



SPECIALIST COSMETIC SURGERY

Breast Augmentation

Forget the horror stories you've heard about painful recovery periods from breast surgery that last weeks. **Today, using a proven, rapid recovery technique (see below for further information), it's possible to recuperate from a breast augmentation in as quickly as one day.** And Dr Beldholm further minimises the impact of surgery by continually updating his skills and knowledge in order to offer the safest and most effective cosmetic surgical options (such as polyurethane foam breast implants) as they become available. Which means you'll be free to return to the things you enjoy doing within days, not weeks.

What is breast augmentation?

Breast augmentation represents much more than just a step toward changing how you look – it can also offer a wonderfully positive transformation in how you feel about your body and yourself.

As a fully qualified Fellow of the Royal Australasian College of Surgeons who specialises in cosmetic surgery, Dr. Beldholm can safely guide you through your breast augmentation from start to finish. As part of this process, it's important for all patients to be able to communicate and openly express what they expect from this operation. Dr. Beldholm will listen and guide you through this discussion which will include outlining your personal choices regarding the desired shape and size of your breasts. He will also suggest options that may provide you with even better results. Although there are many cosmetic surgeons only offering the option of implants, as a highly skilled cosmetic surgeon Dr. Beldholm can perform the surgical procedure best suiting your requirements.

Who can benefit from this procedure?

In Dr. Beldholm's experience, there are four major groups of women that benefit from this operation:

- Women who have always aspired to have larger breasts.
- Mothers whose breasts have sagged and become smaller following childbirth. Most of these women find that their breasts are empty, particularly in the upper part. As Dr. Beldholm does the full range of cosmetic operations, he can advise on the best technique to obtain full and beautiful breasts.
- Women whose breasts have become empty and saggy as a result of age or weight gain.
- Women who are unhappy with the shape of their breasts. The two major problems women have with the shape of their breasts are unevenly sized breasts and tubular breasts. Although it is normal for women to have different-sized breasts, this can become a concern when the size difference is very apparent.

Surgical technique and results

To ensure they are not obvious, incisions are carefully placed in the creases under the breasts or in the thin skin around the nipple. Pockets are made behind your existing breast tissue and the breast implants are then placed into these. The operation usually takes between one and two hours.

Rapid recovery technique

By combining proven surgical techniques with specific types of anaesthesia and surgical instruments, Dr Beldholm's rapid recovery technique can reduce recuperation times from weeks to a few days – or less. While results vary, 90 per cent of patients advise that they only require pain relief medication for less than two days. Moreover, almost all feel well enough to resume all low impact activities within three days.

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Implants

Dr. Beldholm has experience in using all of the wide range of implants now available and will discuss the best implant for your individual needs.

Saline implants

This implant, which has been used mainly in the USA, is now outdated and does not provide the same superior cosmetic results as the new, safer silicone implants.

Silicone gel implants

There are a wide variety of silicone breast implants. The modern varieties have cohesive gel inside the implant. This means that even if the implant ruptures the silicone will stay in one spot and will not generally cause any major problems.

Polyurethane foam implants – “Furry Brazilians”

These implants have been recently reintroduced and, in many regards, are superior to other available implants. Produced in Brazil, the polyurethane foam coating of these silicone implants feels like a soft fur (hence their nickname). This foam gets incorporated into the body's surrounding tissues, meaning the implant will not rotate or drop. The risk of capsular contracture is also much reduced with these implants. Capsular contracture occurs when the tissues which normally form around the implant contract and compress it like shrink wrap.

There has been extensive research on polyurethane implants showing that they are very safe to use.

However, about one per cent of patients with these implants will develop a temporary rash on their breasts lasting about one to two weeks.

Effects of surgery and side effects

Breast augmentation is normally a very safe operation. Most problems will settle and minor problems are easily treated. In Dr. Beldholm's hands, serious problems are uncommon.

General risks of breast augmentation

As with any surgical procedures, patients can suffer a number of complications unrelated to their specific operations. However, for those who are healthy and do not take any medications, these complications are very rare.

The risks increase for those with a number of health problems and can include:

Heart problems (although very uncommon with modern anaesthetic techniques).

- Lung problems -- small areas of the lungs may collapse, increasing the risk of chest infection. Such problems may require antibiotics and physiotherapy to correct. Other potential lung complications are quite rare.
- Clots in the legs with pain and swelling. Rarely, part of such a clot may break off and go to the lungs, causing fatal complications.
- Allergic reactions to medications.

Common complications

Wound infection is perhaps the most common complication. Such infections, which generally respond well to antibiotics, are usually superficial.

