

## Breast Augmentation FAQs

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## Letter to Prospective Patients

Hello,

*Every day I speak with women who are considering breast augmentation surgery. When researching their options, many turn to the Internet and to friends who have had the procedure. This can be a helpful starting point, but it is easy to become misinformed, confused and overwhelmed.*

*As a plastic surgeon who performs this operation hundreds of times per year, I believe it is important to have a strong foundation of accurate information so you can confidently make a decision about having breast surgery. I feel it is my responsibility to educate you about your choices.*

*Each individual has specific anatomical features and aesthetic desires that need to be factored into the process. My staff and I will work with you to find the best possible approach, balancing your desires with what is possible and what is advisable.*

*The following is meant to be only a part of your education. Nothing can take the place of an in-person consultation that includes an examination of your tissues and anatomy. Risks, benefits and alternatives will be reviewed with you. The decisions that we make together will have life-long implications. I will always be available to offer my best advice, but I ask each of you to take on the responsibility of being a well-informed patient.*

*Sincerely,*

*Dr. Mathew Mosher*

## Is Breast Augmentation Right for You?

Dr. Mosher presents the following common questions and answers to help you decide whether breast augmentation surgery is right for you.

Educating yourself before your consultation with Dr. Mosher will allow you to formulate any other questions you may have. Many of our clients are ready to schedule surgery after one consultation. Some have many questions and need time to think it over. We look forward to helping in whichever way works best for you.

Please take time to read all of this material. Some of the material may not apply directly to your situation but will increase your overall understanding. Make note of any additional questions you may have. Most often we can answer your questions over the phone, but if you prefer, you can schedule a complimentary appointment with one of our clinical educators.

For additional information, we recommend the following websites, although we cannot be responsible for their specific content:

[www.mentorcanada.com](http://www.mentorcanada.com)

[www.lookingyourbest.ca](http://www.lookingyourbest.ca)

[www.canadaba.ca](http://www.canadaba.ca)

[www.fda.gov/cdrh/breastimplants](http://www.fda.gov/cdrh/breastimplants)

[www.breastimplantstoday.ca](http://www.breastimplantstoday.ca)

Please review the following material prior to your consultation, as many of your questions may be answered here. Feel free to ask our staff or Dr. Mosher if you have additional questions.

### *Am I a good candidate for the surgery?*

First of all, you must be in good general health and have realistic expectations. There are risks with any surgical procedure. Weighing these risks against the value of the procedure is essential. Most women seek breast augmentation not just to have larger breasts but also to improve the proportions of their bodies and even contribute to a more positive self-image. Breasts that are small and asymmetrical can often be improved and balanced by breast augmentation. Many women want restored volume and shape to their breasts after pregnancy or a significant weight loss. The best candidates are those who feel confident about their decision and who are doing this for themselves – not for anyone else. Finally, it's important to be able to afford the procedure and be willing to follow the post-operative instructions and activity restrictions.

## **Implant Safety**

### *Are breast implants safe?*

A breast implant is an approved medical device that has been approved by Health Canada. Extensive studies have failed to show an increased incidence of illness in women with breast implants. However, as with any surgery, there are risks associated with the initial surgery, and women who have breast augmentation are more likely to have more breast surgery during their lifetime.

### *Do breast implants increase my chances for autoimmune disease or other health problems?*

No. Extensive research has found no increased health risks for women with breast implants. This included no increased risk of systemic lupus erythematosus, scleroderma, rheumatoid arthritis or cancer.

### *What is silicone?*

Silicone is manufactured from silicon, a natural element that is present in sand, rock, quartz and other solids. When silicone is manufactured, it can be a liquid, a gel or a solid. Silicone is in many products that we use every day including cosmetics, chewing gum and processed foods. Silicone coatings are used on heart pacemakers, intravenous catheters and some artificial joints.

### *Are saline implants safer than silicone implants?*

All breast implants have shells made from silicone. It's only the filling that is different. Many studies have looked at the comparative safety of various types of implants and have found no measurable increased risk associated with any particular type of approved breast implant.

