

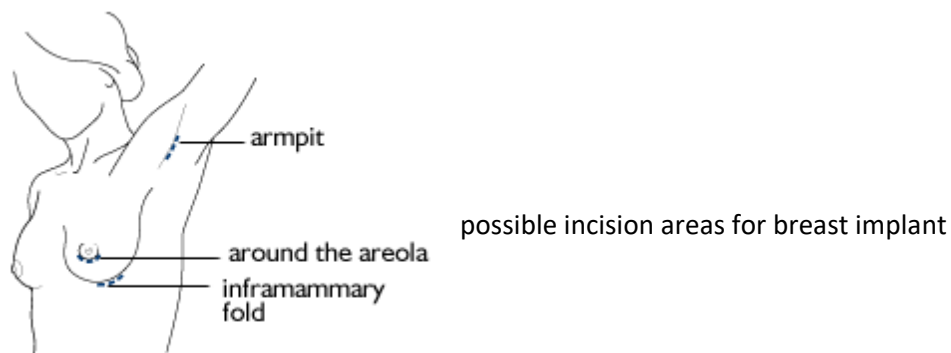
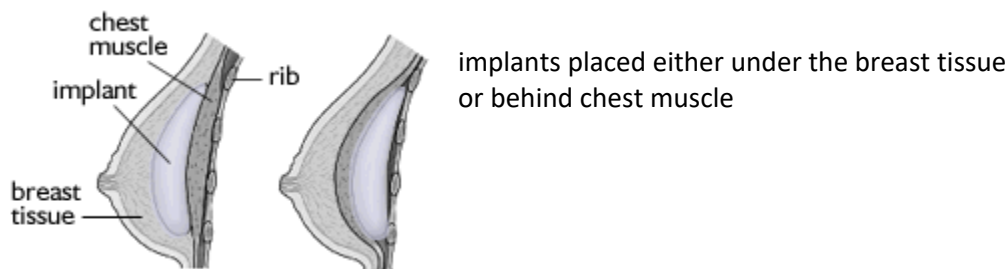
Breast Augmentation

Causes of small breasts

The size of breasts is genetically determined. Once developed, the breasts may fluctuate in size in response to changes in weight, pregnancy and breast feeding. The aging process causes the shape of the breast to change so that they gradually droop (called ptosis). This effect is greater following pregnancy, breast feeding and in particular after a large weight loss. Most women have breasts of slightly different sizes, but occasionally a very marked difference may develop.

The operation

Breasts can be made larger by placing an implant either under the breast tissue or behind the muscle on which the breast lies. Implants are usually inserted through incisions in the inframammary fold. Alternatively, the incisions may be made around the areola or in the armpit.



Breast implants

A breast implant is made of an outer layer of silicone, but may be filled with silicone gel, salt water or soya bean oil. Some implants are round and others are shaped more like a natural breast. Either can give excellent

results. The manufacturer's life expectancy of breast implants is 10 or more years, although implants can stay in without problems for a much longer time.

Expectations and complications

Leakage of silicone can occur either as a slow seepage, or following rupture of the implant. This silicone is almost always contained within the fibrous capsule which the body forms around the implant. Silicone leakage has never conclusively been linked to serious health problems. The capsule which the body normally forms around the implant can become thickened and contracted. The newer designs of implants have features to reduce the likelihood of this happening. This occurs to some extent in around 10% of patients and usually starts six or more months after surgery. This can lead to pain, and/or an abnormally hard feel of the implant in the breast. Treatment may be needed and occasionally removal of the implant. Breast augmentation does not usually interfere in breast feeding, and there is no evidence that any silicone is found in breast milk.

The presence of breast implants does interfere in mammography, which is an X-ray screening method for breast cancer. Special X-ray views can be taken to minimize this interference.

