



Information about breast augmentation (enlargement) surgery Part 1 of 3

This leaflet explains breast augmentation surgery. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the risks and complications of breast augmentation surgery, and care after breast augmentation surgery, see parts 2 and 3.

What is breast augmentation surgery?

Breast augmentation surgery is an operation to enlarge the breasts, usually using an implant filled with silicone or with physiological saline (a solution containing salt at the same concentration as in the body).

Sometimes, the breasts can be enlarged with fat from another part of the body. This is called lipofilling. Lipofilling is not explained in this leaflet.

Patients are usually pleased with the results of breast augmentation, but first it is important to understand what is and isn't possible, and what care might be needed in the future.

Why have breast augmentation surgery?

People have this surgery to make their breasts larger and improve their shape.

Some women have smaller breasts than they would like. Also, breasts can droop with age or after pregnancy, breastfeeding and weight loss. Breast augmentation can improve both the shape and the droop to some degree.

Some women have one breast much bigger than the other. Breast augmentation can balance breasts of different sizes.

What will happen before my operation?

You will meet your surgeon to talk about why you want surgery and what you want. The surgeon will make a note of any illnesses you have or have had in the past. They will also make a record of any medication you are on, including herbal remedies and medicines that are not prescribed by your doctor.

Page 1 of 5

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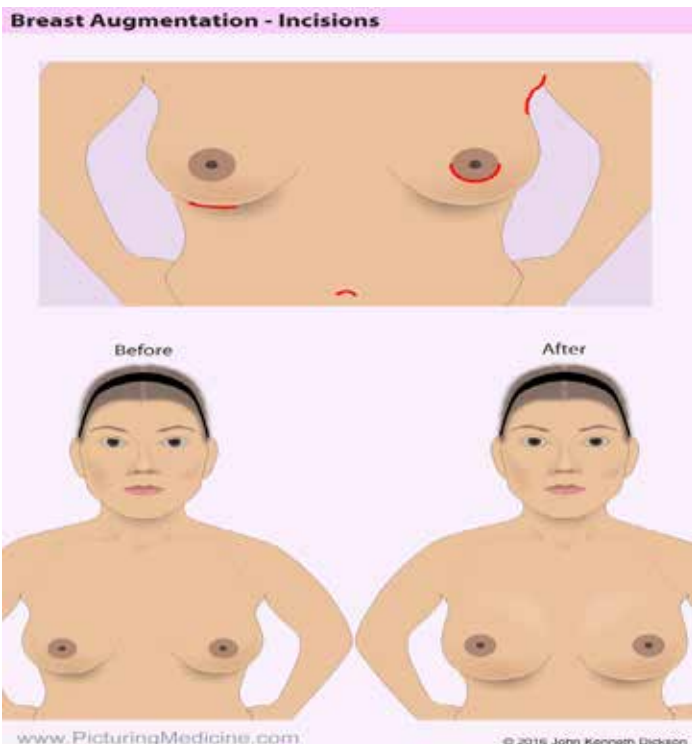
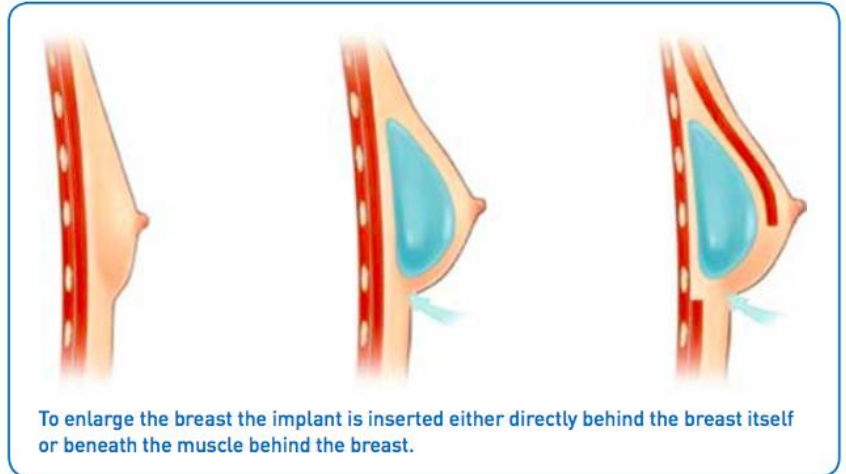


Your surgeon will examine your breasts, and may take some photographs for your medical records. They will ask you if you want to have someone with you, and ask you to sign a consent form for taking, storing and using the photographs. The surgeon may measure your height and weight to make sure that it is safe to do an operation. If you are overweight, or planning to become pregnant, your surgeon may suggest delaying your operation.

