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CIRUGÍA PLÁSTICA Y DE GÉNERO

BREAST AUGMENTATION – ADDITIONAL INFORMATION

Breast augmentation is a surgical procedure intended to increase breast size for a number of reasons: to improve a woman's body contour, in cases of breast hypoplasia, to correct a loss of breast volume following pregnancy, due to breast atrophy and ptosis, to balance breast size when there is a significant difference between them, in cases of breast asymmetry, as a reconstructive technique in certain circumstances, and for reconstruction following total or partial or prophylactic mastectomy.

The shape and size of the breasts before surgery may influence both the recommended treatment and the final result. If the breasts are not the same size or shape before surgery, it is unlikely that they will be completely symmetrical afterwards.

Breast augmentation is achieved by inserting an implant either behind the breast tissue or beneath the chest muscles. Incisions are made in locations where the scars will be as discreet as possible, usually in the breast crease, around the lower part of the areola or in the armpit. The method of implant placement and the position of the implant will depend on your preferences, your anatomy and your surgeon's recommendation.

Types of implants: silicone gel-filled, saline-filled, water-soluble material, combined, etc. The most commonly used implants today are those filled with cohesive silicone gel. There are different types of implants in terms of shape (round or anatomical), filling material (silicone gel or saline), as well as specific implant characteristics (macrotextured, microtextured, nanotextured, smooth or polyurethane).

Alternative treatments

Breast augmentation is an elective surgical procedure. Alternatives may include not undergoing the procedure, using an external breast prosthesis or padding, or transferring tissue from another part of the body to increase breast size.

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Risks

All surgical procedures involve a certain degree of risk, so it is important that you understand the risks involved in breast augmentation. Additional information about implants can be obtained from the Ministry of Health (Ministerio de Sanidad), the information leaflets provided by the manufacturer with the implants, or other information materials such as those provided by SECPRE and AECEP.

The decision to undergo surgery is based on weighing the risks against the potential benefits. Every surgical procedure involves a certain degree of risk. Although most patients do not experience the following complications, it is important that you are aware of them. Possible risks include those associated with any surgical procedure: infection, vascular, cardiac, respiratory and renal complications, as well as the possibility of any uncontrollable complication, including death. The specific potential risks associated with this procedure are:

- **Bleeding:** Although uncommon, bleeding may occur during or after surgery. If post-operative bleeding occurs, emergency treatment may be required to drain the accumulated blood (haematoma) or even a blood transfusion. Do not take aspirin or anti-inflammatory medication for ten days before surgery, as this may increase the risk of bleeding. Over-the-counter herbal remedies and dietary supplements may increase the risk of bleeding during surgery. Haematomas may occur at any time following surgery or injury to the breasts. Heparin used to prevent blood clots in the veins may cause bleeding and a reduction in blood platelet levels.
- **Infection:** Infection is uncommon following this type of procedure. It may occur during the immediate post-operative period or at any time after insertion of a breast implant. Subacute or chronic infections can be difficult to diagnose. If an infection occurs, treatment may include removal of the implant, antibiotics or additional surgery. It is extremely rare for an infection around an implant to result from a bacterial infection elsewhere in the body; however, prophylactic antibiotics may be considered for dental treatment or subsequent surgery. Although very uncommon, a serious infection called necrotising fasciitis may develop. Necrotising fasciitis is a soft-tissue infection that can extend to the fascia surrounding the muscles. It is very rare in plastic surgery but is life-threatening and constitutes an emergency. If you experience severe pain that does not improve with pain relief, fever, blisters in the treated area or a purplish

discolouration of the skin, you should attend an emergency department and contact your surgeon.

- Seroma: Fluid may accumulate around the implant, causing an increase in the size of the affected breast. If this occurs (incidence of 1%), medical treatment and needle aspiration may be required to remove the fluid. In some cases, it may be necessary to remove the implants and replace them several months later. In patients who develop a seroma some time after implantation, without it being a direct complication of surgery and following an apparently normal post-operative recovery, specific investigations of the seroma should be considered to rule out the presence of breast implant-associated anaplastic large cell lymphoma.
- Capsular contracture: The scar tissue that forms internally around the implant may contract, causing the implant to become rounder, firmer and potentially painful. Excessive breast firmness may occur shortly after surgery or years later. Although it is not possible to predict whether symptomatic capsular contracture will occur, it generally affects fewer than 7% of patients. The incidence of symptomatic capsular contracture may increase over time. It may occur on one side, both sides or neither. Treatment for capsular contracture may require surgery, implant replacement or implant removal. Capsular contracture has been associated with infections elsewhere in the body through contamination of the implant. Smooth implants have a greater tendency towards capsular contracture. For this reason, antibiotic treatment is important for dental procedures, and you should inform your plastic surgeon if you develop a urinary tract infection.
- Changes in nipple and skin sensation: The breasts are usually sore after surgery. Changes in nipple sensation immediately after surgery are not uncommon. After several months, most patients regain normal sensation. Occasionally, partial or complete loss of sensation in the nipple and skin may occur.
- Skin scarring: All surgery leaves scars, some more visible than others. Although good wound healing is expected following a surgical procedure, abnormal scarring may occur in the skin and deeper tissues. Scars may be unattractive and a different colour from the surrounding skin. The appearance of a scar may also vary along its length. Scars may be asymmetrical, appearing different on the right and left sides of the body. Visible marks caused by sutures may occur. In some cases, scars may require surgical revision or treatment. People who have reduced blood supply to the breast tissue due to previous surgery or