Soya filled implants do not interfere to such an extent, but this type of implant is not suitable in all patients. Most women have some degree of asymmetry between breasts and breast augmentation may occasionally exaggerate this difference. A breast that has an underlying implant will not necessarily feel like a normal breast, and some women may be acutely aware of the implant as a foreign body within the breast. There is usually a difference in skin and nipple sensation following breast augmentation. The size and shape of the breast following breast augmentation surgery will adjust with time and is to some extent unpredictable. It is also not always possible to create a cleavage with breast augmentation. The weight of the implant may influence the age-related changes that normally take place in breasts. Movement of the fluid which fills the implant may occasionally be seen through the skin, this being more likely in the saline (salt water) filled implants, and less likely in the more viscous silicone implants, which also have a more natural feel. Breast augmentation will always leave scars on the breast or in the armpit, and although the scars will settle over 12 or more months, the appearance of the scars does vary between different individuals. This scarring is placed in such a position as to minimize visibility even when wearing a swimming costume. Complications that occur with breast augmentation include those associated with all forms of surgery, as well as the specific problems of bleeding and infection. Any infection that may occur in the tissue around the implant can usually be treated with antibiotics, but may require surgical removal of the implant.

Safety of silicone

Whatever the filling of the implant, the outer layer is made of silicone. Silicone is a naturally occurring element which becomes silicone when it is combined with carbon hydrogen and oxygen. Silicone is manufactured into many items including cosmetics, foods and medical implants. Many studies have been conducted to establish whether silicone breast implants cause certain diseases. As a result of these studies we can say that at present there is no evidence to suggest that silicone breast implants are associated with an increased incidence of breast cancer. There is also no evidence to suggest that these implants cause autoimmune diseases such as rheumatoid arthritis.



PRE-OPERATIVE PREPARATIONS

1. We would recommend you start taking Arnica anti-bruising tablets (Holland & Barratt). 2 tablets three times a day 2 weeks before and after surgery.

Alternatively, incorporate the Skinade MD programme into your peri - operative care

2. Avoid aspirin, Ibuprofen, Nurofen and other similar painkillers 1 week before surgery and for **two weeks after surgery**. Paracetamol is the safest painkiller to take, if necessary.
3. Stop Vitamin E and its compounds such as evening primrose oil and fish oils, also garlic and garlic capsules, one week before surgery and for **two weeks after surgery**.
4. Preferably, stop the contraceptive pill and HRT 4 weeks before surgery.
5. Shower with Hibiscrub antiseptic liquid soap (provided) the day before and on the morning of your surgery before coming into hospital. If having facial surgery, use the Hibiscrub on the hair as well. **Do not apply moisturiser after showering.**
6. LIPOELASTIC Bras – for breast procedures, these can be purchased from Kat & Co Healthcare on 0121 456 7930 or from www.cckat.com
7. **Please bring with you to hospital a loose-fitting front opening nightdress/pyjama/top for ease post-surgery**

POST OP INSTRUCTIONS FOR BREAST AUGMENTATION

Average length of stay – Day Surgery

Instructions on discharge

- The support bra is worn over the dressings and to be worn day and night for the next 3 months.
- Gentle shower is allowed and pat dressings dry
- TED stockings to be worn for 2 weeks
- Discharge with standard painkiller

Dressing clinic

- Appointment approximately one week after surgery when the tape under the breasts is removed
- Wound is allowed to get wet after this
- A gentle shower
- Bathing from 3rd week onwards

Activities

- First week – minimal upper body activities
- 2-6 weeks – normal daily activities including driving but no excessive stretching of arms
- 6 weeks onwards – all activities

General scar care for first 3 months

- Micropore tape to the scars – once well healed - for at least 3 months
- The micropore tape is to stay on for showering and baths and simply patted dry and not to be changed until it is very loose and almost falling off by itself. Frequent removal of the micropore tape can irritate the scar
- Moisturise the scar after the first 3 months
- Moisturise the surrounding breast skin

Special Instructions

- Normal bra and bikini can be worn for holidays and the odd special occasion for the first 3 months
- No underwired bra for the first 3 months

IF YOU EXPERIENCE ANY PROBLEMS OR HAVE ANY QUERIES FOLLOWING YOUR SURGERY / TREATMENT, PLEASE CALL THE CLINIC ON 0121 456 7930 (MON-FRI 7AM-8PM). OUT OF HOURS, OUR EMERGENCY PHONE NUMBER IS 07595 278223. NURSES PHONE FOR NON-URGENT ENQUIRIES MON-SAT 9-5 – WHATSAPP OR TEXT 07595 278224

