

Your Guide to breast augmentation



Contents

Introduction	01
About augmentation surgery	02
About breast implants?	03
What complications can occur?	04
Other consequences of breast augmentation to consider	05
Further information	06
Notes	07

Introduction

Breast Augmentation (bilateral breast augmentation or BBA) is an operation to enlarge the breasts. It can be a life-enhancing procedure. However having a breast enlargement is a big decision. It is major surgery with potential risks, and the result you may hope for cannot be guaranteed. This booklet will help you understand the procedure better. It will also explain the risks of the operation both in the short and long term. If you have any further questions after your consultations and reading the booklet, please ask your surgeon.

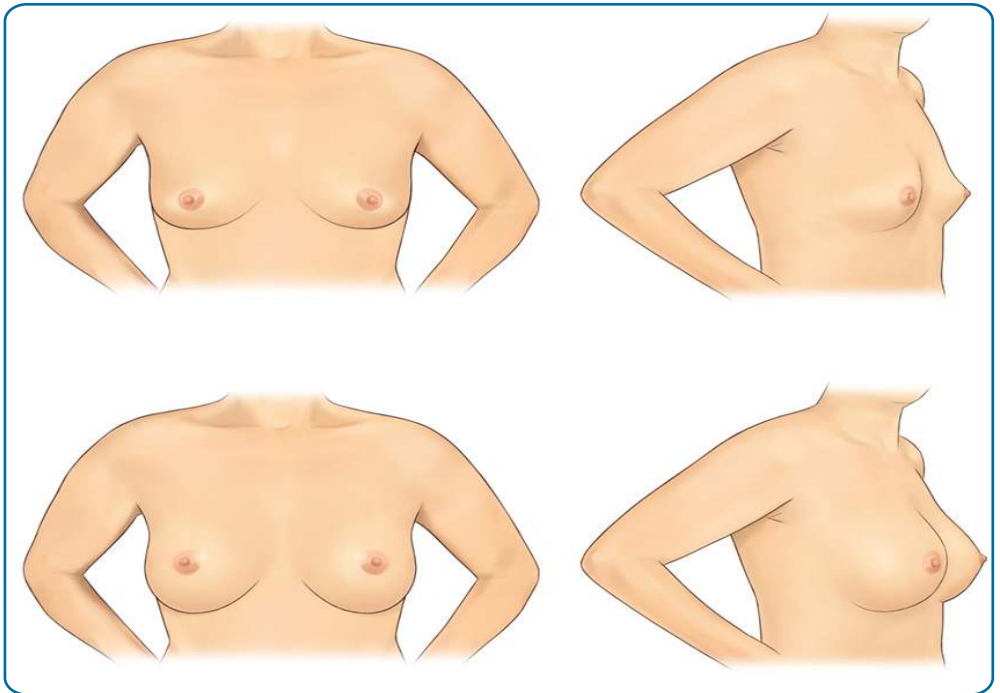


Illustration of before and after results

Who is this guide for?

This booklet is for those looking for more information about breast augmentation (breast enlargement). It aims to give an overview of options available, what is involved and the expected outcomes. It will also go through the possible problems associated with breast augmentation and breast implants. There are also links to other resources.

The guide is designed to be used alongside discussions with your surgeon, GP, family and friends to help you in making decisions.

What is breast augmentation?

Breast augmentation is usually done by inserting an implant beneath the breast to make it look larger. It will enlarge breasts that have always been small, but can also be used to fill out breasts that used to be larger. An example would be breasts that have emptied out, perhaps following pregnancy.

Breast augmentation will reshape breasts to some extent. The procedure can also be used to correct breasts that are of unequal size.

An alternative to enlargement using an implant, is to perform fat transfer, sometimes called lipomodelling, lipofilling or fat grafting. This involves injection of fat taken from elsewhere on the body, into the breast area. Fat transfer may be an appropriate method of augmentation in a few people but is

not suitable for all. This technique often requires more than one episode of surgery. It can be also be used in combination with an augmentation.

Patients who have breast augmentation tend to be pleased with the results, however, it is important that you have realistic expectations.

You need to understand what can and cannot be achieved, the limitations of surgery and the long- term consequences of having breast implants.

How will this booklet help me?

