



*Better
Together*

Patient information

Breast Augmentation: Information for women considering breast implants

Breast Services

Introduction

Breast implants can bring psychological benefits for women who may feel that their breasts are unwomanly and inadequate.

They can help restore lost self-esteem and improve the quality of life. However, you should think carefully about your reasons for having implants and be sure that breast implants are the best solution.

Your surgeon will wish to explore with you the psychological aspects of having breast implants.

Breast reconstruction

Women who consider having breast implants as part of breast reconstruction following mastectomy will find the principles discussed in this leaflet of value.

They are, however, also advised to seek specialist advice and information from their surgeon and breast care nurse as the procedures and possible complications are different.

Ask yourself:

- Why do you want breast implants?
- What do you expect of breast implant surgery?
- Are you prepared for long-term follow up and possible future surgery?

Are breast implants an appropriate choice?

Breast implants may not achieve what you hope for and you should make sure that the surgeon discusses all the options with you.

You should have realistic expectations and should not expect 100% perfection.

Your surgeon must take into account your existing breasts, the position of your nipples, your age, skin texture, healing properties and your general health. These will affect the results of the implant surgery.

The appearance of droopy breasts, for example, may be improved by implants.

Occasionally, however, droopy and heavy breasts may have a worse appearance following implants.

Women with large breasts may wish to consider the alternative option of an operation to tighten the skin of the breasts, known as mastopexy, with or without implants.

Make sure that you have access to appropriate advice and that you are not responding to external pressures to have breast implants. It is important to make your own informed decision and to weigh up the benefits and risks of breast implant surgery. You should also remember that any operation carries a risk and you may wish to consider non-surgical options.

You should also be aware that breast implants do not come with a lifetime guarantee. They are likely to need replacing in the future, with further surgery and expense.

Detailed information about breast implants as part of breast reconstruction can be obtained from your breast surgeon and breast care nurse.

What types of breast implants are available?

Several types of breast implants are available.

Natural tissue

The use of body tissue is rarely an appropriate solution for breast enlargement carried out for cosmetic reasons.

While it is possible to move areas of body tissue, this is a complicated operation, which is seldom used for purely cosmetic purposes. Body tissue is, however, commonly used in breast reconstruction. Injection of fat does not result in a satisfactory increase in breast volume.

Synthetic implants

All breast implants are surrounded by a firm, silicone elastic (elastomer) shell. The surface of the implant may be smooth or textured.

At the time of preparing this information, there are four main types of implant filler available in the UK: silicone gel - both semi-liquid and cohesive; saline; hydrogel; and PVP.

The chart below summarises briefly the advantages and disadvantages of the most commonly used types of implant filler.

Ensure that you obtain full information about the different types when you discuss your particular situation with the surgeon. Manufacturers also provide information about their products, which can be obtained from your surgeon.

A brief summary of breast implant fillers currently available in the UK.

All synthetic breast implants are surrounded by a firm elastic (elastomer) silicone shell.

Type of Implant

Filler: Silicone Gel

Description of implant

- Filled with a soft or firm silicone substance.
- Soft filled implants contain a semi-liquid silicone gel. Firm filled implants, or cohesive implants, or cohesive implants contain a firmer gel that does not spill if the shell ruptures.
- Cohesive gel is used in more recent implants.

Advantages

- Long history of use.
- The soft silicone filler is the softest implant available. It is less prone to wrinkling and feels more natural than some other implants
- Available in either round or anatomical (breast shaped) designs
- In 1998 IRG found no evidence that silicone implants pose a danger to women's health.

Disadvantages

- Insertion of firm cohesive gel may result in a slightly larger scar than surgery using an implant with a soft silicone filler

Type of Implant

Filler: Saline

Description of implant

- Filled with salt and water solution of similar concentration to that found in body tissue.
- May be pre-filled or filled through a valve at the time of surgery.

Advantages

- Long history of use.
- Available in either round or anatomical (breast shaped) designs.
- Filled with a solution that can be absorbed and excreted by the body.

Disadvantages

- May be more prone to rupture or deflation at an earlier stage than other implants.
- Prone to wrinkling, may feel and look less natural than other implants and may lose volume over a period of time. Less satisfactory in women with little breast tissue

Type of Implant

Filler: Hydrogel

Description of implant

Filled with a gel made of water, sugar and salt.

Advantages

Filled with a solution that can be absorbed and excreted by the body.

Disadvantages

There are some reports about these implants losing or gaining volume over time. These are relatively recently developed implants, so information on long term performance is not available

Prone to wrinkling and may feel less natural than other implants.

Type of Implant

Filler: PVP

Description of implant

Filled with polyvinyl pyrrolidone solution

Advantages

Filled with a solution that can be absorbed and excreted by the body

Disadvantages

There are some reports about these implants losing or gaining volume over time. These are relatively recently developed implants, so information on long term performance is not available.

