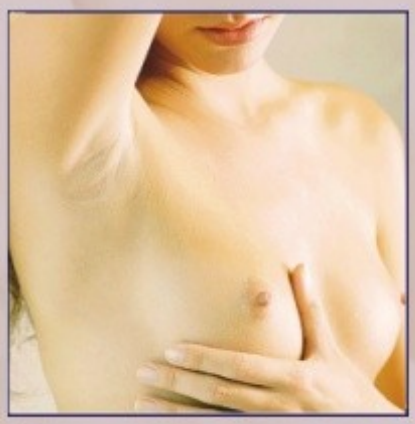
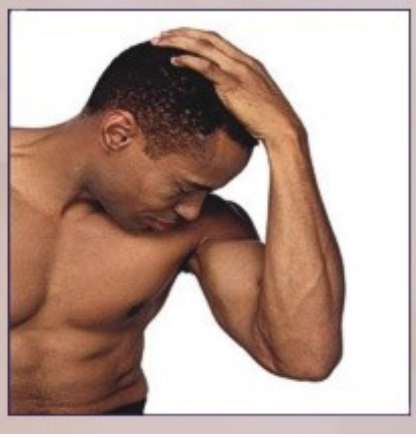
Cosmetic Breast Surgery

A Patient's Guide





Allen Rezai MD

Cosmetic Breast Surgery
A Patient's Guide

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www.cosmeticsurgeryspecialists.co.uk

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Introduction

Cosmetic breast surgery is far from being a new form of surgery. More popular and more affordable, yes, but not at all new. In fact various forms of breast surgery have been carried out for over a hundred years. However, it is in recent years that major advances have been made in surgical techniques, technology and materials, all contributing to greatly improved results and thus patient satisfaction.

The very fact that you are reading this booklet means that you are probably considering breast surgery of one form or another either now or in the near future. Indeed there are several reasons or conditions that might lead a woman (or man) to consider that cosmetic surgery might provide the solution to their needs. For example

- you consider your breasts to be either too small or too large;
- your breasts seem to be disproportionate in size to the rest of your body;
- your breasts have changed, possibly following pregnancy or significant weight loss;
- your breasts are asymmetrical to an extent that you feel uncomfortable about the situation;
- you have suffered some form of injury or undergone a mastectomy operation and now require re-constructive surgery to restore your breasts;
- as a man, you are suffering from gynecomastia, or over-sized breasts that make you feel uncomfortable or embarrassed;
- or you have undergone previous breast surgery and are simply unhappy with the results.

However, in spite of the ever-increasing number of breast operations carried out each year around the world, the decision to actually proceed with surgery is very personal to you and you owe it to yourself to take this decision very seriously and not be unduly swayed by the opinions of others or by holding unrealistic expectations. The decision should be yours, and yours alone; and this should be founded upon appropriate advice from a highly experienced cosmetic surgeon.

You should bear in mind that there are as many, if not more, arguments against undergoing cosmetic surgery as there are in favour of it. And of course there are risks. So any discussion with a cosmetic surgeon should always include consideration of any existing health conditions you might have, your lifestyle, whether you plan on becoming pregnant in the near future, and your expectations concerning the outcome of the operation.

Once you have decided that surgery is the right option for you, of prime importance is finding the surgeon who is most able to satisfy your needs and provide you with the results you desire. This is no easy task, not least because the world of medicine and surgery is one of which few amongst us have more than a passing acquaintance, and for many can be something of a daunting experience. But do not be deterred by this... a certain amount of apprehension is only natural. The object of the exercise is to find a surgeon with whom you feel comfortable and who is able to demonstrate to your satisfaction that he has the experience and qualifications to be able to satisfy your requirements.

To some extent the choice of surgeon is very personal, but at the very least a surgeon should be able to demonstrate a long history of successfully undertaking the kind of operation you are considering and be able to provide a collection of photographs of before and after surgery for you to study to familiarize yourself with the kind of results he has achieved for previous patients. He should also be willing to answer any and all your questions relating to the operation and your expectations in relation to the outcome. He should also discuss with you his requirements from you both pre- and post-operation, and be able to demonstrate that an appropriate after-care and follow-up service is in place.

Of course there is a place for referrals from friends, family members and acquaintances who might also have had successful cosmetic surgery. You will soon be aware as to whether or not the results are pleasing to you, and they will be able to recount their own experiences. Nevertheless, as already mentioned, selection of the best cosmetic surgeon is personal to *you*, and you are advised to follow your own instincts, experiences and research in selecting the right surgeon.

There is already plenty of published material available to help the potential breast surgery patient in their decision-making and understanding of the various clinical procedures, some of it highly informative and of excellent quality. The purpose of this booklet is not to attempt to reproduce this literature, rather to address some more specific questions a patient might have about the operation and how to prepare for it, any potential associations and complications related to the surgery, and finally what they might expect to encounter after the operation.

The reader should be aware that the material presented herein, the descriptions of the procedures, the pre-operative and post-operative guides are based on the standards of care at Mr Rezai's clinic, and that details will differ from surgeon to surgeon. That being said, what you will learn about can be considered as a standard of best practice based upon the experience of Mr Rezai in carrying out literally thousands of cosmetic surgery procedures over many years.

You might therefore consider this booklet to be more of a “behind the scenes” look at breast surgery from the perspective of both the patient and the surgeon and his team, cutting away all the frills and glamour, enabling the patient to go in with their eyes wide open to what they are about to undertake. At the very least, having read it through in its entirety, the patient will now be more aware of what the procedures entail, the risks involved, and be in a position to pose some useful and precise questions to the surgical team.

As the saying goes, “to be forewarned is to be forearmed”. This is a journey full of possibilities, and once on the right track, there only remains to wish the reader well in their quest for their new, improved body... the *new you*.

About the Author

Allen Rezai, MD. has a distinguished academic record and is the recipient of many honours. Today he has a successful aesthetic surgery practice in Harley Street, London, attracting patients from around the world.

He has an enormous breadth of cosmetic surgical experience, having personally performed literally thousands of the major procedures. He has a particular interest in aesthetic surgery of the breast and in facial surgery.

In addition, Mr Rezai has both written and presented extensively on many aspects of plastic and aesthetic surgery.

Memberships

- Professional associate of British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)
- The Royal Society of Medicine (UK)
- GMC (UK) Specialist Register for Plastic Surgery
- European Society for Plastic and Reconstructive Surgery
- Swedish Society for Plastic and Reconstructive Surgery
- World Society for Plastic and Reconstructive Surgery
- American Society for Plastic and Cosmetic Surgery
- World Society for Reconstructive Microsurgery
- European Academy of Cosmetic Surgery
- American Smile Train Group

Publications

- Performing Breast Augmentation under Well Monitored Sedation Anaesthesia - May 2004
- Evaluation and Result of Reduction Labiaplasty - Oct 2003
- Aesthetic and functional advantages of the antrolateral thigh flap in reconstruction of tumour related scalp defect - Oct 2002
- Modality treatment for scalp reconstruction - May 2001
- Reconstructions of defects at the scalp, forehead and temporal area after tumour therapy - Dec 2001
- Woven vascular microsurgical prostheses - Jan 2001
- Reconstruction with microsurgery technique after tumour resection in head and neck - Dec 2000
- Scalp defects reconstruction by free flaps - Jan 2000
- Multiple free flaps reconstruction in head and neck due to cancer demolition - May 1999
- Penis reconstruction with radialis free flap - 1998
- Acute intra operative arterial elongation - Feb 1998
- Alzheimer's disease and associated change - Jan 1989

Presentations

- Diagnosis and treatment of malign melanoma
- Evaluation of basic microsurgery technique
- Breast reduction and mastopexy in local and sedation anaesthesia
- Breast augmentation using sedation and local anaesthesia
- Scalp reconstruction after radiotherapy treatment
- Face and neck rejuvenation

Breast Augmentation

It is extremely common for women to be dissatisfied with the size and shape of their breasts. Breast Augmentation (also known as Breast Enlargement and Augmentation Mammoplasty) involves placing an artificial implant into the breast in order to increase the breast size and to produce a degree of lift where necessary. Breast Augmentation is by far the most popular procedure requested by women.

Why Have Breast Augmentation?

Irrespective of anything you may have heard to the contrary, there are absolutely no medicines or exercises that are presently available to increase the size of the breast permanently, evenly and safely.

The only accepted technique for increasing breast size is to insert an implant into a space created behind the patient's own breast. It is the size of this space (determined by your own anatomy), along with your own wishes, which determines the size of implant used.

