

## Ten Important Questions about Breast Augmentation

For years the demand for breast augmentation procedures has been increasing. During the course of our initial consultations we have noticed that many patients ask the same questions. For your convenience, we have listed the 10 most often asked and important below. We hope you find the information useful.

### 1. Is breast screening still possible after a breast augmentation?

Yes, mammography and sonography are still reliable, especially when the implant has been positioned beneath the pectoral muscle. With respect to very small breasts an augmentation can make breast screening simpler. However we recommend you have a mammography before the operation. We are associated with experienced radiologists and you will see the link at the left of this page.

### 2. Can I still breastfeed after undergoing a breast augmentation?

It is possible to breastfeed after a breast augmentation, however if the implant has been positioned above the areola, problems can arise, as in this case the milk channels may be damaged.

### 3. What complications can arise with respect to breast augmentation operations?

The consensus among medical experts is that the procedure has few complications if performed by an experienced plastic surgeon. As is the case for any surgical procedure, post-operative haemorrhaging, wound healing problems, in addition there may be problems with implants moving. One complication specific to the breast augmentation procedure is the intensified cap formation (capsular contracture), which happens in 15 to 20 percent of cases. A soft cap of scar tissue forms around the implant, as with any foreign body. An intensified cap formation happens when the coating hardens and contracts so much that it causes deformity. In rare cases a second procedure is needed. However these risks can be appreciably decreased by accurate and individualised pre-operative-planning, using high quality implants and the latest technology, highly sterile operating conditions and continuing follow-up treatment.

## Breast Augmentation - at a glance

### Length of procedure:

- Aprox. 2 hours

### Postoperative care:

- No physical activities for 4 weeks
- Supportive bra for 4 weeks

### Anesthesia:

- General

### In-patient stay:

- 2 days

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### 4. What should be considered when choosing implants?

Using implants that best suit your individuality also leads to the best and most durable results.

Implants with a surface that is slightly coarse, bind better with the surrounding tissue than completely smooth ones, and also lessens the chances of them moving. Plastic surgeons use teardrop shaped or round implants depending on your individual need. Using high quality implants is also an important factor. We exclusively use implants manufactured by 'Mentor' a world leading American company in terms of implant technology and development, (<http://www.mentorcorp.com/global-de/>). The cost of the implants are already included in our price for the procedure.

### 5. How dangerous are silicone implants?

Silicone implants were long suspected of causing cancer or other autoimmune diseases, however numerous large scale studies have not proved any link. No increase in silicon levels, either in breast milk or tissue could be found between women with implants and those without.

### 6. Do modern implants leak?

The 'Mentor' implants we use, contain a firm tough gel, so even if torn the contents do not seep into the surrounding tissue. Also the layer the body produces around the implant protects against leakage and these days only a force equivalent to a serious car accident would tear an implant. However if low-quality implants are used, even today, there remains the risk of leakage.

### 7. Do saline or soya oil implants provide an alternative solution to silicone?

Saline filled implants can leak over time and slowly shrink, while also they don't look or feel as natural as silicone implants. Other fillings such as soya oil were withdrawn because they were unsuccessful long term, and over time even went rancid.

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### 8. How long do the implants last?

Latest generation implants are very durable, some manufacturers even provide a life-long warranty. Previously manufacturers recommended they be exchanged every 10-15 years, but now you can expect much greater durability. As the aging process changes the body, many patients request an implant exchange to suit.

### 9. Where are implants best positioned in the chest?

Implants can be placed either under or over the pectoral . The choice of position is decided in consultation with your surgeon and depends on your individual physical type and situation. The advantages in positioning the implant beneath the pectoral muscle are that the implants are better concealed resulting in a more natural appearance, hold better, and there is no risk to breastfeeding ability. A further advantage of this position is that risk of deformity due to the tissue hardening around the implant, is reduced. Placement on top of the pectoral muscle is performed only in cases of exceptional anatomical conditions.

### 10. Which is the easiest access for an implant?

Usually implants are inserted through an incision made along the fold beneath the breast and an endoscopic entrance through the shoulder cavity. Another method is through an incision made around the nipple area (areola) and implanting into the breast. The method chosen is determined by your individual physique. An entrance made around the nipple area (areola) carries the risk of damage to the milk courses which interferes with breastfeeding. Also the diameter of the nipple can limit the size of the implant.