Prone to wrinkling and may feel less natural than other implants.

Finding out about the operation

The consultation

It is advisable to be referred to a surgeon by your general practitioner because your general practitioner will have an overview of your health. You may wish to seek more than one opinion.

Make sure that you obtain as much information as necessary to enable you to make a fully informed choice about your operation. Obtain answers to all of your questions and use the checklist at the end of this booklet to cover your own particular circumstances. You may wish to take notes, take someone with you or, possibly, tape record the discussion with the surgeon so that you can listen to it again. This is quite acceptable and is indeed encouraged in many clinical situations.

The surgeon will wish to write to your family doctor (GP) giving details of the operation so that if there are any problems associated with surgery in the short- or long-term, the GP is aware of the surgery.

Your surgeon should also send information about your operation to the National Breast Implant Registry so that information about breast implants can be collected. You may wish to ask for a copy of this information.

About the operation

You will be given a separate information leaflet regarding the operation. You will also have the opportunity to discuss detailed aspects of the operation with your surgeon. A number of issues are included in the checklist at the end of this booklet, for example, the position of the incision and placing of the implant.

The operation is usually performed under general anaesthetic. It may be carried out as day surgery or you may need to stay in hospital.

The checklist at the end of this booklet suggests detailed questions about the operation that you may wish to ask.

Performance of implants

It is essential for health care professionals and manufacturers to have information about the clinical performance of implants to be able to assess their safety. To achieve this, the Medical Devices Agency (MDA) Adverse Incident Centre analyses reports of suspected problems with malfunctioning or poorly designed medical products.

Clinicians and patients are urged to report any breast implant related adverse incidents to the MDA Adverse Incident Centre.

What are the consequences and potential risks?

It is important to be aware of some of the short-term effects of breast implant surgery and the longer-term potential risks.

Some short-term effects

You are likely to have swelling at first, with hardness and discomfort. Bruising, twinges and pains may continue for the first few weeks, although any symptoms that are causing concern, or cannot be explained, should be reported immediately to your surgeon or family doctor (GP).

Warning symptoms include:

- Excessive swelling, deflated breast, offensive wound discharge, excessive pain or heat in breasts.
- Changes in breast sensation are common, most are temporary but some are permanent.
- It can take several months for breasts to look more natural.
- As with any surgical operation, you may expect to need to take some time off, depending on the surgical procedure.

Potential risks

Capsular contracture

The human body puts a wall of scar tissue (fibrous capsule) around any implanted foreign material and breast implants are no exception.

Scar tissue shrinks, but the extent of the shrinkage varies from person to person and even from breast to breast. This shrinkage, or capsular contracture, is noticeable as an apparent hardening of the breast.

Capsular contracture is the most common complication with breast implants although modern implants, which have a textured silicone shell, have a lower incidence of capsular contracture. Capsular contracture is also the most common reason for further surgery.

Recent evidence in the UK suggests that in approximately one in ten women who have had breast implants, the fibrous capsules can contract causing the implant to deform, become hard and, in some cases, painful.

The implant may have to be removed along with the capsule and replaced, if appropriate, with another implant.

Rupture rates and life expectancy of implants

Rupture means the development of a split or hole in the silicone shell of a breast implant. Rupture was common with early, thin-walled implants.

There is little information on the overall rupture rate of breast implants although modern implants, available in the UK since the early 1990s, appear to rupture less. Their life expectancy is, as yet, unknown.

It is difficult to establish the rate of rupture because imaging can fail to detect ruptures or incorrectly identify intact implants as ruptured.

Rupture does not necessarily create a medical problem: different fillers will react differently. In the majority of cases of silicone gel filled implants, the silicone gel will remain within the capsule that the body forms and can be removed if the ruptured implant is removed.

Occasionally, the silicone can spread outside the capsule into the breast and create a series of lumps known as siliconomas. These may give rise to local symptoms such as tenderness. In a small number of cases the gel has been found in the breast tissue, the muscles under the breast, the armpit or rarely around the nerves to the arm. Breast tissue may be lost when the implants are removed.

If any symptoms such as excessive pain, burning, lumps or aching occur and cause concern, it is advisable to contact your surgeon.

Scarring

The scars resulting from the insertion of breast implants are normally satisfactory.

However, in a small number of women, (up to 1 in 20) as with any surgical procedure, scars will be red, or highly coloured, thick, painful and will take several years before they improve.

Appearance of the implanted breasts

The position of the breast may be unsatisfactory as a result of the implant and the shape of the breast tissue may be unpredictable.

It may not always be possible to produce a natural cleavage and the implant may not drop to the side when the woman lies down. The breast will feel relatively firm but for most women the implant will approximate to the normal feel of the breast.