About New Generation of Silicone Implants

Breast implants have come a long way since their original inception. Modern implants are extremely safe, and you'll be surprised at how incredibly strong they are. At many consultations, you will be able to see, feel and even try on recommended implants during initial consultation.

So What Is Silicone?

Silicones are man-made molecules (polymers) that are widely used in numerous skin and hair products; in processed food and food packaging; in most baby foods; in many medicines, syringes and most other types of medical implants. Consequently every day:

- We absorb silicone into our body through our skin
- We ingest it in our food
- We feed it to our children
- We may even inject it directly into our blood stream

All breast implants come in a variety of sizes, usually expressed as a volume or weight. For example, 60ml would be a very small implant; whereas 500ml would be a very large implant. It is probably fair to say that the great majority of women have implants in the range of 200ml to 300ml.

Implants also come in two basic shapes, either perfectly round or tear-drop shaped. Some surgeons prefer one form over the other, whilst others will use different types depending on the patient's own characteristics. By and large, both give excellent results.

Cohesive Silicone Gel

Implants in cohesive silicone gel are by far the most popular type of implant, both with patients and surgeons alike. The silicone is in the form of a very thick cohesive gel. Most modern implants are produced with a textured silicone shell.

These implants have a very long history of reliability, with literally hundreds of thousands of women world-wide having had them in place for many years with no problems whatsoever. In addition, they are generally considered to be the most natural feeling implant. In recent years, more than 85% of ALL breast implants inserted in the UK have been silicone, 97% of which had textured shells.

Solid Cohesive Silicone Gel

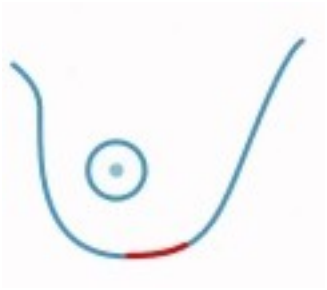
In this silicone implant, the gel is made to an almost solid consistency. It is only available with a textured silicone shell. This extra firmness allows the implant to be manufactured with a 'tear-drop' shape. Some surgeons consider that this results is a more natural shape for some women. However, they can also be associated with a much firmer consistency or feel.

How Is Breast Augmentation Usually Performed?

Breast Augmentation is usually performed under general anaesthetic. However, a small number of surgeons prefer the use of local anaesthetic with sedation. Most patients stay in hospital overnight. If drains are not used then the operation may be performed as a day case.

There are a number of means to insert a breast implant. There are three types of incision. It is a matter of patient and plastic surgeon preference as to which is used.

Inframammary Incision



Inframammary is probably the most commonly employed incision. After healing, the scar tends to be well hidden under new breast crease, although it will be more visible if the patient is lying down.

Periariolar Incision

This incision is favoured by some surgeons. When it heals well, the scar is almost invisible. However, should the patient develop excessive scarring for any reason, then it will be particularly noticeable.

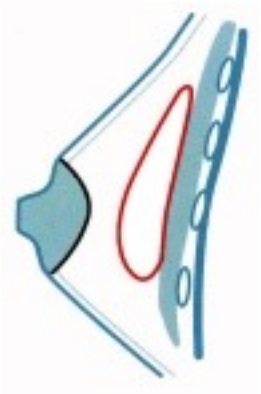
Axillar Incision

A small number of surgeons favour inserting the implants via a small incision in the armpit. Clearly, the final wound will be generally well hidden. In these circumstances most surgeons would place the implant behind the pectoral muscle (this is known as Trans-Axillary Retropectoral Augmentation – TARPA).

Having made the incision, the surgeon then creates a pocket into which the implant is inserted. Again, some surgeons favour one pocket over another.

There are four types of pocket:-

Submammary Pocket



In this case, the implant is inserted into a pocket created between the breast tissue and the pectoral muscle on the chest wall. It is probably the most commonly used procedure.

Subpectoral Pocket

In this case, the implant is placed into a pocket that the plastic surgeon creates behind the pectoral muscle. Therefore, the implant lies between the muscle and the ribs.

Subfacial Pocket

In this case, the implant is placed into a pocket that the plastic surgeon creates behind the pectoral muscle facia. Therefore, the implant lies between the muscle and its facia.

Dual Plane Pocket

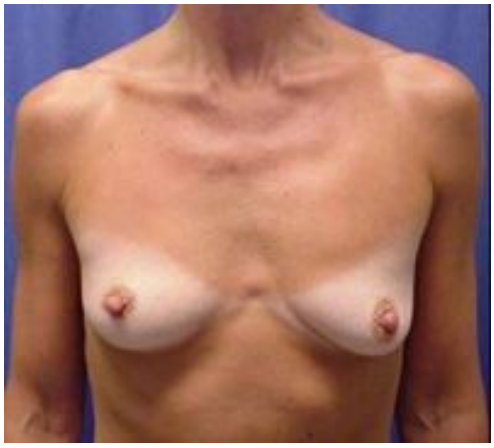
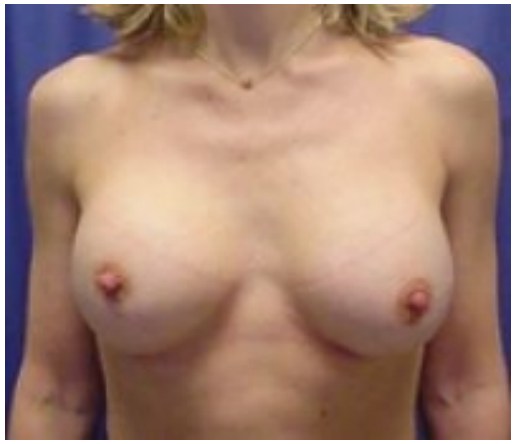
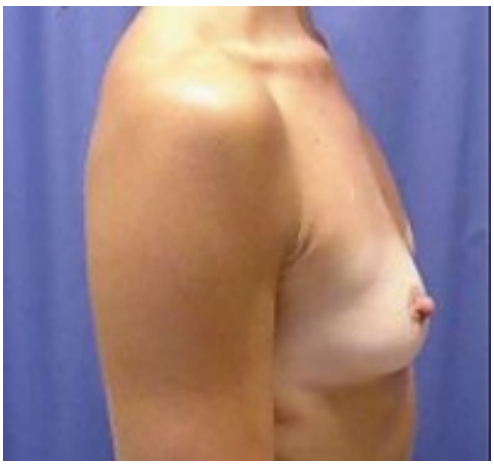
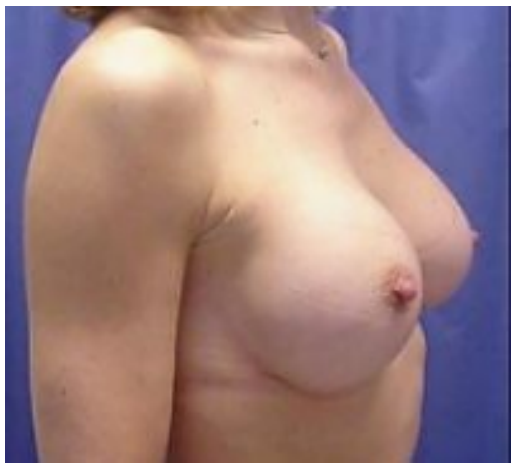
In this case, the implant is placed into a dual plane pocket. The pectoral muscle covers the upper half of the implant, leaving the bottom of the implant free to descend into the submammary breast pocket. The implant exists both under and over the muscle at the same time, creating a dual plane approach.

After the Operation

The operation typically takes between thirty to sixty minutes to perform.

- Following surgery, most patients wear a firm support bra for up to four weeks
- The breasts will feel bruised, tender and swollen for a few days
- Sutures are removed or trimmed after ten to fourteen days
- Ice packs may be used to reduce the swelling and make the breasts feel more comfortable
- Most patients take one week off work
- No lifting during the first two weeks, and no heavy lifting for at least four weeks
- Most women can resume normal activity within four to six weeks
- As with all scars, they will slowly fade over six to twelve months. However, they never totally disappear.

Breast Augmentation Photographs

Pre-Operation	Post-Operation
	
	

For more before and after photos, visit www.cosmeticsurgeryspecialists.co.uk

Breast Uplift / Mastopexy

Many women are dissatisfied with the shape or pertness of their breasts. A significant number of women find their breasts change as they develop through the various stages of life. Often, their breasts would originally have been relatively firm or pert, but whether through significant weight loss, the after effects of a pregnancy, or the effects of gravity and age, the shape or pertness of the breast alters, leaving a droopy or a deflated appearance.

Understandably, this change can be disheartening. As a result of the dissatisfaction with the appearance of their breasts, many women request surgery to improve the overall pertness, firmness, and size and shape of their breasts.

