

Augmentation Mammoplasty

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You are probably considering or have been scheduled for a breast enlargement procedure known as augmentation mammoplasty. This is an operation which is performed in our facility with great frequency, usually producing pleasing results. Most often the surgery takes place in our outpatient surgical suite which affords more privacy, greater control, and lower costs than the hospital. There are, however, a number of things you must understand about the operation.

How the buildup is accomplished

Augmentation mammoplasty involves placing a silicone rubber bag filled with either salt water solution or a gel, or a combination of the two, behind the breast tissue, behind or partially behind the chest (pectoral) muscles as depicted in the drawings below. This is different and distinct from injecting silicone liquid into the breasts, a procedure condemned by all responsible medical people and fraught with many problems and complications.

Location of Scars

Placing an implant behind the breast or behind the muscle requires access to that area, thus incisions are required. Because of different ethnic scarring characteristics, different incisions may be preferred over others in certain people. Below is a diagram of the incisions which may be used in this clinic.

Perithelial incisions are best used in patients with a fairly prominent nipple with dark coloration of the areolar complex. **Inframammary** incisions are the older, more traditional approach. They are usually inconspicuous when a person is standing, but are conspicuous when in the supine position. Brief bathing suits may leave them exposed. Only for rare special circumstances will these be chosen. **Periareolar** incisions are preferred in the very white skin just outside the pink areola. This is an excellent location for fair skinned, blue-eyed blondes. It is, however, the worst incision for dark-skinned Orientals, Polynesians, and Caucasians of Mediterranean extraction. Asymmetric incisions are often advised for people who fall in between those recommended for perithelial and periareolar locations. In this group the surgeon is unsure which will ultimately prove to be the most ideal incision. If one should turn out undesirable, the other side will not be lit it and the patient will be saved the stigma of breast augmentation – symmetrical scars on the breast. Axillary incisions can often be seen early after surgery, especially in dark-skinned individuals where they may be quite prominent. After the passage of time the incisions usually become totally inconspicuous, if not invisible, and carry the advantage of sparing scarring of the breast itself. This approach is only available for placing the implant behind or in between the muscle. Distorting the umbilicus with incisions through which implants are placed is a bizarre, irrational and unnecessarily deforming operation. It is important that you discuss incisions with the doctor and arrive at a mutually agreed upon location.

Factors influencing the result

After the surgery has been accomplished with maximum surgical skill, the desirability of the ultimate result hinges on five factors:

1. the shape of the breast and rib cage before surgery,
2. the amount of skin and soft tissue coverage,
3. the amount of bleeding into the pocket around the prosthesis,
4. the largeness of the pocket,
5. the presence or absence of infection,
6. shape and texture of the implant.

A breast which is saggy before surgery will produce a result far less desirable than a non-saggy breast. Thus, when sagginess is present, a lift usually should be performed in addition to breast augmentation or buildup. Such a procedure adds much time and complicated techniques to the comparatively simple breast augmentation operation.

Sometimes the lift is needed so little that it throws a question on the feasibility of placing additional scars of a lift (mastopexy). Sometimes such scars spread. Other times they remain hypertrophic, or thick and red, for months, Then again, they may be barely noticeable after eight to fifteen months.

Sometimes a simplified type of breast lift procedure can be performed such as the intra-areolar mastopexy, or lollipop, ice cream cone, purse string doughnut mastopexy. All are shown below.

A chest wall which is too thin, lacking the desired amount of coverage (skin, fat, and breast tissue), will usually produce a less optimal result than one with good coverage. Often in these breasts, as well as in many others where there is no sagginess, a behind-the-muscle position can be elected. IN a thin person, some details of the implant may become apparent in the lower portion of the breast even when placed beneath the muscle. For this reason one should try to avoid becoming excessively thin after surgery.

Bleeding into the pocket created for the implant causes scarring as the blood is absorbed. This fierce type scarring thus begun tends to shrink down the size of the generous pocket created to house the implant. This contributes to firmness which is undesirable. Such pocket contracture may occur on one side only or on both sides. It inevitably raises the breast higher. A unilateral or one-sided contracture makes the breasts appear uneven. Remaining quiet and inactive with elbows close at your side during the first week and a half after surgery helps prevent significant postoperative bleeding and resultant scarring.

