

## About Breast Augmentation

In our society today, it is extremely important for us to feel good about the way we look. For this reason many women are considering cosmetic surgery to make themselves feel better about themselves and to make them look better in their clothes.

You are considering breast augmentation surgery. This is a very common procedure, which is performed thousands of times every day across the United States. The procedure consists of making a pocket underneath the breasts, between the backside of the breast and the front of the chest. We pay meticulous attention to the shape of this pocket since we try to make the breast look natural. The goal is to give a truly natural contour to the breast and the chest. With implantation, we can also incorporate procedures for elevating the breasts.

We usually make the incision around the areolar area of the nipple.

## Commonly Asked Questions

**Can the breast prosthesis be broken?** The material is very elastic and easily stretched, thus it is difficult to break the implant. Patients have been victims of blunt trauma to the chest sufficient enough to fracture their ribs, yet did not rupture the prosthesis. This does not imply that they absolutely cannot be broken, but it would take a considerable force to break and implant. If, in the unlikely event it did break, it would have to be replaced.

**Does flying affect breast implants?** Flying does not affect the implants. Many stewardesses have implants and fly almost every day.

**Can one breast-feed if she has implants?** You would be able to breast-feed but it is not recommended. Theoretically, there might be an increased possibility of developing mastitis (infection in the milk ducts). Repeated engorgement and relaxation can produce a lasting sagging or drooping of the breast. However, if you really feel you want to breast-feed, you may do so with the above facts in mind.

**Are patients put to sleep for this surgery?** This is a decision between the patients and the surgeon. More of the procedures are done under general anesthesia, which is preferable.

**Why do some breast implants develop firmness?** Any unusually thick capsule of scar tissue that forms around the implant causes the firmness. Some scarring is expected and necessary to maintain the position of the implant. Some people form thicker scars than others do. The newer implants seem to cause less scar formation. Sometimes it is advisable to manually break up the capsule of scar tissue. Rarely does an implant have to be replaced.

**Does the surgery require a special bra?** Yes. It will be given to you after surgery. It is designed to give good support, closes in either the front or the back, and has no seams across the cups. This special bra is worn most of the time for about 2 months. No under-wire bras should be worn, except on an occasional "night out".

**Can a person go bra-less after breast implants are placed?** Certainly, if inclined to do so. However, a bra should be worn during jogging, running, tennis, horseback riding, and any other time the breast might get jostled.

**Can breast implants cause breast cancer?** It is our opinion at this time, based on many studies, that breast augmentation does not cause cancer of the breast. An augmentation will not prevent cancer from developing.

**Can breast lumps be detected if one has implants?** When implants are present, breast lumps can be felt more easily since the breast tissue is being pushed forward, stretching the skin and subcutaneous fat and making the lump less elusive. It is still important to get mammograms regularly after age 40. Mammogram recommendations are not changed by implants although mammogram technique is somewhat different. X-ray technicians are accustomed to doing mammograms with implants. Any lump that develops needs to be diagnosed. Most breast lumps are benign.

If you have other questions and concerns, be sure to ask Dr. Silva about them.

### **Things To Do Now In Preparation For Your Operation:**

- Stop taking any drugs containing aspirin or ibuprofen! (Advil, Motrin, Nuprin, Myprin, Medipren, Haltran, Midol Cramp Relief Formula, Vicks DayQuil Sinus Pressure and Pain Relief with Ibuprofen, etc.). These drugs prevent clotting and promote bleeding. Substitute Acetaminophen (Tylenol, Etc.).
- Stop Smoking! Smoking increases the risk of postoperative pneumonia and slows circulation of blood to the skin, which in turn slows healing.
- Multivitamins: Take one twice a day.
- Vitamin C: Take one 500 mg capsule twice a day. It is essential for wound healing and collagen formation. It also facilitates making blood.
- Vitamin E: Limit intake to 400 IU's per day. Too much vitamin E can kill the ability of white blood cells (lymphocytes and macrophages) to fight infection and can have a bad effect on the lungs, liver and kidneys. It can also promote bleeding by killing off blood platelets.
- Get your prescription filled before coming in for surgery for the medications Dr. Silva prescribed for you to take at home, after your operation.
- Shower with an antibacterial skin cleanser for 10 minutes the night before your surgery and the morning of surgery. Use Hibiclens soap. Shower from your chin down to your toes (avoid these soaps in your eyes).

- Do not eat food or drink fluids, including water after 12:00 midnight if you are having morning surgery, or after 6:00am if you are having afternoon surgery.
- Prescribed medication or drugs: You may take your usual prescribed drugs the morning of surgery, but use only a sip of water.
- Do not apply makeup of any kind after your first shower, (lotions, creams, etc.).
- Do not bring jewelry, valuables, money, or wear a wig to the surgery center.
- Bring socks to keep your feet warm.

