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PATIENT INFORMATION

Breast augmentation

Breast enlargement with implants

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This booklet explains breast augmentation, from deciding whether it is right for you to your recovery.

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01 Why you have this booklet

You've been given this booklet because you've talked to Mr Kumar about breast augmentation, or you're about to.

It explains how implants are chosen and placed, who the operation suits, and the risks and recovery, including the long-term ones.

It won't answer every question, and it isn't a substitute for talking things through with Mr Kumar, so please note down anything you want to ask and bring it to your next appointment. There is space for your questions at the back.

02 What breast augmentation is

Breast augmentation uses implants to increase the size and improve the shape of the breasts. Planning is what makes the result look natural and last, so at least two consultations are always arranged before surgery.

Choosing the implant

Size and profile based on your chest

Implants are chosen within a narrow range that suits the width of your chest and what your skin can comfortably hold, rather than by cup size. Sizers and 3D imaging software can help you decide.

Shape round or teardrop

Round implants give more fullness at the top of the breast; anatomical (teardrop) implants follow the natural slope.

Surface and filling

Modern implants are filled with cohesive silicone gel. Mr Kumar will explain the surface options, including smooth and textured, and the current evidence on each.

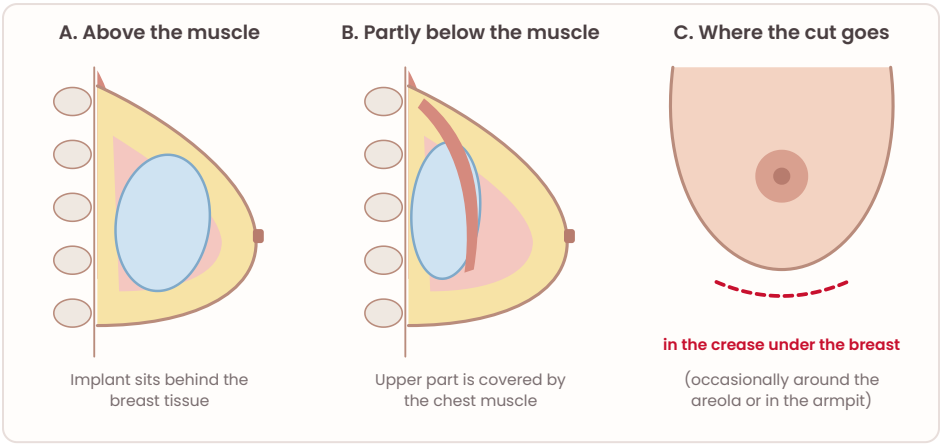


Figure 1. Implant position above and partly below the chest muscle, and where the incision is usually made. A simplified drawing for guidance only.

Above the muscle subglandular

The implant sits behind the breast tissue. It suits people with enough breast tissue to cover it.

Partly below the muscle dual plane

The upper part of the implant is covered by the chest muscle, giving extra soft-tissue cover in slimmer people. The breasts can move slightly when you tense the muscle.

Implant details are recorded on the national Breast and Cosmetic Implant Registry, so you can be contacted if there is ever a safety concern.

03 Is it right for you?

You're likely to be a good candidate if:

- you would like fuller breasts, or to restore volume after pregnancy or weight loss
- you are in good general health
- you accept that implants are not lifetime devices
- you have realistic expectations

What the operation won't do

- **It won't lift low or droopy breasts on its own.** An uplift may be needed as well.
- **Implants don't last for ever.** Many people need further surgery at some point.
- **It won't make your breasts identical.**

Please tell Mr Kumar if you have, or have had

- a personal or family history of breast cancer, or any breast lump, discharge or previous breast biopsy
- when you last had breast screening (a mammogram), if you are over 40
- plans for a future pregnancy, or you are pregnant or breastfeeding
- plans to lose a lot of weight, or you use weight-loss injections
- you smoke, vape or use nicotine replacement
- high blood pressure
- a bleeding or clotting disorder, or you take blood thinners, aspirin or supplements such as fish oil, garlic, ginkgo or vitamin E
- diabetes, heart or lung disease
- a tendency to keloid or thickened scars
- body dysmorphic disorder, or hopes that surgery can't realistically meet

04 Other options

You don't have to have this operation. Depending on what bothers you, the alternatives include:

- fat transfer to the breasts, for a modest increase using your own fat
- padded or enhancing bras
- an uplift alone, if your main concern is shape
- doing nothing for now.