Another cause of scar contracture is the presence of a very low grade, slowly growing bacterial infection. This type of infection may be impossible to diagnose without opening the breast and removing and culturing the capsule itself. Even then it may be difficult to diagnose.

Scarring is by far the most important factor in your final result. If minimal scar forms around the prostheses and the spaces stay big, you will most likely have lovely, soft breasts. If medium quality scar tissue forms, you will have breasts a little firmer than

normal. If tight, thick scar contracture occurs as it occasionally does, your breasts will be firm and appear more spherical than normal breasts. There is no way of predicting this scarring reaction. Should it occur, an additional surgical procedure may be indicated in an attempt to modify its formation. This would generally not be contemplated until one year or more after surgery. The more time allowed for the scar to mature the less likely the chance of bleeding and more scar formation. Because of this reoperation is best delayed 18 months or more after the original operation.

Several years ago, a new implant was introduced to the market – consisting of salt water or silicone gel contained in a spongy, fuzzy polyurethane sponge. Early reports suggested that such implants might have a lower incidence of scar contracture. The original implant of this type was known as the natural “Y” and later as the Meme, and Replicon. Long-term evaluation, turned up lots of problems from this type of implant and it was removed from the market. The doctor will be glad to discuss this implant in further detail with you if you so desire. The early benefit for some doctors is mostly likely due to the sponge soaking up blood present in the pocket, making it unavailable to make a scar.

Textured implants are preferred by many doctors because some have suggested that they end up softer. Actually they are no more likely to end up soft than the smooth shells we prefer, which are softer, less palpable, more natural, and less likely to deflate.

Another variation is the “Anatomical shape” implant which was tried and discarded 30 years ago. The triangular shape of these implants distorts normal appearance and is less normal in shape than round implants which drop into the lower breast when standing or sitting and spread evenly across the chest on lying down.

What the patient can do to influence the good result

As mentioned earlier, it is of the utmost importance that you remain quiet and inactive during the first to tenth day after surgery, especially the first week. At approximately five to six days after surgery your treatment team will begin to move your implants around within the large pockets which house them. This breast manipulation is of immense importance, for moving the implant around forcefully within the pocket keeps the space large and breaks up little spider webs of early scar formation. Instructions will be given on these breast exercises which should be continued three times daily for three months and then to twice a day. Wearing snug supportive brassieres after surgery is generally discouraged because such a routine renders the breast and implant immobile, encouraging the pocket to shrink down. The natural movement of the implant within the breast when there is no brassiere tends to break up scars and keeps the space large. And the large space is essential for the good result.

Comparing prosthetic breasts with natural breasts

“Built-up” breasts differ from natural breasts in a number of ways. They may be a little firmer or they may be softer. They also may feel more liquid. They may or may not disappear into the armpits when lying down on one’s back. On the other hand, they may

do so more than is desirable. Or they may do so in an asymmetrical fashion. They are usually less saggy and may have a wider separation in the cleavage area. However, increasing the weight of a breast with tendency to sagging may cause it to sag more. A small scar accompanies the surgery and may reside around the nipple, around the areolar, beneath the breasts, in the armpits, or in existing scars if they were used. Sometimes, after discussion with the patient, different scars may be elected on the two sides to avoid symmetrical scars which suggest that the breasts have been altered. (See Diagrams 1-5, page 2.) The scar is approximately ½ inch to 1 ½ inches long depending on the location, and is placed in a carefully selected location considered to be the most inconspicuous possible. The shape of the breasts may be more rounded on the top than normal counterparts but usually the shape is very natural. Once healed, however, the breasts become yours, and should be considered part of you. They represent nothing about which you should feel ashamed. It is advisable to assume a natural, normal attitude about the surgery you undergo. If you have a beautiful body, people in general don't care HOW it got that way, so wear it proudly!