This booklet aims to discuss how you should go about the process of a consultation and getting advice about a possible operation. It explains the surgery and what is involved including the various techniques that can be used.

- » It gives detailed information about breast implants and alternatives.
- » It explains the recovery process and what you can expect after the operation.
- » It explains in detail the possible risks and complications that can arise after breast augmentation surgery.
- » It explains what you can expect in the long term if you go ahead with breast augmentation.

Whilst this booklet is quite detailed, it is intended to complement a consultation and informed consent process with a

surgeon who can explain what is appropriate for you and what you might expect from surgery. Every patient is different and the surgeon will explain what can be achieved for you. This booklet will help let you make an informed decision.

What is my next step?

There are different ways to seek a consultation and your GP may be able to help with information about surgeons local to you. Some patients will choose to approach a private hospital or clinic directly and this is fine.

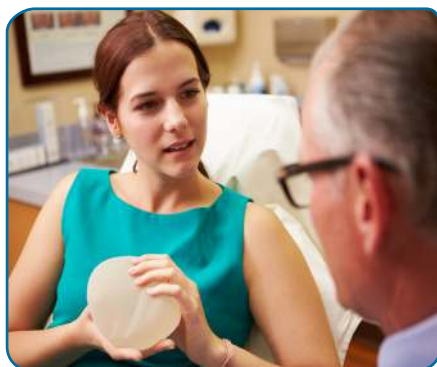
If you do this, you should ensure that your initial consultation will be with the surgeon who will be doing the operation. Your surgeon will normally seek permission to write to your GP following your consultation. You should expect to pay a fee for your consultation.

At your consultation you will be asked what is bothering you about your breasts and about your expectations from the surgery. It is important that you share all of your previous medical information with your surgeon.

You will be examined and measurements taken of your breasts. Some discussion will follow about implant shapes and possible sizes and the position of the pockets that are to be made for the implants to sit in behind your existing breast tissue. To help give you an idea of the potential result some surgeons will

use implant sizers in a bra. Others may use 3D photography. Although this can be helpful for you to have an idea of what you may look like after surgery, it is only a guide. It is important to realise that the same implant can look very different in different people.

You should be told about the operation, the expected outcome and possible risks and complications. You should be given a 'cooling-off' period of at least 2 weeks before having surgery, and you should be offered a second consultation, before the operation. You should not feel rushed into surgery.



Why is there a ‘cooling-off’ period?

Breast augmentation is a lifetime commitment and must not be considered a one stop permanent solution. It is essential that you are making the appropriate choice and understand all the implications of the surgery you are considering.

You will need revision surgery as the years go by and you need to be prepared personally and financially for this. Nobody needs an urgent breast augmentation. If you are not offered a cooling-off period, or you are put under pressure to proceed, you should walk away.

How can I check my surgeon’s qualifications?

All surgeons should be listed with the General Medical Council (GMC). You can check that the surgeon is on the register at www.gmc-uk.org; click the link ‘Check a doctor’s registration status’, type in the surgeon’s name and/or GMC number and their details will appear. Under ‘Status’ they should be listed as “Registered with a license to practise; this doctor is on the specialist register”.

Surgeons may also be registered with the Association of Breast Surgery (ABS), the British Association of Aesthetic Surgeons (BAAPS) and/or the British Association of Plastic Reconstructive and

Aesthetic Surgeons (BAPRAS).

You can check on the websites listed at the end of this booklet. Surgeons who are members of these organisations will have a standard set of recognised qualifications. It’s perfectly reasonable to ask the surgeon about their experience and qualifications also.

Many patients use internet search engines to look up doctors and services. You should bear in mind that information accessed in this fashion may be promotional in nature.

Those listed may have paid for such a listing. A prominent listing is not a measure of service quality but rather a measure of marketing ability.

How much will it cost?

Before your consultation it should be possible to obtain an approximate cost for the surgery from your local private hospital or the surgeon’s secretary. It is also normal to charge for your initial consultation(s).

After your consultation(s) and if you are planning to go forward with surgery, you should be given a written quote regarding the cost of the planned care.

You should avoid any deal in which you are asked to pay any form of non-refundable deposit. In addition, you should not be offered a financial inducement to proceed, and you should

avoid any such offer or time-limited deal.