radiotherapy may have an increased risk of wound-healing problems and a poor surgical outcome. Smokers have a higher risk of skin loss and wound-healing complications.

- **Implants:** Breast implants, like other medical devices, can fail. They may rupture or leak. When a saline implant deflates, the saline solution is absorbed by the body. Rupture may occur as a result of an injury, during a mammogram or without any apparent cause. The implant may also be damaged during surgery. A damaged or ruptured implant cannot be repaired; ruptured or deflated implants require replacement or removal. Implants do not have an unlimited lifespan and will eventually require replacement surgery.
- **Degradation of breast implants:** Small fragments of implant material may separate from the surface of the implant. Occasionally, small fragments may separate from the implant or silicone may leak from the implant (gel bleed) without the implant having ruptured. The significance of this is not known, which is why annual monitoring of implants by ultrasound or another imaging test (mammography or MRI) is very important.
- **Calcification:** Calcium deposits may form in the tissue surrounding the implant, which may cause pain and increased firmness and may be visible on a mammogram. If this occurs, additional surgery may be required to correct the problem.
- **Fat necrosis:** Deep fatty tissue beneath the skin may die. This can cause areas of firmness beneath the skin. Additional surgery may be required to remove areas of fat necrosis. Irregularities in the skin contour may occur as a result of fat necrosis.
- **Implant extrusion:** Inadequate tissue coverage or an infection may result in exposure and extrusion of the implant. Cases of skin breakdown have been reported with the use of steroid medication or following radiotherapy to the breast tissue. If tissue breakdown occurs and the implant becomes exposed, it will need to be removed.
- **Wrinkling and skin folds:** Visible and palpable folds in the implant may occur. Some degree of wrinkling is normal and to be expected. This may be more pronounced in patients with saline implants or thin breast tissue.
- **Chest wall deformity:** Chest wall deformities secondary to the use of tissue expanders and breast implants have been reported. The consequences or significance of this are not known.

- **Pneumothorax:** As the surgery is performed close to the ribs, an injury to the chest wall and pleura could occur, allowing air to enter the chest cavity. This is known as a pneumothorax. It may require a drain to be inserted to remove the air for several hours.
- **Dynamic deformity:** In certain cases, particularly with implants placed beneath the muscle, the shape of the breast may temporarily change depending on the patient's movements and activities, such as contraction of the pectoral muscle or certain types of physical exercise. The breast will normally return to its previous shape once the patient relaxes her arms. Therefore, it is not possible to guarantee that the shape of the breasts will be satisfactory in "all circumstances", regardless of position or activity.
- **Allergic reactions:** In rare cases, local allergic reactions to adhesive tape, suture material or topical preparations have been reported. More serious systemic allergic reactions may occur in response to medications used during or after surgery. Allergic reactions may require additional treatment.

Special circumstances to be taken into account

- **Pregnancy and breastfeeding:** There is no convincing evidence of any particular risk associated with breast implants for pregnant women or their babies.
- **Mammography:** You should inform the radiologist that you have breast implants so that mammography can be performed appropriately. Ultrasound, specialised mammography and magnetic resonance imaging (MRI) may be appropriate for assessing breast lumps and the condition of the implants. If you are around 35 years of age, a pre-operative mammogram is recommended. Post-operative mammograms should be performed in accordance with the guidelines of the American Cancer Society. Breast implants may make mammography more difficult to perform and may obscure the detection of breast cancer. Implant rupture may occur due to compression of the breast during mammography. It is important to continue having regular mammograms or other imaging tests (ultrasound or MRI) after breast implant surgery, with at least one examination during the first year after surgery and subsequently annually or every two years, in addition to performing regular breast self-examinations. If you detect a breast lump or any change in your breasts or implants, either through mammography, ultrasound or MRI or through self-

examination, you should consult your doctor. These tests are useful for detecting breast conditions, diagnosing or preventing breast cancer, and identifying any changes affecting your implants.