### *How have implants improved in the last 20 years?*

Much more rigorous criteria are now in place for determining the safety of breast implants. Quality control during manufacturing is very high, leading to fewer early implant failures. The implant shells are more durable and resistant to passage of substances in or out of the implant. This greatly decreases the risk of leaking. Modern silicone implants are filled with a cohesive gel that clings to itself and is less likely to migrate away from the breast if the shell were to rupture.

## **The Best Time for Implants**

### *What is the right age to have this operation?*

Good general health and realistic goals for the surgery are more important than age. Health Canada approves breast augmentation with saline implants for women age 18 and older. For cohesive silicone gel implants, the age requirement is 22. This age discrepancy is not scientifically based. It reflects the fact that cohesive silicone gel implants were approved more recently and the advisory panel may have felt that a 22-year-old is better prepared to make such a major life decision.

Age and maturity do not necessarily go hand in hand. Even if you meet the age requirement for this operation, you must demonstrate the ability to understand the risks of having breast augmentation surgery. You must also think carefully about the financial cost of the initial surgery, maintenance surgery and complications that could develop.

### *Am I too old for breast augmentation?*

Good health and a good attitude are more important than chronological age for any elective procedure. Most of my patients who have this procedure have considered the surgery for more than 5 years before moving forward.

## **Implants and Pregnancy**

### *Should I have children before I consider breast augmentation?*

Pregnancy will change the tone and shape of your breasts regardless of whether you have implants. Having breast augmentation could affect your ability to breastfeed. If breastfeeding is very important to you, I recommend postponing breast surgery until you have completed your family. The added weight of implants will usually result in more skin stretch, stretch marks and loss of tone during pregnancy, compared to someone who does not have implants.

### *What happens to my breasts if I get pregnant?*

The breast will go through typical changes of pregnancy, including enlargement, sagging, stretching and darkening of the areola, and possible development of stretch marks. Although the implant will be unchanged, the shape of the breast often appears less youthful after pregnancy. Some women choose to have breast lift surgery or to change the size of their implants after completing their families.

## **Health and Lifestyle**

### *What happens if I gain or lose weight?*

Keep in mind that the weight of a breast implant combined with the breast growth that occurs with weight gain will result in more tissue stretching and sagging. Significant weight loss can also be detrimental. Loss of breast tissue leads to less padding over the implants and more risk of being able to see ripples and implant edges.

### *Will I lose sensation to my breast after breast augmentation?*

Most women experience some loss of sensation for a few months after surgery. In most cases the sensation returns to normal. About 2% to 5% of women will have permanent numbness of the nipple or the area adjacent to the incision. There is less risk of permanent nipple sensation change with a breast-crease incision or an axillary (arm pit) incision, or when smaller implants are used, or when implants are placed behind the muscle. In rare situations, women can experience increased sensitivity to the point of discomfort, but this usually improves over time.

### *Will the size of my nipple and areola change with augmentation surgery?*

In most instances, the nipple and areola will enlarge proportionally with the augmentation. The nipple itself will usually change little, but the areolar diameter will increase. In some circumstances, a reduction of the areolar diameter or nipple size can be considered at the time of the augmentation surgery or as a secondary procedure once healing is complete.

### *How long do breast implants last?*

Less than 10 percent of patients will experience an implant shell failure during the first 10 years. Extensive studies have found that even when a breast implant leaks or deflates, there is no cause for concern about your overall health. A broken implant will result in shape changes that necessitate the implant being replaced. Rupture rates are slightly higher for saline-filled implants than for silicone-filled devices.

### *Can I still be active in sports?*

Once you have healed from the surgery, you will be able to resume all activities that you enjoyed before surgery, but you will need to be more protective of your breasts. Modern implants are designed to be

very durable, yet severe trauma to the breast may cause the implant to rupture. The larger your breast is, the more it will be influenced by gravity and momentum. Women who enjoy horseback riding, jogging or similar activities should consider having smaller, more proportional implants.

