

ZWIVEL'S COMPLETE GUIDE TO BREAST AUGMENTATION SURGERY

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Since the first silicone breast implant surgery was performed on a young Texas housewife in 1962, millions of women have opted to do the same.

In an interview with The Daily Mail, Jean Lindsey recounts how she agreed to be a guinea pig for this study as a way to attract more attention from the opposite sex. Newly divorced and raising six children, the 26-year old rarely got asked out on dates. But as soon as the bandages were off, men were doing double takes as she passed them on the street. Her experience paved the way for generations of women to come.

What You Should Know Before Having a Breast Augmentation



Breast augmentation – also known as augmentation mammoplasty – is a surgical procedure that can be used to correct the size, shape, symmetry, and other aspects of a woman’s breasts. It’s the most popular cosmetic surgical procedure in the U.S., with 305,856 procedures performed in 2015, according to the American Society of Aesthetic Plastic Surgery (ASAPS). However, that number is likely to be even higher since the member-reported survey does not include augmentations performed by surgeons that are not board certified.

There are several reasons why this procedure is so popular. Breast augmentations are often performed for medical reasons, such as micromastia (underdeveloped breasts), mastectomy (removing breast tissue), and significant asymmetry (most women have one breast that is larger than the other), but they’re more often done for emotional or aesthetic reasons.

Breast implants can replace volume and fullness after weight loss or pregnancy (hello, mommy makeover!), or can be used as a tool to boost confidence. Some do it to improve their sex lives or to gain a competitive edge in their career, while others simply want their clothes to fit better.

Myth #1: you’re too young/old to get a breast augmentation.

The FDA has approved implants safe for use in patients 18 years old and older, and women under the age of 22 are restricted to saline implants. However, there is no legal minimum age to get breast implants. 7,840 young women between the ages of 13 and 19 received implants in 2015, according to the American Society of Plastic Surgeons (ASPS), and 3,429 women under the age of 18 underwent the procedure in 2015, according to the ASAPS. However, most doctors will recommend women to wait until they have achieved a stable weight and understand that their body will change during and after pregnancy.

Deciding to pursue breast augmentation is an entirely personal and private decision, and aside from coercion or doing it to please someone else, there really isn’t a right or wrong reason to get implants. Women should not feel ashamed or embarrassed because of this procedure – it’s not vain or shallow to want bigger or ‘different’ breasts.

That said, making the decision shouldn’t be taken lightly. Breast augmentation is major surgery that includes risks, side effects, and requires significant after care. After choosing whether or not to pursue implants, the next most important decision a woman will make is selecting the right surgeon.

Choosing the Right Surgeon



Breast augmentation is as much of an art as it is a medical procedure with different techniques, options, and variations that surgeons can use to deliver the desired outcome. The methods each surgeon uses will depend on a variety of factors, including the patient's budget, age, and aesthetic goals. However, there are some best practices that the medical community recommends, particularly when it comes to selecting a board certified plastic surgeon.

Myth #2: All plastic surgeons are the same

All plastic surgeons are cosmetic surgeons, but not all cosmetic surgeons are plastic surgeons. Plastic surgery focuses on the "repair, reconstruction or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk and external genitalia," according to the American Board of Medical Specialties, and cosmetic enhancement may or may not be included in the procedures. Board certified plastic surgeons undergo six years of specialized training before passing national board exams, with three years as a resident performing plastic surgery.

There are 24 medical specialties governed by the American Board of Medical Specialties. If you are looking for a doctor to treat rheumatoid arthritis for instance, you may want to look for a physician certified by the American Board of Allergy and Immunology. If you're looking for someone to perform a breast augmentation, look for a surgeon certified by the American Board of Plastic Surgery, or for women in Canada, you would want to ensure the doctor is certified by the Royal College of Physicians and Surgeons of Canada (RCSC).

Board certification is important because it helps ensure that a physician has demonstrated competence in his medical specialty, maintains good standing within the healthcare community, stays up-to-date and current scientific findings in their field, and acquires new skills to improve patient outcomes.

To know the Board Certification status of physicians, including whether they are meeting the requirements of an ABMS Member Board, visit Certifications Matters.

There are three certifications that you should pay attention to when it comes searching for a qualified surgeon to perform your breast augmentation: American Board of Plastic Surgery, the American Society of Plastic Surgeons (ASPS), and the American Society for Aesthetic Plastic Surgery (ASAPS).

All members of ASPS and ASAPS are board certified plastic surgeons, but not all members of the ASPS are members of the ASAPS. ASAPS members specialize in cosmetic aspects of plastic surgery (as opposed to reconstructive), and were invited to join to this group after demonstrating proficiency in their field and received recommendations from other ASAPS members. The ASPS has approximately 6,000 members, and the ASAPS has approximately 2,600 active members. However, don't choose your surgeon based on certifications alone. The main factors women should consider when interviewing plastic surgeons include: Expertise: Plastic surgeons tend to have areas of expertise, such as breast reconstruction, rhinoplasty (nose jobs), or even vaginal rejuvenation. Some surgeons may prefer to stick to "gold standard" techniques that have predictable results, while others may want to pioneer new methods for performing procedures.

- **Referrals:** Many patients use word-of-mouth to begin their search for a surgeon. In addition to references, patients should check with the American Board of Plastic Surgery to verify the doctor's credentials, and also inquire with their state's Medical Board to ensure active licenses and be aware of any disciplinary actions against the physician.
- **Cost:** Price vary depending on the region, implant choice, and if there are additional procedures, such as a breast lift, performed at the same time.
- **Medical facility:** Board certified plastic surgeons are required to perform their surgeries in an accredited ambulatory facility with licensed medical professionals, such as anesthesiologists and registered nurses. There are four accrediting bodies that verify the facilities safety:
 - Accreditation Association for Ambulatory Health Care (AAAHC)
 - The Joint Commission
 - Medicare
 - American Association for Accreditation of Ambulatory Surgical Facilities (AAAASF)

- **Follow up care:** Post surgical care is an important part of your breast augmentation, and it is important to be able to schedule and attend follow-up appointments to monitor healing and watch for signs of infection or adverse events. For this reason, it is advisable that patients select a physician within a reasonable commuting distance.

Your First Consultation



After you've created a short list of plastic surgeons to interview for your breast augmentation, you will need to schedule an initial consultation. The consultation is a chance for the patient to meet with the medical team performing the surgery, ask the doctor questions and get their professional opinion on implant type, size, and surgical techniques, while also assessing their rapport.

Consultations are performed in the surgeon's office, although many offer online consultations that may better suit a patient's schedule.

Many plastic surgeons charge a non-refundable consultation fee averaging \$100 for a 30-minute consultation that can be applied to the cost of the procedure. However, some doctors do not charge this fee, and the presence or absence of a fee isn't always an indicator of their skill.

For the initial consultation, many patients bring their medical records and photos of their ideal breast augmentation results. Examples of questions often asked by patients at this time include:

- Are you board certified?
- In what states are you licensed?
- In what hospitals do you have admitting privileges?
- What is the most common operation you perform?
- How long have you been performing breast augmentations?
- How many breast augmentations do you perform each week?
- What are some complications that you may encounter?

- Do you perform surgeries in hospitals, surgical centers, or in your medical clinic?
- Is the facility where the surgery will be performed an accredited ambulatory facility?
- What is the procedure if you experience a complication during surgery?
- What are some expenses that may result from a complication during surgery?
- What support do you offer pre- and post-surgery to ensure optimal results?

As part of the consultation, patients should expect the doctor to perform a brief medical exam to review their current health and inquire about their medical history. The surgeon may assess your breasts for:

- Size, shape, and symmetry
- Proportionality to your body
- Quantity, quality, and density of breast tissue
- Nipple placement
- Skin laxity and thickness
- Ptosis (sagging)
- Placement on the chest wall
- Breast and width
- Incision options

The topics the surgeon may cover include:

- Your current medical condition
- Your medical history
- History and experience with prior surgeries
- Family medical history, including incidences of breast cancer
- Mammogram results, if any
- Your aesthetic goals
- Your exercise routines
- Your mental health and stress levels

Many women are advised to “go with their gut” when it comes to choosing a care provider, but what does this advice mean? It means being comfortable to be open and honest with the surgeon about every aspect of your health and the surgery.

With a good rapport, patients are more comfortable sharing health concerns and alerting staff of potential problems with recovery. They're also more willing to follow a doctor's advice if they trust and like them, which goes a long way towards a speedy recovery.

Beyond the initial consultation: technological advancements

Technology is changing the way women research their breast augmentation. These advances are going beyond finding just the names and addresses of doctors – today they can be used to help women interview potential surgeons and get quotes without leaving the house, and computers are making it easier for women to visualize the size and shape of proposed implants.

Illusio

Illusio 3D gives patients a chance to see what breast implants would look like on their body post surgery. Illusio 3D uses an iPad like a virtual mirror that enables the patient to examine the proposed implant on her body from all angles. By superimposing the augmented breasts onto the woman's frame, she can get a better sense of what the size looks like in proportion to her body, and ensure that she and her surgeon are on the same page with size and shape.

Crisalix

Patients can access the same 3D imaging tools that plastic surgeons use to show their patients what future results could look after the surgical procedure. This fee-based service enables patients to upload a photo to Crisalix's secure site and alter the image to see how cosmetic procedures would look on their face or body.

Virtual Reality



Some offices are combining technologies such as Axis Three (shown above) and Vectra 3D with cutting edge hardware to create a virtual reality experience for trying on a new breast size. Using Virtual Reality glasses such as Oculus Rift, patients will be able to walk around 3D simulations of their body to see from all angles what they would look like after a breast augmentation, breast reduction, or breast lift.