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Uncommon and rare complications

As with every surgical procedure or operation, there are always risks and, in very extreme cases, fatalities. Serious complications of a breast augmentation include:

- Infection in the wound with resultant redness, pain and possible discharge. In severe cases, the wound may break open and need to be resealed. Usually after a wound infection the scar is not as fine as it otherwise would have been.
- Possible bleeding in the wound with swelling or bruising and possible blood-stained discharge.
- Capsular contraction is the commonest complication of breast implant surgery. It occurs when the tissues which normally form around the implant contract and compress it like shrink wrap. If the condition is mild, then the implant merely feels firmer. In severe cases, the implant feels hard, can be painful and loses shape. Generally, the cause of capsular contraction is not fully understood. Although unpleasant, it is not a dangerous condition. Dr Beldholm recommends the use of polyurethane foam-covered silicone gel implants (known as “Furry Brazilians”) as they are known to reduce the rate of capsular contracture to about one per cent.
- Any incision will obviously result in scar formation. The scars from a breast augmentation are initially pink, generally fading and becoming white, soft and supple over the next weeks or months. Most patients find the scars are ultimately acceptable and not a concern to them. Keloid scars are rare and are a thickening, inflammatory process which occurs in scar tissue. These are not due to a surgical fault but to an abnormality in the patient’s healing process. You will be provided with a special silicone gel tape to wear over your incision. This tape results in less noticeable scars and full instructions about its use will be provided.
- Antibiotics are given during the operation and you will be prescribed oral antibiotics to take afterwards. This minimises the risk of infection. Nevertheless, infections can occur. The infection rate for this breast implant surgery is about one per cent. Additionally, there is a rare type of infection (about 1 in 1000 with all types of implants) which, if it occurs with polyurethane foam-covered implants, requires the removal of the implant and the layer around it to minimise the risk of recurrence.
- It is usual to have some temporary numbness under the breasts after an implant procedure due to some sensory nerves being affected during the preparation of the pockets. This numbness usually disappears within six to twelve months.
- A seroma – a collection of fluid around the implant which may need to be drained – occurs in about one to two per cent of patients and can present years after the surgery.
- The stitches used to close the incision may be felt through the skin. If this rare problem presents, the stitches can be removed, if necessary.
- The edge of the implants may be either visible or felt through the skin. Visible or palpable rippling of the implant may also occur. These problems are more likely with saline or textured surfaced implants but they can occur with any implant. They are also more common with thin patients with very little fat or breast tissue.
- It is not possible to achieve “perfect” breasts, nor should you expect this. There will be minor differences between the two sides, as there are in all women, with or without implants. For example, most women have breasts which are not exactly the same size and this will still be the case after surgery. Similarly, if your nipples are naturally at different heights, they will remain so. Major differences between the two sides, unless present beforehand, are uncommon and may need further surgery.
- Displacement or movement of any implant from its original position may occur. With larger implants, downward displacement or “bottoming out” becomes more common. About two to three per cent of smooth and textured implant patients may need further surgery for this reason at some stage. Polyurethane foam-covered implants are less likely to bottom out.
- If you are having a teardrop-shaped implant, there is a risk it could rotate, causing an abnormal shape of the breast and sometimes pain. Rotation is much less likely with polyurethane foam-covered implants.
- “Double fold” is a particular type of contour irregularity where the lower edge of the implant and the lower edge of the existing breast are seen as two separate creases. This can occur in any patient where the diameter of the implant is bigger than the diameter of the existing breast. Although uncommon, certain types of breasts are particularly prone to this problem. Dr Beldholm will know if you have an increased risk of this complication occurring and will have discussed at your consultation the most appropriate implant to minimise any extra risks.
- Rupture of any implant can occur even without an obvious cause. If a saline implant ruptures it rapidly deflates and needs to be replaced. If a silicone gel implant ruptures, in most cases the gel will remain inside the capsule of tissue that naturally forms around implants. This means the silicone remains sealed off from the breast tissue. There are usually no symptoms for patients and their breasts look and feel normal. They only know they have this type of leakage because it is noticed when they have a mammogram or ultrasound scan. If this happens to you, it is usually recommended the implant be replaced, although there is no particular urgency. Occasionally, the leak is not confined within the capsule and the silicone does

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come into contact with the breast tissue. In some of these cases, the body forms one or more lumps around small silicone deposits that may feel rather like lymph glands to the touch. Although these lumps are not dangerous and only need to be removed if they are troublesome, any implant leaking outside the capsule should be replaced.