How is the surgery performed?

Implants are placed either behind the breast (middle image opposite) or behind the muscle the breast sits on (image on the far right).

Putting implants behind the breast is the simplest option. Putting implants under the muscle gives more padding in very slim women. Your surgeon will discuss which is best for you.



Implants are usually inserted through a cut in the crease under the breast (the inframammary fold). They can also be inserted through a cut in the armpit or around the areola.

Sometimes, a drain (a tube attached to a bottle or bag) is left in to drain away any fluid or blood. This is removed after a day or two on the ward.

About the implants

The outer layer of breast implants is made of silicone or, in some cases, polyurethane. Inside this there is either silicone gel (most common) or saline. Silicone implants usually feel more natural than saline ones, and can have different shapes. Saline-filled implants usually feel less natural, have a greater risk of rippling, and can deflate. Breast implants usually last about 10 years, sometimes less, sometimes more.

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Implant size

The size of implants is given in millilitres (ml), in cubic centimetres (cm³) or by weight (grams). When you meet your surgeon before the operation, they will look at your breasts and the size of your ribcage, and check how firm your skin is. They will discuss with you what size of implant will suit you best. Usually, large implants look less natural on slimmer women. Your surgeon will ask you if you want to have someone with you during this examination.

Your surgeon cannot promise you an exact cup size, only a range. Tell your surgeon if you would like to aim for the larger or smaller end of the particular range.

Implant shape

Implants can be round or teardrop-shaped (anatomical). Round implants are fuller at the top of the breast. With teardrop-shaped implants, you choose the width and height separately.

With both shapes, you can choose for the amount that the implant sticks out (the projection) to be more or less subtle. You and your surgeon will discuss what shape will suit you best.

Is silicone safe?

Medical silicone is used safely in many medical devices, including breast implants. Your body will form a layer, called a capsule, around the implant. Sometimes, the capsule can thicken and tighten around the implant. This is called capsular contracture and it can change the shape or feel of the breast. If this happens, you might need further surgery to remove the capsule.

Breast augmentation is not linked with breast cancer or other cancers. There have been reports of a condition called anaplastic large cell lymphoma (ALCL) occurring with breast implants, but this is extremely rare and does not seem to be as serious as ALCL occurring in other places.

Over time, some silicone may leak out of the implant. This does not cause ill health, but it might cause lumpiness or pain, and you might need surgery to remove and replace the implant. Over time, the implant may become more noticeable, particularly if it is large.

Do I need a breast uplift?

Mild droopiness can be improved by breast augmentation surgery. If your breasts are droopy but the right size for you, you can have a breast-uplift operation without an implant. This surgery is called a mastopexy.

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With this surgery, the nipple is lifted and the breast tissue and skin is tightened through cuts around the areola and under the breasts. Sometimes, both implants and lifting are needed, either at the same time or in two separate operations.

Choosing a surgeon

If you decide to have breast augmentation surgery, only go to a surgeon who is properly trained and on the specialist register held by the General Medical Council. They will talk to you about what is possible for you or might give the best results. Members of several different organisations do cosmetic surgery, so your general practitioner (GP) is the best person to advise you on who to see.

You should talk to your surgeon before your operation about when you might need further surgery to have the implants replaced. You should also discuss how to pay.

Breast augmentation is a lifetime commitment. You must be sure that you are making the right choice, and understand the implications of the surgery. You might need more surgery in the future to keep up the results of the breast augmentation, and you should be prepared for this, personally and financially.

Nobody needs an urgent breast augmentation. If you are not given time to think about it, you should look elsewhere.

How can I help my operation be a success?

Be as healthy as possible. It is important to keep your weight steady with a good diet and regular exercise. Your GP can give you advice on this.

If you smoke, stopping at least six weeks before the operation will help to reduce the risk of complications. Do not worry about removing hair near where cuts will be made, but do have a bath or shower during the 24 hours before your operation to make sure that the area is as clean as possible.

To find out more, visit the websites below.