#### *What is best for a figure or fitness fanatic?*

Extremely lean women with excessive muscle development will not get the best results. However, nice shape improvements are possible. These women are often some of the happiest patients because the surgery restores a more feminine shape and proportion. Visible implant edges, fake-looking contours and a high risk of rippling are more common in this group of women. Recommending the best option for each patient can only be done after a thorough consultation.

#### *Does breast augmentation increase my risk for breast cancer?*

No. It does not change your risk for developing breast cancer or your chances of survival if you do develop the disease. You do need to have special views taken of your breasts when you have a mammogram. Implants that are behind the muscle tissue generally make mammograms easier to perform.

#### *Do breast implants increase my risk of developing ALCL (Anaplastic Large Cell Lymphoma)?*

Although ALCL is extremely rare, the FDA believes that women with breast implants may have a very small but increased risk of developing this disease in the scar capsule adjacent to the implant. It is not possible to confirm with statistical certainty that breast implants cause ALCL. There have been fewer than 50 cases identified in women with breast implants worldwide during the past 30 years. During that time, more than 5 million women have received breast implants. Health Canada and the FDA have made no recommendations or restrictions on the use of breast implants related to this issue.

#### *How can I tell if I need a breast lift?*

This is best determined during a consultation that assesses your breast tissues and your goals. Breast lift surgery addresses excessive looseness in the breasts, lifts the breasts higher on the chest and repositions the nipples. Trying to avoid a lift by putting an implant in a deflated and loose breast is a recipe for disaster over the long term. If the breast is not too stretched out, the illusion of a more lifted breast will result from augmentation alone. However, if the breasts are sagging and the nipples point downward, you will most likely need a breast lift. If it is determined that you need a breast lift for optimal results, you will need to decide if the additional costs, visible scars and higher likelihood of future maintenance surgeries are acceptable to you.

## Personal Considerations

### *Can I get the same result that Dr. Mosher created for my friend?*

No two patients are the same, nor are their breasts. The results possible for you can only be determined after a careful assessment of your body and breast tissues. After this assessment, Dr. Mosher will be able to make recommendations specifically for you.

### *Who will need to know that I am having this surgery?*

Your discussions with our office and the surgery centre will remain confidential. However, before elective surgery, you will need to have some lab tests performed and will be asked to discuss this with your family doctor. Following surgery, you will need to have a friend or family member pick you up and stay with you a short time. Otherwise, who you want to tell is entirely up to you.

### *How much does breast augmentation cost?*

This procedure averages between \$7,500 and \$8,500. If a lift is required as well, the total cost will range from \$8,500 to \$11,500. After you and Dr. Mosher have agreed to a surgical plan, our office will print you a quote outlining the costs and financial policies for your surgery. You will need to pay for the procedure in full prior to the operation. Financing programs are available.

### *What happens if I need revisional surgery?*

If the revisional surgery is cosmetic in nature, you will be charged for all costs, including lab work, private surgery facilities, anesthesia and surgeon fees. If the surgery is deemed medically necessary, your Medical Services Plan will likely help cover the costs. However, your medical insurance will not cover the costs of surgery in a private surgery centre such as the YES Cosmetic Surgery Centre. Breast implant manufacturers warrantee their products by offering a replacement implant at no charge if the device leaks or breaks and a small amount of money to offset the costs of replacement surgery. Revisional surgery can be either simple or complicated; therefore, costs can vary greatly.

## Types of Implants

### *What types of breast implants are available?*

Your current options include only those implants that have been approved by Health Canada or can be accessed through Health Canada by special request.

All implants have a soft outer shell made from silicone. These shells are designed to keep the contents of the implant safely contained and should last for many years. The filling in implants is either silicone gel or saline solution. Saline implants are inserted while empty then filled with sterile salt water after they are in position. Saline implants come in a variety of shapes and sizes. They also can be ordered with

smooth or textured surfaces. Silicone gel implants have a silicone outer shell similar to saline implants. However, silicone implants are pre-filled with a cohesive gel, which clings to itself, thereby reducing the chance of silicone traveling throughout the body if the outer shell is damaged. Each manufacturer offers different degrees of silicone gel fill cohesiveness and each implant has different features. Dr. Mosher will share his extensive experience and recommend the implant that he feels is best for you.