Zwivel

Zwivel enables patients to communicate directly with doctors online for consultation to learn more about the physician's credentials, their recommendations, and fees. This enables patients to cast a wider net when searching for the right doctor for their cosmetic procedure, and also interview them from the comfort of their own home, and

at any hour. Rather than speaking with a live doctor, patients submit photos of the target areas of their body, and wait for the doctor to respond with his opinion, recommendation, and fee estimates.

Following the online consultation, patients will still need to meet for an in-person consultation to enable the doctor to perform physical examination of the patient's body to assess factors not accessible over the Internet, such as skin texture or tissue density, and hold a more in-depth discussion about the procedures, risks, and outcomes.

Breast Augmentation Techniques and Implant Options



Breast size is the just the start of the many decisions you will need to make for your surgery. Get ready to decide on the type, texture, shape, size, placement, and surgical incision of your implants – that is if you decide on an implant in the first place. These days, many women are opting to use their own body fat to increase their bust size. But first things first, what are your implant options? Here's some information on the types of implants available to help you make your decisions.

Saline implants

Saline implants are silicone shells that are filled with saline (salt water). Although they have become less popular than silicone implants, they have many benefits, including that they can be inserted through small surgical incisions and filled to large volumes. Saline implants are also the only FDA-approved implant in patients younger than 22 years old.

However, they are more prone to ripples that are visible under the skin (even if they are placed under the muscle), and may be more vulnerable to leaking, leading to deflated breasts that requires a visit to the surgeon to repair. On the upside, when there is a leak, you notice immediately. On the downside, when a rupture occurs – a problem with silicone gel implants as well – you will need to repair the implant quickly. Another benefit is that they are usually less expensive than silicone implants, but they may not feel as natural.

Silicone implants

Silicon implants were first used in 1962, and were FDA approved for cosmetic surgery in 1996. Prior to that, they were approved only for reconstructive surgeries and revision. In 2015 they were used in 85% of all breast augmentations.

Silicone implants are filled with a thick, gooey silicone gel that is not quite solid. Many patients find that silicone implants feel the closest to their natural breast tissue, however, they are more expensive than saline implants and depending on the size may limit the incision options. Although silicone gel isn't liquid, it may still leak, show ripples, and require replacement.

The rule of thumb is that silicone implants last 10 years, although in many cases they will last longer, and are longer-lasting than saline implants. There is a wide range of options, including round, oval, smooth, or textured implants.

Round cohesive silicone implants

This popular style of implant is used by physicians because it provides a "upper pole" volume, and comes in a range of sizes and can be either smooth or textured surface. Women report that silicone implants has the most natural feel, and because they are symmetrical, it's not noticeable if it rotates within the body.

Anatomic (shaped) cohesive silicone implants

To achieve a particular shape or profile of the breast, a surgeon may recommend a shaped silicone implant. Shape options include oval, wide base, and high profile. However, they are more noticeable if they shift or rotate, and often require a larger incision.

Highly cohesive silicone implants (gummy bear)

The consistency of a highly cohesive silicone implant is firmer than a traditional silicone implants, which is why they are sometimes generally referred to as "gummy bear implants." Gummy bear implants are molded to resemble the natural shape of a woman's breast. The benefit of this implant style is that they are the least prone to leaking, last longer, and will give a more natural shape to women who have lost a significant amount of breast tissue due to a mastectomy. However, shifting or rotation of shaped implants is very noticeable and requires surgical revision to correct. Women may also find that molded implants don't move or feel like natural breasts – especially when they are lying down – and may be more uncomfortable during sleep.

Smooth surface

Traditional implants have smooth surfaces that enable them to move around under the skin or muscle, which creates a more natural look and feel. However, this also can lead to displacement, which would require surgical revision to fix.

Textured surface

The intention of a textured surface is to make it easier for the implant to adhere to the body, which prevents it from shifting, rotating, and moving around. With a textured surface, a natural fibrous capsulation may more easily form around the implant, and there is some evidence that this lowers the risk of capsular contraction. However, in some cases women may find that the textured surface makes the implant more palpable.

Myth #3: Silicone implants cause breast cancer

Extensive studies have been conducted and none have shown that silicone breast implants cause cancer. However, silicone implants may make it harder to detect tumors during mammogram, which can delay cancer diagnosis.

Fat grafting breast augmentations

An alternative to using silicone or saline implants to enlarge breast size is to use the patient's own fat. 18,135 fat grafting procedures to the breast in 2015, according to the American Society for Aesthetic Plastic Surgery.

'Fat transfer' or 'fat grafting' breast augmentations are a two-step process. With this procedure, the surgeon harvests fat from other areas of the patient's body – typically the love handles, buttocks, or thighs – purifies the fat on site, and then re-injects it into the women's breast to create a larger or more balanced shape.



As with implants, this technique has benefits and drawbacks. With fat grafting, there are no concerns about ruptures, leaks, rotation, or capsulation, and many women like the idea of using their own fat rather than a foreign object in their body. However, fat necrosis, or death of the fatty tissue, is a known side effect, and physicians can't predict how much fat will survive the transfer.

Studies have shown that as much as 20-30% of transferred fat dies after the breast augmentation. As a result, some women may end up with breasts of different sizes and may need additional liposuction and revision surgeries to correct the imbalance.

There is also some concern that fat may harden and form cysts, which can interfere with mammogram readings at a later date. A limitation to this procedure is that typically breasts can be enlarged by only one cup size. This means that if a woman wants to increase her breasts by more than one cup, they are better off using implants, or perhaps a combination of the two techniques.

Myth #4: Breast augmentations performed in a medical clinic or surgical center aren't as safe as when performed in a hospital.

According to the ASAPS, "current published data show that accredited office-based facilities have a safety record comparable to that of hospital ambulatory surgery settings. However, the majority of office-based surgical facilities are not accredited. Another advantage of selecting an ASAPS member is that all ASAPS surgeons operate in accredited, state-licensed or Medicare-certified facilities."

With a breast lift (mastopexy)

There are many reasons that women may have breasts that sag, such as weight loss, pregnancy, genetics, or age. For some women, an implant may provide a subtle lift, but for others, a breast lift will be required to achieve appropriate nipple placement. A breast augmentation with a breast lift is two surgical procedures, and may increase the cost, scarring, recovery time, and surgical risks depending on the type of incision and technique the surgeon uses to lift the breast. To determine you need a breast lift in addition to breast implants, a doctor will examine the amount of ptosis (sagging) based on the position of the nipple and its distance from the collarbone.

Choosing a Size for Your New Breasts



Selecting the size of your breasts is the best part of your augmentation surgery, but it's also daunting. For many women, it's hard to select a size that achieves their desired increase, yet is appropriate for their body frame, and of course, doesn't look unnatural. At the same time, there are many women and doctors who prefer a "done" look that is full and bouncy. There is no empirical scale for selecting the correct size, but women should take a variety of factors into consideration, such as:

- **Their age:** Women tend to want larger breasts when they are young, but find when they are older that they prefer a smaller size. Not every woman feels this way, but sagging and career trajectories often contribute to this change of mind.
- **Their clothing preferences:** Women's clothing is typically designed to fit a C-cup. Large implant sizes may make a woman look great in lingerie or bikinis, but they can also limit the clothing options, such as button down shirts or strapless dresses.
- **Their activity levels:** large breast implants may interfere with some sports and fitness activities, and the weight may cause back pain in some patients.
- **Future pregnancies:** breast size may change with pregnancy.
- **Weight stability:** weight gain or weight loss will affect breast size.

The average size of breast implants varies depending on the region, ranging from 250cc to 350cc in the more conservative Northeastern states to 350cc to 450cc along the sunnier West Coast. Overall, the average volume is 390cc, according to a survey of 225 patients by the American Society of Plastic Surgeons.

For the average woman hoping to achieve a full C-cup, most surgeons will use 300cc implants. However, the size of implant a doctor will recommend may change depending on the patient's frame, chest width, breast diameter, and skin laxity, and the profile and shape of an implant may also influence how many cc-s are used. Most doctors advise women not to get hung up on cup size because of the variation between bra styles and manufacturers, and numbers may not tell the whole story since each patient's muscular structure is different and will affect how an implant looks.