Possible complications

Although good to excellent results are hoped for, they cannot be guaranteed, nor can complications be prevented in all cases. This operation represents a real surgical procedure accompanied by some type of anesthesia, and as such, entails all the complications possible from anesthesia, medication administration, and surgery. As such, it involves some risk to life, health, and well-being. The risk is, of course, minimal

in healthy, young adults. For your information, a list of specific breast complications which could occur follows:

1. **Hematoma.** Bleeding into the pocket around the prosthesis. This may require surgical removal of the blood. Suction drains left in the breasts help remove any accumulating blood from the breast pockets. Blood allowed to remain around the implant is a major cause of scarring and postoperative firmness. This is why it is desirable to remove it. This happening hardly deserves the title “complication” for it does occur from time to time. It is simple to treat, but does require a sterile operating room environment and some type of medication or anesthesia.
2. **Infection.** When a foreign material is placed inside the human body, there is always the possibility of infection. Should an infection occur, the prosthesis will be removed, the infection treated, and the prosthesis replaced some months later.
3. **Extrusion.** Some cases have been reported of the skin wearing thin, requiring removal and/or replacement of the implant sometime after surgery. Should this occur there may be some scarring and resultant deformity of the skin and breast tissue.
4. **Alteration of breast or nipple sensation.** Frequently there is an increase in erotic sensitivity. Sometimes the sensibility may be decreased. Oftentimes nipple sensation may be different – in a pleasing fashion, or one which is not particularly

pleasant or even unpleasant. A less likely situation is that sensitivity may be completely absent. If there is marked diminution of nipple sensation it could adversely affect one's ability to subsequently breast-feed. If sensory changes are marked, sexual function could be affected. Even in those unusual instances of absent or markedly decreased sensation, the passage of time usually sees a return to or toward normalcy.

- 5. Firmness and poor shape.** The normal tendency of the human body is to close off any opening which is made in it. This is its natural way of healing wounds. When there is firmness or scar contracture around the breast implant, it does not mean that something has gone wrong. Rather, it means that the body had done its job as expected. Successful breast augmentation requires that the breast pocket be kept large by unusual means until the space becomes coated with a smooth lining similar to that in the knee joint. This is a process requiring three to six months. Failing to manipulate the implant to the extremes of the pocket during the early months after surgery and overexertion after surgery – causing bleeding – predispose to contraction of the space and resultant hardness of the implant. (Blood excites the scarring and contracture process.) It should be pointed out that the actual implant itself never gets hard. It has an elastic lining, but in order for this elastic lining to be compressible, there must be a large space for it to compress into. If the scar has shrunk down to the same size as the implant, then the implant will no longer be compressible and will feel hard. When this happens, especially in a thin person, the shape is more spherical than normal. This may

occur on one side only; if so, it may be desirable to attempt modification of this result by an additional surgical procedure – scar removal or closed capsulotomy (breaking the scar by squeezing the breast with sudden firm pressure) – at a later date.

6. **Asymmetry.** Rarely are the two breasts on a normal person the same size and shape. If they differ before surgery, they will differ afterwards. Augmented breasts may also differ in shape, size, position, and location of nipples. Absolute symmetry cannot be guaranteed. When differences are present, they are usually minimal. Sometimes it will be a noticeable problem, especially in instances of unilateral (one sided) dense scar formation or preoperative asymmetry of the breasts or of the chest wall.

7. **Pain.** Rare cases of persistently painful areas have occurred. The operation usually causes minimal pain and discomfort. The same is true for the postoperative period. However, some people experience a moderate amount of postoperative discomfort, but this is usually controlled by the pain medication given. Symptoms, when present, are usually greater on one side or are present on one side only. Symptoms commonly disappear within a few weeks. IN unusual instances there may be persistent tender or painful areas. Rarely will any such area persist more than six months. It should be appreciated that some women normally develop mastodynia (painful breasts). This operation does nothing to prevent this normal event from occurring. This pain may develop in the breast

and be totally unrelated to any surgical procedure. It commonly occurs in breasts which have undergone no surgery.

8. **Scars.** Scars on your breasts will usually be placed around the nipple, around the areola, or on the underside of the breast. They may also be placed as mentioned above in asymmetric fashion, or through existing scars on the breasts. They may also be placed in the armpits. The perithelial scar (the one around the nipple) and the scar around the areola both involve separating or cutting some breast tissue. In the past the inframammary incision, or the one beneath the breast, was usually chose; however, it is more visible, and as such, usually less desirable. The scar around the nipple seems to be least prone to unfavorable scarring formation such as keloids or hypertrophic scar formation. These less desirable scars are seen on occasion with other types of incisions, including the ones made around the areola. In such cases, thick red scars may form and be present for one or more years; rarely they be present permanently. If such a scar persists for several years, it may be possible to excise it or administer a small dose of x-ray treatment of a superficial nature in hopes of avoiding the recurrence of such a thick scar.