Creasing and folds

The nature of the implant capsule may enhance less desirable characteristics such as creasing, kinking, vertical ripple folds and rippling in the breast. These are seen most frequently in women with very little breast tissue.

Nipple sensation

Inserting the implants under the breast may result in permanent loss of nipple sensation in approximately one in seven women. Often the nipple sensation will be increased for a period of three to six months following surgery, which may be painful.

Infection and bleeding

Infection of cosmetic breast implants is rare, as is bleeding surrounding the implant. Infection and bleeding may, however, be more frequent after surgery for breast reconstruction following mastectomy and may indeed delay further medical management.

General issues: other questions you may have

Pregnancy and breastfeeding

Implants do not interfere with the ability to breast-feed. There is no evidence of an increase of illness in children of women with silicone gel breast implants.

Breast cancer

There is no known association between breast cancer and breast implants.

Mammography

All breast implants interfere with the ability of x-rays to detect the early signs of breast cancer, either by blocking X-rays or by compressing the remaining breast tissue and impairing the ability to view any changes which may indicate breast cancer.

Women with breast implants should be sure to tell their radiographer that they have implants so that the most appropriate method of screening can be used.

Travelling

Breast implants are not subjected to strain or rupture when travelling in an aircraft.

The silicone controversy

A number of women have reported serious illness following silicone gel breast implant surgery. This has been said to relate mainly to silicone gel leakage and possible migration to other parts of the body. Stated symptoms include: muscle spasm and pain; swollen and painful joints; rashes; changed eye and saliva fluid; hair loss.

The IRG (1998) found no scientific relationship between silicone gel implants and immune reactions.

No relationship was shown between silicone gel implants and long-term systemic illness (affecting the whole body), or with specific connective tissue disease or non-specific systemic illness.

The Department of Health takes the safety of all breast implants seriously and will continue to evaluate carefully any new scientific evidence. Should the conclusions formerly reached about breast implants change in the light of this ongoing evaluation, and then further advice will be communicated to the public.

Breast implants are a long-term commitment

Remember that breast implants do not come with a lifetime guarantee. They are likely to need replacing with consequent further surgery and expense.

A young woman who has implants may expect to have further operations in her lifetime to maintain the beneficial effects of the implants.

Commitment to follow-up

Keep to the aftercare schedule provided by your surgeon and ensure that you attend all post-operative consultations.

Ensure that you are given and keep full details of your implants: manufacturer, batch, lot, styles and catalogue number.

Commitment to breast awareness

Women should be aware of what is normal for them about their breasts and should look and feel for any changes during everyday activities such as bathing, showering or dressing.

Consent for the operation

Consenting to the surgery should be the last stage in a thoroughly researched process, when you have asked questions and feel comfortable with the decisions you are making.

When asked to sign a consent form, assure yourself that you have had the following:

- An explanation of what it means when you sign a consent form.
- An opportunity to work through the questions included in the checklist at the end of this booklet.
- Full details of the surgery and the treatment that you will be receiving when undergoing surgery and afterwards.
- Full details of what you are likely to experience immediately after the operation and as you recover.

- Full details of the most common long term and short term side effects of the operation itself and those, which might arise from the use of implants.
- An explanation of the National Breast Implant Registry, the storing and use of confidential data and the uses which may be made of the data at some time in the future.
- Advice that you have the legal right to refuse surgery, even at the last minute, if you change your mind.

Questions you may wish to ask

Suggested checklist of some issues recommended for you to discuss with the surgeon. There may be others that occur to you during the consultation process. Take the opportunity to make sure that you understand all the medical terms used. If you are considering reconstructive surgery, you will want to discuss the particular aspects of this operation.

The experience of the surgeon

- How many successful breast implant operations has he/she done in the past two years?
- How many implants has he/she had complications with?
- Is he/she on the GMC Specialist Register for Plastic Surgery?
- Is he/she a member of a relevant association, e.g. the British Association of Plastic Surgeons, British Association of Aesthetic Plastic Surgeons, British Association of Cosmetic Surgeons, British Association of Surgical Oncology?

The types of implant

Which implants are available and what are the advantages and disadvantages of each?

Size

- What size do you wish to be?
- Be sure to compare cup size with the implant sizes.

Cosmetic effects of the operation

- What will be the position of the scar, position of the implants, and the appearance of the scar?
- What are the advantages and disadvantages of the different positions for the incision, through the armpit, (axilla), surrounding the nipple (periareolar), or under the breast (sub-mammary)?
- What are the advantages and disadvantages of placing the implant above or under the muscle?

The operation

- Will a general or local anaesthetic be used?
- What is the competence of the anaesthetist? Is it someone the surgeon has worked with regularly?
- How long does the surgery take?
- What kind of response can I expect in the event of an emergency situation?
- Will surgical drains be necessary?