Choosing the option that will work best for each patient is a collaborative process. Dr. Mosher can share his experience and make recommendations. However, each patient must make the decision she feels most comfortable with and be willing to accept the risks associated with the decision.

### *What implant shapes are available?*

Implants are categorized as either round or contoured. Contoured implants are often called “anatomic” or “tear-drop” shaped. Clearly describing your goals for breast augmentation will help your surgeon recommend the best implant shape for you.

The degree of roundness in the augmented upper breast will be influenced by the implant filling, the implant size, the implant shape, the quality and amount of tissue covering the implant and the amount of external pressure applied by your body tissues.

Saline implants are currently available with smooth or textured surfaces. Standard-profile, moderate-profile and high-profile saline implants are available in a range of sizes. Silicone gel implants are also available in round profiles with smooth or textured surfaces and different degrees of gel cohesiveness (firmness).

### *Which implant is better, saline or cohesive silicone gel?*

The question of which implant filler material is best is perhaps the most controversial. Health Canada currently approves both saline and cohesive silicone gel implants. Dr. Mosher tells his patients that with the current generation of implants, there is no scientific argument that one type is safer than the other. Health Canada and the United States FDA have also come to this conclusion.

Saline implants remain popular choices for some surgeons and patients for a variety of reasons. Most patients admit that they have more “peace of mind” with this type of implant based on their belief that salt water is safer and more natural than silicone gel. As a patient, your comfort with an implant choice is very important. However, keep in mind that saline implants have the same silicone shell as silicone gel implants and there is no scientific basis for stating that saline implants are safer. Factors that promote their continued use include the fact that most North American plastic surgeons have more experience with saline implants and they remain the least expensive choice for patients. In Canada and specifically in our practice, highly cohesive silicone gel breast implants are most often recommended.

Ongoing studies suggest there is a higher rate of revisional surgery associated with saline implants than with silicone gel implants.



### *Why are some implants smooth and others textured?*

The original purpose of texturing the implant surface was to try and decrease the incidence of severe capsular contracture (scar tissue) deforming the breast shape. The irregular surface of a textured implant is designed to make it easier for scar tissue to adhere to the implant, thereby modify the microscopic alignment of the scar tissue. Some scientists and surgeons feel that this may result in thinner and less problematic scar tissue. However, studies have failed to show consistent benefits of a textured surface. Also, implant surface texturing can increase the risk of visible rippling.

Another potential benefit of a textured surface is that it may lower the risk of the implant rotating and becoming malpositioned. Experienced surgeons will have their own opinions on whether texturing is helpful or not. Interestingly, textured implants are the preferred choice in Europe while smooth implants are the most commonly used in North America. Dr. Mosher will recommend the best choice for you and has extensive experience with smooth and textured breast implants.

### *Are Mentor or Allergan breast implants better?*

Both companies that have breast implants approved for use in Canada make very good devices. The silicone used to make all breast augmentation devices is essentially the same but the manufacturing process and the range of sizes and shapes available from each company are different. Dr. Mosher has extensive experience with both product lines and will recommend the device that he feels will work best for you. Currently, Allergan has the best range of highly cohesive round and contoured implants available.

### *Which type of implant weighs more?*

Saline and silicone implants have approximately the same weight if they are the same size. One milliliter (cc) of saline weighs about 1 gram. Therefore two 250 cc implants will add about 500 grams (0.5 kg) or 1.1 pounds to your weight. Saline will create more momentum with movements compared to silicone, and therefore the same-sized saline implant will feel heavier with movement and can potentially cause more stress to the surrounding tissue.

## **Choosing the Best Implants for You**

### *How do I choose the best breast implant size?*

One thing to always keep in mind is that the larger the implant, the less natural the breast will look and the more likely it is that you will develop problems requiring revisional surgery. The more your tissue needs to stretch to accommodate the implant, and the heavier the implant, the more likely that your tissues will be unable to support the implant and earlier sagging will occur.