Whilst not strictly an accurate example, a good way of understanding the problem is to imagine that a woman initially has a C-cup sized breast, over the years, perhaps after the birth of child, she still has a C–cup sized breast, but owing to the stretching of the skin, to accommodate milk and weight increase during pregnancy that C-cup breast now resides in E-cup sized pocket of skin (the skin has been stretched in effect).

So what can be done about it?

From the outset, it is important to understand that it is not possible to re-create or repair the fibrous bands that originally held the breast in place (once they have been stretched). Like springs that have been over-stretched, once they have been pulled too far, they loose their ability to recoil.

Consequently the only surgical option is to excise the excess skin. Breast Uplift, also known as Mastopexy, results in a breast that both looks more youthful and generally feels firmer.

How Is Breast Uplift Performed?

In principle, Breast Uplift consists of the following:

- Excising the surplus skin
- Remodelling the breast tissue into a more attractive shape
- Repositioning the nipple / areola complex to a higher level, so that the nipple lies at the point of the newly tightened breasts
- Reshaping or reducing in size the areola if necessary

Breast Uplift is performed under general anaesthetic and most patients stay in hospital for one night. There are various techniques used in specific situations. In almost all, the surgeon must first make an incision around the areola, so that it can be repositioned higher on the breast:

In certain circumstances, it may be possible to undertake Mastopexy utilising only an incision around the areola. This so called 'doughnut' Mastopexy is an option where the breast is fairly small and when the degree of sag is minimal.

In certain cases, sufficient skin may be removed by extending the incision vertically down from the areola (lollipop incision).

However, in other cases, the incision must also include a lateral extension across the crease below the breast (anchor incision).

The vast majority of women undergoing a Breast Uplift procedure find the results very satisfying, resulting in a real improvement in how their clothes fit, and how their breasts look even when they are undressed. Most women report a marked improvement in their self-confidence and their own feelings about the attractiveness of their body.

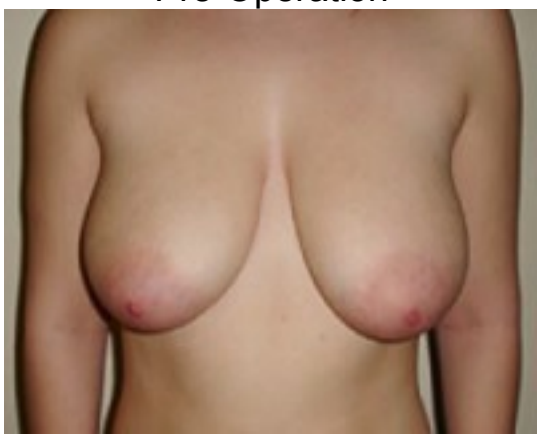
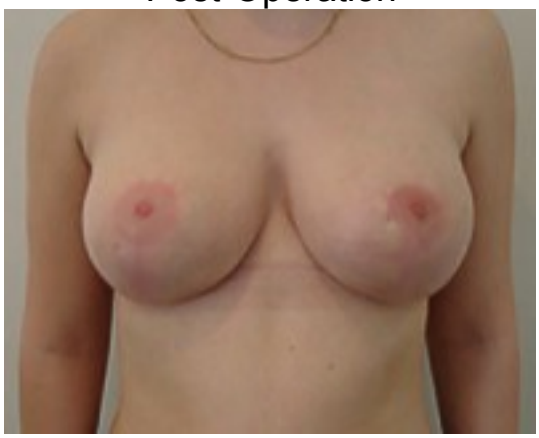
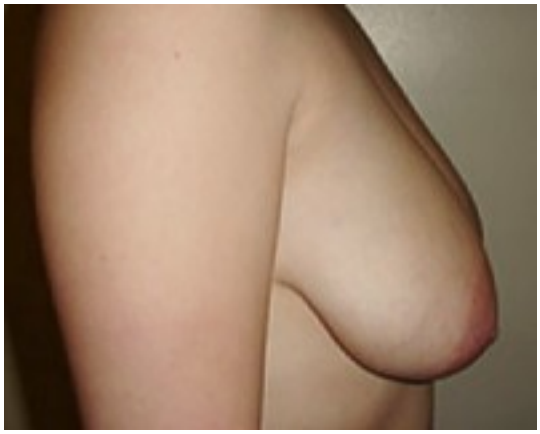
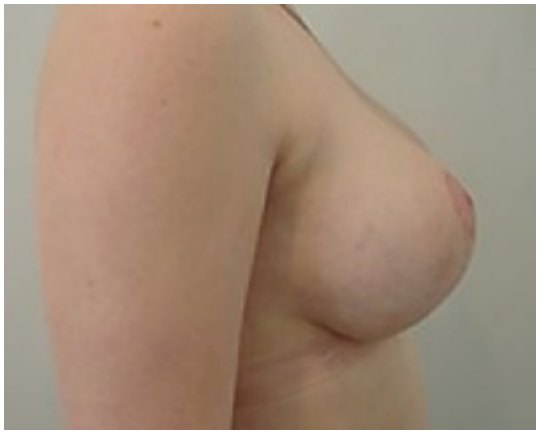
Wearing a good supporting bra will help to sustain the result, however, it is important to remember that the results of breast uplift will not last forever and ageing, pregnancy and weight fluctuation will eventually cause more laxness of the skin, resulting in the re-occurrence of some droopiness.

After the Operation

The operation takes between ninety minutes to two hours to perform.

- Following surgery most patients wear a firm support bra for up to six weeks
- The breasts will feel bruised, tender and swollen for a few days
- Sutures are removed or trimmed after seven and fourteen days
- Ice packs may be used to reduce the swelling and make the breasts feel more comfortable
- Most patients take two weeks off work
- No lifting during this first two weeks, and no heavy lifting for at least six weeks
- Most women can resume normal activity within four to six weeks
- As with all scars, they will slowly fade over six to twelve months.

Breast Uplift Photographs

Pre-Operation	Post-Operation
	
	

For more before and after photos, visit www.cosmeticsurgeryspecialists.co.uk

Augmented Mastopexy

Factors such as ageing, pregnancy, breast feeding and weight fluctuations will cause the breasts to lose their youthful shape, volume, tone and the skin's natural elasticity. Breasts gradually hang lower and lower on the chest with loss of upper breast projection (perkiness), elongation and flattening. In some cases, the nipples point straight down.

So What Can Be Done About It?

This can easily be improved by a combination of breast augmentation and uplift (Augmented Mastopexy) which will restore the shape and volume of the breast.

How Is Augmented Mastopexy Performed?

An Augmented Mastopexy is performed in much the same way as a standard mastopexy, except with an implant inserted below the mammary gland or under the pectoral muscle during the breast uplift procedure.

During consultation, your surgeon will discuss with you the type of incision to make. Whether your surgeon uses the anchor-shaped, doughnut or lollipop incision is dependent on your breast shape and size as well as the surgeon's personal preference.

Your surgeon first carries out the augmentation part of the procedure and subsequently makes an incision to remove the excess sagging skin that causes your breasts to droop, and repositions the nipple / areola complex.

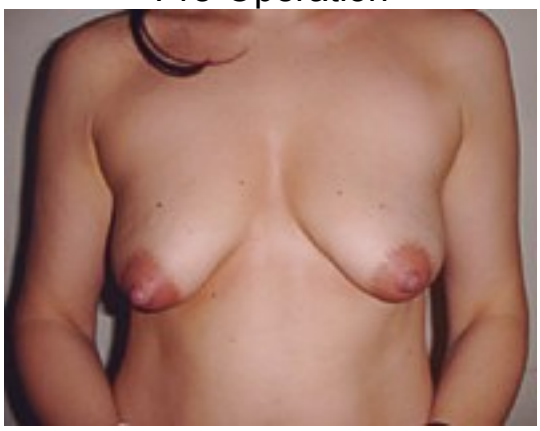
After the Operation

The operation takes between ninety minutes to two hours to perform.

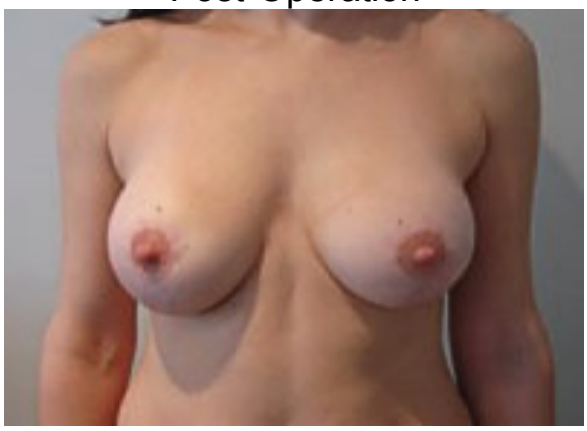
- Following surgery most patients wear a firm support bra for up to six weeks
- The breasts will feel bruised, tender and swollen for a few days
- Sutures are removed or trimmed after seven and fourteen days
- Ice packs may be used to reduce the swelling and make the breasts feel more comfortable
- Most patients take two weeks off work
- No lifting during this first two weeks, and no heavy lifting for at least six weeks
- Most women can resume normal activity within four to six weeks
- As with all scars, they will slowly fade over six to twelve months.