Even an agreement to refund a consultation fee if you proceed with surgery is considered an inducement and against GMC guidance. It is, however, appropriate to be offered a package price that covers the entire process and the cost of treating any complications arising in the initial weeks after the operation.

Many hospitals will also offer a package to deal with any complications for a specified time. You should be told exactly what your quoted package includes. The cheapest deal may not be the best.

Cosmetic surgery involves a significant financial commitment and you should ensure you are getting what you need. You should only proceed when you have the financial means to do so. It is important to remember you will need to pay for further surgery in the future.

Is this surgery available on the NHS?

Cosmetic breast augmentation surgery is not available on the NHS so you will have to consult a surgeon as a private patient and pay for the operation yourself.

There are some exceptional circumstances where you might be able to get breast enlargement on the NHS – for example, if you have very uneven breasts (a significant difference in size) or no breasts, or as part of a breast reconstruction care plan.

Your GP should be able to tell you more about the rules in your area.

If you decide to go abroad for breast augmentation surgery it's important to realise that on return to the UK, only emergency complications will be dealt with by the NHS.



About augmentation surgery

What surgery is available, and what techniques are involved?

Breast enlargement involves the placement of an implant under the breast tissue to increase the size and shape of the breast. The implants are usually inserted using an incision placed under the breast at the crease, but can also be put in via an incision in the armpit or around the nipple.

Breast implants can be placed either directly behind the breast and on top of the chest wall muscle (known as sub-glandular placement), or behind the breast and chest wall muscle (known as sub-muscular placement). Your surgeon will advise which is appropriate for you.

Behind the breast

The insertion of implants behind the breast is considered to be the simplest of the available enlargement procedures, and less likely to cause significant discomfort. This route is also effective for patients with some drooping of the breasts.

Behind the muscle

The insertion of implants behind the breast muscle provides more padding or coverage for the implant. This is can be helpful for slender patients and those with very little breast tissue as it reduces the chances of being able to feel or see the implant under the breast tissue.

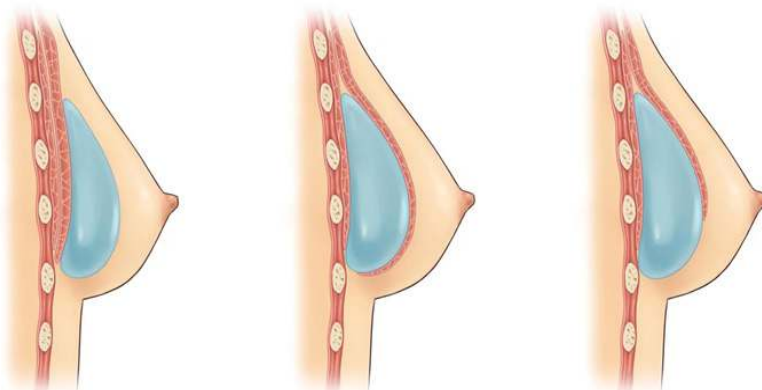


Diagram showing implant either directly behind the breast itself or beneath the muscle and behind the breast..

Dual plane augmentation

Surgeons often combine these two routes, placing the implants partly behind the breast and partly behind the muscle. Through this combined approach, surgeons try to give patients the benefits of both techniques. This is called a dual plane augmentation. If implants are inserted behind the muscle, they are likely to move when the muscle contracts. This is called animation and is normal.

What does the operation involve?

Before and after photographs should be taken for your clinical record. This is helpful for you and your surgeon to plan the operation and to assess the result. Your face is not included in the picture and you will be asked for your consent to have these done. If your surgeon wishes to use these for any other reasons (e.g. teaching or publication) they must specifically ask for additional consent from you in order to be able to do that.

Breast enlargement surgery takes about one-and-a-half hours, and is usually done under general anaesthetic. You may be able to go home the same day, but many patients will spend one night in hospital. Postoperative pain should be well controlled. Your chest may feel tight and your breasts and ribs below your breasts may be tender. You will be mobile from day one and should be back to full exercise within six weeks. You are recommended to take around one to two

weeks off work after the operation.

