

Breast Implants

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Your Questions Answered



STAIANO
PLASTIC SURGERY

Why Am I Qualified To Talk About Breast Implants?

I am a Consultant Plastic Surgeon with 20 years of experience. All plastic surgeons specialise in one particular area, although many still perform surgery on all parts of the body. During the last 6 years, I have focused on cosmetic breast surgery. I have performed countless breast augmentation procedures and have a well below average complication rate and an army of happy patients!

I run my own private practice, The Staiano Clinic, and we aim to be at the forefront of a new wave in plastic surgery with the focus on ethics and patient satisfaction. Everyone at the clinic is a specialist in their field and there are no advisors or salespeople.

“ I'm six weeks now and just had the best holiday of my life thanks to my new boobs. My confidence is sky high, it has changed my life. I finally feel like me. My boobs look incredible I couldn't of dreamed they would turn out so good. They've exceeded my expectations I'm in love. ”

KR – (Patient Testimonial from breast enlargement patient)



Your Questions Answered

1. Are breast implants safe?

As far as we know - yes. They were taken off the market years ago in the USA due to concerns that they may cause connective tissue diseases such as SLE and rheumatoid arthritis, but large scale studies have shown no link between the implants causing these illnesses. However, it is a surgical procedure and does carry with it potential risks and complications. It is important you have a frank conversation with your consultant and you are completely aware of the risks involved. If your surgeon tells you there are no risks then this is not true and you should look elsewhere for a surgeon. There is a possibility that you may need further surgery in the future. This could be due to your breasts changing shape or your implants may need to be replaced if they go hard (capsular contracture). You should be aware of all possible complications before you consent to have surgery.

2. What do breast implants feel like?

This will depend on how much natural breast tissue you have because the first thing that you feel when you feel the breast will be your natural breast and certainly if you have any breast lumps you will be able to feel them just like you would if you did not have implants in. However, clearly your breast will be fuller with breast implants and your breast can feel firmer. This is more obvious in the first few months following surgery but then things soften and settle. Some implants do feel more firm than others, particularly the polyurethane foam implants which can feel more firm in the first year but then they settle and feel soft and natural. Occasionally you can feel the edge of the implant and this is particularly true in patients who are very slim without much covering over their chest and in patients who use bigger implants with a base width approaching the width of their breast.

3. Do implants look fake?

There is a public perception that patients with breast implants have large round fake looking breasts. The vast majority of patients just want to look normal, natural and have some volume restored back into their chest in keeping with their frame. It is important that the implants are sized and fitted to your chest and the current shape and volume of your breast is taken into account when choosing an implant. Whilst there is a group of patients who want to have a fake look, it is possible to have implants that do not look fake and a natural result is certainly very possible with the large range of shapes and sizes available.

4. Do they need to be changed every 10 years?

The most common reason for needing to change your breast implants will be capsular contracture which is hardening of the implant due to scar tissue forming around it, this usually takes 5 or 10 years to happen. If this does happen then you may choose to have the implants changed although they do not necessarily have to be changed. They would only need to be changed if you are unhappy with the feel or the look of your implants due to the scarring around them. This is an important consideration and should be factored in with your decision making if you are considering breast implants because surgery to remove the scar tissue and replace the implants is more expensive than the initial surgery. When the implants are replaced it does create further scar tissue and so the implants that are put in do develop another capsule quicker the second time around. Polyurethane foam implants have a much lower rate of capsular contracture than silicone implants and so they are likely to last longer, although they can feel firmer in the first year but once they have softened they stay softer for longer.

5. Will the implants explode?

I have never heard of any implants exploding and I think this is a bit of a myth. Sometimes people worry about going into a pressurised situation such as diving. Aircraft flight is not a problem because the cabin pressure is normalised. Immediately following surgery there will be some air trapped in the pocket, this would not be affected in a pressurised environment. I think when people talk about implants exploding they are referring to implant rupture which can occur but is rare with the premium implants that we use and will usually manifest as a change in shape or volume of the breast, particularly after significant trauma such as a road traffic accident.