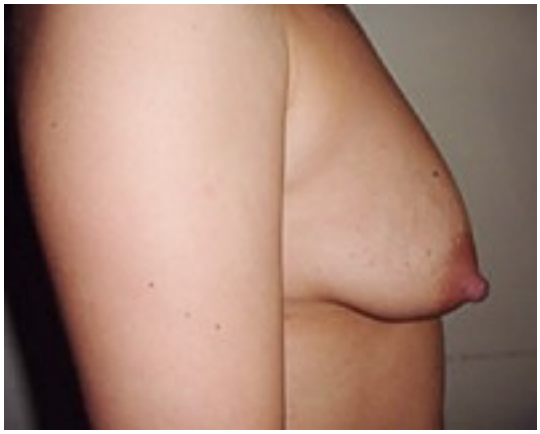
Augmented Mastopexy Photographs

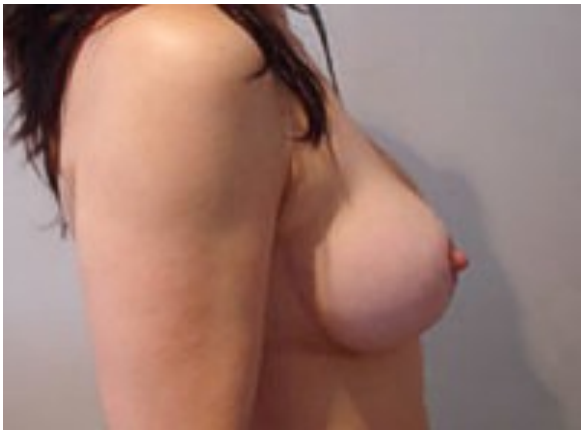
Pre-Operation



Post-Operation







For more before and after photos, visit www.cosmeticsurgeryspecialists.co.uk

Breast Reduction

The size of woman's breasts is determined by several factors:

- Her family history
- Her body weight
- Her hormonal status

Therefore, the problem of overly large breasts can develop and become an issue at various times of life. However, at whichever age it affects a woman, there are certain consequences that are common to all situations:

- Back and neck ache
- Difficulty buying fashionable clothes
- Problems with badly fitting bras
- Embarrassment and lack of self-confidence
- Difficulty playing sports
- Skin rashes under the breasts

As a result, very many women request Breast Reduction (also known as Reduction Mammoplasty).

Breast Reduction involves removal of both excess skin and tissue from the breasts, which are then reshaped and the nipple / areola complex repositioned to form smaller more naturally shaped breasts.

How is Breast Reduction Performed?

- Reduction Mammoplasty is performed under general anaesthetic
- The patient usually stays in hospital for at least one night
- In the commonest form of breast reduction, scars will result around the areola, then vertically down and sometimes also horizontally out along the breast creases.
- The operation takes between two and four hours to perform
- Liposuction may also be performed to the fatty areas under the armpits
- Asymmetries in breast size may also be corrected

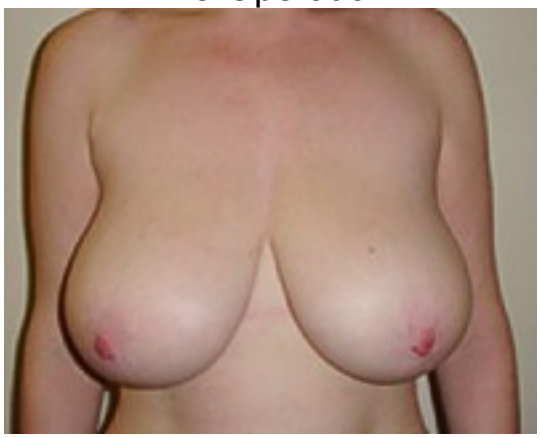
After the Operation

- Following surgery, most patients wear a firm support bra for four to six weeks
- Some patients continue to wear a support bra indefinitely
- The breasts will feel bruised, tender and swollen for several weeks
- Sutures are removed or trimmed after seven and fourteen days
- Ice packs may be used to reduce the swelling and make the breasts feel more comfortable
- Most patients take two weeks off work. No lifting during this first two weeks, and no heavy lifting for at least six weeks
- Most women can resume normal activity within four to six weeks
- As with all scars, they will slowly fade over six to twelve months, however they never disappear.

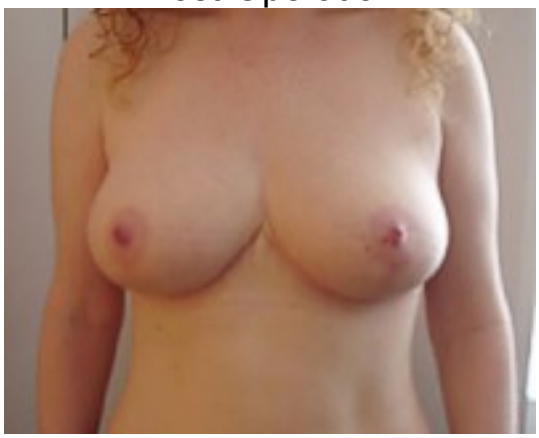
It is generally advised that most women will not be able to breast feed following Breast Reduction. However, when techniques are used that preserve the connections between the milk ducts and the nipple, breast feeding may be possible.

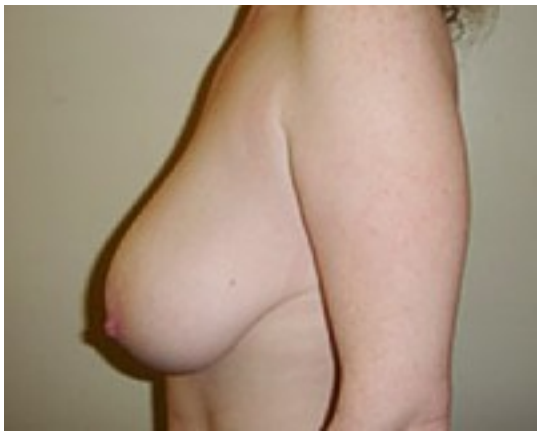
Breast Reduction Photographs

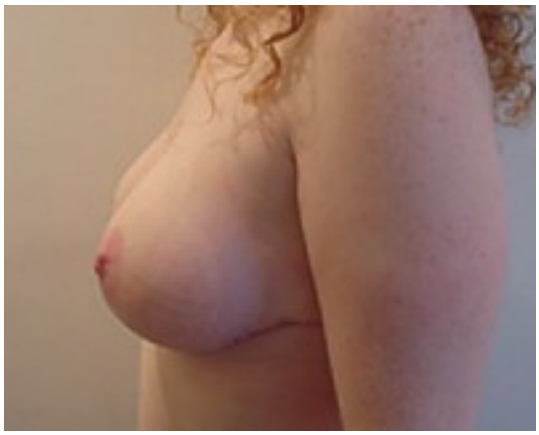
Pre-Operation



Post-Operation







For more before and after photos, visit www.cosmeticsurgeryspecialists.co.uk

Male Breast Reduction

Gynecomastia is the medical term for the development of abnormally large breasts in males. The condition can occur physiologically in the new-born, in adolescence and in old age.

Gynecomastia is the most common form of breast problem in men. It is generally considered to be of one of three types:-

- Just made up of fatty tissue
- Just made up of breast gland tissue
- Made up of a combination of both fatty and glandular tissue

The most frequently encountered form of gynecomastia is a simple accumulation of fatty tissue, often related to overall obesity. Most patients are men in their twenties to mid-fifties who are simply embarrassed about the size of their chests. And as long as there is little or no excess redundant skin over the breast, all that is required in these circumstances is liposuction.

In a few cases:

- There is significant glandular tissue present (this may require surgical excision)
- Or there is significant excess skin over the chest (a form of breast uplift is necessary)

True glandular gynecomastia is a medical condition and must first be investigated to find its cause. Suffice to say, in true gynecomastia, there is an imbalance between the normal male and female hormones that circulate in all men, which may occur:

- Normally, at certain times of life (new-born, puberty, with ageing) – known as ‘physiological gynecomastia’, or
- Abnormally, due to a wide range of causes (idiopathic, diseases of the hormone system, drugs, alcohol) – known as ‘pathological gynecomastia’

Whatever the cause, medical treatment aimed at the originating condition relatively rarely results in full reduction in breast size. For these patients, surgery is the only option.

