

BREAST AUGMENTATION

Breast augmentation or enlargement may be considered by some women for enhancement of their body image and their self esteem. There are no exercises, hormones or other medications which can produce breast enlargement of a permanent nature. During the past 20 years, surgical improvement of the bust has been made possible using a prosthetic implant inserted behind the breast or the muscle on the chest wall.

The breast augmentation operation is considered by patients who have either suffered shrinkage of their breast tissue during one or more pregnancies or by young women who are not naturally endowed with full breasts.

Consider Your Reasons

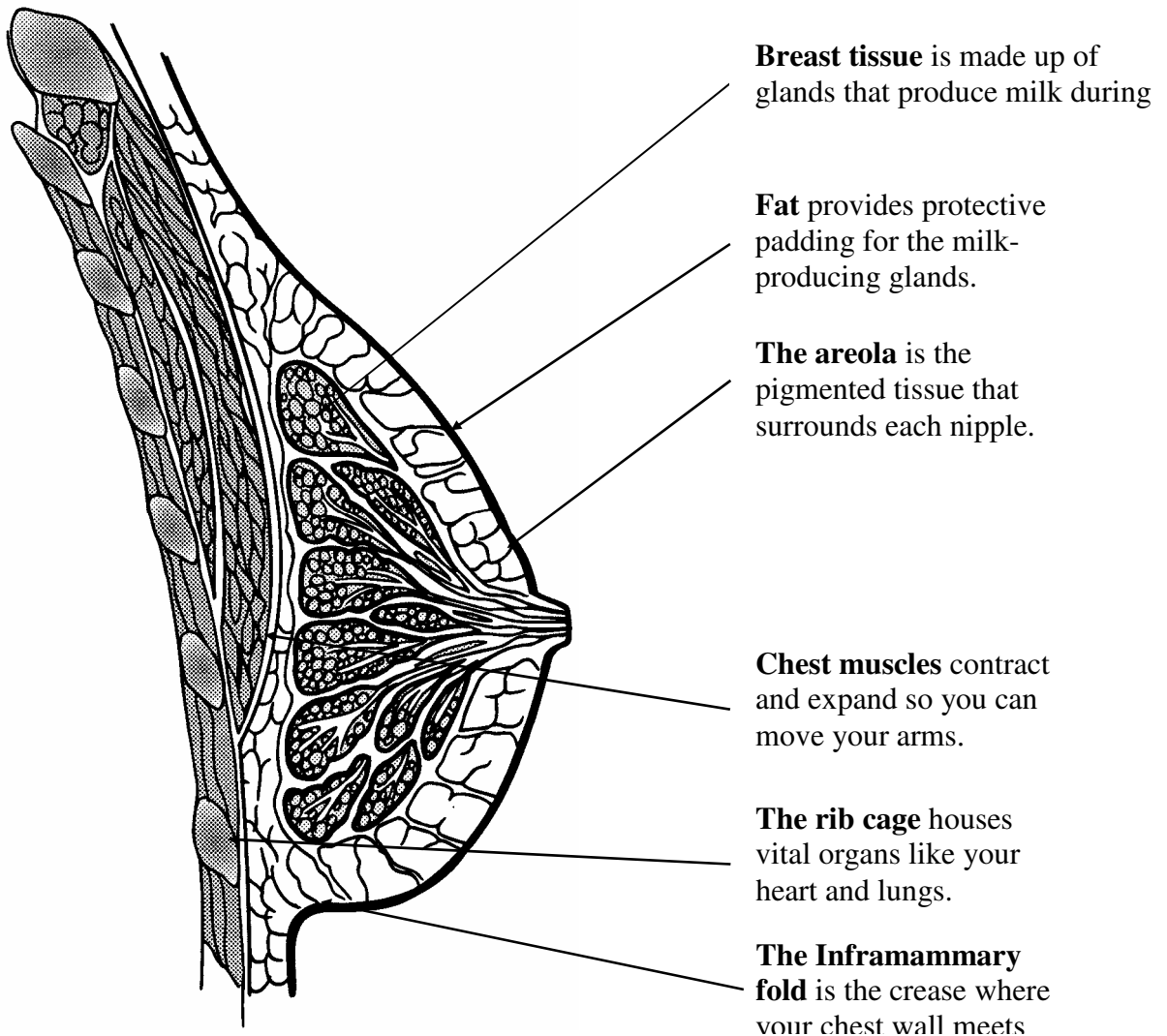
Before you decide on any operation you should have a clear understanding of your reasons for wanting to proceed. Take some time to think about what your expectations of the procedure are. Below are some questions you may want to ask yourself while considering breast augmentation.

