

throat may be sore at first. You'll be given medicine to control pain or nausea. When you're ready, you will be able to go home with an adult family member or friend. Or you may be taken to a room to stay overnight.

Recovering at home

Once home, follow any directions you are given. Your surgeon will tell you when you can return to your normal routine. During your recovery:

- Don't smoke. Smoking decreases blood flow, which slows healing.
- Take any prescribed medicines exactly as directed.
- Wear the special bra or bandage you were given before discharge as directed by your surgeon.
- Care for your incisions and the bandage (dressing) over them as directed by your surgeon.
- Follow your surgeon's guidelines for showering. Don't swim, bathe, use a hot tub, or do other activities that might cover the incisions with water until your surgeon says it's OK.
- When you shower, gently wash your incision sites. Then pat the incisions dry. Don't put lotions, oils, or creams on the incisions until after they are fully healed.
- Don't raise your arms above breast level for 10 days. And don't lift, push, or pull anything heavier than 10 pounds for at least 7 days.
- Don't drive until you are no longer taking prescription pain medicine and your surgeon says it's OK. When riding in a car, carefully position the seatbelt so that it doesn't go over your breasts.
- Be aware that breast swelling may last for 3 to 5 weeks. Talk with your healthcare provider about ways to manage the swelling. Follow directions as advised.

When to call your healthcare provider

Call your healthcare provider right away if any of the following occur:

- Severe swelling in one or both breasts
- A fever of 100.4° F (38°C) or higher, or as directed by your healthcare provider
- Bleeding or drainage through the special bra or bandage
- Symptoms of infection at an incision site, such as increased redness or swelling, warmth, pain that gets worse, or foul-smelling drainage
- Pain that is not eased by medicine or that gets worse
- Much more soreness, swelling, or bruising on one breast than the other
- Breast that is very warm to the touch
- Symptoms that get worse or the development of new symptoms

Call 911

Call 911 right away if you have:

- Extreme chest pain
- Trouble breathing

Follow-up

You will have follow-up visits so your healthcare provider can see how well you're healing. If needed, stitches or drains will be removed at one of these visits. If you have any questions or concerns about your recovery, let your healthcare provider know. Also tell your healthcare provider if you notice any changes in your breasts during or after recovery. This may include injury to the breast or dimpling of the skin of your breast or nipple. If the implants leak or break, they will need to be removed or replaced.

Risks and possible complications

Risks and possible complications include:

- Bleeding or infection
- Blood clots
- Scar tissue squeezing the implant (capsular contracture)
- Breasts that are too firm
- Extra internal or external scarring
- Changes in breast or nipple sensation (temporary or permanent)
- An implant breaks open (ruptures) or leaks
- Pain that doesn't go away
- Breasts that are not the same shape or size
- Not being happy with how breasts look after the surgery
- Risks of anesthesia