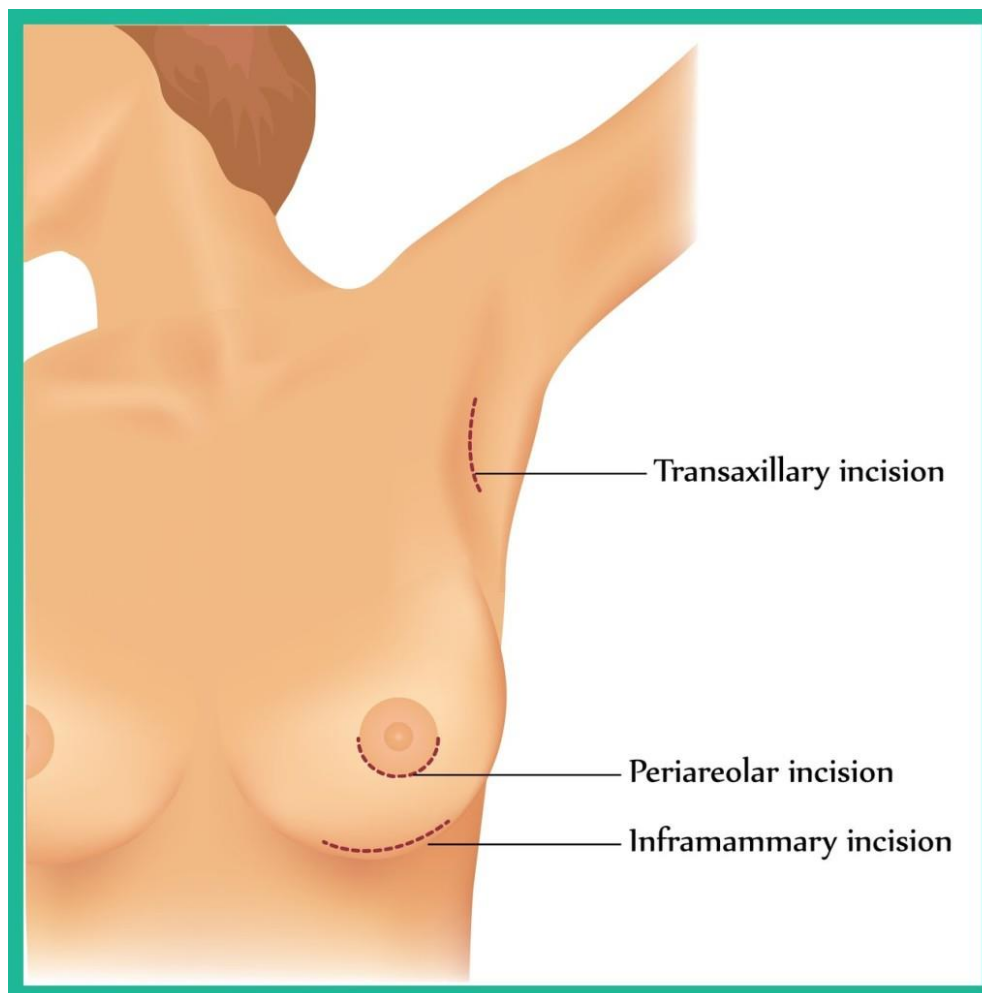
Myth #5: Breast implants last forever.

Getting a breast augmentation is likely to be the first of several surgeries to maintain your implants. Implants have an average lifespan of 10 years – although many last several years longer – and need to be monitored regularly to ensure their integrity and check for leaks. It's likely that one or both will need to be replaced over your lifetime, and many women decide to change sizes down the line.

There are many ways that women can try out different size implants, ranging from computerized 3D models to water bras. Some websites offer tips for creating ad-hoc implants of varying sizes using nylons and rice. However, this will only give you a general sense of the size you are comfortable with, not the particular implant you will use. Implants come in a range of shapes, materials, and profiles (high, low, moderate) that can give you the effect you want at differing volumes.

Part of the surgeon's role is to educate you on the types of breast implants available on the market and what his or her expert opinion will work best for your goals. However, ultimately it is the patient who makes the decision on what goes inside her body.

Breast Implant Incisions and Placement



Types of incisions

There are a number of incisions that surgeons use to insert breast implants, and they make their decision on which to use and how large it will be based on the size of the implant.

- **Transumbilical:** The incision is made around the naval, and the surgeon guides the implant under the skin into position in the capsule pocket. The benefit of this incision is that it there is no scarring on or anywhere near the breast, but it's the most difficult for doctor's to perform since it makes optimal placement challenging.

- **Periareolar:** An incision is made around the areola, and the implant is inserted through the nipple. Incisions around the areola present a small risk of damaging the ducts and glands that may hinder your ability to breastfeed or cause loss of nipple sensation. One of the advantages is that it can be performed with a “crescent lift” to correct slight drooping, although some doctors may charge a higher price for this combined procedure, and in some cases scarring around the nipple may be.
- **Transaxillary:** the incision is made in the armpit. This position enables the surgeon to fit most implant types (but not very large sizes), but leaves a short scar that is mostly hidden from view. It is often chosen by women who don’t have a breast crease to hide the scar, but a transaxillary incision can make placing the implant more challenging for the surgeon, still presents a risk of nipple sensation loss, and the scar may be visible in some outfits and arm positions. However, it has the lowest occurrence of hematomas, which can increase the risk of capsular contraction.
- **Inframmary:** The incision is made under the breast along the fold, and is the most common technique used to insert breast implants. This incision enables the surgeon to have full access to the breast to create the best implant pocket and place any type of implant. However, a small scar may be visible when you’re laying down, although for many women it heals so well that it is nearly invisible. One benefit is that in most cases, neither breast tissue nor ducts are cut, reducing the risk of nipple sensation loss.

There are benefits and drawbacks of each type of incision. The good news is that only 1 percent of patients surveyed by the ASPS expressed dissatisfaction with their scars, which were usually located in the crease under the breast.

Implant placement

There are only two choices when it comes to placing the implant in your body – over the breast muscle, or under it.

Placing the implant over the breast muscle is the easier of the two choices, is less painful, and has a shorter recovery time. However, unless you have a lot of existing breast tissue to cover the implant or are comfortable with the occasionally witnessing a visible ripple, placing it under the muscle is usually the recommended choice.

Implants placed under the muscle tend to look more natural and make interpreting mammograms easier for physicians. However, because the muscle is on top of the implant, compression caused by flexing may occasionally distort the breast shape. In some cases, submuscular placement may cause the implant to “bottom out.”

Before, During, and After Breast Augmentation Surgery: What to Expect



Preparing for the big day

Choosing the appropriate breast implants and surgeon to perform the surgery goes a long way towards an ideal outcome, but your health also contributes to good results. Your surgeon will provide instructions for preparing for surgery, but in general, you will be asked to:

- Stop drinking alcohol at least 48 hours prior to surgery – although many surgeons recommend at least 7 days – to reduce the risk of bleeding due to its natural blood thinning effects.
- Stop smoking (or any form of tobacco) two weeks before surgery. Smoking can reduce your blood circulation, which can affect healing, and any hacking and coughing may be painful, increase the risk of capsule contracture, and disturb stitches.
- Stop medications/supplements that can increase your risk for bleeding. This includes many herbal supplements that can thin the blood or may impact anesthesia.
- Shower with anti-bacterial soap for three days prior to the surgery
- Prepare your home for post-operative care, such as laying out clothing, cooking easy to digest and eat foods, and put all recovery items within easy reach.
- Arrange childcare for a few days following your procedure and prepare your children for your physical restrictions, such as refraining from picking them up, carrying them, vigorous play, and big hugs.

During the surgery

On the day of your surgery, expect to feel nervous – and hungry. Most surgeons will ask you not to eat or drink anything after midnight so food doesn't interfere with anesthesia.

You'll want to take a shower before the procedure, and wash your hair as normal – lifting your arms above your head will be verboten for several days after surgery. Per doctor's orders, avoid deodorant, perfumes, and body lotions.

Dress in comfortable clothing that is easy to take on and off by yourself with minimal effort, such as sweatshirts with zippers. Before you leave for your appointment, ready your room for recovery by placing everything you need within arm's reach, like food, water, pain medications, and television remotes.

After you check in for your surgery, you may still have a few hours to wait before your operation. If you're nervous, your doctor may give you a sedative as you wait for the procedure to begin.

Breast augmentations can be performed under local or general anesthesia, although they are almost always performed under general anesthesia since the last thing a surgeon wants is the patient moving during surgery.

The actual procedure takes approximately one to two hours, according to the ASAPS, but you will be asked to arrive at the clinic several hours before the operation to prepare. If you've chosen silicone implants, it's likely that the doctor will have several sizes on hand and will use the one he feels is most appropriate to achieve balance and symmetry at the time of the surgery. If you're using saline, the surgeon fills the implant shell until the desired size is achieved.

In both cases, the size you end up with may not be the size you chose in the office. That said, the surgeon should respect your desire and adhere closely to the size you decided on during your consultation.

Post-surgical care

Waking up after your surgery is just the start of your journey on the long road to recovery. Your doctor will explain the post-operative care procedure, but here is what you can expect.

- **Swelling:** What you see immediately after the surgery is not what you will end up with – swelling will make your breasts appear much larger than anticipated and they will “ride high” for several weeks or months until they fall into place. The swelling will subside within three to four months, although you probably won’t know your final bra size for sure until six months after the bandages come off.
- **Pain:** Most women who have undergone breast augmentation will tell you that the surgery was more painful than they expected, not to mention the stiffness and the bruising. For this reason, it’s a good idea to fill your prescription prior to the procedure.
- **Drainage tubes:** Depending on the surgeon’s preferences and experience, drainage tubes may be used to reduce the risk of fluid build up around the implant – such as with textured implants – that may prevent the capsule from forming. Many surgeons do not use them because they can introduce bacteria. However, inflammation from bacteria and fluid buildup both have been shown to increase the risk of capsular contracture.
- **Extended recovery time:** After 24 hours, you will be able to resume everyday activities, and return to work within three to seven days. But the swelling and discomfort will remain for weeks, and your activities will be restricted. For example, you won’t be able to sleep on your stomach or exercise vigorously for several weeks.
- **Loose clothing:** Loose tank tops, zippered sweat shirts, and button-up blouses are recommended for your post surgery wardrobe. However, any item of clothes that you can put on and take off without raising your arms or exaggerated movement is recommended.
- **No alcohol:** Abstain from drinking for at least two weeks after surgery to minimize the risk of bleeding and promote healing of your wounds.
- **Difficulty showering:** Lifting your arms to wash your hair, bending down to wash your feet, and reaching around to wash your back are all verboten during your initial recovery period. With that in mind, you may want to stock up on dry shampoo or have a close friend or your caretaker help you with bathing to get those hard-to-reach spots. You’ll likely be restricted to sponge baths after 48 hours until you’re given the green light to step into the shower. In the shower, you’ll be asked to face away from the water spray and dry incisions if they get wet.
- **Light exercise:** You can forget the gym for a few weeks. Lifting arms above your head and objects heavier than five pounds is generally not allowed for two weeks. However, general movement is encouraged to promote circulation.
- **New bras:** After your surgery, you’ll have to wait four to six weeks until you can trade the sports bra for new lingerie. In the mean time, make sure your sports bras provide sufficient support and don’t rub your incisions.