9. **Symmastia.** A very usual problem after breast augmentation is symmastia where the expansion force from breast enlargement causes the skin to lift off the sternum (or breast plate) the skin and subcutaneous tissues raise up in the midline, diminishing the distinction between the two breasts. Correction usually requires removal of the implants, a period of healing – and the reaugmentation of the

breast – perhaps with smaller implants. There is no way of predicting this tendency, which probably means a tissue weakness in that area. A change will be made for additional operations.

10. **Leakage or rupture.** Salt water filled silicone prostheses were used at the Plastic Surgery Center of the Pacific for a number of years before any problems were experienced with deflation. In 1976 a thin-walled implant became available which seemed to be beautifully and expertly designed. Many plastic surgeons began using this implant because it was developed by top people in the industry. If a deflation occurs, it is not a sudden phenomenon. It happens slowly over a period of days, and reaugmentation is usually a relatively simple process requiring less time than the original operation. If done early, replacement is free of the lengthy restrictions on activities which accompanied the original breast augmentation. There is usually minimal or no discomfort or pain, and in a very short time all normal activities can be resumed. The 25 year incidence of deflation is about 23. This is the same implant we are using now – with a smaller improved filling valve. However, the possibility of capsular contracture is many times greater with silicone than with saline implants. This is probably because tiny amounts of silicone bleed through the shell and are picked up by surrounding membranes. The small silica granules then “wake up” the scarring reaction which had been dormant, and start the scar contracture process which may lead to a firm breast.

Silicone gel implants, when soft, feel perhaps slightly more natural than salt water implants, but have a greater incidence of contracture and firmness as the years go by. Inflatable implants are usually quite realistic in feel and have a smaller incidence of contracture and firmness, but have an inherent risk of deflation.

For a number of years we used a combination of a silicone gel implant inside of a saline implant. Such an implant is depicted below. It is no longer available in the United States.

One other word should be said about deflation of salt water implants or the outer salt water compartment of double lumen implants: Should it occur, IT REPRESENTS NO DANGER TO THE BODY. Human beings are composed of 60 percent salt water, and a small amount of salt water from a deflated breast prosthesis is simply a little more of the same. When such an event occurs, it is almost always the result of a crease forming in an implant which is not moved around. The shell at the crease fatigues, the fibers break, a small slit forms, and the contents escape. Daily breast manipulation can therefore be expected to help aid in the prevention of breast deflations since it changes the position of the implant and keeps it from crease in or folding in the same way for any great length of time. It is not necessary to be protective the breast with an inflatable implant. If the deflation is going to occur, it usually does so without any rough treatment. Rough treatment and exercise, on the other hand, serves to manipulate the breast into different positions and seems to offer some protection against

creasing – causing fatigue and fracture of the implant shell, and consequent deflation.

NOTE: If the prospective patient has a preference as to the type of implant used, Dr. Flowers will happily honor your request unless new information adds great weight to one particular type of implant. In any case, he will gladly discuss the benefits of the various type implants with you.

11. **Scalloping.** Some rippling or contour irregularities characteristic of inflatable implants may occasionally be discernible through the skin of a thin person. This is rarely an aesthetic problem but is another inherent problem of the inflatable implant. It rarely occurs in the newer silicone gel implants, but may be seen to some degree in double lumen varieties.

12. **Rupture of silicone implants.** On some occasions gel implants have ruptured and resulted in migration of silicone to different areas with the formation of siliconomas (pockets of silicone gel enclosed in a mass of scar tissue). Should such an unusual event happen, it could be necessary to remove, or attempt to remove, such accumulations surgically. This is also a possibility with the inner compartment of double lumen implants. The ruptured implant would need to be removed and/or replaced.

13. **Immune disease.** Publicity in recent years suggested the possible existence of a condition wherein a body could possibly become sensitized by the presence of silicone, leading to a condition similar to rheumatoid arthritis and other serious medical disorders. Most scientists feel any association between implants and disease is coincidental and that there is no cause-effect relationship. A huge number of young women have undergone breast augmentation and rheumatoid arthritis-like conditions are prevalent in young women in this age group. The appearance of arthritis and many other diseases is to be expected in any such large group of people. Someone, somewhere, may however turn out to be allergic to silicone.