Summary of the Skinade Programme:				
	Timing	Product	Main Ingredients	Effect
Step 1	3 weeks before surgery for 2 weeks	Skinade Liquid Sachet Daily	Collagen Peptide, Omega 3 and 6, Vit C, Lysine, Vit B Complex	Promotes connective tissue healing and the production of collagen
Step 2	2 weeks before surgery for 2 weeks	Pre-Care Powder Sachet Daily	Vit A, Selenium, Calcium, Copper, Magnesium, Silica Lysine, Zinc Bromelain, Magnesium	Promotes connective tissue healing and production of collagen. Powerful Immune Boosters. Reduces swelling, bruising, pain, and healing time.
		Pre-Care Capsules Daily	Bioflavonoids Quercetin	Reduces swelling and bruising. Reduces inflammation and prevents excessive scarring
Step 3	Immediately after surgery for 2 weeks	Post Care Powder Sachets Daily	Same as Pre-Care	Same as Pre-Care
		Post-Care Capsules Daily	Same as Pre-Care	Same as Pre-Care
		Post-Care Sublingual Spray x4 Daily	Arnica, Cardus, Marianus, Vit K1 Calendula, Graphites, Staphysagria, Thiosinaminum Hypericum Perforatum	Reduces swelling and bruising. Promotes healing and reduces scarring. Target's pain and discomfort
Step 4	1 week after surgery for 2 weeks	Skinade Liquid Sachet Daily	Collagen Peptide, Omega 3 and 6, Vit C, Lysine, Vit B Complex	Promotes connective tissue healing and the production of collagen for optimum healing and results.

Click here to order Skinade MD® Pre + Post Care Surgical Programme from our website and the products will be delivered directly to your home - <https://products.cckat.com/product/skinade-md-pre-post-care-surgical-programme>



Rare association not cause for alarm

1 in 100,000 risk shouldn't worry breast implant patients unduly, say surgeons

London – 25 May, 2014 – Despite reports of a theoretical link between an extremely rare form of cancer (anaplastic large-cell lymphoma, or 'ALCL') and textured breast implants, the British Association of Aesthetic Plastic Surgeons (www.baaps.org.uk); the only organisation based at the Royal College of Surgeons solely dedicated to the advancement and education of cosmetic surgery; today warns 150 cases out of more than 15 million should not cause alarm in patients.

The BAAPS has performed close to 80,000 breast augmentations ('boob jobs') in the last decade, with not one case of ALCL ever recorded in that period. According to consultant plastic surgeon and BAAPS President Rajiv Grover;

"Breast augmentations have in recent years acquired a reputation for being an 'off the shelf' procedure, but meticulous technique from an experienced surgeon is essential to avoid complications. All BAAPS members are aware of the importance of antibiotic use and minimal handling when dealing with implants, known to be significant factors in reducing the risk of biofilms, which can result in capsular contracture. Biofilms are an area we have studied in depth and even held lectures on at our Annual Meeting last year, as we know that comprehensive training is essential to improve outcomes and minimize problems. Published infection rates in breast augmentation, for example, are 2.5% across Europe but the BAAPS' own statistics show only a rate of 0.5% and less than half the re-operation rates of the US (2.6% v 5.1%)."

According to consultant plastic surgeon and former BAAPS President Fazel Fatah;

"It is important to remember that the number of breast implant patients globally is considered to be higher than 15 million, yet these tumours are extremely rare. The risk of death is only 1 in 2 million from it and cure available for 94% of sufferers, so women should continue to feel that their implants are safe. ALCL is normally slow to progress and not aggressive, with a good likelihood of recovery. BAAPS members have been made aware of this extremely rare association for a while and are vigilant to make sure the right steps are taken if the condition is suspected in a patient with breast implants. Women can be reassured of the very nature of the rare association and there is no need for concern unless they develop sudden unexplained changes or swelling - although this could be for a number of reasons not related to ALCL at all."