6. What does FDA approval mean?

The FDA is the Food and Drug Administration, a body in America that approves devices such as breast implants. Many of the breast implants we use in the UK are not FDA approved and therefore could not be used in America. However, they all carry the CE mark which is the European equivalent. FDA approval is a very strict process and only necessary for the American market. I offer patients a full range of implants including those that are not FDA approved. However, if FDA approval is important to you I am very happy to use FDA approved implants. There are only two manufacturers of medical grade silicone gel in the world, they both make gel for FDA approved implants and so all silicone implants will contain gel from an FDA approved source.

7. What are polyurethane implants?

Polyurethane implants are silicone implants with a polyurethane foam coating. This significantly reduces the risk of capsular contracture and has other benefits particularly in terms of implant positioning in that they do not tend to move and so rotation of teardrop implants is significantly reduced and the position of the implant is a lot more predictable. They do feel slightly firmer in the first year and occasionally you can feel the edges of the implant but these settle in time. There is some controversy surrounding polyurethane foam implants and so you will need to discuss the pros and cons with your surgeon. I believe they have a valuable role to play in breast implant surgery but need careful discussion so that you can make an informed decision as to whether they are right for you.

8. What about saline implants?

Saline implants are not really used in the UK. They are used more widely in America, particularly since silicone implants were banned for a period of time in America, so they had to use only saline implants. Silicone implants are no longer banned but saline implants are still used in the USA. We have never banned silicone implants and so have always used them here in the UK and I believe they give a superior result to saline implants. Saline implants have a silicone shell but the contents are saline and so if the shell ruptures there is no harm in the leakage or the contents. However, there is an increased risk of rippling with these implants and possibility of deflation over time and the cosmetic result can be compromised. If you would like to consider saline implants this is a discussion you can have with your surgeon to see if they would be suitable for you.

9. What about PIP implants?

The PIP scandal has highlighted the need to research your surgeon and the quality of the implants they are using. These were always low quality cheap implants and not many plastic surgeons ever used them. They were taken off the market long ago and the problems with them stemmed from the criminal activity of the manufacturer. This will always be difficult to ensure against. There are several major global brands for breast implants such as Nagor, Allergan, Mentor, Polytech and Silimed. The standards of the manufacturers are extremely high.

10. What if I get pregnant and I have breast implants?

Then there isn't a problem. Breastfeeding is perfectly fine (see question 11 and blog), the only problem is that your breasts may change in size and shape. This is perfectly natural as the breasts will fill with milk throughout your pregnancy. A good plastic surgeon will recommend finishing your family before having breast enlargement for this very reason. However, if you want breast implants before pregnancy it is perfectly safe.

11. Can you breast feed with breast implants?

If you are able to breast feed now (some people are unable to), then the answer is yes. Implants are placed behind the breast and so all of the milk ducts are left intact. A small amount of silicone may be found in the breast milk but is not harmful or significant. The same kind of silicone is found on the teats of baby formula bottles as well.

12. Can breast implants cause cancer?

No. There is no evidence to suggest that breast implants cause cancer and we frequently use breast implants in patients who have had cancer to reconstruct the breast. This myth may have originated with a study conducted in the 1990s where a high level of one of the chemicals used in the polyurethane implant (a popular type of implant originally developed in Brazil) was injected into cancer prone rats, and the rats subsequently developed the disease. This chemical has never been shown to cause cancer in humans. After further studies, an FDA panel calculated the risk to be 1 in 1 million, the equivalent to smoking one cigarette in the lifetime of a patient! In other words, the risk is "negligible."

13. What if I get cancer and I have breast implants in?

This is not a problem, although you must tell your doctor that you have implants in. If you need a mammogram, you will need to have special views and if you need a biopsy, you may need to have ultrasound guidance to ensure they do not damage the implant. These are routine however and nothing to worry about. You will not need to have your implants removed in the event of cancer, although new implants could be done as part of a reconstruction.

14. Will I have drains?

It depends on the surgeon's preference although we are moving away from drains these days and I do not use drains. However, you will need to check with your surgeon to see whether he/she uses them. Drains are plastic tubes that are connected to bottles and usually just stay in overnight if they are used. They are there to collect any fluid that collects around the implant pocket and you should discuss with your surgeon preoperatively as to whether you can expect to have these or not.