- Immune system disorders and unexplained conditions: Some women with breast implants have reported symptoms similar to those associated with immune system disorders such as systemic lupus erythematosus, rheumatoid arthritis, scleroderma and other arthritis-like conditions. To date, there is no scientific evidence that women with silicone or saline implants have an increased risk of developing these conditions, although this possibility cannot be ruled out. Unlike silicone implants, saline implants contain saline solution. The risks associated with the silicone filling are not associated with saline implants; however, both silicone and saline implants have a silicone outer shell, so there may still be an increased risk of autoimmune disease with saline implants. Reliable laboratory tests can determine whether silicone antibodies are present. No relationship has been established between these antibodies and disease in women with breast implants. At present, there is insufficient evidence to state that removal of breast implants or the surrounding encapsulated scar tissue is beneficial to health, or that removal alters or prevents potential autoimmune disease.
- Other symptoms and conditions: Very few women with breast implants have reported other symptoms and conditions suggesting a syndrome similar to multiple sclerosis. Other complaints involve the musculoskeletal, dermatological, neurological and immune systems. The relationship between breast implants and these conditions is hypothetical and has not been scientifically established. These conditions are rare and therefore difficult to investigate. Current studies have focused only on known symptoms of autoimmune diseases rather than investigating symptoms reported by many women, including joint inflammation and/or pain or arthritis-like pain, widespread pain, unusual hair loss, unusual or unexplained loss of energy, increased susceptibility to colds and viral infections, swollen glands or lymph nodes, rashes, memory problems, headaches, muscle weakness or fatigue, nausea, vomiting, irritable bowel syndrome and fever.
- Lymphoproliferative disorders and breast implant-associated anaplastic large cell lymphoma: Some information published in the medical literature has suggested a possible association between breast implants and the very rare occurrence of a lymphoproliferative disorder known as "breast implant-associated anaplastic large cell lymphoma". This is a very rare type of T-cell

non-Hodgkin lymphoma, but there appears to be a possible association between having breast implants and this type of lymphoma. According to data from the US National Cancer Institute provided to the FDA, the number of cases in the United States is 1 case per 500,000 women per year; the incidence of this tumour in the breast is even lower, at 3 cases per 100 million women per year. Although there may be a scientific association between breast implants and anaplastic large cell lymphoma, the risk is very low. The FDA has identified another type of cancer called squamous cell carcinoma, as well as other types of lymphoma. At present, the agency is aware of fewer than 20 cases of carcinoma and fewer than 30 cases of various lymphomas occurring in the capsule surrounding the implant. These types of cancer have been associated with all types of implants, including textured and smooth-surface implants and those filled with saline or silicone. If you experience changes in your breast, a seroma, an increase in breast size, a palpable lump or any warning sign on imaging tests, you should seek immediate medical attention from your plastic surgeon, or from another plastic surgeon if your usual surgeon is not available. Early diagnosis and treatment are important to reduce risks. This is why regular follow-up and annual imaging tests are important.

- **Breast disease:** Current medical literature does not demonstrate an increased risk of breast disease or breast cancer in women with breast implants for aesthetic or reconstructive purposes. Breast disease can occur independently of the presence of implants. All women are advised to perform regular breast self-examinations, undergo mammography in accordance with established guidelines and consult their doctor if they discover a breast lump.
- **Piercing procedures involving the breasts and nipples:** People who currently have piercings in the breast area should be aware that this may result in an infection in the breast area.
- **Implant displacement:** Breast implant displacement or migration may occur, accompanied by discomfort and/or distortion of the breast shape. More complex implant placement techniques may increase the risk of displacement or migration. Additional surgery may be required to correct this problem.
- **Implant rotation:** Both anatomical and round implants may rotate, turn clockwise or become inverted, with the flat surface facing upwards. This tends to occur in patients with lax tissues or excess skin. The larger the implant volume in a patient with lax tissues, the greater the risk of rotation. If implant rotation occurs, further surgery will normally be required. External manoeuvres to rotate the implant back into position are strongly discouraged due to the

high risk of implant rupture. If you have lax skin or soft tissues (which stretch easily), or if you lose weight suddenly or excessively, the risk of rotation or flipping is considerably higher.

- **Surgical anaesthesia:** Both local and general anaesthesia carry risks. There is a possibility of complications, injury and even death resulting from surgical anaesthesia or sedation.
- **Unusual activities and occupations:** Activities or occupations that carry a risk of trauma to the breasts may rupture or damage the implants or cause bleeding. Examples include sports requiring significant arm strength or high-impact sports, manual occupations such as hairdressing or activities involving substantial use of the pectoral muscles. Contact sports such as boxing and karate, as well as arm and chest exercises such as rope climbing, heavy weightlifting, press-ups, pull-ups and burpees, may also pose a risk.
- **Implant removal or replacement:** Future removal or replacement of the implants and the surrounding scar capsule involves a surgical procedure with potential risks and complications.

Remember

If you have any questions or need assistance, the medical and nursing team is here to support you and answer any questions you may have. Your recovery is a process that we go through together, so that you can feel comfortable and confident in your body again.

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Kind regards,



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