- Will it be necessary to take medication after surgery, to alleviate pain?
- How long is the recovery period?
- Is there a properly equipped recovery unit?
- Is it unsafe to have breast implants whilst suffering from an illness?
- How long will the stay in hospital be?

Immediate post-operative effects

- Will there be any bruising, pain, swelling, bleeding or infection?
- Will the nipples be sensitive or not?
- What is the likely recovery time?

Longer term, local effects

- Will there be any wrinkles;
- Capsule formation; or bleed from the implant?
- Will erotic nipple sensation be affected?
- What is the incidence of rupture?
- How is screening for rupture carried out?
- What does it mean if rupture occurs?
- What symptoms may be noted if rupture occurs?
- What actions need to be taken under these circumstances?

- What is capsular contracture?
- Does this always occur and is it painful?
- Does it require further surgery?

Follow-up

- How long is the follow-up?
- Is follow-up at woman's request or on development of certain symptoms?
- How can rupture, leakage or any other complication be detected?
- Is the filler retrievable in the case of leakage or rupture?
- Is appropriate screening for leakage or rupture available and who will pay the costs?
- When a breast implant is removed, will there be breast tissue loss?
- Are guidelines or protocols produced by a reputable/recognised professional body followed?
- Will chemotherapy or radiation therapy affect breast implants?

The silicone controversy

What is the claimed association -

- Between silicone and generalised
- Illness such as connective tissue
- Disease or autoimmune effects or
- A new connective tissue disease-like syndrome?

Financial implications

- What are the financial implications?
- What are the costs of the initial consultation; follow-up; possible screening for rupture and possible removal of the implants and re-implantation?
- If corrective surgery is necessary, or if an implant fails, will there be further costs?

Breast Screening

- What kind of breast screening is considered the most appropriate for women with breast implants?
- Is mammography suitable for women with breast implants?
- Will breast screening unit staff be familiar with procedures and techniques required for breast implant imaging?
- Will a breast implant impair the ability to view any changes, which may indicate breast cancer?

Breast-feeding

- Do breast implants interfere with breastfeeding?
- Are there any effects on the children of women with breast implants?

National Breast Implant Registry

- What details will be placed on the National Register?
- How and when might these details be used and who will have access to them?

If things go wrong

- What measures are available if things go wrong?
- If I am not satisfied can I go to another organisation?
- You may wish to access further information.

What are the alternatives to implants?

If you decide implant surgery is not for you there may be alternatives you can discuss with your Breast Care Nurse and Consultant.

Further information

The Breast Care Nurses
Tel: 0151 706 2927 (24 hour answerphone)

NHS Direct: Telephone 0845 4647 or, if NHS Direct is not yet available in your area, the Health Information Service: Telephone 0800 665544.

They can provide consumer health information on specific conditions and treatments, local NHS services, national and local self-help, support and advice groups and information.

Report of the Independent Review Group: Silicone Gel Breast Implants available from:
Silicone Gel Breast Implants IRG
9th Floor, Hannibal House
Elephant and Castle
London SE1 6TQ
Telephone: 020 7972 8077
Website: www.silicone-review.gov.uk

Action Against Silicone Gel, UK
Can be contacted through:
Patients' Association
Helpline: 0208 423 8999

Breast Cancer Care
Kiln House
210 New Kings Road
London SW6 4NZ
Telephone: 0207 384 2984
Breast Implant Information Society (BIIS)
PO Box 1084
Mitcham
Surrey CR4 4ZU
Telephone: 07041 471225

CancerBACUP
3 Bath Place, Rivington St.
London EC2A 3DR
Telephone: 020 7920 7231

Patients' Association
PO Box 935
Harrow
Middlesex HA1 3YJ
Helpline: 0208 423 8999

Silicone Support UK
9 Casimir Road
Clapton
London E5 9NU
Telephone: 0208 806 6923

Survivors of Silicone
2 Millboro
Hextable
Kent BR8 7LF
Telephone: 01322 667044

Professional Interest Groups:

British Association of Aesthetic Plastic Surgeons (BAAPS)
Royal College of Surgeons
36 Linclon's Inn Fields
London WC2A 3PN

British Association of Cosmetic Surgeons (BACS)
17 Harley Street
London W1N 1DA

British Association of Plastic Surgeons (BAPS)
Royal College of Surgeons
36 Lincoln's Inn Fields
London WC2A 3PN

British Association of Surgical Oncology
Breast Care Group
Royal College of Surgeons
36 Lincoln's Inn Fields
London WC2A 3PN

General Medical Council
178 Great Portland Street
London WC1N 6JE

RCN Breast Care
Nurse Forum
Royal College of Nursing
Cavendish Square
London W1M 0AB

Author: Department of Health
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