The single most important measurement that will influence Dr. Mosher's size recommendation is your existing breast width. This will determine the maximum width of an implant that can be adequately

covered by your breast tissues. Based on a careful assessment of your tissues, a narrow range of implants will be recommended for you. Only general predictions can be made with respect to cup size following surgery, as this tends to be very subjective and no standardization exists in the clothing industry. However, in order to increase by one cup size, about 200 to 250 cc of volume needs to be added to the breast.

Dr. Mosher is one of a few plastic surgeons in North America who have invested in VECTRA 3-D imaging photography, which can help you see how your breasts will look after augmentation. Simulating a result with VECTRA during your consultation may help you to feel comfortable with the implant recommendations.

Things you can do prior to your consultation to help refine your surgery goals:

1. Look at before-and-after photographs of women with body types similar to yours and determine what look you prefer. Remember that no two individuals are the same and without proper consultation and objective measurements of the breast, no predictable outcome is possible.
2. Talk to women who have had breast augmentation surgery to learn what they have experienced and whether they are happy with their augmentation outcome.
3. You can try inserts in your bra at home to get some sense of the size change you are looking for. A small zip-top plastic bag filled with rice and placed into a sports bra can give you some feedback. Keep track of the amount that worked best for you; Use a measuring cup that indicates milliliters (ml) to measure how much rice you added to the bag to achieve the look you liked.

Finally, make the decision on size for yourself – not for anyone else. You must think about the short-term and long-term consequences of the implant size you choose. Always remember that gravity related effects and loss of tissue tone are inevitable. Implants will not protect you from breast aging and may in fact accelerate drooping and sagging.

## Surgical Options

### *What is the best location for an implant?*

Breast implants may be placed in a sub-glandular position (on top of the chest muscle and its fascia), sub-fascial position (on top of the muscle but under the fascia), sub-pectoral position (partially covered by the pectoral muscle) or submuscular position (completely covered by the chest wall muscles). There are pros and cons to each of these techniques. The right choice will be influenced by many factors, including your anatomy, lifestyle, shape goals, implant choice and recovery expectations. Dr. Mosher will recommend the choice that is most suited for you.

The most important factor is the quality, thickness and firmness of your breast tissues. In most cases, if you can pinch less than 2 cm of thickness at the upper edge of your natural breast, your tissues are

unlikely to effectively camouflage an implant edge. The majority of women seeking breast augmentation have small amounts of breast tissue, and this explains why a pocket under the pectoral muscle tissue is more commonly recommended.

Improved surgical techniques have made the recovery from all breast augmentation surgery much shorter. Most patients are back to their normal activities within 1 week regardless of the implant position chosen. Exertion is restricted for longer periods after surgery when muscle tissue has been elevated. Heavily muscled and excessively lean patients create additional challenges in breast augmentation surgery, and recommendations will be made accordingly.

### *What is the best incision for breast augmentation?*

The best incision for each patient can only be determined during your consultation. Some of the many considerations include the quality of your tissues, skin coloring, implant choice, implant size, breast shape and the importance you place on preserving lactation function and nipple sensitivity.

The two most common approaches are through an incision in the crease under the breast (inframammary fold) and through an incision along the border of the areola. Slightly shorter incisions and more options are available with saline filled implants because the implants are not filled until after they are positioned in the pocket.

The best surgical techniques include approaches that allow the surgeon to see directly every aspect of the space being created. Therefore the minimum scar length is about 3 cm. Incisions up to 5 cm (2 inches) in length may be required for larger silicone gel implants.

**Inframammary fold:** This is the most commonly used and results in the least amount of tissue injury. The scar is hidden unless the breast is lifted. Nipple sensitivity and lactation potential is least affected by this approach. Dr. Mosher prefers this approach for most patients, particularly those choosing silicone gel implants.