15. What bra do I need following surgery?

This is something you should discuss with your surgeon but as a rule a postoperative bra will not have a wire, will have a relatively wide band to avoid pressure over where the scars are and will be supportive but not too tight. An appropriate bra is a very important part of the postoperative aftercare and so you should discuss with your surgeon how to go about obtaining a suitable one. A front fastening bra is ideal although a sports bra can be used however can sometimes be difficult to put on, particularly if they do not unfasten completely and need to go over your head. This is something to consider as it might be uncomfortable in the immediate postoperative period.

16. Where do I get measured for a bra following surgery?

You should ask your surgeon for advice as to what size bra to get following surgery and it is important to get one with some support and some “give” in it as the size will change in the first few months as the swelling goes up and down. Normally I advise patients to wait until around three months after surgery before you get an accurate final cup size and so to wait until then before making any final decision.

17. When can I wash?

This depends on the dressings you have postoperatively. I personally use shower proof dressings and so you can wash immediately postoperatively although I advise people to shower with their back to the showerhead to avoid getting the dressing soaked as they are splash proof rather than completely watertight.

18. When can I go back to work?

This depends on your job, I would normally recommend you avoid work for the first week. In the second week you will be feeling better and will perhaps be able to work from home or go in for short periods of time. It is unlikely that you will feel like doing a full day's work until two weeks postoperatively and then you should avoid any strenuous upper body activity. It will be four to six weeks before you will be doing strenuous activity and then you should gently ease into it.

19. When can I drive?

It is important to check with your car insurance company to see if they have any rules regarding driving following surgery. However, if the insurance company say that it is up to your doctor, then I normally ask patients to wait two weeks before driving. You need to make sure you are comfortable with the seatbelt position and can perform an emergency stop.

20. When can I go back to the gym?

I normally recommend two weeks away from the gym in order to allow the wounds to heal. After two weeks you can get back into lower body activities such as the exercise bike and the stepper whilst avoiding strenuous activity with your arms. It would be four to six weeks before you can do any significant upper body activity and then I would advise you to start gently and build up. If you do too much upper body activity too soon then it can cause swelling and then it can take longer for it to settle.

21. Can I fly?

Yes, it is possible to fly straightaway after breast implant surgery. I would however recommend that you wait until the scars are fully healed which is normally within two weeks. There are two reasons for this, you will feel a little discomfort for a couple of weeks after the surgery and also, if you are going overseas, it can be difficult to seek medical help if you have any problems with the wound healing. It is therefore advisable to leave a couple of months before flying. However, if you absolutely have to fly then you can fly straightaway.

22. When can I have sex?

You probably will not feel like having sex immediately after surgery and I would advise that you avoid too much contact in the area for the first two weeks. After this time gentle contact is usually fine as long as this is comfortable.

23. Are all plastic surgeons trained to the same level?

No, they are not. In order to become a fully qualified plastic surgeon, an individual must undergo many years of training. First of all, you must become a doctor. All doctors are GMC registered which involves obtaining a degree in medicine (5/6 years duration). Following this, basic surgical training is required (6 years duration). If successfully completed, it will entitle the surgeon to become a member of the Royal College of Surgeons and MRCS will appear after their name. At this point, a surgeon will become a 'Mr' and be qualified to practise general surgery. To specialise in plastic surgery, a further 6 years (yes, another 6 years!) of specialist training in plastic surgery must be undertaken to become registered on the specialist register for plastic surgery. This is when you will receive the following qualification – FRCS (Plast). There are less than 500 fully trained plastic surgeons in the UK. This means that some of the work is done by surgeons who are not trained in plastic surgery and in some cases not even trained in surgery at all. It is important to make fully informed decisions when choosing a surgeon, and of course the higher the qualification the better.

If you have a question which hasn't been answered here, feel free to get in contact with us. I'd be happy to answer your questions!

Call: 0121 454 3680

E-mail: info@staianoplasticsurgery.co.uk

Tweet: @DrJJStaiano (Last Monday of every month, Q&A with Dr. Staiano, 7-8pm. Hashtag #AskJJ).

Facebook: [thestaianoclinic](https://www.facebook.com/thestaianoclinic)

Google+: [Staiano Plastic Surgery](https://plus.google.com/+StaianoPlasticSurgery)



STAIANO
PLASTIC SURGERY

0121 454 3680

info@staianoplasticsurgery.co.uk

staianoplasticsurgery.co.uk

50 Frederick Road, Edgbaston B15 1HN