

Breast Augmentation-Mastopexy Complication Checklist

Please read the Purity Bridge Breast Augmentation-Mastopexy information booklet and the other information leaflets that you have received in full. Then please read through and initial beside each point in the complication checklist for your procedure below to indicate that you are aware of and understand each potential risk or complication. Once completed and any questions answered, please sign and date at the end of the last page.

IMPORTANT:

Ms Nugent must receive this completed paperwork **prior to your date of surgery**.

Early complications (within the first week of surgery)

Bleeding (haematoma)

If there is any suggestion that bleeding into one of your breasts has occurred after surgery, you will need to go back to the operating theatre to have the bleeding stopped and the implant cavity washed out to evacuate the collected blood. Signs that a haematoma is developing include: the filling up of your drain bottle with blood, swelling of one of your breasts, pain on one side and the development of severe bruising around the breast.

Patient initials

Infection

Infection rates in breast augmentation-mastopexy surgery are low (less than 1%), but if an infection develops it must be taken seriously. If the implant pocket appears to be involved, you will require further surgery to remove the implant and wash out the cavity. Surgery to replace the implant needs to be delayed for 3-6 months. Surgery to replace the implant needs to be delayed for 3-6 months to reduce the risk of the infection recurring around the new implant.

Patient initials

Blood clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) may occur after augmentation-mastopexy surgery, which is why important preventative measures are taken (compression stockings, pneumatic calf pumps and blood thinning injections while in hospital). You should continue to wear the calf compression stockings for 2 weeks after discharge from hospital. If a DVT does develop, you will need investigations and treatment as appropriate. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious (at times, fatal), and again, appropriate investigations and treatment are instigated should this be suspected after your operation.

Patient initials

Damage to pleura

The breast augmentation part of breast augmentation mastopexy is carried out on the undersurface surface of the breast and underneath the pectoralis muscle if the implant is being placed in the "dual plane". Very rarely during the dissection underneath the muscle, the deeper lining (pleura) in between the ribs is breached over the lungs and this can result in a pneumothorax or collapsed lung. This is extremely rare but is more likely to happen if extensive scarring e.g. from previous surgery or capsular contracture is present. In the unlikely event that this should happen, Ms Nugent would take steps to prevent or repair any damage. This may involve observation only or in more extreme cases the placement of a temporary chest drain to help the lung expand up again.

Patient initials

Intermediate complications (within 6 weeks of surgery)

Delayed wound healing

Uncommonly, in some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from overdoing it straight after surgery. Normally this is a minor inconvenience, which can be managed with special dressings as an outpatient. Occasionally it can lead to a more severe infection developing as described above.

Patient initials

Suture spitting

As described above, stitches (sutures) that are designed to dissolve sometimes do not dissolve as quickly as they are meant to. In these situations, there is a chance that they can work their way out of the wound and appear as sharp prickly filaments, occasionally with a surrounding area of redness. Should this occur, it is nothing to worry about - any sutures that are spitting out of the wound can be removed in the clinic, and the wounds should then heal over these areas uneventfully.

Patient initials.....

Nipple problems

Nipples need to be re-sited during augmentation-mastopexy surgery, and in some women having big lifts, this can mean they need to be moved a long way. If there is any problem with the blood supply to the nipple, this may affect the healing and even the survival of the nipples. In the worst case scenario (which is fortunately very rare) the entire nipple may die. Otherwise, part of the nipple may form a scab, which will eventually heal underneath. If you are unlucky enough for this to happen, you may require revision surgery in the future to address poor scarring or to reconstruct a new nipple for you.

Patient initials.....

Nipple sensation

For similar reasons that the blood supply to the nipple may be affected, so too might the nerve supply. This means that there is a chance that your nipples are less sensitive (or even completely numb) following an augmentation-mastopexy. In some cases, nipples may actually be more sensitive. This is important to understand prior to undergoing an augmentation-mastopexy, as the change in sensation is likely to be permanent.

Patient initials.....

Fat necrosis

In the same way as there may be some trouble with the blood getting to the nipple to keep it alive, occasionally the same may happen to the fat in the breast. If this happens a pocket of fat may die – this is known as fat necrosis. If this happens to a small degree, it may just present as firm lumps in the breast. These will usually settle with time and massage. If you have more significant fat necrosis, you may produce an oily discharge from the wound. Depending on the degree of fat necrosis, this may either be managed with dressings and wound washouts in the outpatient setting, or if it is more severe, it may require a further surgery to washout the breast.