**Peri-areolar:** This is our second most common approach and involves an incision along the edge of the areola. The colored areolar skin usually heals very well, and the scar may blend into the natural color transition at the areolar border. There is a higher incidence of permanently altering lactation function and nipple sensitivity with this approach. There may be a small increased risk of capsular contracture with this approach as well. This incision may be preferable for patients with brown or black skin.

**Trans-axillary:** Incisions are made in the armpit and usually leave very discreet scars. However, blunt dissection techniques are commonly required and considered less ideal. This remains popular for some surgeons who prefer using saline filled implants and promote “no breast scar augmentation”. However, published reports indicate a higher incidence of implant malposition with this approach. This method is no longer offered by Dr. Mosher.

Trans-umbilical: Two separate tunnels are made from the umbilicus to the breasts. Saline implants can be placed through this technique. Experience and adequate studies of this technique are limited, and manufacturers of implants do not recommend this approach. This is not offered by Dr. Mosher.

It should be noted that the incision placement is rarely an important factor when patients' rate their satisfaction with breast augmentation surgery.

## **The Procedure Itself**

### *How is this operation performed?*

Breast augmentation is performed under a light general anesthetic and lasts about 1 hour. Dr. Mosher and his surgical team have refined this procedure to reduce the anesthetic duration and minimize post-operative nausea and discomfort. The procedure is performed in a fully accredited private ambulatory surgery center using only Royal College certified anesthesiologists and certified operating room and recovery room nursing personnel. You are allowed to go home about 1 hour after your surgery and can expect to return to light activities within a few days.

Although breast augmentation surgery can be performed without a general anesthetic, Dr. Mosher does not do the operation this way. Dr. Mosher feels the surgery can be performed more precisely when you are asleep and pain-free during the procedure

## **What to Expect After Surgery**

### *When can I return to normal activity?*

Patients can wear normal clothes and shower within 24 hours. Most patients manage well with non-prescription strength medications and easily follow our unique "Recipe for Recovery" program. Normal activities that do not involve vigorous exercise can be considered after 3 to 5 days. Vigorous exercise should be delayed for 4 to 6 weeks.

### *What activities am I allowed to do after surgery?*

Once completely healed, your implants are intended to permit normal activities including strenuous physical activity, contact sports, recreational scuba diving and sexual activity. In other words, after complete healing, you can resume all usual activities. You should support your new breast weight with appropriate fitting garments as much as possible and particularly during exercise. If your implants are placed behind the muscle, you should decrease the intensity of chest muscle building exercises in order to decrease the chances of excessively stretching the implant pocket. Extreme compression of your implants can cause them to rupture, but this is very rare.

### *How long do implants last?*

No breast implant should be considered a lifetime device. Each of the currently available implants has a risk of rupturing or wearing out over time no matter how careful you are. Fortunately, the chance of an implant leaking or breaking is much less common than in the past. Much of this is related to improved manufacturing methods and gentler and more precise surgical techniques. It is no longer deemed practical to recommend replacing your implants every 5 to 10 years, which was a common practice in the past. Recently reported studies have indicated a rupture rate for silicone gel implants of 2% to 3% at four years and saline implants rupture rates of 6% to 8% at five years.

### *How can I tell if my implant is leaking?*

Fortunately, the only significant consequence of an implant leak or rupture is a change to your breast shape. There is no reason to fear that a leak from your breast implant will make you sick. Saline implants tend to deflate completely once the shell develops a hole. The cohesive nature of the modern silicone gel implants makes it more difficult to determine if the implant shell has ruptured. A small shell rupture could result in a “silent leak,” which can only be identified by diagnostic studies such as an MRI, ultrasound or X-ray mammography.

It is recommended that any leaking implant be replaced. Manufacturers currently offer a lifetime warranty on their implants, which provides you with a replacement implant if they leak. This does not cover all the cost of the replacement surgery, but it reduces the cost substantially.