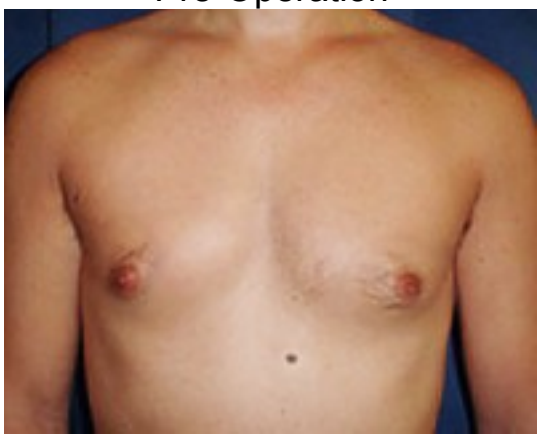
In the great majority of patients with glandular gynecomastia, it is possible to remove the gland through an incision placed around the lower half of the areola.

After the Operation

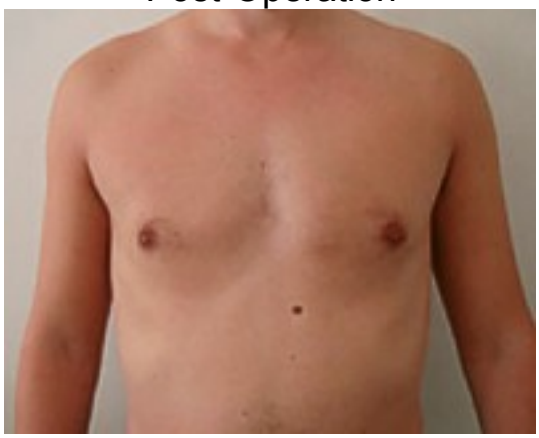
- The operation is performed under general anaesthetic
- It takes between sixty to ninety minutes
- Patients stay in hospital for one night
- An adhesive dressing and a Lycra vest are worn for about one week
- Any sutures are removed after seven to fourteen days
- If your work is not physical, expect to return to work after one to two weeks
- Expect to be back to normal physical exercise within six weeks
- Unless the operation is performed at a young age, it is very unlikely that your breasts will re-grow. Excessive weight gain will alter the breast shape as in any other men. Further, with age your breasts are likely to sag as normal.

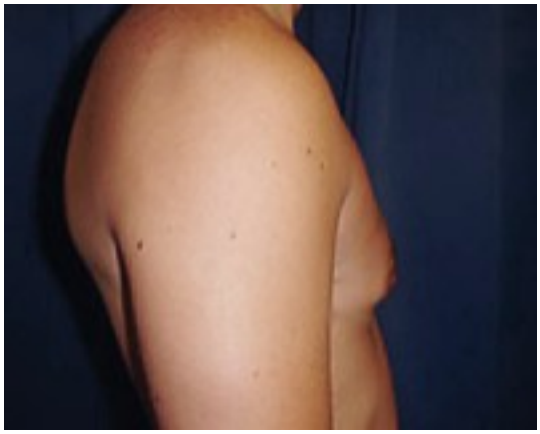
Male Breast Reduction Photographs

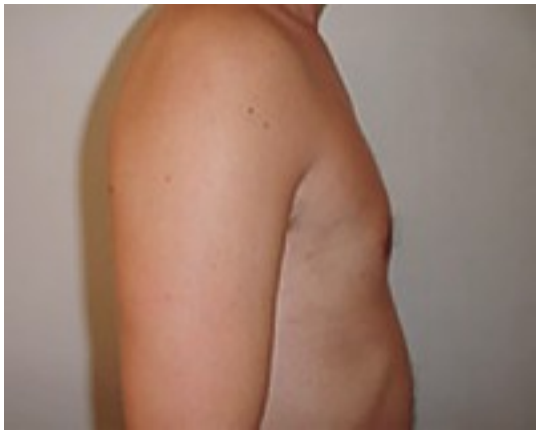
Pre-Operation



Post-Operation







For before and after photos, visit www.cosmeticsurgeryspecialists.co.uk

Associations of Cosmetic Breast Surgery

Cosmetic breast operations are surgical procedures, the same as all other procedures. It is important you respect them as such. You can rest assured that both the plastic surgeon and all of the ancillary staff treats them so.

Associations of surgery are those elements that one might consider to be almost ‘part and parcel’ of having the operation. They are not complications, and do not generally mean that there is anything to worry about. In almost all cases, a little reassurance is all that is needed.

Discomfort

Many patients have said that the sensation after cosmetic breast surgery is very similar to that they experienced when the “milk came” following childbirth. It is more a feeling of uncomfortable fullness. Most also state that the discomfort is less if they ensure that they are (relatively) active. We believe that this is because much of the discomfort is related to muscle bruising and swelling. Consequently we advise most patients to (at least) undertake normal activities wherever possible, especially regular walking. After a few days, the pain subsides considerably. Most patients describe it now as a dull ache. Many do not now require any form of pain-killer.

Itching

This is very common after the operation, and almost always settles in time. It is usually related to the dressings.

Feeling faint

This is often found when the patient gets up the following day. It is entirely normal, and usually subsides relatively quickly.

Swelling

This occurs to some degree for up to 4-12 weeks or so. It merely means that your initial result is to some degree hidden for a time.

Bruising

Skin bruising may occur for up to 1 week. Refrain from sun-bathing or the use of sun beds whilst you have skin bruising. There will be internal bruising and swelling for some time longer than this first week.

Numbness

Some area of the operation field may be numb for some time following the operation. This almost always settles with time. However, it is not unknown for a small patch of skin to remain numb. This rarely causes patients undue concern, so long as they understand this pre-operatively.

Hyperaesthesia

This means patients having areas of skin that feel overly sensitive, occasionally with strange sensations. Again, it usually settles with time. It is less common for areas to remain hypersensitive than it is for them to remain numb.

Tiredness

As after any significant operation, a small number of patients may feel unduly tired for some weeks after the procedure.

Nausea

This is not uncommon, especially after general anaesthetics and with some medications. It usually subsides spontaneously or after cessation of the particular medication.

Feeling low or depressed

This is relatively uncommon following this form of minor surgery. However, it is not unknown, especially after general anaesthetics. Patients should be reassured that it tends to pass away quickly with little or no medication.

Complications of Cosmetic Breast Surgery

Complications of surgery are those elements that might be considered to be abnormal reactions to surgery, and which would not generally be expected to occur.

It is common sense that any form of surgery must be associated with some element of risk. The aim of this section is to highlight the more common (although still unlikely) risks associated with surgery. During your consultation, your surgeon will discuss the risks further. Please feel free to seek his clarification on any points.

Cosmetic breast surgery has a very low complication rate in experienced hands, so please keep these complications in perspective. However, it is important to take them on board.

Infection

This is extremely rare. However, it is more common, and potentially much more serious in diabetics and smokers. Acute early infection is very uncommon following breast surgery. It usually affects only one breast.

Any surgical implant may be associated with chronic low-grade infection. It is most likely that it is this phenomenon that causes the tiredness, occasional fevers, muscular aches, etc. that patients tend to ascribe to “silicone poisoning”.

All patients receive intravenous antibiotics during the procedure. In addition, all patients receive oral antibiotics for 5 days after the operation. Using this “belt and braces” regime, significant infection is almost unheard of. The important point here is that, no matter how rare it may be, infection is potentially very serious.

In women who have undergone breast augmentation, a significant infection will mean that there is every likelihood that the implant in question will have to be removed. Once this is done, the infection is usually relatively easy to treat. Once the infection is clear, most surgeons would recommend that the breast is not re-implanted for 3 to 6 months. For this period, the patient would have to use a bra filler or explant to match the non-infected side.

Haematoma

Approximately 0.5 to 1% of patients may develop a collection of blood or haematoma within the breast pocket. It almost always occurs within the first few hours of surgery, and almost always only one breast. In certain circumstances, it may be necessary to drain the collection. This may involve an extra night in hospital.

Bleeding

Serious bleeding is rare. Bleeding may take several forms. Firstly, serious immediate bleeding from the operation site can occur, resulting in shock. This is almost unheard of. All patients are asked about any history of bleeding disorders. Whenever necessary, blood tests are undertaken to test a patient's ability to clot their own blood. There have been no such patients within our series.

Seroma

This is a localised swelling within the tissue that is comparatively rare following cosmetic surgery. Occasionally, it may be necessary to perform a relatively minor procedure to drain the collections of fluid.