At first your breasts may look high and the skin may appear tight. This tends to settle down over the first six weeks, but you will not get your long term result for 3-4 months after the operation as a more natural shape emerges. Most patients are pleased with their surgery, but some find their new shape is difficult to get used to. You should be prepared for this possibility.

There is an unpredictability about how scars heal. Scars tend to be quite red in the first six weeks, changing to purple over next three months and then fading to white. Most patients will form good quality scars over time. Abnormal scarring can occur in breast augmentation surgery.



About breast implants

What type of implants should I have?

The outer layer, or shell, of all implants is made of silicone. Some implants have an additional polyurethane coating.

The shell can be filled with either silicone gel or saline. Implants have been used for breast augmentation since the 1960's and the evidence suggests they are safe to use.

You should ask your surgeon exactly which type and manufacturer of implant will be used and why. Most patients will be offered silicone gel filled implants. They tend to feel the most natural, have a range of shapes and are durable. Saline filled implants tend to feel less natural, folds or ripples may be more visible and they have a risk of deflation. All other filler materials have been withdrawn for use in the UK.

The most important decisions to make about your implants are their size, shape and placement.

Implant size

Implants are supplied by volume. It is not possible to guarantee a cup size. At your preoperative consultation your surgeon will assess your chest wall, your existing volume of breast tissue and how much skin is available to accommodate the implant. Your surgeon will be able to give you an idea of which implant size is appropriate for you. Your own view is also

important, since in most patients a range of implant sizes could be used.

Your surgeon will ask if you want an implant towards the larger or smaller end of that range. Your surgeon will not be able to discuss a precise cup size with you. The larger the implants that are used and the slimmer you are, the less natural-looking your breast augmentation will be.

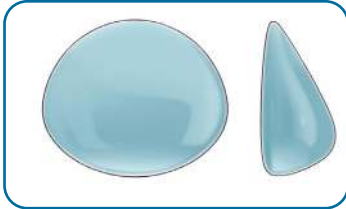
An implant which is out of proportion for your frame is more likely to cause complications such as drooping, stretching the breast tissues and being more easily felt.



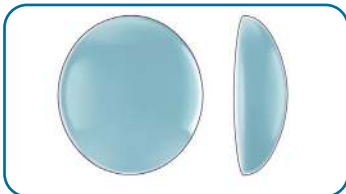
Implant shape

Implants can either be round or teardrop-shaped (also known as anatomical).

Round implants provide a bigger volume at the top of the breast, and are the same width as they are tall. With teardrop-shaped implants, it is possible for the surgeon to choose the width and height separately thus enabling more control of the eventual shape. With either of these options, there are varying degrees of projection. Your surgeon will discuss the best shape option to fit your frame and your desired outcome



Teardrop or anatomical shape implant



Round shape implant

Implant Texture

The outer surface of breast implants is usually made of silicone and can be either smooth or textured. There are varying degrees of texture available, from very fine to coarse. Some implants are also covered with a foamy textured surface of polyurethane.

There are two main reasons for texturing the outside of implants. The first is to reduce the formation of tight scarring, known as a capsular contracture, around an implant because this can distort the shape and cause pain. There are studies that give evidence for this advantage particularly when the implant is placed in front of the muscle.

The other is to reduce any unwanted movement or rotation of an implant. The more textured an implant, the less likely it is to move or rotate over time.

For this reason, anatomical or teardrop shaped implants tend to be textured, because rotation of the implant can alter the overall shape of the augmented breast. If a round implant is being used any rotation is not noticeable.

A further potential disadvantage of a textured surface is that it appears to be related to an uncommon condition known as Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL). This is described in more detail in section 4 below.

At this time, smooth surface implants appear to have no link to BIA-ALCL but that is not to say it could never occur.

Smooth implants are almost always round rather than anatomical shaped. Because smooth implants don't stick to the tissues in the same way as textured implants, they tend to move around within the breast and can take several months to 'settle' into their long term position. If smooth implants move too much then they can slip to the side of the chest when lying down (lateral displacement) or drop below the crease of the breast (bottoming out).

It is not a straightforward decision between smooth and textured implants and your surgeon should help you decide which implant is best suited to your shape and desired outcome.

Are silicone implants safe?