Information on cosmetic surgery

www.baaps.org.uk/safety-in-surgery

www.bapras.org.uk/public/patient-information/cosmetic-surgery/considering-cosmetic-surgery

www.gov.uk/government/news/recommendations-to-protect-people-who-choose-cosmetic-surgery

Page 4 of 5

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General Medical Council (GMC) plastic surgery specialist register

www.gmc-uk.org/doctors/register/LRMP.asp

Anaesthetics

www.rcoa.ac.uk/patientinfo

Contact us:

The British Association of Aesthetic Plastic Surgeons
The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London
WC2A 3PE

Phone: 020 7430 1840

Fax: 020 7242 4922

Email: info@baaps.org.uk

Website: www.baaps.org.uk

British Association of Plastic, Reconstructive and Aesthetic Surgeons
(Address as above)

Phone: 020 7831 5161

Fax: 020 7831 4041

Email: secretariat@bapras.org.uk

Website: www.bapras.org.uk

Disclaimer

This document is designed to give you useful information. It is not advice on your specific needs and circumstances. It does not replace the need for you to have a thorough consultation, so you should get advice from a suitably qualified medical practitioner. We – The BAAPS and BAPRAS – have no liability for any decision you make about the surgery you decide to have.

Date of review: August 2021 (produced August 2016)

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Information about breast reduction surgery

Part 1 of 3

This leaflet explains breast reduction surgery. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the risks and complications of breast reduction surgery, and care after a breast reduction, see parts 2 and 3.

What is breast reduction surgery?

Breast reduction surgery is an operation to make the breasts smaller, by taking away fat, breast tissue and skin. The nipples are lifted and the breasts are reshaped to form smaller breasts.

Why have a breast reduction?

People have this surgery to make their breasts smaller and improve their shape.

Some women have larger breasts than they would like. Big breasts can cause problems like back or neck pain, shoulder grooves in the shoulders from bra straps, and rashes underneath the breasts. Women are sometimes self-conscious about their large breasts and feel that they attract unwanted attention. Also, it can be difficult to wear some clothes or enjoy sports, particularly when it is hot.

If you are unhappy with the shape, weight or droop of your breasts, having them reduced can make them smaller and higher. If one breast is larger than the other, this can also be evened out. You may find that after a breast reduction you are more comfortable socially and personally.

What will happen before my operation?

You will meet your surgeon to talk about why you want surgery and what you want. The surgeon will make a note of any illnesses you have or have had in the past. They will also make a record of any medication you are on, including herbal remedies and medicines that are not prescribed by your doctor.

Your surgeon will examine your breasts, and may take some photographs for your medical records. They will ask you if you want to have someone with you during the examination, and ask you to sign a consent form for taking, storing and using the photographs.

The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, pregnant or planning to become pregnant, your surgeon may suggest delaying your operation.

Page 1 of 6

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How is the surgery performed?

The operation involves first lifting the nipple into a new position, keeping it attached, and so alive, on a 'stalk' of tissue (pedicle). Extra skin and breast tissue is then cut away. The skin and tissue that is left is reshaped into a smaller, higher breast and the nipple is put back in place.

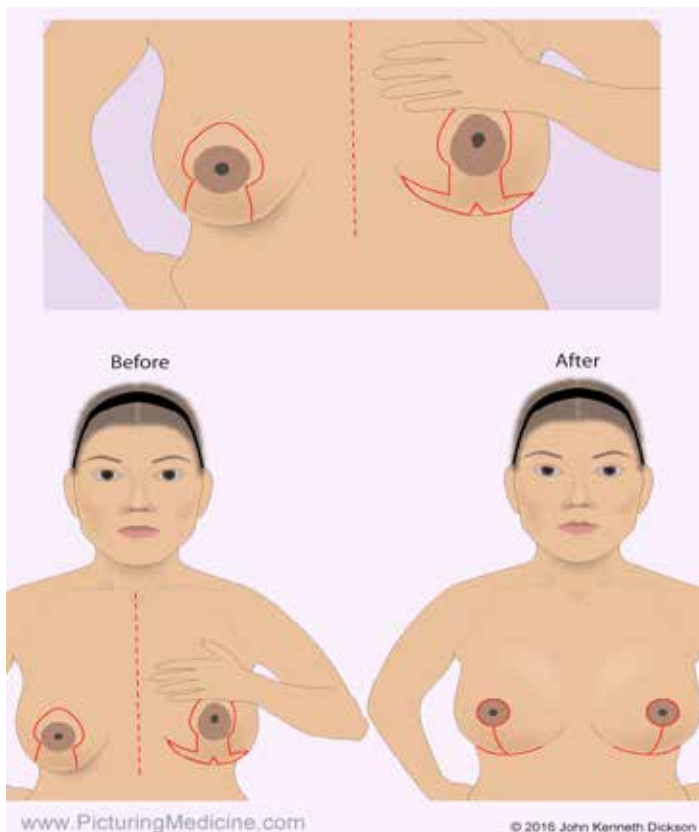
There are different types of reduction. The best type for you depends on the size of your breasts and how much of a reduction you want. The different types make different scars on the breasts. Whichever type of reduction you have, the scars should not be visible when you wear normal clothing, bras and bikini tops.