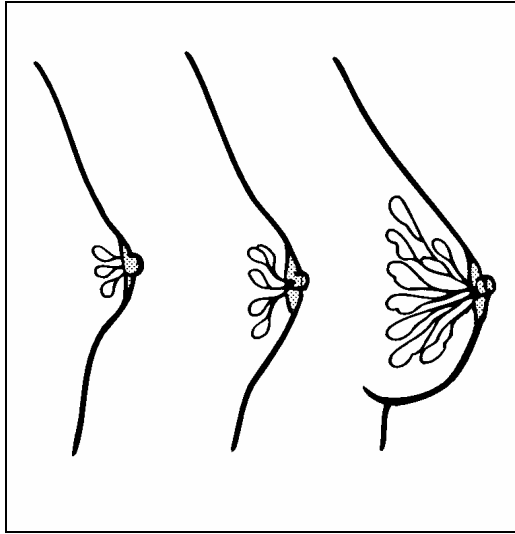
- Do you want to have breast augmentation to please yourself or to please someone else?
- Is breast augmentation something you have considered for a while or have you made the decision during an emotional crisis, such as after a breakdown of a personal relationship?
- Are you pleased with your body weight or are you hoping to lose weight in the future?
- Have you lost breast volume from past pregnancies?
- Do you plan to have children at some time in the future?
- Do you have an image of how you would like your breasts to look?
- Are you in good physical condition or do you have a history of health problems?

Both you and Dr Olbourne must consider what your reasons are for breast enlargement.

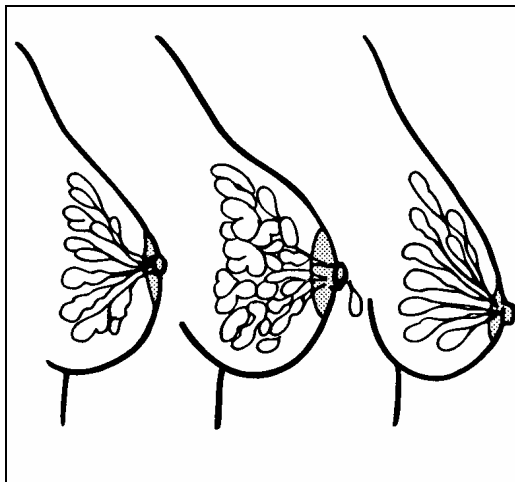
Breast Structure

Attitudes about women's breasts have always been influenced by fashion trends. In the Twenties, women bound their breasts; in the Forties, more volume was desirable; then, in the Sixties, a less restricted look was popular. Contemporary styles reflect a trend toward fuller, yet natural-looking lines. But regardless of your breast size, all healthy breasts have the same basic anatomy. When you're considering breast augmentation, it helps to know your anatomy so you can make informed choices with Dr Olbourne's guidance.

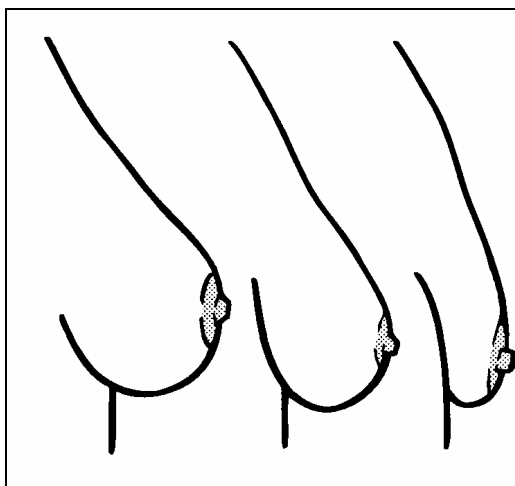




Breasts develop in response to hormonal changes that occur between ages 13 and 18, depending on genetics.



During pregnancy, breasts swell and prepare to produce milk. After pregnancy, breasts may shrink or lose shape.