### **The Admitting Process**

- You will be admitted to the preoperative area where you will be given a gown and will be placed in a bed.
- A nurse will take a brief nursing history and will take your vital signs. Remind the nurse of any drug allergies you have.
- Dr. Silva will meet you there for the final pinning and will mark your skin with a special pencil.
- An intravenous line will be placed in a vein in your forearm for administration of antibiotics and other medications.
- Your anesthesiologist will also meet with you.

### **Anesthesia and Sedation**

- **Monitored anesthesia care (MAC):** MAC is used with local anesthesia. An anesthesiologist constantly monitors your heart rate and function, blood pressure, breathing, blood oxygen saturation, and gives you intravenous sedatives to keep you comfortable and in a twilight state. You usually recover from the sedation within an hour or two. The anesthesiologist will determine if this is the best method of anesthesia for you.
- **General Anesthesia:** When you are given a general anesthetic, you are asleep and unaware of your surroundings. You normally will awaken shortly after completion of the operative procedure. You will be given medication during the surgery in an attempt to prevent nausea. If despite the medication, you become nauseated, additional medication will be given to you in the recovery room.

## **The Operating Room**

- The operating room is where the operative procedure will take place. This is a very clean room, especially designed for your safety. The staff will be wearing caps, masks, and those directly involved in the surgery will have on sterile gowns. Every effort is taken to keep the operation areas, where incisions will be made, aseptic and free of contamination. Extreme effort is taken to protect you from bacteria that cause infection.
- You will be connected to instruments that monitor your heart action, blood pressure and blood oxygen saturation. These are used to help ensure your safety.
- You will become drowsy from medicine given directly into your vein. You will be given anesthesia appropriate for your surgery.
- The time spent in surgery will depend upon the extent of your surgery.
- Dressing will be applied and you will go to the postoperative recovery room.

## **The Recovery Room**

- The recovery room is a specially equipped room where you will usually stay for 30-40 minutes, or longer is necessary, until you are awake and stable. The nurse in the recovery room is specially trained to monitor and help you recover from the anesthetic. If you must remain in the recovery room longer than usual, for some special reason, an effort will be made to keep your family informed.
- Once you are stable and able to drink some liquids, the IV line will be removed and you will be helped to your car for the ride home.
- A responsible person must drive you home and remain with you the first night because you will still be under the effects of sedation.

## **Postoperative Care At Home**

- Problems: If you experience excessive bleeding (other than minimal oozing through your dressing), pain, bladder problems, or other troubling problems, call Dr. Silva's office at (812)945-5233 day or night for assistance.
- Immediate results: Swelling and discoloration are normal following breast augmentation surgery. The degree varies from person to person. The following instructions are designed to minimize discomfort after surgery.
- Dressings and wound care: Keep your dressings as clean as possible. You may remove them 24 hours after surgery, to shower. Steri-Strips will be applied to the incisions. After showering, dry them with a hair dryer or pat them dry. You should remove them 2 weeks

after surgery. Apply a light coating of an antibiotic ointment (Bactrim or Neosporin) to the incision twice a day for 7 days after the steri-strips have been removed. About 21 days after surgery, it is worthwhile to massage Nivea Cream into the suture line.

- **Special brassiere:** You will go home with a special brassiere and breast band. They are designed to support the breast and hold the implants until they are fixed in place by normal body healing. They may be removed for laundering. You may remove them to shower. The breast band should be worn continuously for two weeks and then will no longer be needed. It is necessary to wear the brassier 24 hours a day for one month. You may sleep without the bra the second month, but must wear it during the rest of the day.

You may also use a regular brassier, without “under-wires” when dressing up to go out for special occasions.

Absolutely no “under-wires” for 3 months. Dr. Silva will advise you if you need to continue wearing the brassier.

- **Ice packs:** It is helpful to apply an ice pack to your wounds the first 48 hours. This helps to keep swelling down and will also help minimize the bruising and pain. You may make an ice pack by placing ice cubes in a plastic zip bag and wrapping it in a light towel. Apply for 15 minutes at a time or until it becomes uncomfortable.

- **Prescribed Medications:**

**Antibiotic** (usually Keflex) should be started on returning home and continued as prescribed for 5 days.

**Flexeril** is a muscle relaxant designed to reduce the pain of the chest muscles being stretched by the implants. It should be taken regularly, 3 times daily, for the first week and then as needed thereafter.

**Percocet** is for pain relief. For the first few days after surgery the pain will be easier to control if the Percocet is taken regularly, that is one or two every 3-4 hours, before the pain intensifies.