05 What you can expect from the result

2 weeks
Initial tightness easing

6 weeks
Back to normal activities

3–6 months
Implants settle and soften

- The breasts often look high and firm at first, then settle into a more natural position.
- Your breasts will still change with age, weight and pregnancy.
- Implants can affect breast screening, so always tell the radiographer you have them.

06 Getting ready

Before your operation you'll have a pre-operative assessment, with your medical history, an examination, photographs and sometimes blood tests. You'll also be asked to:

- ✓ **stop smoking, vaping and nicotine replacement** for at least 4–6 weeks before and after surgery
- ✓ **stop aspirin, anti-inflammatory painkillers and supplements** such as fish oil, garlic, ginkgo and vitamin E, usually 1–2 weeks beforehand. Please don't stop any prescribed blood thinner without checking first.
- ✓ **follow the fasting instructions** you are given if you are having a general anaesthetic or sedation
- ✓ **arrange for someone to take you home** and stay with you for the first night
- ✓ **buy a soft, non-wired sports bra**, or bring the surgical bra you are given

- **avoid long-haul flights** for about 4–6 weeks after surgery

07 Anaesthetic and where it happens

Breast augmentation is done under general anaesthetic. Most people stay one night.

08 The operation

The operation takes about 1½ hours. Through an incision usually placed in the crease under the breast, a pocket is made either behind the breast tissue or partly under the muscle. Sizers may be used to check the shape, then the implants are placed and the wounds closed in layers with dissolving stitches. You wake up in a supportive surgical bra.

09 Straight afterwards

Your chest will feel tight and sore, especially if the implants are under the muscle. This is usually well controlled with painkillers. Keep your arms by your side as much as possible for the first few days.

10 Recovery

When	What to expect
Days 1–3	Tightness and discomfort across the chest. Wear your support bra day and night.
Week 1	Most people return to desk work after about 7 days. Avoid lifting and stretching your arms above your head.
Week 2	Wound check. Driving once you can wear a seatbelt and make an emergency stop comfortably.
Weeks 4–6	Gradual return to exercise. Keep sleeping on your back and wearing your bra day and night for 6 weeks.
3–12 months	The breasts soften and settle; scars mature and fade.

11 Risks and complications

Most people recover without any serious problems. But like any procedure it carries risks, and you should understand them before you decide. Where reliable published figures exist, we've given an approximate, rounded figure. Where they don't, we've used these standard terms:

COMMON	UNCOMMON	RARE	VERY RARE
more than 1 in 100	1 in 100 to 1 in 1,000	1 in 1,000 to 1 in 10,000	fewer than 1 in 10,000

Your own risk may be higher or lower depending on your health, whether you smoke, and the details of your procedure. Mr Kumar will talk through what applies to you.

What almost everyone experiences

These aren't really complications. They're a normal part of healing.

- Tightness, swelling and bruising for 2–3 weeks.
- Altered feeling in the nipples and lower breast for a few weeks or months.
- A sloshing or squelching sensation for a few days, from air and fluid, which settles.

Other complications

- **Hardening around the implant (capsular contracture)** ABOUT 1 IN 10 OVER 10 YEARS
  Scar tissue tightens around the implant, making the breast firm, misshapen or painful. Severe cases need further surgery.
- **Further surgery** ABOUT 1 IN 5 BY 10 YEARS
  For contracture, rupture, change in shape, or a wish to change size. Implants are not lifetime devices.
- **Collection of blood (haematoma)** ABOUT 1 IN 50
  Usually in the first 24 hours. It needs a return to theatre.
- **Infection** ABOUT 1 IN 100
  Usually treated with antibiotics. Occasionally the implant has to be removed and replaced later.
- **Change in nipple sensation** COMMON
  Usually improves, but can occasionally be permanent.