Breast Feeding

In general terms, the ability to breast-feed remains unaltered after most breast surgery. However, remember the following:-

- Many women requesting breast augmentation have very little breast tissue, and so are probably more likely than most women NOT to be able to breast feed.

- Irrespective of the amount of breast tissue, not all women are able to breast feed anyway.
- Many women have implants prior to having their family. Therefore, they cannot know whether they would ever have been able to breast feed had they not had implants.
- Some women are able to breast feed one or more children, but are unable to feed later babies.
- There is no evidence that children who have been breast fed by mothers with ANY type of implant have any increased likelihood of any medical illness or condition.
- Breast feeding is generally affected after breast reduction and breast uplift

Breast Cancer

- Breast implants do NOT cause breast cancer in women who would not otherwise have developed it.
- The IRG found that there is a slightly reduced incidence of breast cancer in women with breast implants.
- There is no evidence that breast implants increase the risk of any other cancers.
- Breast implants do not make breast cancer more likely to occur in women who may have a susceptibility to breast cancer.
- Breast implants do not make any breast cancer that a woman might develop more aggressive.
- Breast implants do not generally make most breast lumps harder to feel.
- Breast implants may make certain breast cancers harder to detect on X-Ray Mammography.

- Modern imaging techniques enable doctors to use mammograms to 'look around' implants. In addition, techniques such as ultrasound, CT scans, and MRI scans can be used to produce excellent assessment of implanted breasts.

X-Ray specialists tell us that, by and large, implants are not a great problem when it comes to imaging the breast. This was confirmed by the IRG, which concluded that "breast screening arrangements are not affected by the presence of an implant". However, they ask that upon booking a mammogram, you inform the Radiology Department or Screening Unit that you have breast implants.

Residual Asymmetries

In cases where there exists significant asymmetries pre-operatively, these will often be very much improved following surgery. However, there can be no guarantee that the areas will be identical following surgery.

Excessive Scarring

Your plastic surgeon will make every attempt to make your scar as neat, short and inconspicuous as possible. Please remember that the crease underneath the breast is greater (and hence the scar better hidden) if the breast is larger or more sagging pre-operatively.

The breast is generally a very good area of healing of scars. However, if the scar remains raised, reddened, or hypertrophic then it may require surgical revision, steroid injections, or special dressings.

This is uncommon following cosmetic surgery. It is most common in those with a family history of excessive scarring, in patients that already have such scars, and in people from Afro Caribbean descent. However, generally a patient's individual tendency to such scarring cannot be diagnosed in advance. It is important to realise that the rate at which scars heal and fade varies considerably from patient to patient. Such excessive or hypertrophic scars may require treatment, but may remain permanently excessive.

Changes in Breast Sensation

Post-operative swelling, as a result of the implant itself and normal tissue swelling may alter the sensation to parts of the breast itself. These almost always return to normal completely within four to six weeks of surgery.

Changes in Nipple Sensation

The aforementioned swelling may affect nipple/areola sensation. Within a few months, normal sensation has either returned or become what it will probably remain as. In most women this is back to normal. A small percentage of women report that these areas are more sensitive. By and large, most of these women find this an advantage. An extremely small percentage of women suffer from some slight permanent sensory-loss. It is extremely rare, but not unreported, for total permanent loss of nipple/areola sensation to occur.

Permanent Skin Discoloration

This is rare after most forms of surgery. Permanent staining may result if the patient sunbathes or uses ultraviolet sun beds whilst any visible skin bruising remains.

Urinary retention

This is very uncommon after cosmetic surgery, except in any male patient known to have prostate problems who might be confined to bed for a few days.

Urinary tract infection

This generally occurs in women who might be prone to them in any event, and who are confined to bed and not drinking normally. It is relatively uncommon after cosmetic surgery.

Thrush

This is again uncommon. It tends to be commonest in women prone to recurrent candida infections, especially if they are prescribed antibiotics. If you know that you are prone to thrush, inform your surgeon. It may be considered better to avoid antibiotics in such circumstances.

Associations and Complications of Breast Implants

The following associations and complications relate specifically to the use of breast implants.

Lifespan of Implants

Consumer Protection laws relating to general manufacturing cover all implants. This is not because we are sure that implants must wear out, since at the present time there is insufficient data to make any definitive statement for any given implant. Manufacturers of implants do not provide any advice as to when, if ever, implants should be replaced. Many thousands of implants have been in place for more than 10-20 years and are still “going strong”. A small number of women have had their implants replaced before 10 years has elapsed.

It is our advice, as has been for many years, that any women having breast implants before the age of 40 should have them expecting that at some time in the future, she may have to have them removed or replaced. As women continue to live longer, this likelihood will probably increase. It is our experience that most women in their twenties and thirties are more than happy to accept this possibility.

Flying and diving

It is perfectly safe to fly or to go deep sea diving after breast augmentation.

Being able to feel parts of the Implant (implant protrusion)

Some implants feel more like breast tissue than others. However, given that they are not ‘made to measure’ , they are most unlikely to feel exactly the same as your breast tissue. Further, as you know, your own breast tissue changes in its consistency throughout your normal cycle, and throughout your life. It is relatively common for women to be able to feel small areas of their implants, usually around the periphery of their breasts. These are felt as small

soft lumps, mostly along the inner and outer aspects of their breasts. This is more likely if the patient had very little breast tissue to start with, or requested larger implants. With reassurance, almost all patients accept this phenomenon. Very rarely will surgery be either offered or requested for this situation.

Asymmetry

Please remember that it is very unusual for two breasts to be symmetrical. It is our experience that most women have never noticed that their breasts are far from identical. It is important to understand that, following breast augmentation, any such asymmetry may be amplified. In general terms, asymmetry is likely to be exaggerated after complications such as capsular contraction.

Rippling or wrinkling of the implant

Certain implants are known to fold and wrinkle more than others, In some circumstances, any implant may fold in their pocket. However, this is relatively unusual, and rarely requires further surgery.

It is more common in patients with little breast tissue, those requesting larger implants, and those with marked excess sagging skin who might be better advised to have a breast uplift.

Displacement or movement of the implant

This is relatively uncommon, and may be associated with discomfort in the affected breast. In the unlikely event that it should be necessary, the implant may be repositioned surgically.

Capsule formation

All tissues form a fibrous shell or scar around any foreign body. That the breast does so around an implant is an entirely normal body reaction. In essence, the breast is trying to 'wall off' or isolate and protect the body from the outside agent. This process commences once the implant is inserted, and continues over the first few weeks. The great majority of capsules are soft, and otherwise feel like breast tissue, so the patient is completely unaware it is there. Unfortunately, a very small proportion of capsules have a tendency to progressive thickening. In doing so, as with scars elsewhere in the body, they also tend to shrink and contract. This phenomenon may affect one or both breasts. This phenomenon may occur shortly post-operation, or develop suddenly after many years.

The clinical effects are a mixture of any or all of the following: varying degrees of firmness; intermittent or constant pain; alteration in shape. The cause is mostly misunderstood. However, it is well accepted that the incidence has decreased dramatically with the use of implants with textured shells.

In the absence of significant symptoms, the vast majority of capsules require little management other than regular massage or manipulation by the plastic surgeon. However, approximately 1% of patients may require further surgery to remove the capsule.

In spite of the best efforts of both patient and plastic surgeon, capsules may recur after treatment, and a very small number of women may require permanent removal of their implants if severe symptoms persist. Compared with ten or more years ago, this is now comparatively rare.

Extrusion or rejection of implants

This is rare, and may result from wound infection, wound breakdown, severe capsule formation, etc. It requires surgical exploration of the breast. The implant may be reinserted at the same time, or removed. If removed, another implant will be inserted some weeks later.

Rupture of breast implants

Whilst there is little good evidence regarding the precise incidence of implant rupture, the general consensus between experienced plastic surgeons is that it is very rare. Modern breast implants are extremely strong robust objects. They will more than withstand most normal day to day activities. Rupture in this sense means actual physical disruption or tearing of the shell. In theoretical terms it may arise in any of the following circumstances:

- A manufacturing flaw
- Accidental and undetected damage during insertion
- Direct and severe trauma to the breast
- With age

To reiterate, all with the exception of age are very rare.

Rupture may theoretically occur either:

- Without breaching the breast capsule (intra-capsular rupture). In this circumstance there may be little change in breast size, shape, etc.

- Without rupture also of the breast capsule (extra-capsular rupture). In most of these cases, the contents of the implant are still found within the breast and may be removed at the same time as the ruptured shell itself. Rarely, the filling may be found in the lymph glands and around nerves in the armpit. In these areas, lumps and discomfort may be felt. They may very rarely require surgical incision.