- Silicone in the body does not cause (or adversely affect) any diseases. Silicone implants have no effect on the incidence of breast cancer and implants will not affect the future effectiveness of your mammograms.

In general, the bigger the implants, the bigger the risks – especially for downward displacement. Large, heavy implants are more likely to stretch the skin over time and move downwards. Consequently, patients choosing implants larger than 350g must accept these extra risks. Polyurethane foam-covered implants are less likely to displace downwards than other types of implant of the same size.

Before surgery

A well-balanced diet

Dr. Beldholm has an holistic approach to your health. If you are contemplating elective cosmetic surgery, then the first thing you can do for yourself is to have a well-balanced, healthy diet. Maintaining a well-balanced diet is central to preparing for any type of surgery as proper nutrition aids healing and strengthens your immune system, leading to a faster recovery.

Take one multivitamin a day containing vitamin C which improves wound healing. However, your multivitamin should **not** contain vitamin E

It's important to avoid vitamin E intake for about two weeks prior to undergoing surgery, as it can interfere with blood clotting. Under normal circumstances, this vitamin helps decrease an individual's likelihood of contracting heart disease; however, in the context of surgery, it can lead to haemorrhaging. As wheat germ, nuts, and some vegetable oils contain the largest amounts of vitamin E, avoid these for two weeks before your surgery.

Regular Exercise

Regular exercise is helpful in preparing for any surgery and maintaining a healthy lifestyle. By exercising, you increase your metabolic rate and build muscle mass which assists in avoiding weight gain during the sedentary recovery time. Be sure to include plenty of aerobic exercise in your fitness regime as a strong heart promotes a faster immune response.

Although some medications should be stopped prior to any operation, it's important to always check with your GP first.

Two weeks prior to surgery: Stop vitamin E intake. Wheat germ, nuts, and some vegetable oils contain the largest amounts of vitamin E so avoid these for the two weeks before your surgery.

Seven days prior to your operation: Stop taking aspirin, clopidogrel (eg. Plavix, Iscover), dipyridamole (eg Asasantin, Persantin) and NSAIDs (non-steroidal anti-inflammatory drugs). The use of birth control pills, hormone replacement therapy, and some forms of post-cancer treatment medication may also involve an increased risk of complications during or after surgery. Use of these types of medications may produce an increased risk of developing dangerous internal blood clots that can, in rare cases, lead to embolism.

Five days prior: Stop taking warfarin medications (Coumadin, Marevan). However, for high risk patients, stopping warfarin can lead to life-threatening blood clots and daily injections with low molecular weight heparin may be required. High risk patients most commonly include those with artificial heart valves or those who have suffered myocardial infarctions. Your GP can advise if you are in the high risk category. Low risk patients stopping warfarin may require no course of action.

Stop eating at least six (6) hours before your procedure. However, you may continue drinking water and clear apple juice (and only clear apple juice) up to two (2) hours prior to your procedure.

Shower on the morning of your operation and remove all jewellery and nail polish.

Although valuables are looked after during your procedure, the hospital does not take any responsibility for these items, so it's best to only bring necessities. Your own medication can be taken with a sip of water on the morning of surgery. However, it's important to check with Dr Beldholm regarding what medications can be taken well before your operation. Please bring anti-embolic stockings and your own medications to the hospital.

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After Surgery

Dr. Beldholm will see you after your surgery to ensure everything is going well. You will be able to go home a few hours after surgery.

Some post-operative pain (varying from quite severe to mild or moderate) will occur on the first day. This gradually improves over the next few days and is usually well-tolerated by patients taking the prescribed painkillers. Increasing pain that is unresponsive to painkillers should be brought to the attention of Dr Beldholm as this may be an indication that complications are developing.

It is common to have intermittent mild discomfort (or sometimes intermittent sharp pains) in the first few weeks after surgery as the swelling resolves and the nerves recover. Some patients experience a temporary increase in sensitivity of the nipples. This can be unpleasant but typically settles down after a few weeks.

Around the house

Wear a firm sports bra for the first three to four weeks to prevent excessive movement of the breast. Also avoid underwire bras.

Although gentle exercise can be resumed after two weeks, reintroduce it slowly to avoid repercussions.

If your implant is under the muscle, you should avoid any heavy lifting for at least four weeks.

Return to work

Most patients in non-manual jobs take a week off work. Heavy lifting, vigorous upper body exercise or any activity that involves bouncing of the breasts should be avoided for four weeks.

Driving

No driving for 24 hours after surgery.

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