Patient initials.....

Seroma

Normally wound fluid (that comes out into the drain bottles if drains are used) stops being produced by the body shortly after surgery. Sometimes, however, the body continues to produce this fluid for some time and the fluid can accumulate in the breasts, known as a seroma. If this happens it may be uncomfortable and there is a chance that the fluid can become infected. Should you develop a seroma, it may be necessary for it to be drained. This involves a fine needle being passed into the breast and the fluid sucked out (in a similar manner to how it previously came out into the drain bottle if used). As there is a breast implant, a radiologist, using an ultrasound scan to monitor where the needle tip is in relation to the implant, would usually do this. The aspiration may need to be repeated on more than one occasion depending upon your situation. This is unusual in augmentation-mastopexy.

Patient initials.....

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Synmastia

This describes an effect where the cleavage between your breasts becomes webbed, resulting in an unnatural appearance. This is unusual and every care will be taken during your operation to ensure this does not happen. Regular central chest massaging may help to minimise mild synmastia that can be caused by swelling in this area. More severe synmastia may need surgical correction.

Patient initials

Late complications (more than 6 weeks from surgery)

Asymmetry

Everyone has a degree of breast asymmetry (differences between the breasts). If this is mild, no special steps are taken to address this, and the differences that were present prior to your surgery will remain after your surgery. Should you have a significant degree of asymmetry between your breasts, how best to address this will be discussed with you, often with the use of a variety of surgical techniques. Sometimes, despite putting the same size implants in both sides and performing the same surgery on both sides or planning surgery to reduce an existing asymmetry, there can be a noticeable difference between your breasts. This may be due to increased swelling on one side, the implants being in slightly different positions, the result of some blood or wound fluid collecting in the wound, or for some other reason. Should you be in this situation, you will be carefully examined and the situation will be discussed with you.

Patient initials

Capsular contracture

Following the insertion of any implant, the body forms a protective layer of scar tissue (a capsule) around it, to "wall it off" from the body. With breast implants, this capsule is normal and should be soft and undetectable. However, sometimes the capsule thickens, contracts and tightens, resulting in a distortion of breast shape and discomfort. This is known as capsular contracture. The true rate of capsular contracture is unknown, but studies suggest rates are between 2% and 13% at 6 years following breast implant insertion with an average of about 3% at 5 years. The treatment is usually an operation to remove the implant (+/- replace the implant) and to remove part or all of the capsule.

Patient initials

Capsulectomy and implant replacement

Should capsular contracture of any significance develop (i.e. it distorts your breasts or becomes uncomfortable), it is recommended that your implants are removed with the contracted capsule. New implants may be put in as replacements at the time of this surgery, should you wish. Future risks of capsular contracture are higher if you have developed a contracted capsule and range from 11-40%. A capsulectomy and implant replacement operation takes about two hours and surgical drains will be used, usually for 24-48 hours.

Patient initials

Implant rupture

While quite durable, the outer shell of implants can rupture. This may not cause any noticeable change in your breast or it may cause a change or distortion in your breast shape. With modern highly cohesive implants, rupture is fortunately much less common than it used to be. Rates of up to 1% per year have been reported. Implant rupture is not dangerous in terms of causing breast cancer or other disease. Treatment of implant rupture requires the removal of the rupture implant and often the capsule around it.

Patient initials

Animation deformity

If your implants are placed partially under the muscle (dual plane), sometimes your breasts can move when you strongly contract your chest muscles. Mostly, this is very mild and does not require any intervention. Occasionally it can be more noticeable. If it becomes an issue, further surgery is needed to change this (at further cost).

Patient initials

Scarring

Augmentation-mastopexy scars will fade but this can take 1-2 years. Until this time scars may be red and firm. Regular scar massage and moisturising is important to help the scars to mature and settle down as quickly as possible. Rarely stretched, tender or lumpy scars can occur. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. Should these occur, this will be discussed with you as well as the best ways of treating them. Small asymmetries in scar level or thickness have to be accepted as part of the normal healing process.