14. **Mammography difficulties.** Articles have recently appeared in medical literature written by radiologists suggesting that it may be more difficult to diagnose cancer by mammography in women who have undergone breast augmentation. The blame may be more on the fact that small breasts are much more difficult to do adequate mammography on than large, and it could be that radiologists are expecting breasts that appear generous to give the same mammography picture as unoperated generous breasts. They don't. But there may indeed be some area of the breast hidden to mammography by the implant, especially in the routine survey. Perhaps of more significance would be the possibility of scarring causing small calcium deposits that could be misinterpreted as an area that needs biopsying. There is a small chance in certain situations that

breast augmentation could delay the mammographic diagnosis of breast cancer in some people.

15. Retropectoral abnormalities. When the retropectoral muscles are contracted over a breast implant which has been placed behind them, there are certain natural effects. These include flattening of the breast and thrusting of the implant laterally. It is often drawn upwards also. In some persons there is a tight band of muscle running across the implant which can cause a depression in the central portion of the breast when the muscle is activated. In some people this produces an abnormal appearing situation, but most people do not describe the problem, and most do not report it as objectionable. For most, the added advantage of deeper placement with less tendency to sag over the years (from the weight of the implant) is well worth the differences of behind-the-muscle placement.

16. Pneumothorax. Rare instance of pneumothorax have occurred, especially from augmentation in the retropectoral (behind the muscle) location. This would result from either an instrument or a needle (used for anesthesia) inadvertently sliding between the ribs. Treatment may require hospitalization.

Breast Cancer

Although no relationship has been established between augmentation mammoplasty and breast cancer, it should be appreciated that breast augmentation may render the breasts a bit more difficult to examine. Also, to say definitely that there is no relationship between

silicones placed in the body and malignancies, one would need to observe the complete life cycles of many individuals with silicone prostheses. Thirty or forty more years must pass before we will have this type of information. In the meanwhile, to our best medical knowledge breast augmentation is a reasonably safe procedure. At this point, after twenty-five years of augmenting breasts, there has been no increase in the incidence of breast cancer in women thus treated. Actually, the reported incidence is less in women with implants. This is probably not due to any protection offered by the implant, but rather to the fact that people with strong family histories of cancer are often afraid to have anything unnecessary done to their breasts.

Breast examination in years to come

If your doctor feels that it is not possible to examine your breasts adequately because they have been altered, you may return here for annual or semiannual checkups. More and more gynecologists, however, are becoming comfortable with doing such examinations as they encounter augmented breasts more frequently.

Routine breast exams or evaluations of lumps will be accompanied by office visit charges beyond a year after breast augmentations.

Mammography

Various organizations such as the American Cancer Society have made recommendations as to when mammography should be done. We are concerned that occasional patients undergo somewhat deforming biopsy procedures to investigate suspicious areas found on

mammography which turn out to be benign. But then we know of others where breast cancers were diagnosed and treated early because of them. Our recommendation is that you follow your own physician's recommendation on this matter, and we will follow whatever supportive role is appropriate. If you are 35 to 40 years of age it is probably good advice to have mammography before undergoing breast augmentation.

Size

There are more considerations in choosing a size appropriate for your chest wall than simple what cup you would like to wear. A well-shaped, normal, feminine bust is desirable, but an attempt to make the breasts huge is usually a mistake. In a similar fashion, it is similarly unwise to choose prostheses too small to adequately fill the hemispheres of the chest wall. Your feelings concerning desired size should be communicated, but the ultimate decision in terms of size should be your surgeon's after consultation and discussions with you. He will be able to choose the type and size of prostheses which he feels are best for you. That decision will be based on such factors as your height, chest wall dimensions, breast size and shape, your own desires, your ability to purchase normal sized clothing which fits, and your lifestyle.

Alternatives to the breast augmentation operation

Are there other satisfactory ways of enlarging the breasts besides the breast augmentation operation? Free grafts of buttock fat attached to the deep layers of the skin were advocated many years ago but gained little popularity. It was not a very satisfactory procedure. Then came silicone injections. This was worse. Although the breast could be

enlarged without scars, the large volume of injected silicone created problems of such magnitude that in some states (such as Nevada) it was declared a criminal offense.

Silicone injection is not an acceptable alternative.

