

## FREQUENTLY ASKED QUESTIONS - BREAST AUGMENTATION

### 1. What is Breast Augmentation?

Breast augmentation or breast enhancement is the procedure in which the fullness is enhanced with the use of carefully selected breast implants.

### 2. Are you a suitable patient for Breast Augmentation?

You may be a suitable person for breast augmentation procedure,

- If you are a woman who, for personal reasons, wants to enhance her body contour, feels her breast size is too small in proportion to her body.
- If you would like to correct a reduction in your breast volume after pregnancy.
- If you would like to balance a difference in your breast sizes.
- If you chose to use breast augmentation as an option for your breast reconstruction.

If you fall into one of the above mentioned categories or if you are not entirely sure, make an appointment to see Dr Gahankari. He will examine you and discuss the options with you. During the same consultation, he will be able to guide you to make appropriate choices.

### 3. How is the Breast Augmentation procedure performed?

The breast augmentation procedure can be performed with one of the following approaches:

**Inframammary:** Short incision is placed close to the breast crease

*Advantages:* This is the most direct approach for breast augmentation and the most popular approach in the world. The scar is virtually invisible except when lying down face up.

*Disadvantages:* The scar is visible when lying down.

**Axillary:** Axillary incision is placed in the arm pit and the pocket for implant is created entirely by this approach either with or without the use of the endoscope.  
*Advantages:* The scar from this approach is usually very inconspicuous and away from the breasts.

*Disadvantages:* The approach is technically difficult and normally takes more time for surgery than the inframammary approach. A scar may be visible when the arms are raised.

**Periareolar:** In this approach the incision is placed at the interface of pigmented areola skin and the normal breast skin.

*Advantages:* Reasonably small incision and usually inconspicuous although on the prominent aspect of the breast!

*Disadvantages:* Can be technically difficult if you happen to need a larger size implant. The scar can become hypo-pigmented and become more obvious.

### 4. I hear about implants behind the muscle or behind the breasts. What does this mean?

**Pre-pectoral or retro-mammary:** The breast implant is placed in a pocket

This pocket can be created behind the breasts and in front of the muscle. This is an option available for women with substantial breast

tissue. This was the approach first described when the breast implants came into existence.

*Advantages:* Direct approach for making a pocket and also usually relatively less painful post-operatively. Less chance of implant being pushed 'out' by the contracting overlying pectoral muscle.

*Disadvantages:* Implant borders may show, especially if you do not have adequate breast tissue to cover the implant. The implants behind the breasts have been associated with relatively more risk of capsular contracture.

**Sub-muscular (sub-pectoral) or Behind the muscle:** The pocket in this case is created behind the muscle

In this process, the lower part of the pectoral muscle is usually detached to give a nice shape to the breast and to reduce chance of muscle flattening the implant during its contractions.

*Advantages:* Muscle covers most of the implant and separates it from the breast tissue. Most commonly used approach now by the qualified Plastic Surgeons around the world. It has stood the test of time and has reduced incidence of capsular contractures. Less chance of contour irregularity and the best approach for women with little breast tissue.

*Disadvantages:* This is technically a slightly more difficult approach. Occasionally implants can be pushed 'out' by the contracting overlying pectoral muscles, especially in some body builders.

Dr Gahankari is well versed with both the approaches and offers both to his patients. During the consultation, he will examine you thoroughly and suggest the best approach for you.

## 5. What are the different types of the breast implants?

Well let me make it easy for you. Basically there are two main implant types:

**Saline implants:** These are saline filled silicone shells. To mask the 'bag of water'

feel, they are almost always placed behind the muscle. The incidence of capsular contracture is minimum for saline implants, however, if the saline implant ruptures it will flatten the breast almost immediately.

**Silicone Implants:** These are silicone gel filled - silicone shell implants. Silicone gel implants, when they were introduced, had less viscous gel in them and a thinner silicon shell. These were very prone for implant rupture and were also associated with high incidence of capsular contractures. Over the past three decades, both the quality of the silicone shell and the gel has improved tremendously. The modern implants have been proven to be associated with much less risk of rupture as well as capsular contractures.

Other choices of implants are:

### Smooth and textured:

This refers to the type of the shell. In simple terms, textured implants are believed to cause less thick capsules. It is also believed that the textured surface produces scarring that grips the implant firmly, therefore reducing the chance of a mobile implant. The smooth shelled implant on the other hand is commonly used when the implant is closer to the skin, as it is less likely to show 'wrinkling'. The textured implants are more popular because of the belief that they cause less severe capsular contractures.

### Round and Teardrop shaped:

The decision to use the round or teardrop implants is usually taken during the consultation depending of the following general criteria:

- Shape, contour and configuration of the breast tissue
- General body build and height of the patient
- Whether the implant is planned under the breast or under the muscle
- Thickness of the fat layer under skin especially in the upper part
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- Approach used for surgery
- Financial consideration

Dr. Dilip Gahankari uses all the above different types of implants in his practice and would be happy to discuss various options with you and suggest the most suitable implant for your needs.

