Breast Enlargement

What is breast enlargement?

Breast enlargement is surgery to make your breasts bigger or a different shape. It is done by a plastic surgeon. The surgeon will put artificial implants into your breasts. The implants are silicone shells filled with saline (saltwater) or silicone gel.

The medical term for this surgery is augmentation mammoplasty.

When is it used?

This surgery may be done so your breasts are the same size or are a size or shape more pleasing to you.

Results from this surgery are best when you are in your 20s or 30s and have small but not sagging breasts.

You must be at least 22 years old to have an implant filled with silicone unless the implant is being used for breast reconstruction after surgery for cancer.

Ask your healthcare provider about your choices for treatment and the risks.

How do I prepare for this procedure?

- Discuss with your healthcare provider the size and shape of breasts you would like to have.
- If you are planning to have children, ask your healthcare provider if you will be able to breast-feed a baby after this operation.
- Make plans for your care and recovery after you have the procedure. Find someone to give you a ride home after the procedure. Allow for time to rest and try to find other people to help with your day-to-day tasks while you recover.
- Follow your provider's instructions about not smoking before and after the procedure. Smokers may have more breathing problems during the procedure and heal more slowly. It is best to quit 6 to 8 weeks before surgery.
- You may or may not need to take your regular medicines the day of the
 procedure. Some medicines (like aspirin) may increase your risk of bleeding
 during or after the procedure. Tell your healthcare provider about all
 medicines and supplements that you take. Ask your provider if you need to
 avoid taking any medicine or supplements before the procedure.
- Your provider will tell you when to stop eating and drinking before the procedure. This helps to keep you from vomiting during the procedure.
- Follow any other instructions your healthcare provider gives you.
- Ask any questions you have before the procedure. You should understand
 what your healthcare provider is going to do. You have the right to make
 decisions about your healthcare and to give permission for any tests or
 procedures.

What happens during the procedure?

This procedure will be done at the hospital.

You will be given local or general anesthesia to keep you from feeling pain during the procedure. Local anesthesia numbs part of your body while you stay awake. If you are given a local anesthetic, you may also be given medicine to help you relax. General anesthesia relaxes your muscles and you will be asleep.

Your healthcare provider will make a cut (incision) on the underside of your breast, in the area of your underarm, or in another area near your breast. Your provider will put the implant containing saline or silicone through the cut and place it between the breast tissue and chest wall or between the chest muscle and chest wall. Your provider will close the cut and repeat this procedure for the other breast.

The procedure will take about one and a half hours.

What happens after the procedure?

After the surgery you may stay in a recovery area for at least a few hours and then you may go home.

For the next 2 or 3 weeks, you may have some swelling and your breasts may be bruised and tender. Usually an anti-inflammatory medicine, such as ibuprofen, will relieve most of the pain. Your provider may prescribe a prescription medicine for severe pain. Follow your provider's instructions for taking pain medicine. It is easier to prevent pain than to relieve it once it gets severe.

Nonsteroidal anti-inflammatory medicines (NSAIDs), such as ibuprofen, may cause stomach bleeding and other problems. These risks increase with age. Read the label and take as directed. Unless recommended by your healthcare provider, do not take for more than 10 days for any reason.

You will wear a special, supportive bra for several weeks to help lessen discomfort.

Ask your healthcare provider:

- How long it will take to recover
- What activities you should avoid and when you can return to your normal activities
- How to take care of yourself at home
- What symptoms or problems you should watch for and what to do if you have them

Make sure you know when you should come back for a checkup.

Whenever you have a mammogram, tell the X-ray technologist about your implant so the procedure can be adjusted.

• Implants do not last a lifetime. You will likely need additional surgeries on your breasts due to rupture or other complications. You will likely need to have your implant removed at some time over the course of your life because of one or more complications.

What are the risks of this procedure?

Every procedure or treatment has risks. Some possible risks of this procedure include:

- You may have problems with anesthesia.
- · You may have infection or bleeding
- You may develop a hematoma, which is a collection of blood or a blood clot from a leak in a blood vessel that may form within hours after surgery in the pocket where the implant has been placed. This may cause swelling, pain, and bruising. A large hematoma may need to be drained surgically.
- · An implant may harden and be painful.
- · Your breasts may feel too firm or lumpy.
- · Your breasts may get infected around the implant.
- · Your nipples and areolas may be numb.
- Your breasts may be unequal in size, shape, or position. A hard covering may form around the implant. That area may become firm or tender and need regular massage or additional surgery.
- · Your arm and shoulder movements may be restricted or painful.
- The implant may rupture (tear) and deflate.
 - If you have a saline-filled breast implant and it ruptures, you or your healthcare provider will know when it happens. The implant will deflate and the saline solution will leak into your body. You will notice that your implant has lost its original size or shape.
 - If you have a silicone gel-filled breast implant and it ruptures, it is likely that neither you nor your provider will know. It is called a silent rupture. For this reason, MRI (magnetic resonance imaging) is recommended 3 years after you have the implant surgery and then every 2 years after that to check for rupture. Sometimes a rupture does cause symptoms, such as hard knots or lumps around the implant or in the armpit, a change in the size or shape of the breast or implant, pain, tingling, swelling, numbness, burning, or hardening of the breast.

If your implant ruptures, you may need a second operation to remove or replace the implant.

There have been concerns about the safety of implants filled with silicone gel. After review, the US Food and Drug Administration (FDA) reported that the implants are safe and effective. For more information on breast implants and their safety, see the FDA Web site:

http://www.fda.gov/Medical Devices/Products and Medical Procedures/Implants and Prosthetics/Brender (State of the Control of

Ask your healthcare provider how these risks apply to you. Be sure to discuss any other questions or concerns that you may have.

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