Breast implants are made from medical grade silicone. If you have breast implants, small quantities of silicone can be taken up by your body and be found in the breast tissue and sometimes in the lymph glands in your armpit. There have been reports of silicone being found in other areas of the body. Although most people do not react to silicone occasionally the body can form some inflammation and extra tissue around silicone deposits. These are called silicone granuloma.

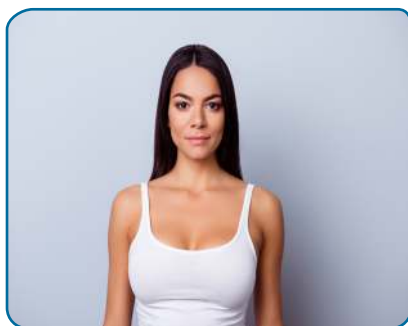
Over time the implant shell may fail and the silicone gel may leak out. Often this will not cause any change in the appearance as the implants have a silicone gel inside them that keeps its shape.

Many ruptures will be discovered by accident when investigating other breast problems such as a lump. Implant rupture can cause symptoms such as lumpiness and a change in shape of your breast.

If a rupture has happened, you will be advised to have the implants removed. This is to stop silicone being taken up by your body and forming granulomas as described above. At that operation you may choose not to have any more implants or you may have them replaced at the same operation or at a time in the future.

There is no association between breast augmentation and breast cancer.

Please see the notes below regarding Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA ALCL) and symptoms known as Breast Implant Illness.



What complications can occur?

All operations are associated with risks. Serious complications are uncommon with breast augmentation occurring in less than 1 in 100 operations. However, some of the following complications may occur.

Bleeding

Some patients will bleed into the space around the implant. This usually happens immediately after the operation, but occasionally occurs up to two weeks later.

The risk of bleeding is less than 1 in 100. If it happens the breast becomes very swollen and tight. You will need to go back to the operating room and have the blood (haematoma) removed and the bleeding stopped.

The implant can be retained. You are likely to spend an extra night in hospital and will be rather more bruised than expected, but things should settle down in time and it is unlikely to adversely affect your outcome from surgery. Haematoma can increase the risk of subsequent capsular contracture (see below).

Infection

This is an uncommon complication occurring in less than 1 in 1000 of cases. It will usually become apparent over the first two or three weeks after the operation that things are not settling down as expected. The breast will be swollen and tender, it may look red, there may be wound discharge, and you may feel unwell with a raised temperature. If this occurs you need to contact your hospital or surgeon who should see you

again. Sometimes a mild infection will settle down with antibiotics, but usually this will not be enough.

Most patients with an established infection around the implant will need to have the implant removed. A new implant cannot be inserted immediately. It is important to wait between three to six months for the effects of the infection to resolve before a new implant is inserted. The package price you pay for your breast augmentation should cover the cost of dealing with bleeding or infection.

Asymmetry / Difference in breasts

It is important to understand that it is normal to have some asymmetry or difference between your breasts. Perfect symmetry is not an achievable goal.

Asymmetry can be of breast or nipple, and asymmetry can be of size, shape and position. Asymmetry may appear more pronounced after surgery. In the case of size asymmetry, a larger implant in the smaller breast can be used, but this will only assist in improving the volume difference, not other asymmetries such as the position of the nipples.

Asymmetry can sometimes occur following surgery as the implants can settle differently in the pockets and this may not be possible to correct.

Cleavage

Some patients have a naturally wide cleavage. Implants are positioned centrally behind the nipples and implants will not improve a wide cleavage. With a sub muscular placement the cleavage can even appear wider. Your breasts and implants may fall to the sides when you lie down. This is normal.

Stretch marks and veins

Stretch marks may develop after surgery, especially with larger implant sizes. Veins may become more noticeable on the breast surface as a consequence of implants.

Ptosis (sagging)

Patients undergoing a breast enlargement must understand that the breasts will sag with time as they are larger and heavier (the larger the implant, the heavier the implant and the more the breast will droop). When breasts sag they may also "bottom out", which means the implant sits more below the nipple than above.

Pregnancy/breast feeding

Implants do not interfere with the ability to breast feed. There is some evidence suggesting the amount of milk produced by some women with implants is reduced. There is no evidence of an increase in illness in children of women with silicone gel breast implants. Pregnancy and breast feeding may

adversely affect the shape of the breast.