How to Reduce the Appearance of Breast Implant Scars



One of the most pressing concerns for women undergoing breast augmentation is the scar it leaves behind. Every person heals differently because wound repair depends on a number of factors, such as age, skin tone and complexion, and incision location and size.

- **Age:** Younger skin heals better because the wheels of collagen generation are turning at high speed. But as we age, collagen production slows down and skin becomes thinner and less elastic. There are some things that you can do to increase collagen production, such as red light LED and topical retinoids.
- **Skin tone:** Some skin colorations are more likely to scar than others. Those with dark skin tones are more likely to form hypertrophic and keloid scars, which are characterized by an overgrowth of scar tissue. However, some scars tend to blend in better with darker skin while people with fairer skin may find that their scars are more noticeable.
- **Size and depth of the incision:** The larger the incision, the longer it will take to heal. And the longer it takes to heal the wound, the more time you're at risk for infection or creating tension on the scar.

As soon as the surgical dressings come off and the incisions are sealed, you can use one or more techniques to try to reduce the appearance of scars.

- **Silicone sheets:** These 100% silicone wound enclosures that cover the incision keeps the wound hydrated and soft, creating an optimal environment for healing. Another benefit of these medical grade adhesives is that the sheets help stabilize the incision and alleviates tension on the skin, which can prevent widening of scar and keloids from forming. Silicone sheets are worn for at least 12 hours of the day, and are recommended for post surgical recovery for two to 12 months.
- **Silicone gel:** Topical gel made from silicone can be used to promote healing by keeping the wound hydrated, soft, and free of bacteria. The gel is painted over the scar a few times per day, and it dries to form a transparent bandage over the wound.
- **Laser and light therapy:** Laser skin resurfacing is used to reduce wrinkles on the face, but it can also be used to reduce the appearance of scars, especially hypertrophic or keloid scars. However, darker skin tones may not respond well to certain types of lasers. In that case, red light LED can be used instead.
- **Microneedling:** This anti-aging technique is most commonly used for facial rejuvenation, but it can also be used to fade scars. Micro-thin needles create thousands of tiny vertical incisions on the face to stimulate the production of collagen. As these tiny micro-channels fill with collagen, the newly formed skin can dilute the appearance of scars and flatten raised scars.
- **Cortisone injections:** In some cases, surgeons may inject steroids directly into an incision to help decrease redness, burning, or itching of the scar, and flatten keloid and hypertrophic scars.

There are also several tips you can follow to minimize scars and promote healing that don't cost money.

- **Stop smoking:** Nicotine and other chemicals found in cigarettes and other forms of tobacco suppresses the immune system, constrict blood vessels, and slows the flow of hemoglobin and oxygen – important wound healing molecules – which can cause incisions not to close quickly or as well. Plus, a bout of coughing is all it takes to put tensions on sutures that can lead to scars.
- **Stop drinking:** Alcohol thins the blood and interferes with the clotting required to close and heal an incision. Another side effect of alcohol is that it slows the collagen production needed to mend the incision, and also lowers the body's immune response to bacteria, which can lead to infections.
- **Improve your diet:** Proteins, fatty acids, vitamins, and minerals play a role in wound healing by speeding tissue repair. To protect your cosmetic investment, make sure your post-surgical diet includes those "powerhouse" foods you read in magazines, such as leafy greens, wild salmon, and nuts. You'll also be asked to reduce sodium intake to prevent bloating, which can put pressure on your incisions. Another tip: set a daily reminder to take your multi-vitamins.

- **Stay hydrated:** Water makes up 2/3 of the human body, and not drinking enough of it can throw the body out of balance, slow the flow of oxygen, minerals, and nutrients to the wound, and make skin more fragile and prone to bacterial infection. Post surgery, aim for 3 liters of water for day.
- **Get enough sleep:** Sleep helps the body produce more infection-fighting white blood cells and triggers the hormones that encourage tissue growth.
- **Stay out of the sun:** UV rays are bad for the skin in general, and are even worse for scar tissue. Newly formed tissue is extremely sensitive to sun exposure, and excess UV rays can lead to the darkening and thickening of the newly formed scar. The recommended time to avoid the sun ranges from six months to a year. If it's not possible to avoid ultraviolet rays, use SPF 30, clothing, or silicone tape to cover the scar.
- **Minimize activity:** Tension on wounds can undo the careful sutures your surgeon placed, and this pressure on a newly closed incision can cause widening or hypertrophy of the scar. For this reason, it's important to follow doctor's orders by having someone with you for 24 hours post surgery to ensure you don't put tension on your scars by reaching for something or stretching your arms. For two to four weeks post surgery, avoid or restrict lifting your arms above your head, bending down, or lifting heavy objects.

Breast Augmentation Risks and Precautions



Breast augmentation is serious surgery, and like all surgery, it comes with risks that can be minor – or they can be life disrupting. The biggest risks don't necessarily take place during the surgery, but rather months or even years after you leave the operating table.

- **Displacement:** Implants may shift from their placement and may bottom out, become misaligned, rupture, or appear deformed. Surgical revision is needed to reposition the implant.
- **Rupture:** According to the FDA, 10 percent of implants rupture within the first five years. Some of the causes of rupture include underfilling saline implants and trauma to the chest. However, the silicone shell of the implant will degrade in the body over time, and may cause holes through which the saline fluid or silicone gel can escape.
- **Capsular contracture:** Capsular contracture is the enemy of breast augmentation. The scar tissue that naturally forms around an implant to keep it in place may harden and thicken. When this occurs, the thickened tissue may make breasts feel abnormally hard, distort their appearance, and cause some pain or discomfort from the tightening of the capsule. Capsular contracture is rated in four grades, and grades three and four may require revision surgery. It's not possible to predict if it will happen or when, but some studies

suggest that bacterial infection may contribute to contraction. To avoid this, doctors will prescribe a round of oral antibiotics to reduce the risk of infection after surgery. It's important to take the entire course of antibiotics. Some will also prescribe a leukotriene inhibitor that has been shown to prevent or reduce the severity of capsular contraction, and in some cases even reverse it.

- **Infection:** Infection is a rare but serious complication that can completely derail your breast augmentation. Bacteria can cause inflammation that increases the chances of capsular contracture or even requiring removal of the implants for weeks or months to allow the body to heal. For this reason, plastic surgeons will prescribe a round of antibiotics for you to take to avoid the risk of infection while healing, and you should practice good hygiene and follow post operative activity restrictions. Patients and their caretakers should handle surgical drains (if present) with extreme care and wash their hands frequently to avoid possible infection. Also avoid environments with high levels of bacteria, such as gyms, saunas, and hot tubs.

Frequently Asked Questions

Do implants cause cancer?

Extensive studies have been conducted and none have shown that silicone breast implants cause cancer. However, silicone implants may make it harder to detect tumors during mammogram, which can delay cancer diagnosis. Women with breast implants have a very low but increased risk of developing a rare type of cancer called anaplastic large cell lymphoma (ALCL) in the breast tissue surrounding the implant, but this is not breast cancer.

Will a breast augmentation interfere with breast feeding?

Between 1% to 5% of women who have never had breast implants are unable to breast feed their children, and there is no way to know in advance if you fall within this statistic until you have given birth and attempted to breast feed. Typically breast implants do not interfere with breast feeding, and most women are able to breast feed after surgery. However, women who have undergone a mastectomy may not be able to breast feed due to extensive loss of breast gland and tissue.

How much will it cost?

Breast augmentation surgery costs vary depending on the region, the type of implants used, and whether or not a breast lift is also performed. The average cost for saline implants is \$3,268, and \$3,618 for silicone, according to the American Society of Aesthetic Plastic Surgeons.

Many offices offer financing or will let you pay by credit card. However, you should keep in mind that breast implants aren't a one-time thing and you will need to budget extra cash to pay for routine check ups or MRIs to monitor the health of your implants. You will also be responsible for any additional surgical fees for revisions, complications, or replacement implants after the warranty expires.

How much will it hurt?

According to a survey conducted by the ASPS, women reported an average pain score during recovery of 5.9 out of a 10-point scale.

What are the risks?

As with any surgery, there are risks and side effects of breast augmentation. If you are using general anesthesia, risks include nausea and pulmonary complications, Rupture, Displacement, Capsular contracture, and Infection.

How long do implants last?

Getting a breast augmentation is likely to be the first of several surgeries to maintain your implants. Implants have an average lifespan of 10 years – although many last several years longer – and need to be monitored regularly to ensure their integrity and check for leaks. It's likely that one or both will need to be replaced over your lifetime, and many women decide to change sizes down the line.

How long will it take to recover?

The surgery takes 1-2 hours C, most women are back to work within 1-2 weeks C, and patients felt they were “back to normal” about 25 days after surgery.

How do I pick the right size?

Limited evidence suggests that tissue-based planning systems – using clinical guidelines to determine the optimal breast implant dimensions for individual patients – appear superior to other approaches such as dimensional analysis or patient or surgeon preference.

How long will swelling last?

Most swelling will subside within four to six weeks.

When can I start exercising?

Lifting arms above your head and objects heavier than five pounds is generally not allowed for two weeks. However, general movement is encouraged to promote circulation.

When will my breasts “fall”?

Breasts will settle into position and soften between three and six months.

What bras should I wear after surgery?

Plastic surgeons have varying opinions on the types of bra to wear after surgery, and you should discuss your concerns about proper support with your doctor. If implants were inserted along the breast fold, you should avoid any bra with underwire until the scars are healed to avoid irritating the stitches.

What are the revision rates?