### *What is a capsular contracture?*

Normal healing around a breast implant includes the development of a fibrous scar capsule. In most patients, this capsule does not significantly influence the feel or appearance of the breast. If this capsule becomes tighter, thicker and firmer, then the implant becomes constricted or squeezed, resulting in an unnaturally firm breast or a distorted shape. Capsular contracture may cause symptoms ranging from mild firmness and discomfort to severe firmness, distortion and pain. In severe cases, surgery is required to fix the problem.

Severe capsular contracture is more likely to develop with implants placed in front of the muscle, with revisional breast surgery, and following hematoma, seroma and infection. Published severe capsular contracture rates associated with all forms of primary augmentation range from 2% to 14%. Since using form-stable cohesive silicone gel implants almost exclusively, Dr. Mosher has seen a reduction in severe capsular contractures.

Revisional surgery is indicated for more severe capsular contracture. The surgery involves release or removal of the scar tissue and replacement of the implants. In some cases, permanent removal of the implant is the best option. All revisional surgeries are considered cosmetic in nature and therefore are not covered by insurance.

### *How can I lower the risk of getting ripples in my implants?*

Ripples and folds in the implant shell can occur with any implant, and therefore you can never eliminate this risk. Saline implants are much more prone to developing ripples than silicone gel implants. Form-stable highly cohesive silicone gel implants are least likely to ripple. This is what Dr. Mosher recommends most often.

Adequate tissue coverage is the most important factor. Firmer and thicker tissue is better. Smaller implants are also less likely to cause problems. The more your tissue stretches, the more likely that ripples will develop. Only in some cases can this problem be improved with further surgery. There is no warranty available against implant rippling.

### *Why do many women say they wished they had chosen larger implants?*

Early on after a breast augmentation, the breast will appear larger and firmer than natural to most patients. Swelling and tight tissues in the first few months causes some anxiety as patients wait for the breasts to look and feel more natural. As the tissues relax and the swelling abates, a more natural shape develops. This usually occurs within 1 to 3 months and the initial apprehensions of excessive size are frequently totally forgotten. During the next several months, the breast tissue becomes softer and thinner as the breast fat is compressed and the skin stretches under the weight of the implant. The result is a softer, more mobile and slightly smaller breast compared to the early results. Many patients interpret these natural changes negatively. They wrongly believe that if they had just chosen larger implants they would have maintained the firmer, higher and rounder look present in the early months after surgery.

The degree to which your tissues will thin and stretch is not predictable. What is predictable is that the larger and heavier the implant, the more likely you will have problems. Even if you do not develop excessive sagging, tissue thinning and ripples, heavier breasts will create more restrictions during athletic activity, require more supportive garments and occasionally add to back and posture problems. If you want big breasts, be prepared for more frequent and severe problems that often lead to more surgery.

### *What happens if I decide to take my implants out?*

Breast augmentation permanently changes your breast tissue. If you take the implants out, your breasts will likely look smaller, more deflated and droopier than before the original surgery.

### *If my augmented breasts sag, what will be my options?*

The real question is: "When" my breasts sag, what will be my options? Some loss of tone and settling of the breast shape can still look very natural and require no intervention. Replacing your implants with larger implants can provide some temporary improvement in selected cases. However, if your breasts drooped with smaller implants, you must expect larger implants to cause more drooping.

A breast lift can be performed to restore a more uplifted shape while leaving the same implant in place. The lift will tighten your breast but will not change the quality of your breast tissues. Consequently the breast will start stretching out again immediately after the revisional surgery is completed.

If you have enough of your own breast tissue to create an acceptable breast shape without the implant, you can consider removing the breast implant permanently, combined with lifting and tightening of the breast.

## Living With Implants

### *Can I still have a mammogram?*

It is very important to continue to follow the guidelines for breast cancer screening. Having breast augmentation has not been shown to delay the detection of breast cancer. After surgery you should wait at least 6 months before having mammography to allow the breast swelling to decrease and all discomfort to settle. When making your mammogram appointment, you need to inform the screening center that you have breast implants so that they have available a qualified technician to perform your examination. Adequate screening will likely involve more X-ray exposure at each session than if you did not have breast implants. Other investigations may be recommended by the radiologist if portions of the breast are difficult to see.