**Norco** is also for the pain relief. It should be taken after the stronger Percocet is no longer needed.

- **Activity:** Your activity should be restricted the first 24 hours. You may lie, sit and walk around the house as much as you like. Do not do any strenuous activity, no matter how you feel. Straining and physical activity may start up bleeding and cause swelling and bruising, which will make you more uncomfortable and will delay healing. Vigorous activities should be restricted for 2 weeks. Do not raise your arms up or back for 3 weeks. Do not swim, use a Jacuzzi, or soak in a tub with breast under water for 6 weeks. Do not drive for at least 2 days after general anesthetic or intravenous sedation.

- **Other physical restrictions:** No water or snow skiing, racquetball, tennis or bowling for 2 months following surgery. Do not expose the breasts to sun or tanning beds for 3 months.
  - **Diet:** It is important to eat a well-balanced diet after surgery as it promotes healing. If nauseated after surgery, start with clear or carbonated liquids and dry crackers. Advance to more solid foods as tolerated. If severely nauseated. Call (812)945-5233. Drink 6-8 glasses of water per day for the first 3 days in addition to tea, soda or coffee if desired. A low salt diet is also helpful. Do not use alcoholic beverages until after 48 hours and after you have discontinued all prescribed pain medication. Alcohol causes blood vessels to dilate and could contribute to bleeding and can be dangerous combined with pain medication.
  - **Cigarette smoking:** It is strongly recommended that you do not smoke. If you are a smoker and elect to smoke, at least refrain for 14 days.
  - **Post-op appointments:** It is important to keep all of your planned postoperative office appointments. Your first postoperative visit will probably occur 4-8 days after surgery. The office will call to arrange these follow-up appointments.

Other specific instructions:

### **What to Expect**

- **Swelling and bruising lumpiness:** Some swelling and bruising is to be expected. It will decrease with time. Rely on Dr. Silva to tell you how you are progressing. Only surgeons who do this work have the knowledge and experience to evaluate your progress.
- **Healing:** Following the instructions you have been given will facilitate your healing. Healing rate varies for numerous reasons: genetics, diet, state of nutrition, state of health, age, smoking history, physical strength, etc. Your surgeon does not heal you, but his advice is helpful.
- **Wound complications:** Wound complications are rare and usually not the fault of anyone. They occur because of the nature of the human body and its environment. Dr. Silva takes extreme care to use surgical techniques that are designed and proven to limit wound complications to a minimum.
- **Infection:** Skin cannot be completely sterilized and skin bacteria always contaminate incisions and wounds to some degree. Cleansing the skin with modern anti-bacterial skin cleansers usually decreases the number of bacterial organisms to such a low concentration that the body is able to overcome the exposure. You are also given antibiotics to help your body defenses successfully fight off the invading bacteria. Nevertheless, infection is always possible. Infection will usually require antibiotic treatment and if an abscess develops, it may have to be drained. Minor crusting along the

incision can be washed away and treated with antibiotic ointment. If the implants would happen to become infected and the infection cannot be controlled, then the implants will have to be removed.

- Bruising and hematomas: Some bruising and swelling is expected. More serious bleeding may result in hematoma formation that will cause pain greater than usual. Small hematomas will be absorbed. Large ones may have to be aspirated or drained. If not too large this can be accomplished in office. When quite large, you may need to be taken to the operating room.
- Scars: Incisions will be red, pink or reddish-purple for 6 months and will generally fade out. Some people, for genetic or inherited reasons, may develop thick, wide, depressed or elevated scars. Your previous experience with scars should be a tip-off about how you will heal. These unusual scars may warrant additional treatment, such as: injection or steroids into the scar, fat transfer or injection, placement of silicone sheeting into the scars or further surgery.
- Post-operative asymmetry: Breasts are never exactly the same size before augmentation and probably will not be after augmentation. Every effort is made to try and get them close to the same size and contour. Early on, some asymmetry may occur from edema or swelling.
- There is a possibility of visible wrinkling of the textured implants. This a trade-off to prevent hardness.
- Medical complications: Complications not related to the actual breast augmentation can occur and are unpredictable. These include, but are not limited to, severe drug allergic reactions, blood clots and pulmonary emboli, which can be serious and even fatal, cardiac irregularities, (arrhythmias), heart attacks, and hypothermia (low body temperature). Nurses will attend to you who are specially trained to manage these complications. This reduces the risk as much as possible. Please disclose all pertinent medical data preoperatively when your history is taken.
- Touch-ups, removals, replacements, scar revisions, etc. are **not** a part of the initial surgery fee. Those additional procedures will require a surgeon's fee and fees for the facility, anesthesia, etc.