Between 25-30 percent of women experience capsular contracture, which almost always requires surgery to correct. As many as 20 percent of women need to have their breast implants removed within 8 to 10 years, according to the FDA.

How long will I need to take off from work?

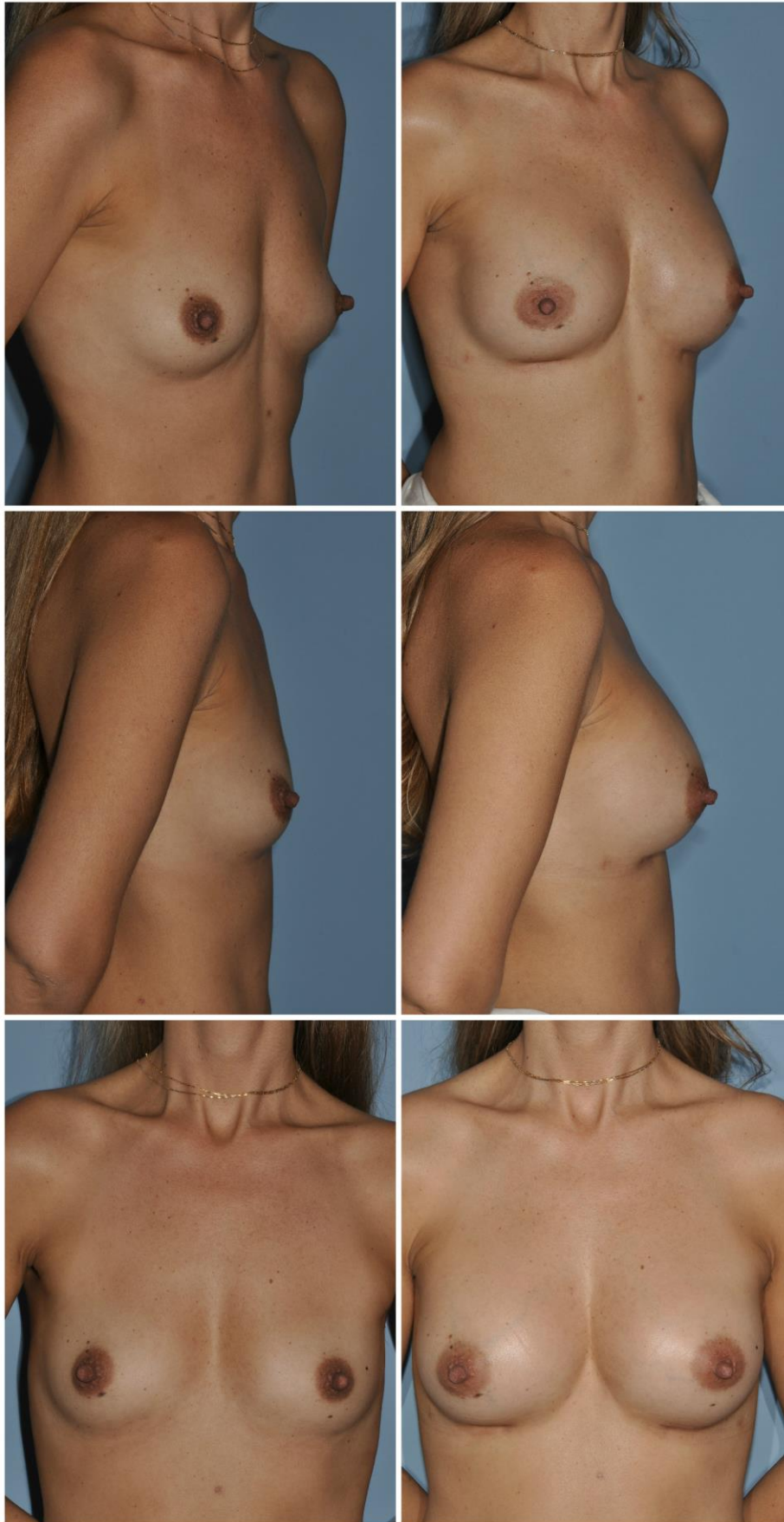
On average, women used prescription pain medication for five days and were off work seven days, according to a survey by ASPS.

Breast Implant Statistics

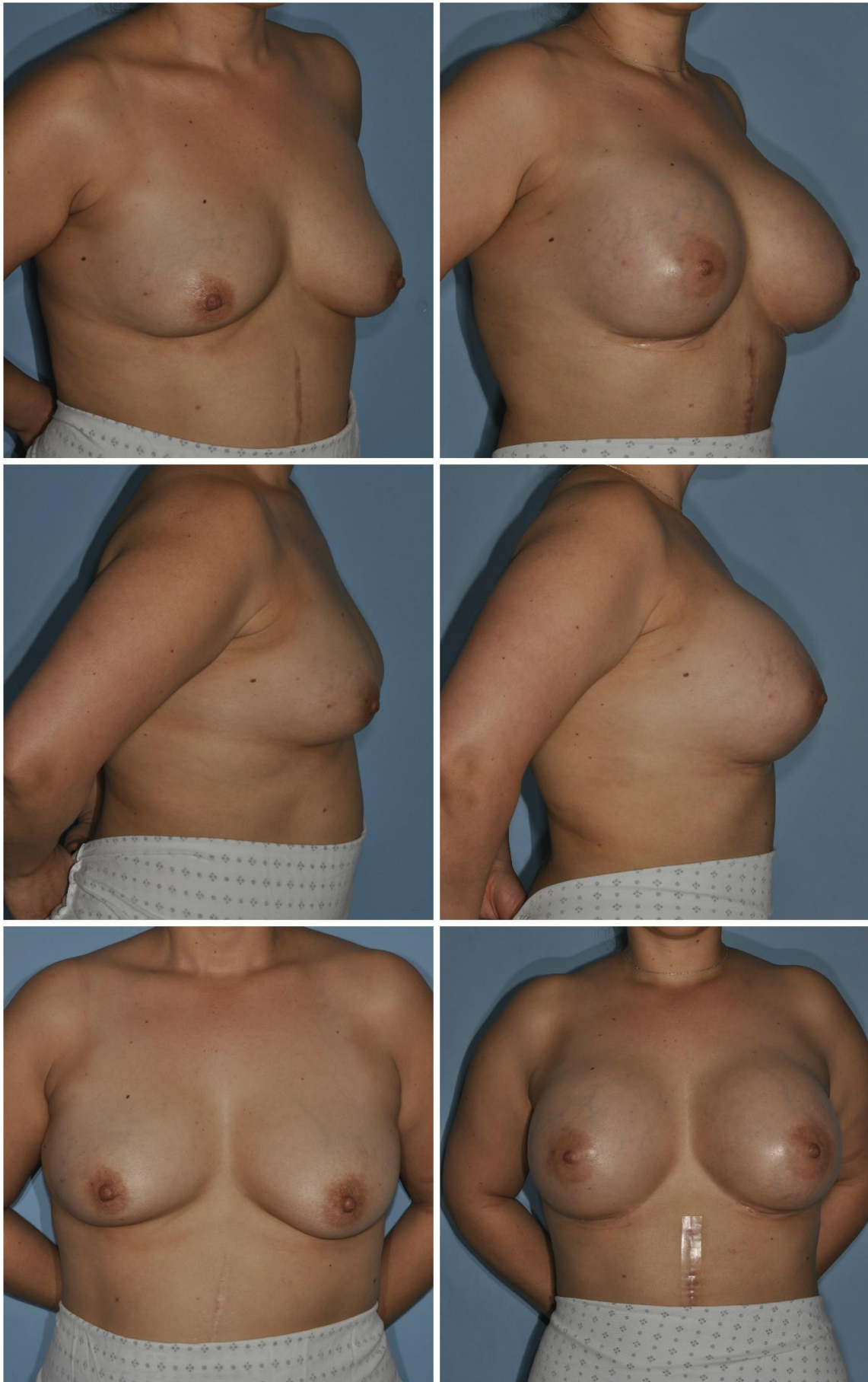
- The average breast augmentation patient age is 34 years old
- 7,840 women between the ages of 13 and 19 received implants in 2015
- 3,429 women under the age of 18 underwent the procedure in 2015:
 - 15 percent saline, and 85 percent silicone
 - 88 percent of silicon implants were round, 12 percent of silicone implants were shaped
- The average implant volume is 390 cc
- 18,135 women used their own fat to augment their breasts in 2015
- 38,071 had their implants removed, either to change the implant size or for other personal or medical reasons

- 92 percent of women reported improved self-esteem after breast augmentation
- 64 percent reported an improved quality of life
- Nearly 40 percent of the women surveyed experienced at least temporary nipple numbness after surgery
- Persistent numbness was reported by only two percent
- Hypertrophic scarring occurs in 2 – 5 percent of patients
- Hematomas – pockets of blood – may form in the incision of 1- 6 percent of patients
- Infection (cellulitis) occurs in 2 – 4 percent of patients
- \$3,497: national average for saline implants
- \$3,964: national average for silicone implants