Patient initials.....

Palpable or visible implants

People who are very slim, have implants placed under the breast (rather than under the muscle), those with large implants and people who have had their implants for a long time are all at risk of palpable or visible implants (i.e. you may be able to feel or see the implants under the breast skin). Further surgery (possibly at further cost) may be needed to address this problem.

Patient initials

Implant malrotation

Rarely, anatomical (tear drop) implants can rotate and cause the breast to change shape. Should this occur, it may be possible to manipulate the implant in the outpatient clinic to get it back to its correct position. If this does not work, you may require surgery to correct this problem.

Patient initials

Implant migration/poor position

While some types of breast implants (smooth surface) are expected to settle into their final position over the months following surgery, this problem refers to the implant moving into or staying in an unplanned position or a less than ideal position. Usually this is when the implant stays too high or drops too low but sometimes it can sit too far to one side (outer side more commonly). Implant movement is more with smooth surfaced implants than with textured surface implants. Larger implants that are heavy can drop down below the breast crease, producing an unaesthetic appearance of the breast. Should this happen, you would need surgery to correct it. This is another point to consider should you wish for a large augmentation. Breasts with loose tissue or sagging of the tissue or that have had previous implants in place for a long time are also more likely to suffer from this problem.

Patient initials

Implant extrusion

The pressure effect of a large implant in a thin-skinned breast can lead to the implant wearing away the skin and working its way out of the breast. Fortunately this is very rare. If this happens, and the implant appears through the skin, it will need to be removed surgically and corrective surgery performed. As in the case of an infection, if it is appropriate to replace the implant, this will need to be done at a later date.

Patient initials

Silicone leakage

With the older generation implants and with the now banned PIP implants, silicone leakage was a real problem, sometimes causing inflammation in the glands in the armpit, requiring surgery to remove them. With good quality modern implants of higher cohesivity, silicone leakage is very unusual. Should your implant rupture, all the cohesive gel should stay within the capsule and is at very low risk of migrating outside the breast. There is no risk of it causing any harm to you with respect to cancer or other disease.

Patient initials

Explantation

In certain situations, it is necessary to remove the breast implant, known as explantation. This would only be done if absolutely necessary, which may be in the following situations: a bad infection, significant capsular contracture or implant extrusion.

Patient initials

Double capsule/late seroma

This is an unusual phenomenon whereby fluid starts to build up around the implant over a year after surgery. It has mostly been associated with a particular implant (Allergan 410 with a Biocell shell). This implant is no longer on the market.

Patient initials

Irregular shape of areolae (pigmented area around nipples)

While every effort will be made to shape your areolae in a round and regular shape, sometimes they heal in a less round or a distorted shape. This may be due to how the scar around them contracts as it heals or due to pressure from the breast tissue or implant underneath. If this is an issue for you, revision surgery can be done to improve the shape. This usually incurs further costs.

Patient initials

Breast implant associated anaplastic large cell lymphoma (BIA-ALCL)

Recently a number of cases of a rare type of immune system cancer possibly associated with silicone breast implants have been reported. The presenting symptoms of BIA-ALCL are a swelling in the breast (from fluid production) over 1 year after surgery and/or a lump in the tissue around the implant (capsule). (usually several years later) The treatment is surgery to remove the implant, drainage of the fluid that has collected and removal of the scar tissue (capsule) around the implant. It is uncommon for BIA-ALCL to spread to any other parts of the body but if suspected, further treatment would be indicated such as chemotherapy. A small number of fatalities have been reported. BIA-ALCL is rare. It appears to be more common in textured surfaced implants particularly one type of texturing (macro/salt loss texturing). It may also be associated with a reaction to chronic low grade unrecognised infection. Research is ongoing in this area and future information will further advise us on this issue.

Patient initials

Recurrence of loose skin/sagging of breast tissue

As your recovery takes place, your breast tissues gradually soften. This is a normal part of recovery. In some situations, a degree of recurrence of loose skin or breast sagging may occur. This is more likely in thin or very stretched skin with poor tone or stretch marks or when surgery has taken place after significant weight loss or where you had significant drooping or looseness of your breast tissue before surgery. The skin tone in stretched skin such as skin with stretch marks is low and can result in a degree of loose skin or irregularities in the areas where the stretch marks remain. Heavy (large) implants require more support from your breast tissue and are therefore more likely to cause a downward drag on your breasts. A small to medium implant is better for augmentation-mastopexy surgery as it doesn't stress the breast tissue as much as a larger implant. If loose skin or sagging occurs after augmentation-mastopexy, further surgery such as another breast lift and/or change of implants is usually needed to correct this.