More recently with the popularization of fat removal by suction techniques, some have advocated breast enlargement with aspirated fat from the buttocks, hips, abdomen, or other areas. Well-trained surgeons were largely amused with this process. Their extensive knowledge of the fate of transplanted tissues gave them a basis of knowing that such experimental transplantation could not be long lived. Now several years later this has been borne out. Benefits are strictly short-lived, and there may be serious implications and deleterious effects of the injections of large quantities of aspirated fat into the tissues.

Some women experience a degree of breast enlargement when taking birth control pills.

It is more pronounced during the first several months of its use, and enlargement tends to decrease with each month that these pregnancy-mimicking hormones are taken.

Pregnancy enlarges the breasts, but should not be considered a treatment for small breasts or the flat chest syndrome. It has its own goals and rewards although many women clearly enjoy the fullness of the bosoms experienced during pregnancy and breast-feeding. Thus the alternative is simply whether to do breast augmentation or to not do breast augmentation.

Other alternatives revolve around the type of procedure to be done; that is, in front of the muscle or behind the muscle, the locations of the incisions, and choice of the type and

manufacturer of the breast implants. Information on the in-front-of or behind-the-muscle placement has been discussed elsewhere in this pamphlet. Different types of incisions can be elected. They are demonstrated and discussed at the beginning of this brochure. The other decision is which type of implant to select- inflatable (a silicone balloon filled with salt water), a silicone gel, or silicone gel lumen inside of a salt water lumen (double lumen). There is also the polyurethane coated silicone gel implant which is popular among some surgeons and has gotten a fair amount of press in ladies magazines over recent years. Furthermore, there are smooth-walled implants, textured implants, thick-shelled implants, thin-shelled implants, and a whole host of manufacturers to choose from. *We cannot guarantee the product of any specific manufacturer.* We can advise as to the one which we believe to be the most durable and reliable. If you, as the patient, have specific requests beyond that, we are happy to work with you with your preferred implant, providing we feel it to be a safe and workable alternative.

About the surgery

Surgery may involve a general anesthetic, but local anesthesia is added to minimize the amount of general anesthesia necessary.

Occasionally local anesthesia with sedation and intravenous analgesia will be chosen instead. You will most likely be unaware of discomfort during the operation.

After surgery you may notice some pain or discomfort in your chest wall. Usually it is mild, and often nonexistent. You will have pain medication for its control and sleeping

pills to help you the first few nights after surgery. You may notice that drains and a suction device have been connected to your breasts. This is often done to reduce the chances of a postoperative hematoma (collection of blood with subsequent scarring)- to your ultimate benefit.

Preparing for Surgery

It is important to be in the very best condition possible for this surgical adventure. As early as possible, all aspirin-containing medication, all anti-inflammatory agents, all ibuprofen should be stopped. The same goes for vitamin E, and all other products on the list provided separately. (They are both “blood thinners”). Multivitamin capsules or tablets should be stopped well in advance of the operation to counteract all the extra blood vessels that vitamin B complex causes.

Cigarette smoking should be stopped to make an easier anesthetic and recovery.

Alcohol consumption should be stopped or markedly reduced in order for the liver to be in optimal condition to manufacture the “building blocks” necessary for healing.

Chinese Herbs and other “alternative medicine” products must be cleared with your surgeon or discontinued before the operation, and for a month afterwards (unless approved by your surgeon).

It is your responsibility to make us aware of any significant health condition which you have. Please let us know of any conditions that apply to you. Certain heart conditions require preoperative antibiotics.

If you take high blood pressure pills or diabetes medication, special arrangements will be made. Please let us know if these medications apply in your situation.

The trip home

After surgery you will remain in recovery about three hours or until we feel that you are ready to go home. We will only discharge you into the care of a responsible adult. *We will not allow you to travel home alone by taxi.*

Make such arrangements in advance and plan for someone to be with you overnight after your operation. If suitable arrangements have not been made, it will most likely be necessary to admit you to the hospital for overnight nursing care. This can be quite expensive, so make careful plans in advance.

In rare instances we may decide that your condition requires hospitalization although you had planned to go home. *We always reserve the right to change plans and admit you if we think it is in your best interest.*

A car with a back seat large enough for reclining is desirable for the trip home.

Occasionally a person may be a little more dizzy and nauseated at the time of discharge than is optimal. Therefore the ability to recline is important.

Postoperative visits

Plan to return to the office for a number of postoperative visits. These usually involves visits on the postoperative day, at which time the drains and sutures may be removed.