### *Do I need to take antibiotics before dental work if I have breast implants?*

There is currently no consensus on this issue. It has been common practice with other medical devices implanted into the body to recommend taking some antibiotics prior to dental cleaning and other invasive dental work. Dental work, and even everyday tooth brushing, causes some bacteria to enter the bloodstream. This could theoretically move bacteria to the area of your breast implant and begin an infection. However, there is no scientific data to support the regular use of antibiotics prior to minor procedures in women with breast implants. In summary, antibiotics should probably be given for deep cleaning or periodontal treatments. Antibiotics are not currently recommended for simple cleanings.

### *When can I wear an underwire bra again?*

Immediately after surgery you will be fitted with a soft bra to be used for the first few weeks. Your breast shape will continue to improve and become softer during the first 3 months. Only after this interval does it make sense to wear a bra that has a rigid cup. The added pressure of a poorly fitting bra can compromise the result. Our team will advise you on these issues.

### *Can I tan or go to a tanning booth after my surgery?*

Tanning at a salon or in the direct sun won't hurt your implants, but it will permanently damage and age your skin. If you want to tan, you should be careful that the scars are protected. Young scar tissue can sometimes become permanently discolored with unprotected UV light exposure.

### *When can I fly or scuba dive?*

You can resume all normal physical activities when it becomes pain free to do so. In the first few weeks after surgery, it is not uncommon to hear or feel small air bubbles around the implant or within the implant if saline devices are used. Sloshing and creaking sounds can also occur during the first 6 weeks as this air and fluid is absorbed. With large changes in pressure, as in high altitudes or scuba diving, small expansions or contractions of your implants can occur, but this is of no consequence.

### *Will an Infra-red sauna damage my breast implants?*

There has never been a study to look at this issue but this should not be a problem. It is possible for infra-red light waves to pass through your tissue and reach your breast implants. It is also possible for this to result in some warming of the implant. However, you would not be able to elevate the temperature of your implants in any substantial way without feeling this change.

## **Revision Surgery**

### *What are the chances that I will need additional breast surgery in the future?*

All patients considering this procedure must understand that nearly all patients will have some additional breast surgery related to their implants during their lifetimes. Published studies indicate that more than 20% of patients will have revisional surgery within 3 years of having breast augmentation. This information is available on the websites for the manufacturers if you want to review the details. However, in Dr. Mosher's experience, a much lower revisional surgery rate of 3% in the first 3 years has been achieved for our patients.

### *What guarantees or warranties are given for breast augmentation surgery at YES Medspa and Cosmetic Surgery Centre?*

The only warranties available to you are those given by the implant manufacturer. Each manufacturer of breast implants warrants that they will give you a new implant at no charge if your implant ruptures. No other risks and complications associated with this surgery are covered by a warranty. In some cases, the manufacturer will offer partial financial compensation that can offset some costs of replacing a ruptured implant. If any other non-medical problem develops that can only be improved or corrected with further surgery, the decision to offer further surgery will be discussed with you and made by Dr. Mosher. Additional cosmetic surgery has additional risks, can be more complicated and may cost more than the original surgery.

### *What if I am unhappy with the results of my breast augmentation surgery?*

By educating yourself as much as possible about the options available and the risks and complications associated with surgery, you can lower your chances of being unhappy with your results. In published studies, more than 95% of patients surveyed 3 years after their procedures were pleased with their



results. Occasionally patients may be dissatisfied with the outcome. Good communication is necessary when a disappointment occurs. There may or may not be opportunities to improve your satisfaction with further surgery. Dr. Mosher will determine if additional surgery will be offered to you. Our financial policies will be clearly discussed with you before you have any surgery. If an improved outcome is desired and Dr. Mosher agrees to perform additional surgery, all additional surgery will entail full surgical, breast implant, anesthesia and facility fees.

It is important to understand that revisional surgery is more complicated, has less predictable outcomes and can cost more than the original surgery.