The anchor-type or inverted-T reduction (diagram 1)

This is the most common type of reduction. The cut starts around the nipple, travels straight down and then along the crease under the breast.

If your breasts are very large or droopy, your nipple might need to be completely removed and then stitched back on in a new position. Your nipple will not feel normal after this.

Diagram 1: anchor-type or inverted-T reduction



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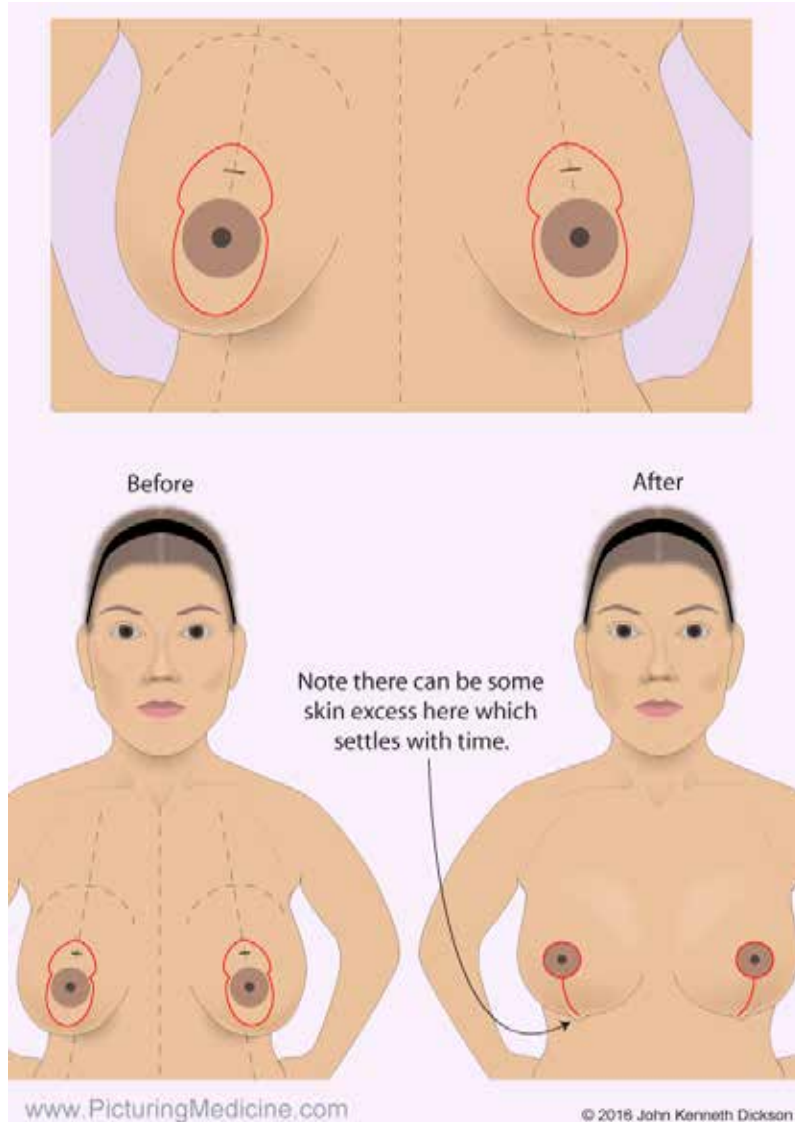
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The vertical-pattern reduction (diagram 2)

The cut is made around the nipple and travels straight down, but with no cut underneath the breast. Though the scar is smaller with this type of reduction, the skin around it can look puckered. The vertical-pattern reduction is not suitable for very large breasts.

Diagram 2: vertical-pattern reduction



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