Throughout the natural ageing process, gravity causes breasts to droop. Breasts may also lose some volume with age.

Your Consultation

Your first visit to Dr Olbourne's office is your chance to get to know your surgeon, discuss your reasons for wanting breast augmentation, and learn more about the surgery. Often two or more consultations will be necessary to ensure a safe and successful procedure. During your first consultation with Dr Olbourne he will discuss your breast history, examine your breasts and discuss your options and the possible complications with you.

Your breast history - and the breast history of the women in your family help determine whether you are a good candidate for breast augmentation. Dr Olbourne will ask about results of any past **mammograms** (breast x-rays for early cancer detection), **biopsies**, and any personal or family **history of cancer**. You will also be asked about past pregnancies, the number of children you have, and whether you breast-fed them.

Your breast examination - will check for abnormalities or lumps. Dr Olbourne will make a note of your breast size and shape and any differences in symmetry of your breasts. Based on your history and this examination, Dr Olbourne will assess and advise on your options for breast augmentation.

A second consultation will deal with your operation choices and reiterate the possible problems and complications with reference to your specific case. You must not proceed to an operation until all questions have been answered and all your reservations answered to your satisfaction.

The breast implant device - its brand, style, size and type will also be considered.

Understanding Your Options

If you have chosen to have breast augmentation, you will need to understand all of your options. Ahead of you lie four significant decisions that you and Dr Olbourne make together. After considering all of the information gathered during your consultation, Dr Olbourne may recommend that you choose one procedure over another. Take the time you need to think about the procedure so that you can make informed choices. Clear up any further questions you may have before surgery is scheduled.

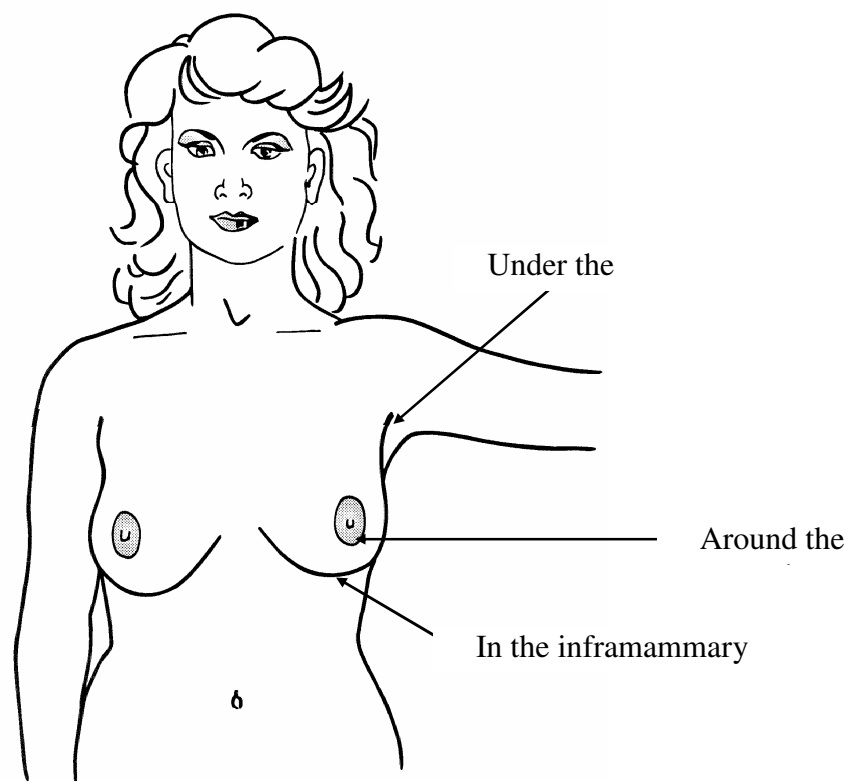
1. Breast Size and Shape

Dr Olbourne will suggest the most appropriate sized implant for your body by assessing your proportions, your height and weight, and your body type. However, it is you, the patient, who makes the final decision on breast size.

This process can be facilitated by the insertion of sizing implants into your brassiere and visualising the effect a particular sized device makes on your external shape. Dr Olbourne may also recommend that you have a **mastopexy**, a surgical procedure that may be performed at the same time as breast augmentation, but is often better undertaken prior to or instead of augmentation. Mastopexy uplifts drooping breasts by removing excess skin and lifting the nipple to a normal position. If this is recommended, further information will be provided by Dr Olbourne. In some cases of excessively drooping breasts, a desirable cosmetic result cannot be achieved if breast augmentation is performed without a concomitant mastopexy.