Patient initials

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Breast implant illness

A small number of women experience symptoms such as fatigue, hair loss, brain fog, fibromyalgia, ME, irritable bowel syndrome, skin conditions, joint aches and pains, lupus or rheumatoid symptoms or Raynaud's disease after having breast implants placed. It is difficult to directly relate these symptoms to breast implants as there is not really any scientific evidence linking silicone implants to these conditions. However in many patients who develop symptoms such as these (who have not been diagnosed with another condition that can explain their symptoms), surgery to remove their implants and the capsule around them may relieve the symptoms. Further research is needed in this area to fully understand and treat this condition.

Patient initials

Chronic pain

Occasionally patients suffer from chronic pain after breast augmentation mastopexy surgery. This is not always predictable or easily treated. It is more likely to occur if you suffer from severe or complex pain prior to your surgery. Further surgery or referral to a pain specialist may be indicated in this situation although it must be appreciated that there is not always a surgical solution to chronic pain.

Patient initials

The need for further surgery

Some of the complications outlined above will lead to the need for further surgery, either in the short term or long term. For example, surgery to help with an infection in the short term or surgery for capsular contracture in the long term. It is important for you to understand that having a breast augmentation-mastopexy operation means that there is always a chance that you will need further surgery in the future. This is particularly important if you have implants placed at a young age. As you age over the years, your breasts will change in size and shape and may droop. Over a long time, this can result in a less than optimal shape to your breasts and require surgery to replace the implant or to lift and reshape the breast. Revision surgery may sometimes be indicated to make minor adjustments to areas such as the nipple shape, nipple position, scars position and dog-ears (puckering skin that can occur at the end of the scars).

Patient initials

The sub-optimal result

Despite a successful augmentation-mastopexy operation, some patients will feel their breasts are not exactly as they were hoping. This may be due to a number of factors, but can be due to unrealistic expectations (for example, some patients are disappointed that they have visible scars, or that they have mild degrees of asymmetry). It is important to discuss any concerns you have. If further procedures are warranted, there are usually further costs involved and this will be explained. It is crucial that you appreciate what you can expect from an augmentation-mastopexy prior to undergoing the surgery.

Patient initials.....

Other points about breast augmentation-mastopexy

Mammograms

It is still possible to have mammograms after you have had a breast augmentation-mastopexy. You will need to tell the mammographer that you have implants and a mastopexy so that special views can be taken. It is possible that around 5% of the breast will not be visible on a mammogram after you have had implants. Other means of checking your breasts for breast cancer are also available, such as ultrasound and MRI (magnetic resonance imaging).

Patient initials

Breast feeding and pregnancy

Breast feeding following breast augmentation-mastopexy may not be possible. This depends on the extent of lifting and reshaping required during your surgery. Future pregnancies may affect the shape and size of your breasts and can cause drooping of the breast tissue again.

Patient initials

The effect of having larger breasts

The majority of patients are delighted with their decision to go ahead with breast augmentation: the boost to their self-confidence seems to permeate into every aspect of their lives. However, depending on the size of breast implants you choose, there can be some unexpected effects. Large implants are heavy – a pair of 500cc implants weigh 1kg (2.2lbs) and some patients do comment on the extra weight they are carrying around. In some circumstances, this can result in back ache, so it is important that you consider this when choosing your implant size. Breast tissue that needs a mastopexy to hold shape or to improve shape is also usually not supportive enough to support the weight of a large implant in the long term.

Patient initials

Size issues

Some people are unhappy with the size of implant they have and wish they had chosen a different option. Getting the pre-operative sizing right is crucial, as once the implants are in, it takes further surgery (and cost) to change them. Therefore, if you have any doubts or anxieties about the size you have agreed, it is vital that you let us know before your surgery. Breast implants do not come in “cup sizes” and bra cup sizes vary between bra manufacturers so a specific cup size is not guaranteed following breast augmentation-mastopexy.