In any circumstance where direct trauma has occurred to the breast, or if rupture is suspected, then modern imaging techniques (especially MRI scanning) will usually be able to detect it.

Gel (or filling) bleed

This describes the phenomenon of microscopic amount of the contents (with or without similar microscopic particles of the silicone shell) bleeding out into the tissues in the absence of rupture. All modern implants, including silicone, have been designed to minimise gel bleed.

Anaesthetic – Risks & Complications

Modern day anaesthetic is extremely safe. It is important to understand that general anaesthetic carries slightly higher risk than local anaesthetic. However, the risks of both are extremely small in cosmetic surgery patients.

It is of paramount importance that you are always open and honest about your past medical history, and undergo any investigations that your surgeon and/or anaesthetist might require prior to your operation.

Potential complications (although extremely rare) include:

Deep vein thrombosis

This occurs when a blood clot forms in the veins, usually of the calf or thigh. Clearly, this is potentially serious. However, it is rare following this form of surgery. It is generally associated with longer operations, sick patients and periods of immobility afterwards. In order to reduce your risk even further, you may be asked to wear special pressure stockings during your time in hospital. Additional special boots may be used whilst you are undergoing the operation. It is important that you are mobile for the first few days after your operation and drink plenty.

Pulmonary embolism

This occurs when the type of blood clot discussed above travels in the blood stream to the lungs where it prevents their normal function. It is a very serious and potentially life threatening condition, but is extremely rare after this form of surgery. Again, it is mostly associated with longer operations, sick patients, periods of immobility, and dehydration

Chest infection

This is unusual in healthy patients having relatively minor surgery. It is more likely following general anaesthetic in smokers. However, many patients will receive antibiotics during their operation, which further reduces the risk.

Drug reactions

These are generally uncommon in patients who do not have a history of drug allergies or a family history of problems with anaesthetic. However, very occasionally patients may have unpredictable reactions to drugs. Your anaesthetist is aware of this possibility, looking for it, and will treat it.

Nausea

This is not uncommon following some forms of anaesthetic. Some patients also experience vomiting in the immediate post-operative period. Most anaesthetists administer anti-nausea drugs at the start of your anaesthetic, and there are other drugs that can be given to you should you continue to feel nausea following the operation.

Sore throat

This is not uncommon following anaesthetic where a tube has been placed in your throat to help you breath. Any discomfort is usually short-term.

Dental health

Dental problems are rare in patients with good dentition. You must inform you anaesthetist of any loose teeth, crowns, bridges, etc. that you may have.

An Initial Consultation

So you have studied in detail this booklet, you have perhaps read one or more other books on the subject, you have talked with friends and family, and you might have some initial idea as to likely cost. You are all set! So what is next?

Find the surgeon!

The importance of your selection of the right surgeon to carry out your operation has already been mentioned to be of utmost importance, and to a great extent a very personal decision that should take into account many factors. By all means get opinions and advice from friends and family who have perhaps had such an operation themselves, but the ultimate decision should be yours and yours alone.

No matter which surgeon you choose for your operation, you should always be able to check his or her official registration (licence) permitting them to carry out cosmetic surgery in the country in which they are located.

Surgeon Consultation

At your consultation with the surgeon, you will have the opportunity to discuss your procedure in order that he/she can ascertain your expectations as to what can realistically be achieved. It also gives you the opportunity to ask any final questions and get to know the surgeon and the experience that they have with patients undergoing similar procedures.

In addition, prior to any cosmetic treatment or surgical operation being performed, the surgeon will:

- Discuss your and your family's medical history and any pre-operative tests that will need to be conducted.

- Make a detailed and thorough physical examination of your area of concern.

- Explain the surgical options available and which would be most suited to you.

- Talk you through in detail all aspects of the procedure such as where and how each incision will be made, an overview of the procedure and what's involved, likely complications and possible conditions, recovery and healing times and stages, dressing and after care, pain and where it is likely to be felt, and specific care details.

Age Limit

The minimum age for any consultation or surgical procedure in the United Kingdom is 18 years.

Time for Reflection

All aesthetic cosmetic procedures are **elective** operations, meaning that you choose to have such an operation. Following your consultation it is recommended that you take a period of fourteen days to consider all the benefits and risks of the procedures, and seek more information if necessary, before you decide.

Your Procedure

Should you decide that a procedure is right for you, your surgeon will arrange a date with you for your procedure and will support and guide you throughout the entire process.

Pre-Operative Guidance

Prior to your surgery, you will be asked to sign consent forms for your proposed operation and the anaesthetic to be employed. By signing these forms, you acknowledge that you fully understand the potential associations (side-effects) and complications for your operation, and also of the anaesthetic.

In the days leading up to your operation, you should feel free to contact your surgeon at any time. Cosmetic surgeons are well aware that, whilst your operation might be routine for them, this is likely to be a whole new experience for the patient.

Checklist

- If you are having a general anaesthetic, do NOT eat or drink anything for 6 hours prior to your admission time.
- If you are having a local anaesthetic with sedation, do not EAT for 6 hours prior to your admission time. However, clear fluids (e.g. water, black tea, black coffee) are permissible up to 2 hours ahead of your admission.
- If you develop any medical problem at all in the week or so before your operation, you should contact the clinic immediately.
- It is best to avoid alcohol and tobacco for at least two weeks prior to your operation.
- It is also best to avoid taking vitamin E or garlic for 1 week prior to your operation.
- If you regularly take an Aspirin and / or other non-steroidal anti-inflammatory medicines, follow your Surgeon's advice with regard to whether you must stop taking them.
- Prepare a suitable overnight bag. This is recommended even if you are having day case surgery. It should include nightwear, slippers, dressing gown, toiletries, glasses, sanitary towels (if appropriate), etc.

- Remember to include some reading material, a MP3 player or similar if you so wish, and telephone numbers for your transport home.
- Ensure you pack any clothing you have been specifically asked to bring (e.g. loose fitting garments, an old bra, a Lycra or sport's bra, a soft towel etc.).
- Generally, it is probably better not to wear expensive clothes.
- Similarly, it is generally advisable to leave expensive jewellery at home.
- If you have been requested to shave a particular area, you should do so 48 hours before the operation, and bathe the area regularly with antiseptic, such as Savlon.
- If you have been requested to remove any body piercing from areas to be operated upon, do so at least 24 hours before the operation, and bathe the area regularly with Savlon.
- Any body piercing should be removed at least 24 hours before the operation, and bathe the area regularly with Savlon.
- If you are taking ANY medicines at all, please bring them all with you on the day of your operation. Your anaesthetist will need to see them.
- Importantly, if you use an inhaler, please bring it with you.
- If you take regular medication, you MUST check with your surgeon as to whether you should take the morning dose on the day of surgery. In most instances the advice will be to continue with your normal regime.
- Please advise your anaesthetist and/or surgeon if your last menstrual period was delayed or otherwise unusual.
- Before you come into hospital, ensure that you have a supply of simple painkillers at home. You will be prescribed stronger pain-killers for the first few days after the operation. However Paracetamol is usually sufficient thereafter.
- Before you come into hospital, ensure that you have a supply of food and drinks (especially still mineral water) that will last at least a week.

- You may bring your mobile phone, but may not be allowed to have it switched on inside the hospital itself.

- It is better to wear glasses rather than contact lenses. For many procedures including all general anaesthetics, you will be asked to remove your lenses. Remember to bring your lens kit with you.

- If you have any special dietary or religious needs, contact your surgeon ahead of time, and inform him/her.

- If you have any special needs (e.g. a colostomy, etc.) contact your surgeon ahead of time and inform him/her. Bring any special devices, creams etc. with you.

The Day of Surgery

You will have been given an admission time when you booked your operation. Leave home in plenty of time because you do not want the added stress of worrying about being late.

It is very important to note that the admission time is NOT NECESSARILY the time of your operation. This is the time at which it is anticipated that you will be able to be admitted and prepared for theatre. Also, some surgeons prefer all of their patients to be admitted at the same time early in the morning. This means that their operating list (and hence your own operation) is not delayed if an early patient is late, or if an operation is cancelled or delayed for any reason.

The nurses also have several necessary tasks to perform in the period prior to your operation. They have to formally admit you to the hospital, take your blood pressure, pulse, and temperature, get you washed and prepared as necessary, ask you to put on a gown / anti-embolism stockings, etc.

Your surgeon will also see you again. You may have further questions that you might wish to ask him. He may have to take photographs, complete his pre-operative markings etc. You will also have to read and sign the Consent Form.