Other checkups will be around the eighth to tenth postoperative day, two weeks later and two months after surgery. On some visits it is necessary only for Dr. Flowers' nurse to check you or remove sutures, etc. If his opinion is required, the doctor, of course, will see you or you may request that he do so.

You may be asked to return for a six-month checkup in addition to the one and two-year evaluation.

Many of these visits will be very brief. The point will be to make sure that the wound is healing properly, that the prostheses position is satisfactory, and that there is no excess fluid or blood accumulation.

It is a good idea to jot down any questions you have. The cost of all these postoperative visits is included in the surgical fee. Many patients request continued annual breast examinations. This can be done, but as mentioned earlier, such visits will be billed to you as routine office visits at usual and customary rates.

Photography

We will take photographs of your chest wall before and after surgery. These become part of your medical record and do not include your face and breasts together. The photography is often the most embarrassing aspect of the operation for the patient, and we apologize for the inconvenience to you. It is essential, however, that we have these photographs for documentation.

Activity

You will need to restrict your activities after surgery for a period of time. Below is a partial list to help you in your planning.

1. You will need to sleep on your back for two weeks.
2. You must severely restrict movement of your arms, keeping them at you sides for four days, moderately restrict movement for three more days, than restrict movement to a degree for four more days. You may do no overhead reaching for two weeks.
3. You may do no heavy lifting, pushing, pulling, or stretching for ten days.
4. You may drive after one week at your own risk but **ONLY IF OFF ALL PAIN MEDICATION** and if free of discomfort which may interfere with your ability to main control of your vehicle.

5. Routine lower body exercises may be done six weeks postoperatively. Upper body exercises may be done ten weeks postoperatively.
6. Jogging and aerobic exercises are permissible six weeks after surgery with a bra on.
7. Golf and tennis are permissible three months postoperatively.
8. You may go into a swimming pool after one week, but may not swim vigorously until six weeks after surgery.
9. Scuba diving is permissible six to eight weeks postoperatively.
10. Bowling, wind surfing, judo, snow skiing, water skiing, sky diving, hang gliding, trail bike riding may be done eight weeks postoperatively.
11. You should avoid sex two weeks after surgery. (Sex itself is no problem, but increased pulse rate and blood pressure can cause bleeding.) Gentle breast fondling is all right ten days after surgery; aggressive fondling is all right two to three weeks after surgery.
12. Weight lifting, Nautilus, and especially power lifting pose a small risk after augmentation. Repetitive muscle-strengthening exercise with two to eight pound weights

is permissible six weeks after surgery. Full lifting and Nautilus are permissible three months after surgery.

Returning to work

Some people return to work within two to three days after surgery. However, one week's vacation is usually a good idea if it can be arranged. The length of time you take off from work depends, of course, on the amount of physical activity required on your job assignment. Some types of work will require an absence of two to three weeks.

Costs

In addition to the charges which have been made to you for the operation, there will be additional costs for prescriptions, blood work, urinalysis, chest x-ray, and mammography when required. Should a biopsy of suspicious breast tissue be performed, or should skin lesions be removed in conjunction with surgery, you will receive a bill from the pathologist for their analysis. You will also be asked to purchase a brassiere to wear during the early postoperative period. If considerable additional surgery is required because of unexpected findings or lumps, there may be additional surgical charges. If you have insurance, it may cover this.

In the event of complications of hematoma, infection, or deflation requiring additional surgery in the first six weeks postoperatively, no additional fee will be charged for the operation. However, the expenses of the operating room and anesthesia will be charged additionally, just as if the surgery were done at the hospital. *Should a later operation be*

desired in an attempt to overcome firmness, to modify shape or size, to repair a deflation, or for some other reason, a normal surgical fee should be anticipated.

Warranty

All breasts differ and so do the results after surgery.

The only warranty offered is that your surgeon will extend his skills in hopes of achieving the best possible results. No further guarantee can be made. It should further be understood that fees paid are for the performance of an **operation** and **NOT** for a guaranteed result nor for an improvement which can be guaranteed to last indefinitely. A modification of your breast augmentation may be required at some point in the future.

Finally

The information contained herein is by no means complete, but is intended to reemphasize many of the points already discussed during your initial consultation and to provide documentation which you may find convenient to refer to. We ask that you sign the informed consent page upon completion of reading this pamphlet. Further, we ask that you return it to us prior to the time of your operation.