Patient initials

Fullness of the upper breast

It is important to be realistic about the degree of fullness that can be achieved and maintained in the upper breast following augmentation-mastopexy surgery. Your breasts will usually be quite full in the upper areas in the early stages but this will reduce over the recovery period. This is partly due to swelling reducing, partly due to the implants settling into a final position and partly due to your breast tissue softening and settling into a final position over time. It is not always possible to maintain a very full upper breast.

Patient initials

Effects of implants on breast tissue and skin

Breast implants of any size will exert some pressure on the breast from within. The larger the implant the more pressure will be exerted. The long term effects of this pressure are a loss of some of your own breast tissue (loss of breast volume) and stretching of the skin. Therefore, the larger the implant, the more the loss of breast tissue and the more the skin is stretched over time. These are further important points to consider if you are thinking about a large augmentation.

Patient initials

Secondary or revision breast augmentation surgery

If you are having replacement breast augmentation surgery with a mastopexy after having a problem with previous implants or after having implants in place for a long time, it is crucial that you understand that it is not as straightforward as first time round. There will be scar tissue in your breast from the previous surgery and/or problems and your breast tissue will usually have been stretched from the previous implants and may not have the same degree of support in it this time. There is a higher risk of asymmetry or problems with the position of the implant or supporting the implants. If you had a previous infection, enough time for it to fully resolve must have passed before replacing breast implants. If it is a long time since the first surgery, you will also have had some ageing of your breast tissue which again affects support of an implant. You may not have the same result as before or be able to have the same implants as before.

Patient initials

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Future information about implants

Silicone breast implants began to be used for breast augmentation in the 1960s. Since then, there have been advances in how the implants are made, in surgical technique and in understanding the long-term effects and side effects of breast implants. This research, knowledge and development continues. It is therefore important for you to be aware that there may be new effects or side effects or risks of breast implants discovered and medical advice regarding breast implants may change in the future as new information becomes available.

Patient initials

COVID-19 measures

As well as the standard process to ensure you are ready for treatment and to plan treatment, there are likely to be additional requirements due to COVID-19. You will need to undertake a COVID-19 screening questionnaire and follow the safety measures and protocols that are in place in the clinic and hospitals. Other measures that may be considered in some situations are a COVID-19 test, self-isolation in advance of treatment and during the early recovery period. You must also consider the risk of contracting COVID-19 around the time of your treatment and how this might affect you. Contracting COVID-19 during or after a time you have undergone a general anaesthetic or significant surgery may lead to a worse or more protracted course of illness than if you had not undergone the surgery.

Patient initials

I acknowledge that I have read and understood the nature of an augmentation-mastopexy operation. I have read the information booklet provided to me and I understand the potential risks and complications associated with this procedure.

I agree to follow the postoperative care instructions given to me, including attendance at the postoperative follow up appointments, compliance with instructions to stop smoking/nicotine products (when relevant) and cessation of exercise and heavy lifting during the recovery after surgery.

I agree to communicate any concerns I may have in a timely manner and to inform Ms Nugent of any changes in my health or circumstances that may affect my suitability for, or recovery from augmentation-mastopexy surgery.

I understand that the administration of an anaesthetic (general and/or local) will be needed and consent to this. I understand that all forms of anaesthetic involve risk and the possibility of complications.

Occasionally during surgery, unexpected events can occur or there are unexpected findings which affect or prevent performing the planned surgery or require adjusting of the surgical plan or procedure. Should this happen, Ms Nugent and/or the operating room team will carry out any emergency treatment required and will adhere as much as possible to the planned surgery if safe to do so. If this should occur, you will be informed of this, any consequences of this and if any further treatment or assessment is required at the earliest opportunity.

I acknowledge that no guarantee has been given to me as to the result that may be obtained or maintained. I understand this will depend on several factors including but not limited to my pre-existing health, my body weight, skin and tissue type, the procedure chosen and performed, how my body heals during the recovery period, my lifestyle and if a complication occurs.

I agree that the procedure(s), recovery, after care, expected results, potential risks and complications and alternative treatments have been explained to me in a way that I understand.

I understand that I have the option of not undertaking any surgery at all.

Patient signature Date

Patient name