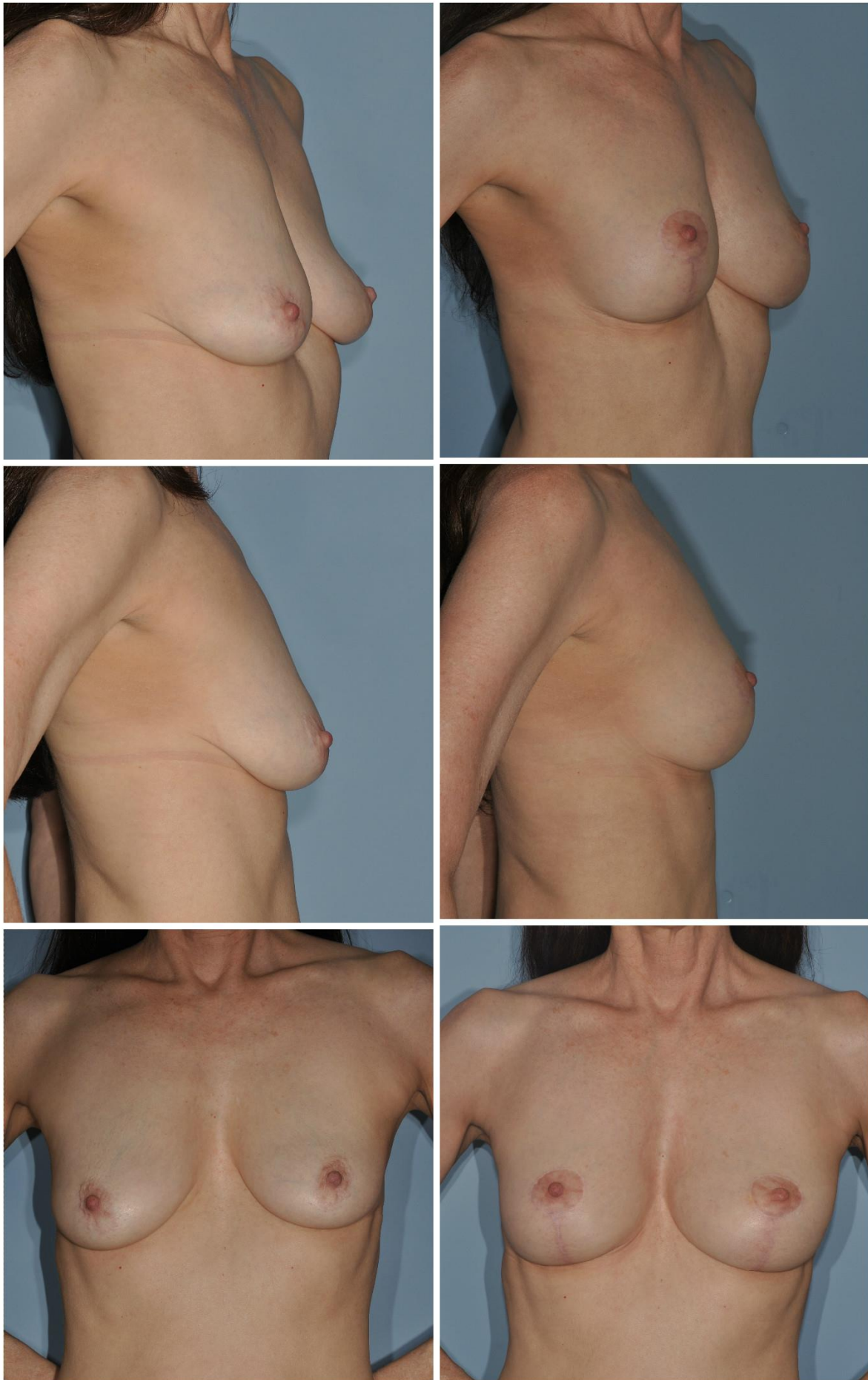
Breast Augmentation Before & After Pictures



Sientra Classic shaped implants, 275cc bilateral. Addition of Puregraft fat grafting: 130 cc transfer from thighs to cleavage and upper breast. Credits: Dr. Kamakshi Zeidler



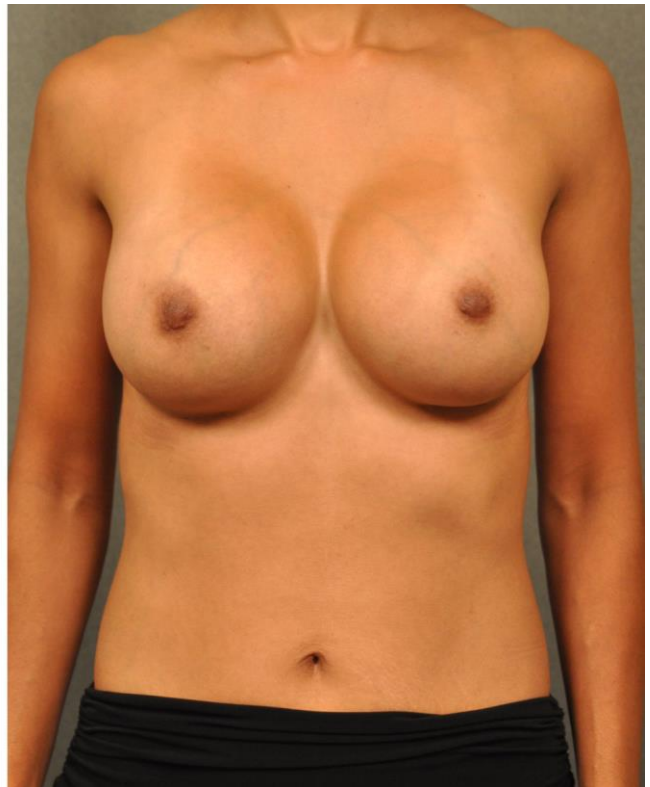
Sientra round high profile implants, 330cc bilateral. Addition of Puregraft fat grafting from the abdomen to create soft tissue symmetry: 370cc to the right side (smaller side), 60cc left. Credits: Dr. Kamakshi Zeidler



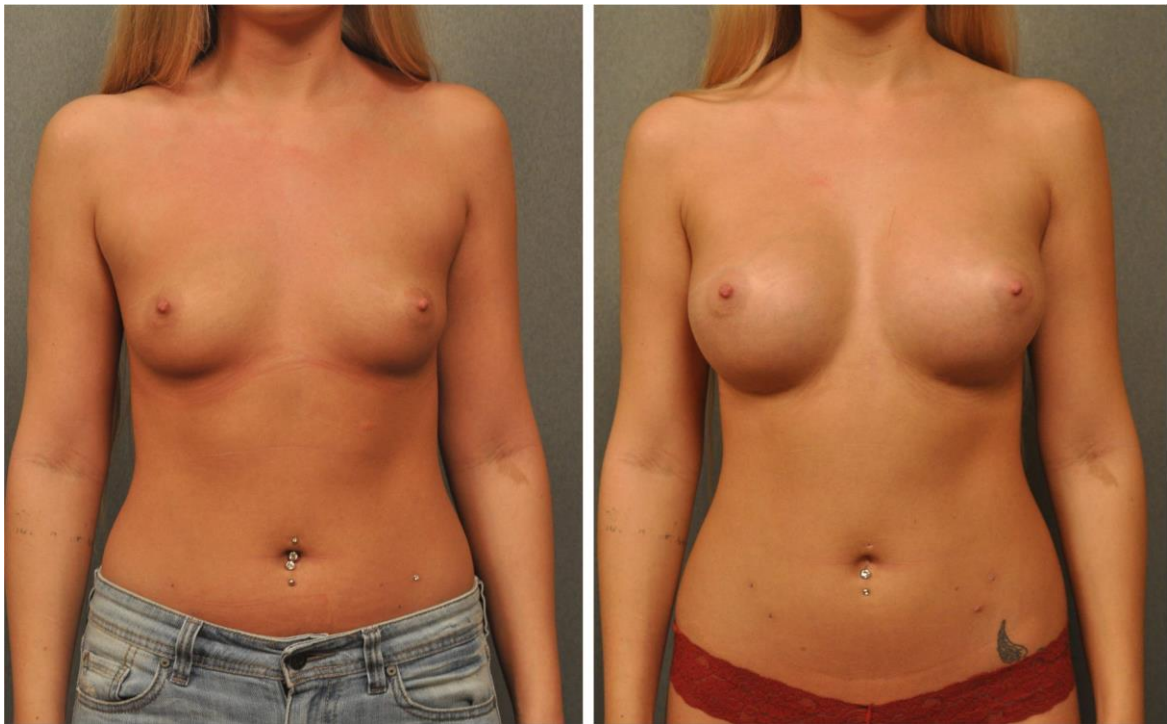
Strattice support matrix used for long term lift of auto implant technique. Addition of Puregraft fat grafting to create fullness in top of the breast: 180cc to the right side and 400cc to the left. Patient underwent a second procedure to add 350cc more fat to the left side for symmetry. Credits: Dr. Kamakshi Zeidler