According to consultant plastic surgeon and President of the BAAPS Rajiv Grover;

"It is down to the surgeon to evaluate the most salient risks they need to warn a patient about, depending on individual circumstances such as age and other particulars - however all are, or should be, made aware that breast cancer in general occurs in one out of ten women; independently of whether they have implants or not. The risk of ALCL is infinitesimally small in comparison."

The BAAPS is also the first in the world to have devised an insurance policy (www.asurgerycommitment.com) which covers all the most common complications of cosmetic surgery, including capsular contracture.

The Medicines and Healthcare products Regulatory Agency (MHRA) has continued research into what has been deemed 'uncertain evidence' of a link between the implants and increased risk of ALCL, and have no corresponding reports of a disease association:
<http://www.mhra.gov.uk/home/groups/dts-bs/documents/medicaldevicealert/con108790.pdf>

The French regulatory body, the National Security Agency of Medicines and Health Products (ANSM) also recently published the results of their manufacturer inspection programme and vigilance data analysis, confirming 'no strong association' between ALCL and the implantation of prostheses.

ENDS

The BAAPS (www.baaps.org.uk), based at the Royal College of Surgeons, is a not-for-profit organisation, established for the advancement of education and practice of Aesthetic Plastic Surgery for public benefit. Members undergo thorough background screening before they can join. Information about specific procedures and surgeons' contact details can be found on the web site, or by contacting their advice line at 020 7405 2234. Further materials can be posted to members of the public seeking specialised information. BAAPS is also on Twitter:
[www.twitter.com/BAAPSMedia](https://twitter.com/BAAPSMedia) and Facebook:
www.facebook.com/BritishAssociationofAestheticPlasticSurgeons

For all media enquiries, please contact Nikki Milovanovic on 020 7549 2863/07973 147388 or nmilovanovic@wavelengthgroup.com

Information for women considering polyurethane-coated breast implants

What are polyurethane-coated breast implants?

Micro-Polyurethane Surfaced (MPS) mammary implants, manufactured by Polytech Silimed Europe GmbH, consist of a silicone elastomer shell, filled with silicone gel. This design is similar to other silicone gel breast implants, except that the shell is coated with a polyurethane foam, intended to reduce the rate of capsular contracture.

What is capsular contracture?

Fibrous tissue forms around any implant as part of the body's response to the implant material. The formation of a fibrous capsule around a breast implant is thus a normal reaction. In some women, however, the fibrous capsule can contract and 'squeeze' the implant resulting in an altered appearance and consistency of the breast, and is sometimes associated with pain. This is known as capsular contracture. The amount of contracture varies from person to person and cannot be predicted before implantation. An additional operation to remove the fibrous capsule, and possibly the implant, is sometimes necessary.

What are the advantages of polyurethane-coated breast implants?

The manufacturer claims that the incidence of capsular contracture is lower for MPS implants than for other silicone breast implants with smooth or textured shells. The texture of the foam coating is believed to disrupt the organisation of the cells that form the fibrous capsule, thus making the capsule less likely to contract. They also claim that movement or rotation of the implant is less likely due to better adhesion to the underlying tissue.

What are the risks associated with polyurethane-coated breast implants?

Following implantation, the polyurethane foam coating breaks down over several years. After this time, it is thought that the protective effect against capsular contracture may be lost or diminished. One of the chemicals that is released into the surrounding tissue during the breakdown of the coating is known to cause cancer in animal experiments. The risk of developing cancer in humans due to the presence of these implants is small and unquantifiable.

How do I decide whether to have polyurethane-coated breast implants?

Many factors need to be taken into account when deciding which type of implant is most suitable for a particular person, and the relative importance of these factors varies with individual circumstances. Your plastic surgeon will be able to discuss the options available to you and the advantages and drawbacks of each, so that, between you, you can reach a decision on which type of breast implant would be the most appropriate for you.

This information sheet has been produced by the Devices Division of the Medicines and Healthcare products Regulatory Agency (MHRA), which was formerly the Medical Devices Agency (MDA). MHRA is an executive agency of the UK Department of Health whose role is to protect and promote public health and patient safety by ensuring that medicines, healthcare products and medical equipment meet appropriate standards of safety, quality, performance and effectiveness, and are used safely.



Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) – what we know and what we don't know

What is BIA-ALCL?