- **Rippling or visible edges** UNCOMMON
  More likely in slim people, or with implants above the muscle.
- **Asymmetry or implant position** UNCOMMON
  The implants may sit at slightly different heights, or move with time.
- **Implant rupture** UNCOMMON
  The risk increases with the age of the implant. A ruptured implant is usually replaced.
- **Fluid around the implant (seroma)** UNCOMMON
  A late, unexplained swelling should always be checked with a scan.
- **Noticeable or thickened scars** UNCOMMON
  Scars occasionally become red, raised or stretched. Most improve with time, massage or treatment.

Rare but serious complications

Please read this section carefully.

- **BIA-ALCL** RARE
  Breast implant-associated anaplastic large cell lymphoma is a rare cancer of the immune system in the scar tissue around the implant, linked mainly to textured implants. It usually shows as swelling years later, and is treated by removing the implant and capsule.
- **Breast implant illness** UNCOMMON
  Some people report tiredness, joint pains or other symptoms they attribute to their implants. The cause is not understood, and some improve after the implants are removed.
- **Blood clots in the leg or lung** RARE
  Deep vein thrombosis or pulmonary embolism. A clot in the lung can be life-threatening. Walking early, drinking plenty and any stockings or injections you are given reduce the risk.

Complications of the anaesthetic

Modern anaesthesia is very safe. Feeling sick, a sore throat or feeling drowsy are common for a short time afterwards. Serious problems, such as a severe allergic reaction, are very rare. Your anaesthetist will meet you before the operation and explain the risks for you personally.

12 Further treatment

Occasionally a further procedure is needed to refine the result, for example if healing leaves an area uneven or a scar needs revising. This isn't usually considered until things have fully settled, often 6–12 months afterwards. The cost of any further procedure isn't automatically included in your original fee; the clinic team can explain our policy.

13 Photographs and records

Photographs are taken before and after your procedure and kept in your medical records. They help Mr Kumar plan your treatment, record how things looked beforehand and follow your progress. This is standard good practice. If we ever want to use your photographs for teaching, publication or marketing, we will ask you separately and specifically, and saying no won't affect your care in any way.

14 Costs and time to think it over

You'll receive a written quote covering your treatment, aftercare and any follow-up included in the price, together with our deposit and cancellation policy. Self-pay consultations cost £250 and follow-ups £150.

Time to think it over

We recommend waiting at least two weeks between your consultation and your operation. This follows good practice for cosmetic surgery, and gives you time to think things over and ask more questions. You can change your mind at any point before surgery, even on the day, and you don't need to give a reason.

15 Your decision

This is your decision and you have the right to:

- take as long as you need to decide, and bring someone with you to appointments
- say no to treatment, or withdraw your consent at any stage, without having to explain why and without it affecting any other care you receive
- ask for a second opinion from another surgeon.

16 Your personal information

Your personal and medical information is kept securely and used in line with UK data protection law (the UK GDPR and the Data Protection Act 2018). It's only shared with the people directly involved in your care, or where the law requires it, unless you give your consent for anything else.

17 Who to contact, and when to get help urgently

If you have any questions or worries, please contact the clinic during opening hours on **020 3026 9695** or **info@theuclinic.com**.

Call 999 or go to your nearest A&E immediately if you have

- chest pain, shortness of breath, a fast heartbeat, or coughing up blood
- one breast becoming rapidly swollen, tight and painful
- confusion, unusual drowsiness, or feeling faint or collapsing

Contact us promptly if you have

- a painful, swollen calf
- swelling or bruising that is much worse on one side
- redness that is spreading, warmth, discharge from a wound, or a temperature
- a wound opening up
- an area of skin or the nipple becoming dark, purple or black
- bleeding that doesn't stop with 10 minutes of firm pressure
- any new lump, swelling or change in shape later on

Out of hours, your emergency contact number will be given by the treating hospital or clinic.

18 What happens next

Before your procedure, Mr Kumar will go through this information with you again and take your written consent. If anything in this booklet has raised a question, or if anything changes with your health, your weight or your medication before then, please let us know.

My questions

Note down anything you want to ask Mr Kumar and bring it to your next appointment.

Notes

Notes

Questions or worries?

Please contact the clinic during opening hours. Out of hours, your emergency contact number will be given by the treating hospital. In an emergency, call 999.

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