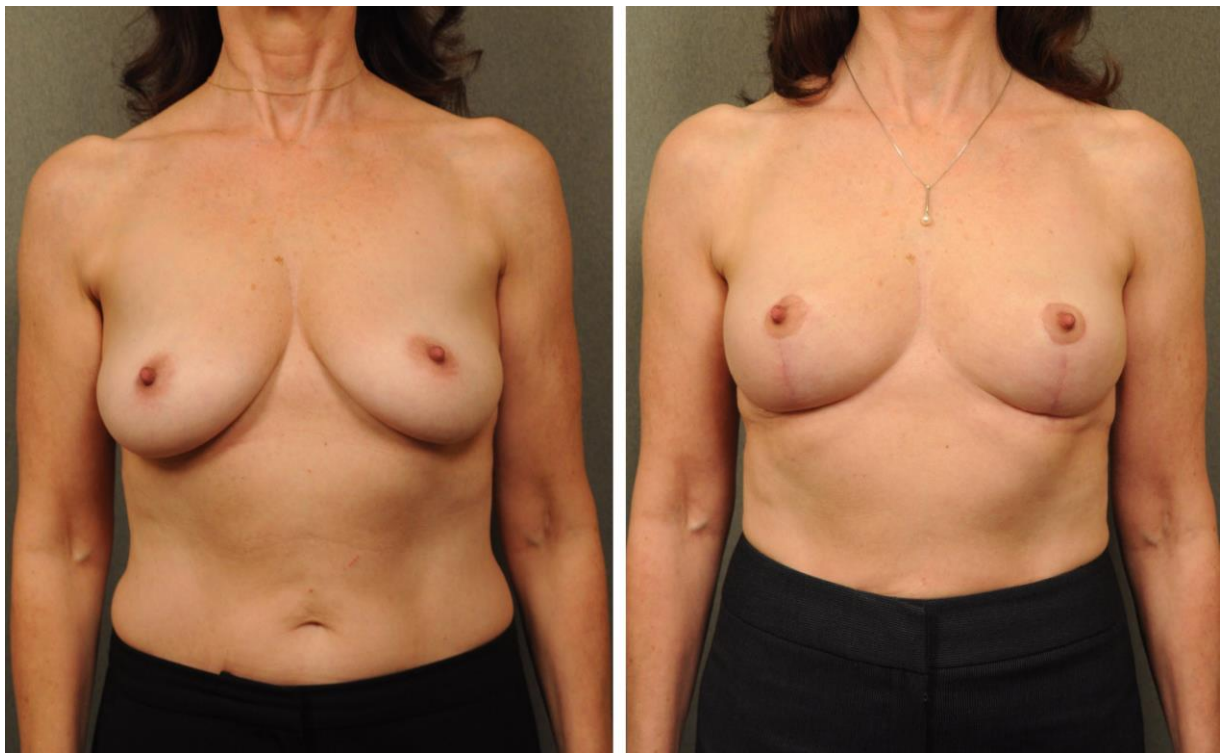
Breast augmentation with silicone implants. Credits: Dr. Gilbert Lee



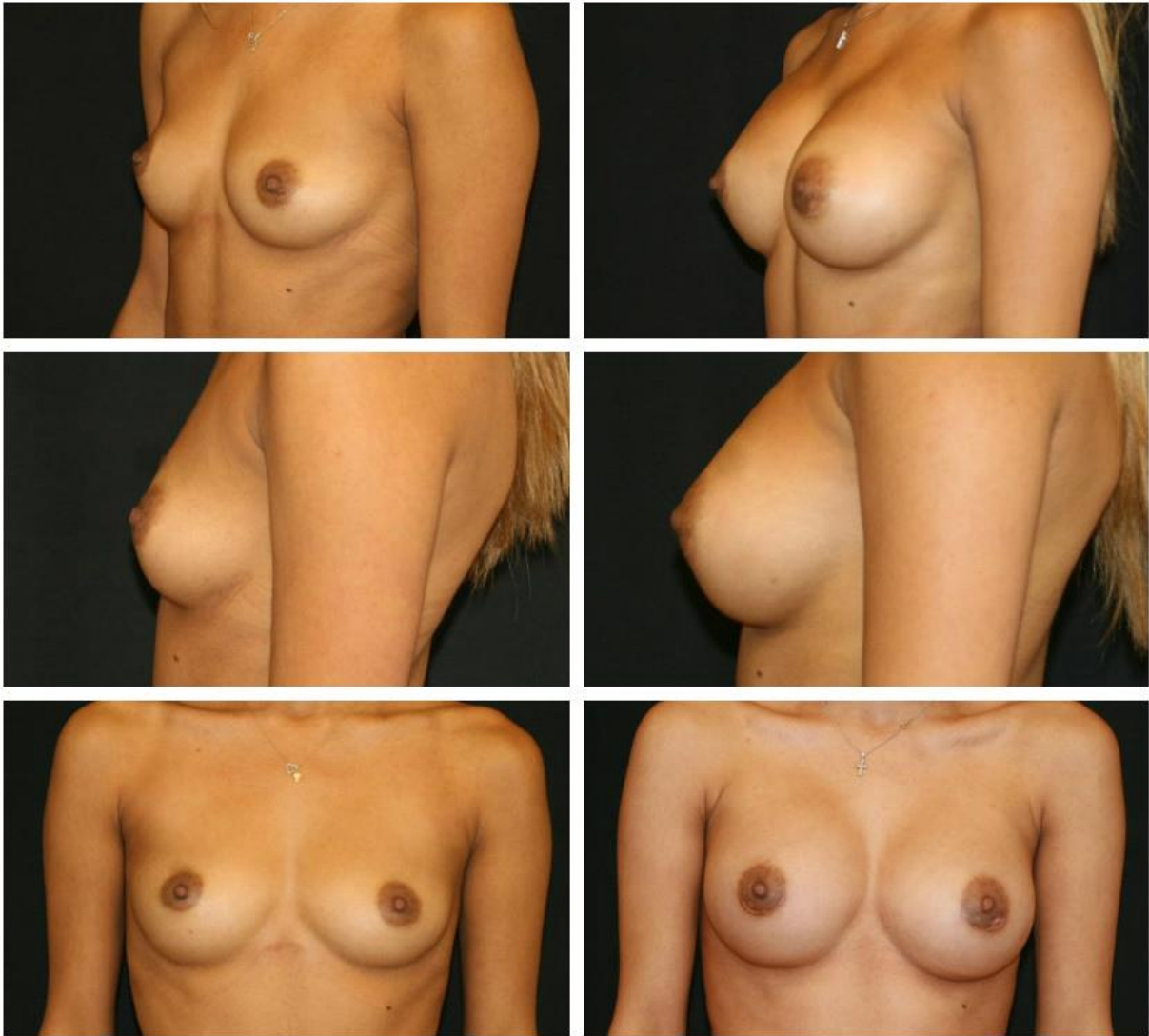
Breast augmentation with saline implants and nipple reduction. Credits: Dr. Gilbert Lee



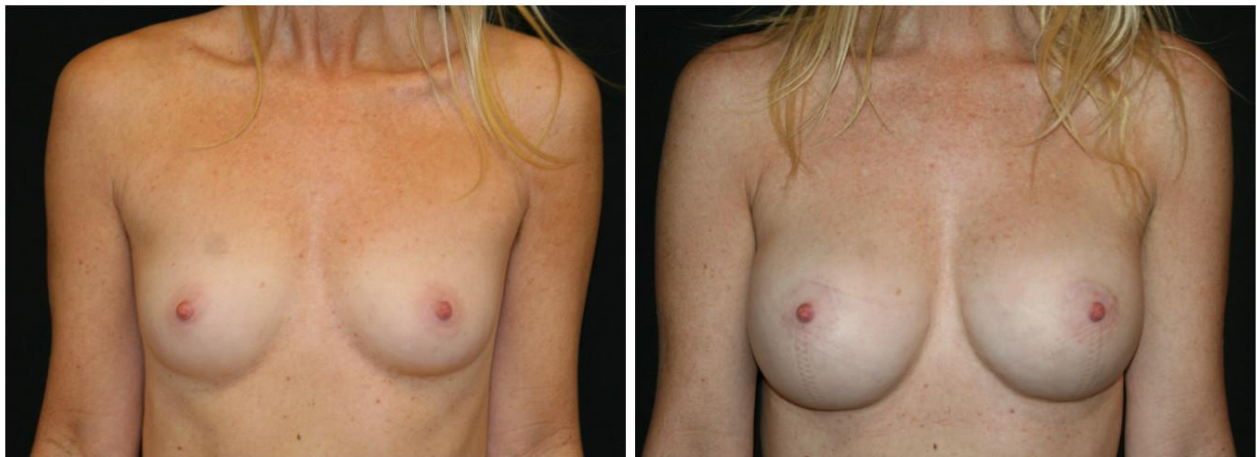
Breast augmentation with anatomic shaped implants. Credits: Dr. Gilbert Lee



Bilateral vertical mastopexy. Credits: Dr. Gilbert Lee



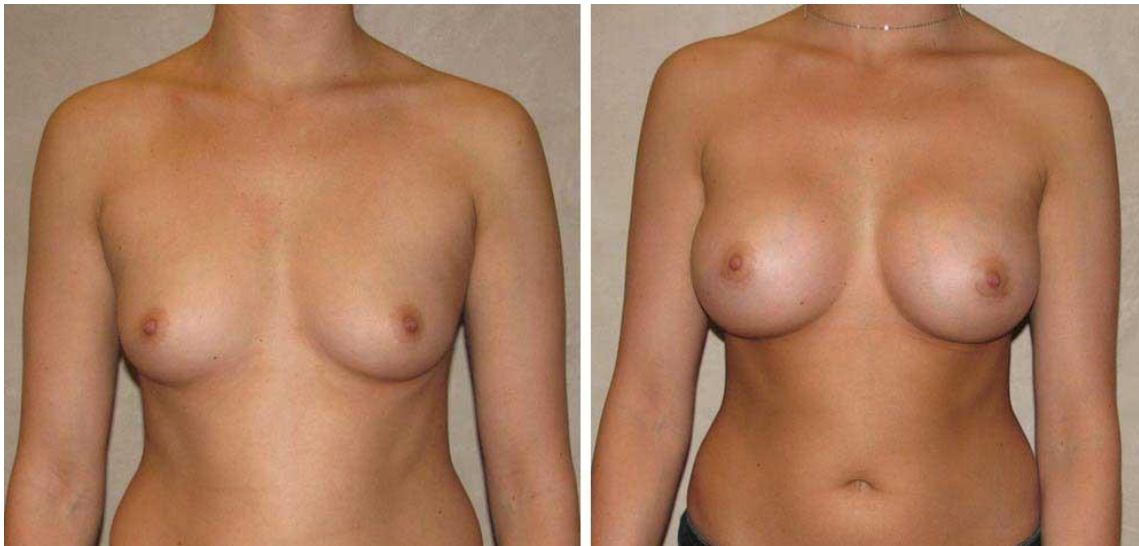
Primary breast augmentation with Mentor Smooth Round Moderate Plus 475 cc silicone implants. Patient went from a B cup to a D cup. Credits: Dr. Glenn Vallecillos