Capsular contracture

In every patient, the body forms a scar, called a capsule around the implant. This fixes it in place. In most people this is not obvious and the breast feels soft and looks natural. In a proportion of patients (for reasons that are not fully understood) this scar contracts around the implant and makes it feel firmer than a normal breast. In most patients they are not too troubled by this as the breast still looks satisfactory.

However, in some patients the breast becomes unacceptably firm and may take on a round shape. It may also become tender. If this happens you should see your surgeon again to discuss the situation.

Sometimes if the contracture is not too bad, then you may decide to stay as you are. It is certainly safe to do this. Some patients will choose to have the capsule released (capsulotomy) or removed (capsulectomy) and a new implant inserted. Hopefully this will improve matters, but the scar tissue can return in at least half of the people who have secondary surgery.

The risk of noticeable firmness or capsular contracture is up to 1 in 10 of all breast augmentations, but most of these patients will not need revision surgery.

The chance of needing to have a re-operation for any reason is about 1% (1 in

100) a year. So, after 10 years about 10% (10 women out of every 100) will have had to have more surgery. Capsular contracture is the most common reason for re-operation. Once capsular contracture has happened, even if it is re-operated on again, it is likely to recur in 1 in 2 cases.

Changes to the feeling of the breasts

Most patients will get some alteration in the sensation in their breasts after breast augmentation surgery, the most usual symptoms being some numbness and oversensitivity of the nipples. This oversensitivity gradually settles down, but usually takes several months to do so. Around 1 in 5 patients will have a reduction in sensation to their nipples. Recovery can take up to 12 months, but 1 in 10 patients will have some permanent numbness.

Being able to feel or see the implants under the skin (palpability and rippling)

It is common to be able to feel the implant, especially in patients who are slim or have little breast tissue. This is an inevitable consequence of the operation and will not improve with time. As time goes by some people will be able to see or feel ripples or folds in their implants perhaps when leaning forwards.

For most patients it is best to simply accept that this has occurred and is a limitation of

the surgery. It can be difficult to correct with another operation. In some patients the situation can be improved by injecting small amounts of your own fat under the skin. This is called lipomodelling or lipofilling. Occasionally a more marked crease can be felt. This can be a sign of capsular contracture.

Implant failure

Implants are made to be very tough, but the shell can eventually fail and a leak can occur (implant rupture). The American Core study (FDA Update on the Safety of Silicone Gel-Filled Breast Implants June 2011) suggested 1 in 10 implants had ruptured at 10 years. It's estimated half of all breast implants may rupture by 15 years.

This is not usually a serious event, in many cases the leak is contained within the body's own capsule. Patients may therefore have an implant that has failed and be unaware of it (silent rupture). This does not appear to be harmful. Some patients will notice a change in the size, shape or consistency of the implant. A lump might appear or the breast look swollen. If these things happen, you should seek advice.

A scan will usually be carried out and if this suggests the implant has ruptured, removal and exchange of the implant will be advised.

There is no universally agreed replacement schedule for breast implants, and it is

unusual for there to be a need to exchange breast implants before ten years. If you have not noticed any change in relation to your implants then you do not need regular follow up or regular scans.

However, you may develop one of the problems described above and may need or choose to have revision surgery at some time in the future. For this reason, anyone having breast enlargement should be prepared both personally and financially to have surgery again at some time in the future.

Other reasons for re-operation

- » Most patients are pleased with their breast augmentation, but a few decide as time goes by that they want to be bigger so will choose to have re-augmentation with larger implants.
- » Just like natural breasts, augmented breasts will change shape with time. In the case of most women this will not trouble them, but sometimes the shape is not as good as it was and further surgery might be considered. Breasts will change with pregnancy and fluctuations in a person's weight
- » Occasionally teardrop-shaped implants can rotate behind the breast. The patient will notice a shape change, usually evident on waking in the morning. The implant will usually rotate back to its correct position by itself or can be gently pushed back in to position. This may happen only once,

but if it becomes a repeated problem re-operation will be needed. Rotation is more likely in patients who have quite large implants inserted to correct droopy breasts.