It is important that you are relatively settled prior to going into the operating room. Your anaesthetist may require you to have a pre-med. This will take some time to take effect.

Your surgeon and his team will do their best to ensure that your wait is not too long, and generally the organisation will work well. However, with any surgical hospital, delays can occur for any number of reasons.

Emergencies may be admitted from time to time, and we merely advise that you are patient, and that you understand that the nursing and other staff are doing their best.

Post-Operative Instructions

Before going any further, it can not be emphasized too much the extreme importance that you should carefully read, and where necessary adhere to, the advice and instructions provided for you by your surgeon and his team. Failure to do so may at best jeopardize the final result of your surgery; at worst be detrimental to your health.

Immediate Aftercare

Following the operation, you will be returned from the operating room, where the theatre nurse and consultant anaesthetist will transfer your care back to your allocated nurse.

You will be allowed to gently recover from the procedure. If you feel sleepy, then you will be allowed to sleep. However, it is important that the nurses continue routine post-operative recordings of your pulse, blood pressure etc. Further, any other relevant observations will also be continued (e.g. blood sugar levels in diabetic patients, etc.)

It is likely that you will continue to receive intravenous fluid during the post-operative period. This is to make up for the fact that you have been “nil by mouth” for some time both prior to and during the operation, and also because of the nature of the procedure itself. It is routine to administer this fluid, and results in a much speedier recovery from the operation.

Soon after returning from the operating room, you will be offered something to eat and to drink. Most patients are more than ready for this. However, there is no rush. If you do not feel like eating, or if you feel at all nauseous, then you will be given more time to recover. If necessary, the consultant anaesthetist will prescribe and administer any further necessary medicines to combat any feelings of sickness that you might have.

Post-operative Care

In most cases, upon discharge from the clinic, you will be given antibiotics and painkillers to take home with you. Whenever appropriate, your first post-operative review will also be arranged for you.

You will then be transferred into the care of whomever you have designated to take you home. A responsible adult must escort you home, and there must be a similar person able to look after you on the first post-operative night. If you have not arranged these things, then your operation will be postponed.

Appointments & Follow-Up

- Following discharge from the hospital, you may be telephoned by your nurse counselor over the first few days, to put your mind at rest.
- Ensure that you keep any appointment for either removal of your sutures or for any change of dressings prescribed by your surgeon.
- If your dressings are becoming soiled prior to their removal, please contact your nurse counselor during office hours. She would be happy to change them for you if it is appropriate.
- In most instances, you will be seen at your clinic by a nurse after 7 to 10 days. This is merely to check that all is progressing as it should, to change dressings, to remove some or all sutures as directed, and to give you further advice and reassurance.
- In most instances, your surgeon will review you in his clinic after 4 to 6 weeks. (Depending upon the nature of the operation, he may discharge you at this time.) Your surgeon will continue to review you periodically thereafter as necessary.

Post-operative Course

- You should complete the prescribed course of any tablet and / or topical cream antibiotics, or any other medications given to you.
- Pain and discomfort are almost universal after all surgery. Some operations generally hurt more than others. Patients' pain thresholds also vary considerably. Therefore, expect some pain and discomfort post-operatively. After a few days, the pain should be more like an ache.

- Take the prescribed stronger pain-killers for the first few days and simple pain-killers (e.g. Paracetamol) whenever necessary thereafter. Should these prove insufficient to significantly relieve your pain, or if your pain gets worse over a number of days, please contact your nurse counsellor.

- Do NOT take aspirin or medicines containing aspirin unless directed by your surgeon.

- Do NOT take non-steroidal anti-inflammatory medicines (e.g. Nurofen, Ibuprofen, etc.) unless directed by your surgeon.

- Expect a little nausea for a day or so. If it fails to subside, please contact your nurse counselor.

- Take things easy for a few days. However, do NOT retreat to your bed. Prolonged bed rest increases your risk of thrombosis and chest infections. Therefore, gently mobilize during this initial period.

- Arrange for help with child-care if necessary.

- Drink plenty. Ordinary still mineral water is best. It is important to avoid becoming dehydrated, especially in hot weather. Try to get back to your normal diet as soon as possible.

- Expect the wounds to itch as they continue to heal.

- Avoid getting the wounds or dressings wet. Merely sponge bathe and wash carefully around the dressings until they are removed.

- After a week or so, gradually start working yourself back to relatively normal activities. You should be back to your normal routine within 4 to 6 weeks.

- Take as much time off work as your surgeon has specified. Be prepared to take longer off if necessary.

- Do not exercise within the first 4 weeks or so. Clearly, larger operations require longer periods of recuperation. If you exercise regularly, gradually build up your exercise regime again. Never force yourself through any pain barrier. If your body says ‘Stop’, then stop. Do not swim for six weeks.

- Do not be alarmed if you see some visible skin bruising. Bruising is again relatively common after all surgery. It varies between patients, and between different operations. Where possible keep these areas covered until bruising fades. Visible bruising will usually fade within 1-2 weeks.

- Do not sunbathe or use sun beds at least for 12 weeks.

- Swelling is the natural body's natural reaction to any injury, including surgery. Some operations induce considerable swelling; some are associated with very little. It may also vary between patients. Therefore, expect some swelling, which usually settles over 6 to 12 weeks.

- Ensure that you follow any and all instructions given to you with regard to massage, use of moisturizers etc.

- Scars undergo a long period of healing. Initially, you must expect them to be red, raised, lumpy and uneven. This is normal. The scars will continue to heal over a period of many months (sometimes even up to 2 years). During this period, they generally become paler, flatter, narrower, and shorter.

- All patients are different. It is common knowledge amongst the lay public that some people heal faster and better than others. Consequently, some patients' scars heal to barely visible thin white lines, whilst others are somewhat more noticeable. Your surgeon is generally completely unable to diagnose which type of patient you are before the operation unless you have had previous surgery.

- Some areas of the body are known to be more prone to pronounced or excessive scarring than others. Consequently, if you have scars on various areas of your body, they may not heal to the same final result.

- Operations involving bilateral structures (e.g. the ears etc) generally heal at different rates on each side. It is almost is if you have had two operations, one on the left and one on the right. Therefore, discomfort, swelling, scarring, altered sensation or numbness etc may not settle at equal rates on both sides. However they generally both settle down fairly equally in the end.

- Very few patients are totally symmetrical. If you look closely, most bilateral structures (especially the breasts) are far from identical. Unless discussed with and confirmed by your surgeon at consultation, the aim of the operation is generally not to make you totally symmetrical. Therefore, expect some degree of residual asymmetry where such asymmetry existed before the operation.

- It is relatively common for certain areas to have altered sensation or even numbness after the operation (particularly around the nipple after breast surgery, or around any scars). Any areas of altered sensation or numbness may take several months to resolve. They always resolve at different rates in different patients, and usually at different rates on the two sides of the body. Occasionally, areas may remain permanently numb or have altered sensation.

- You should put skin-friendly adhesive tape on your scars within 6 weeks of the operation.

In The Event of an Emergency

Never sit at home worried or frightened about any aspect of your operation. Please do not hesitate to contact your surgeon about any concern.

In almost all instances your fears are perfectly natural, and require nothing more than a few words of encouragement and reassurance. Very rarely would you need to be seen as a matter of urgency.

Contact your Surgeon or Nurse-Counselor immediately:

- If the operation area begins to feel hot, tense, or increasingly swollen.

- If you start to feel generally unwell or feverish.

- If the dressings develop an odor or there appears to be a green or yellow discharge on them.

- For any medical emergency (for example, sudden significant increase in pain, increasing swelling, sudden discharge of blood or pus from the wound, fever, wound opening, etc.)

Do not panic. Whilst it is wholly understandable that you will be concerned, these complications are extremely rare after cosmetic surgery, and the vast majority are resolved in a relatively short period of time. Rarely do they have any long-term implications for either your health or your operation itself. Rest assured that your surgeon will have seen it all before. But do make note of any and all emergency numbers given to you.

Time Off Work

Most patients are fully able to return to work within 10 days to 2 weeks. Notwithstanding this, patients are advised NOT to have the operation in the week preceding a vital work or life event. Give yourself the potential of a week off almost everything to recuperate, should it be necessary. Use common sense! If your work is very physical, be prepared to take longer off work.

Follow-Up

It is typical for nursing staff to review you after about 7 to 10 days. At this time they will inspect your wounds, remove or trim sutures, and re-apply any dressings as directed by your surgeon. You will then be reviewed during the following months. Most patients are reviewed at about 12 weeks, and again thereafter as necessary. The vast majority of patients are discharged from routine follow-up at about 3 months, however those requiring further follow-up will be seen periodically as necessary.

Notes