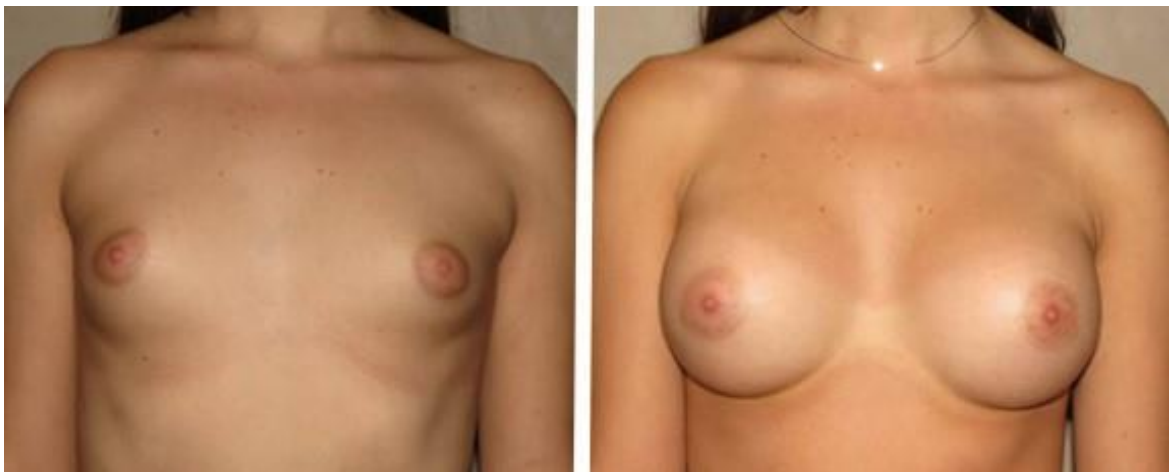
Mentor Smooth Round Moderate Plus 475cc silicone implants. Credits: Dr. Glenn Vallecillos



Patient was a 34B and wanted to be a full C. Round saline breast implants, 420cc on the right and 390cc on the left, under the muscle. Credits: Dr. Babak Dadvand



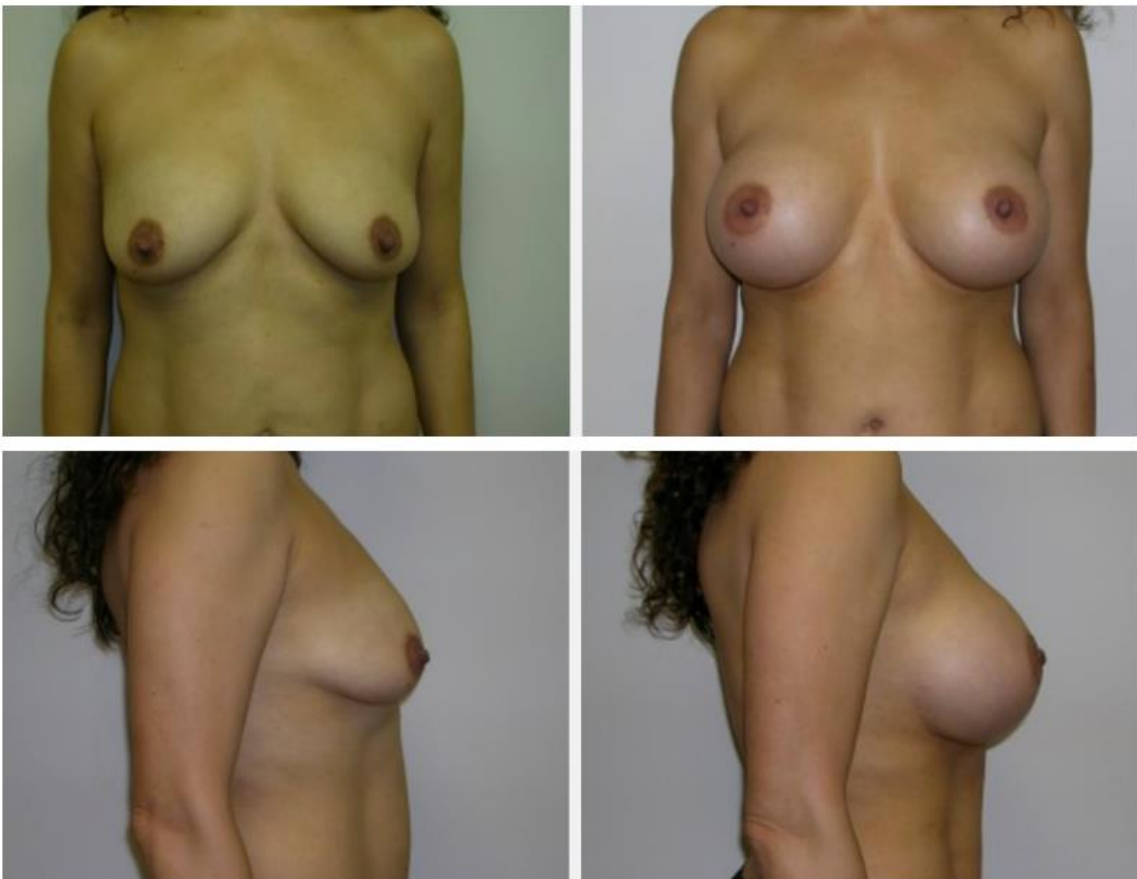
Patient was a 34B and wished to be a C cup. 325cc silicone breast implants under the muscle. Credits: Dr. Babak Dadvand



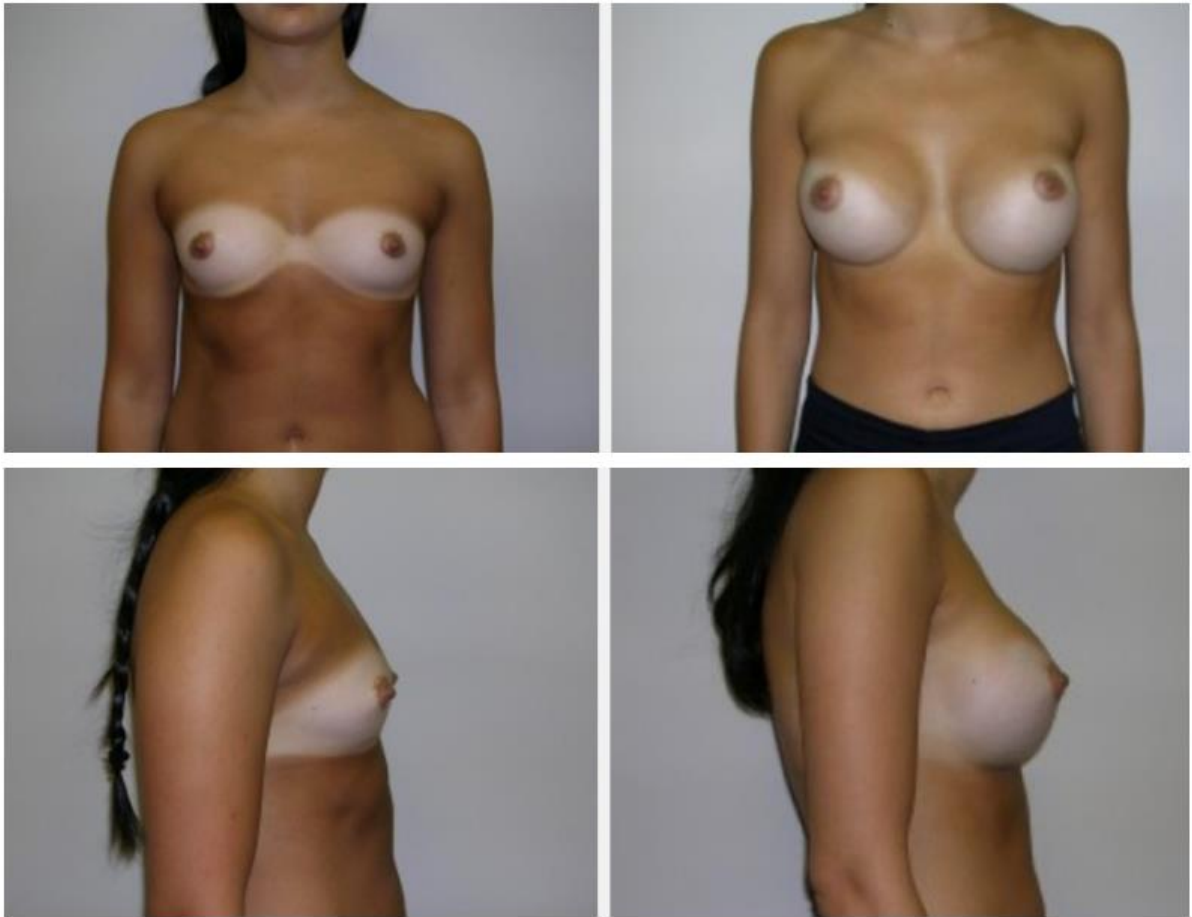
325cc silicone implants under the muscle through a periareolar incision. Credits: Dr. Babak Dadvand



The patient was an A cup and underwent placement of a 350cc round smooth implant beneath the muscle via a crease incision. She is now a C cup. Credits: Dr. Frank Ferraro



Preoperative B cup and after 6 months following placement of a 425cc high profile silicone implant in the submuscular position. Patient is now a large C / small D cup. Credits: Dr. Frank Ferraro



Before and 26 months after a bilateral breast augmentation using an Allergan High Profile 350 cc silicone implant, placed beneath the muscle and a crease incision was utilized. A cup before and C cup after surgery. Credits: Dr. Frank Ferraro