- » Some patients get intermittent swelling around their breast implants. This can be associated with fluid around the implant. If it occurs, scans will usually be recommended to ensure the implants are intact and to see if there is a fluid collection. Further tests or implant replacement may be recommended if the problem persists.

Many of these more long-term problems will not be covered by any package that you buy at the time of your breast augmentation. Neither should you expect the NHS to provide your future treatment. You must be prepared to pay for consultations, scans and further surgery if needed.

Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL)

Since 2016, a condition called Anaplastic Large Cell Lymphoma (ALCL) in association with breast implants has been recognised by WHO (World Health Organisation). The risk of this is small. It is not a breast cancer but a type of cancer associated with the scar tissue or capsule laid down by the body around a breast implant.

Cases of Breast Implant Associated –ALCL (BIA-ALCL) have occurred between 2 and 28 years after breast implant insertion with

the average time being 8 years. It is most likely to show up as a swelling around the implant causing an increase in size of the breast (a seroma). It can usually be successfully treated by an operation to remove the implant and the capsule of tissue surrounding it.

Because it is so uncommon, international organisations are sharing data and information about this condition. Most of the cases worldwide have occurred in women with textured breast implants with higher numbers of BIA-ALCL seen in women with implants that have a coarser texture than those with a finer texture. It is important to ask your surgeon what the most up-to-date recommendations are.

However, breast implants continue to have safety approval from Government organisations such as the UK MHRA and USA FDA. They continue to be used in breast reconstruction patients following treatment of cancer worldwide. For more information, please see the links at the end of this booklet.

Breast Implant Illness

Breast Implant Illness (BII) is a term used by some patients who have breast implants and experience a variety of symptoms that they feel are directly connected to their silicone breast implants.

Breast Implant Illness is not a medical diagnosis and there is no proven association with breast implants. The symptoms include tiredness, "brain

fog", joint aches, immune-related symptoms, sleep disturbance, depression, hormonal issues, headaches, hair loss, chills, rash, hormonal issues and neurological issues. There is currently no scientific evidence to confirm this proposed link or any diagnostic test to show that a patient suffers from such a condition. Research continues in this area to establish if all of the symptoms that patients describe can be brought together into a single diagnosis.

Some patients do report that their symptoms improve if their implants are removed but this is not true for all. More guidance on BII can be found at these websites.

<https://www.gov.uk/guidance/symptoms-sometimes-referred-to-as-breast-implant-illness>

<https://www.fda.gov/medical-devices/breast-implants/risks-and-complications-breast-implants>

Other consequences of breast augmentation to consider

What are the long-term consequences of breast augmentation?

If you have a breast augmentation as a young woman you must accept that you are likely to have implants for many years. You will need to have further surgery for any of the reasons outlined above. An operation that gives you more youthful looking breasts may seem quite appealing at the time, but will this be something that suits you when you are older?

Breast implants push your natural breasts forward and so do not make it any more difficult to examine your breasts for lumps. They do, however, interfere with mammography. A mammogram is an X-ray of the breast looking for signs of a breast cancer that you cannot feel. It is used as a screening test in the UK from the age of 50 years. The X-rays cannot pass through the implant so some of the breast tissue is obscured.

If you are called for a screening mammogram you need to tell the mammography service that you have breast implants. They may scan you at a different centre and take special views. The more of your total breast volume that consists of implant the greater the problem with mammography. If you have a breast augmentation you will have to accept that this will reduce the sensitivity of a future mammogram. Some patients opt to have a different type of scan called an MRI scan for screening after breast

augmentation to avoid the issues mentioned above, but they usually have to pay for this privately.

Several myths have arisen about implants such as it being unsafe to sunbathe, or unsafe to fly in an aeroplane. Neither of these two activities present a problem. There is no need to massage your breast implants, indeed this is not recommended with modern textured surfaced implants.

Routine implant replacement after a specified time is not recommended. Replacement is only advised if you are unhappy with the appearance or have developed a problem.

Are there any alternatives to breast augmentation?

The only alternative surgical technique to enlarge the breast is lipofilling. This is a technique where fat is removed by liposuction from another area of the body such as the hips or thighs or tummy and then injected into the breast area.