This is a rare type of lymphoma that affects women with breast implants. It is not a cancer of the breast itself but can form on the capsule that surrounds a breast implant. In 2016 the WHO provisionally classified BIA-ALCL as a novel type of lymphoma.

How common is BIA-ALCL?

We do not know the exact incidence but it is thought to be around 1:20,000 to 1:60,000. For comparison the general incidence of breast cancer in the UK is 1 in 9 and affects women with and without breast implants equally. Cases of BIA-ALCL have occurred between 2-28 years after breast implant insertion with the average time being 8 years. Up to 2018 there were 414 reported cases of BIA-ALCL and 16 confirmed deaths worldwide from BIA-ALCL. In the UK, the Medicines and Healthcare products Regulatory Agency (MHRA) collect all the data regarding suspected cases and publish regular updates, the latest of which can be linked [here](#).

What causes BIA-ALCL?

We do not know, but it is thought to be associated with the coating around some breast implants. Most of the cases worldwide have occurred in women with textured breast implants with a higher incidence seen in women with implants that have a coarser texture than those with a finer texture.

Not all textured surfaces are manufactured in the same way and they appear to convey different levels of risk, hence it is difficult to draw definite conclusions at this time. Texturing of an implant surface also offers advantages, particularly with more anatomically shaped implants. Hence many surgeons in the UK still advocate the use of textured implants for their patients. It is vital however, that the risks of using textured or smooth surfaced implants are fully discussed with all patients prior to surgery so that patients are able to make informed choices.

Several different companies manufacture breast implants for both aesthetic and reconstructive use. These implants can have different types of texturing on their surface and some research has indicated that BIA-ALCL might be related to a particular type of texturing or manufacturing processes. One major company, Allergan, produces implants known as Natrelle® with a surface called Biocell®. These implants have been available Worldwide but only under licence. In Europe this licence is known as a CE mark.

Are there some types of implant that are not associated with BIA-ALCL?

BIA-ALCL is a rare condition so there are certain implants which the manufacturers say haven't been associated with BIA-ALCL but the condition is too rare to say this for certain. It does appear that smooth implants have a lower risk of BIA-ALCL compared to textured implants.

Why don't all plastic surgeons use smooth implants then?

Plastic surgeons are trained to use the full range of implants and there are significant advantages and disadvantages of both textured and smooth implants – BAAPS recommends you have a frank discussion about implant choice with your surgeon during your consultation to ensure you are fully informed about both implant types.

I have textured implants – should I be worried?

Whilst there exists some differences around the World regarding the availability and current use of some textured implants, there is no recommendation that patients with textured implants should have them removed as a precautionary measure.

The British Association of Aesthetic Plastic Surgeons (BAAPS) advises that concerned patients need not take any action currently. They should continue their routine follow up with their healthcare professional and discuss any questions they have about their breast implants. There is no need to remove or exchange any current implants based on the most up-to-date scientific data available. Indeed, unnecessary surgery may cause additional harm in a small number of patients.

How will patients know they have BIA-ALCL?

Any onset of swelling, pain, increase in size in the breast over days or weeks should be investigated for BIA-ALCL. There are however, many causes for breast swelling which are not BIA-ALCL.

Is there any screening test for BIA-ALCL?

Currently there is no screening test but if patients with breast implants have any symptoms of swelling, lumps or pain they should seek urgent advice from their implanting surgeon or a BAAPS member plastic surgeon.

How is BIA-ALCL investigated?

This involves an ultrasound scan or MRI to look at the swelling, then a needle is used to take a sample of the fluid which is tested in the pathology laboratory to see if there any cells present showing markers for lymphoma.

How is BIA-ALCL treated?

This is treated by complete *en-bloc* surgical excision of the implant with surrounding capsule and involved local tissues. If the disease is confined to the capsule then surgical removal is usually adequate, however if there is disease outside of the capsule then patients may require chemotherapy. Recent developments in treatments that manipulate a patient's own immune system appear to be very promising in gaining control of the disease, particularly if it has spread to outside of the breast.

[This information sheet is produced for patients based on the most recent and accepted scientific research available – June 2019.](#)

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