## **6. I would really like to have larger breasts. How do I know what is the appropriate size for me?**

It is a good question and not often an easy one! Dr Dilip Gahankari would like to give a few tips before you see him for the consultation.

- If you know someone who has had breast enhancement, you may find it beneficial to speak to them.
- Any of your friends with similar body build and size of breasts that you desire, may tell you their bra size
- Acquire the desired bra and use rice in a plastic bag to fill it to the extent that you would like. Do not forget to measure the rice in either side using a measuring jar in mls. It is good fun and believe me, would give you close to the accurate measure of the size of the implant.
- You could bring in a photograph to give an idea about your desired implant.
- Bring along a bra of size that you may like to wear after surgery and a neutral colour (plain white, pink or yellow are good colour choices) crop up top that fits you snugly.

Sizing of breast implant is not an accurate science mainly because individual desires differ significantly among women. What is a desired size for you may be bigger or smaller for others. Dr Dilip Gahankari has developed his own individualized technique, which has consistently produced happy outcomes amongst his patients. He also has implants of several sizes and shapes for helping you to choose the right implant size for you. He will also take into consideration your build, breast size and shape, breast consistency, width and height etc to help you determine the right size of the implants.

## **7. What do I have to do to prepare myself for this surgery?**

Once you are booked for surgery, basic investigations may be ordered if indicated in your case. You will be provided with all the information about the hospital you are booked in for surgery. You will also be provided information about fasting time, medications and the arrival timings.

## **8. Where would this surgery be performed?**

Dr Dilip Gahankari performs surgery at many hospitals around the Gold Coast and he could suggest the hospital that suits your convenience.

## **9. Do I need to be admitted to hospital for this procedure?**

Dr Dilip Gahankari would normally offer this as a Day surgical procedure. It is preferable that you have someone looking after you the night of surgery if you choose to go home.

## **10. Will I be able to cope with the pain?**

There is no surgery without pain. However, most women do very well to cope with the postoperative pain. You will be prescribed strong painkillers to help you cope with the pain.

## **11. Will I have any drains? Will I need any dressings?**

Dr Dilip Gahankari usually avoids drains. However, occasionally he may use the drains to reduce the chance of the blood and fluid collection.

## **12. What are the risks and complications of this surgery?**

The risks and complications can usually be divided into two categories.

General: These are common to most operations and include anaesthesia related and surgical.

- a. Anaesthesia related: These are nausea and sickness, clots in calves (secondary to venous thrombosis), irritation in throat, tiredness etc.
- b. Surgical complications are infection, bleeding, wound healing problems etc

**Specific risks:**

- a. Severe infection or blood clot is a rarity, but could be catastrophic and may need return to theatre.
- b. Scar may occasionally be suboptimal in appearance or may be symptomatic for a few weeks or months.
- c. Asymmetry in size, shape or contour is very uncommon in Dr Gahankari's experience and if it is below your expectations, could be corrected later.
- d. Capsular contracture: Capsule is the result of nature's healing and scarring process and cannot be avoided with any type of implant. In simple terms, it has been linked to various reasons such as low grade infection, leaking of silicone from the implant and tendency of one's body to scarring. With modern implants and very stringent attention to aseptic surgical techniques, the incidence of capsular contractures has reduced below 2-3% in five years. There is also good evidence that the sub-muscular placement of the implant reduces the incidence of capsular contracture.
- e. Some women report that their nipples become oversensitive, under sensitive, or even numb. You may also notice small patches of numbness near your incisions. These symptoms usually disappear within time, but may be permanent in some patients.
- f. Occasionally, breast implants may break or leak. Rupture can occur as a result of injury or even from the normal compression and movement of your breast and implant, causing the man-made shell to

leak. If a saline-filled implant breaks, the implant will deflate in a few hours and the salt water will be harmlessly absorbed by the body.

**13. Some tips to achieve good results?**

The following are my tips for you and I am sure these will help you get the best result of this satisfying procedure.

Emotional preparation: Any surgery is a big decision especially if it is non-essential and is destined to improve your self image and self respect. Be positive and know everything about the procedure. Take full advantage of Dr Dilip Gahankari's friendly and honest attitude.

Disclose all information about your medications and habits. This will avoid prescription of drugs that may interfere with your medications.

STOP SMOKING if it applies to you. Generally speaking, smoking increases the risk of complications by about 30%. These complications include infection, bleeding and wound healing related. Smoking may also increase the risk of anaesthesia related complications. Ideally, smoking should be stopped at least three weeks before the surgery to reverse its effects.

Be patient. Results of breast augmentation are best appreciated at about 6 months when the swelling and bruising is subsided and the stretched skin is relaxed again. It is important to follow the advice of Dr Dilip Gahankari and his staff about wearing the surgical bras post-operatively.

This information is provided with the sole intention of providing the medical information in as simple terms as possible. Please contact Dr Dilip Gahankari or staff of Advanced Aesthetix for more information on any matters on our contact e-mail address on this web site.