Only a relatively small amount of fat can be injected so patients will require multiple operations to bring about a worthwhile effect. Some of the fat is absorbed in the initial weeks after the operation, but fat that lasts beyond this time will bring about a permanent enlargement. This is a much more gradual approach compared with implant based breast augmentation, but does avoid having a breast implant. However, your

surgeon cannot be entirely sure how effective it will be in any given patient and results are variable.

Your own fat is the only substance that can be safely injected into the breast. Other materials have been tried, and then withdrawn from use. Do not allow anyone to inject anything other than your own fat into your breasts.

Would I be suitable for a breast uplift operation?

Some patients, particularly after weight loss, having children and older women may be bothered by droopiness of the breasts. If you are bothered by droopiness and are happy with the size of your breasts then you do not need a breast augmentation, but may be offered a breast uplift operation called a mastopexy.

This is a quite different operation that involves lifting the position of the nipple and breast tissue and tightening the skin of the breasts. There will be an incision around the areola and possibly incisions passing vertically downwards and underneath the breasts. So, the scarring is more obvious than simple breast augmentation, but no implant is used. All breast uplift operations will tend to droop again as a consequence of time and gravity. After mastopexy surgery the breasts often will seem smaller despite little or no removal of breast tissue.

Mild degrees of droopiness can be

improved by a breast augmentation alone. Often, patients complain of loss of breast volume and droopiness in this case breast augmentation alone will not solve the issue of droopiness your surgeon should discuss the potential need for breast augmentation and mastopexy either as a single operation or in two stages.

In most instances it is best to do one or the other first and then see what result can be achieved with the knowledge that the other operation can be done at a second stage if needed.

However, in some patients it is clear from the outset that both operations will be needed and your surgeon will agree to do both at the same time. This requires careful preoperative planning and counselling. This is difficult surgery and the results are not always entirely predictable in terms of size and breast shape.

Breast Implant Registry

In the UK, there is a national Breast and Cosmetic Implant Registry established to record all implants being placed or removed and administered by NHS Digital.

It records the implants that have been used with patients details, and the organisations and surgeons that have carried out the procedures. The main aim of the registry is to be able to trace and

inform affected patients in the event of any future recall of a failed implant. The registry will also allow the identification of possible trends and complications relating to specific implants. Your entry onto the register requires your consent and your surgeon will give you information about it.

You are strongly recommended to agree to the register if you undergo implant-based surgery, for your own protection and the protection of others in the future.



Further information

Organisations

GMC specialist register
[www.http://www.gmc-uk.org](http://www.gmc-uk.org)

Department of Health – Cosmetic surgery
www.gov.uk/government/news/recommendations-to-protect-people-who-choose-cosmetic-surgery

BAPRAS
<http://www.bapras.org.uk/home/find-a-member>

<http://www.bapras.org.uk/public/patient-information/surgery-guides/breast-enlargement>

Association of Breast Surgery
<https://associationofbreastsurgery.org.uk/professionals/aesthetic/>

<https://associationofbreastsurgery.org.uk/about/abs-members/>

BAAPS - British Association of Aesthetic Plastic Surgeons
<https://baaps.org.uk/patients/>

Other websites

<https://www.gov.uk/guidance/breast-implants-and-anaplastic-large-cell-lymphoma-alcl>

<https://www.fda.gov/medical-devices/breast-implants/risks-and-complications-breast-implants>

<https://www.gov.uk/guidance/breast-implants-and-anaplastic-large-cell-lymphoma-alcl>

<https://www.fda.gov/medical-devices/breast-implants/risks-and-complications-breast-implants>

<https://www.fda.gov/news-events/press-announcements/statement-fda-principal-deputy-commissioner-amy-abernethy-md-phd-and-jeff-shuren-md-jd-director-fdas>

<https://www.fda.gov/medical-devices/implants-and-prosthetics/breast-implants>

MHRA
<https://www.gov.uk/guidance/breast-implants-and-anaplastic-large-cell-lymphoma-alcl>

<https://www.gov.uk/government/publications/breast-screening-breast-implant-guidelines>

For further copies of this booklet or to download an electronic version, please go to:

<https://www.bapras.org.uk/>

<https://www.associationofbreastsurgery.org.uk>

<https://www.baaps.org.uk/>

Notes

Two columns of dotted lines for taking notes.

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