2. Incision Location

The location of your incision is based on your personal preference, your body type and Dr Olbourne's recommendation. A **periareolar** incision (around the areola) means the scar may be concealed by the colour and shape of the areola. An **Axillary** incision (under the arm) means you will not have a visible scar on the breast itself, but there will be a fine, almost invisible scar under the arm which may be seen only when the arm is elevated. An incision placed **in the inframammary fold** may be hidden by the breast itself when standing, but can be seen when the patient is lying down.



3. Implant Location

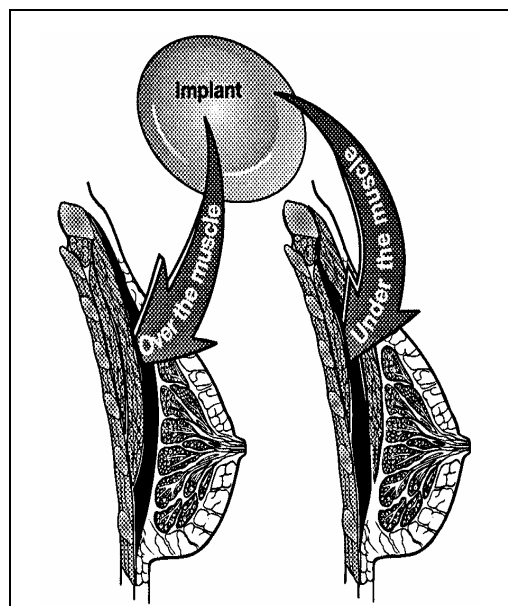
The implant may be located in front of the pectoral muscle (prepectoral) or behind it (postpectoral). If you have a moderate amount of breast tissue, **over the muscle** may be a good choice for you. If you have a small amount of breast tissue, **under the muscle** may be the better choice. Each location has different advantages for each woman. Dr Olbourne will help you make the decision as to which placement is best for your body.

Prepectoral location is often more suitable if the breast is slightly droopy (or ptotic), or if you exercise with the upper body. Under the muscle can give a smoother line to the implant, but does have the disadvantage of movement and/or distortion with chest muscle compression. Dr Olbourne will discuss this alternative with you.

4. Type of Implant

There are different types of implants available. All implants are synthetic silicone rubber shells filled with a **silicone gel** or a **saline** (saltwater) solution. The outer wall of the implant may be smooth or textured (rough surfaced). Generally, rough surfaced implants do not need to be massaged post operatively. Smooth implants may need to be massaged to help prevent scar contracture (this is further explained in the section on capsular contracture). Dr Olbourne will recommend the particular type of implant that he feels is most appropriate for you. You should ask him about specific risks or complications related to the implant material and possible deflation of an inflatable saline implant.

The following diagram illustrates the two positions of breast implants.



Understanding Risks

As with any surgery, breast augmentation involves some risks and potential complications. These are listed below and are separated into *general risks* which can occur with any surgical procedure, and *risks specific* to the breast augmentation operation. Although the vast majority of these operations are successful, you must accept that problems occur in some of these procedures and you must recognise that you may be one of the patients who experience one of these unfortunate outcomes.

Generally speaking any surgical procedure can be accompanied by the following three conditions:

1. Infection

Infection is a significant risk in that the presence of a foreign body (i.e. the breast implant) can cause prolongation of the infection. Infection is rare, but should it occur, it may be necessary for the prosthesis to be removed temporarily (up to about six weeks) until the infection is controlled. Once the implant is replaced however, the result should be indistinguishable from the opposite normal side.

Special precautions are taken to limit the chances of infection and these include showering prior to surgery with antiseptic soap, intravenous antibiotics during the operation and a course of antibiotics following surgery. If pain and redness begins or increases after 24 - 48 hours this may indicate an infection and this should be **immediately** reported to Dr Olbourne.

2. Bleeding and Haematoma Formation

Excessive post-operative bleeding can be caused by a variety of factors. One of these is the taking of blood thinning medications such as aspirin and like drugs or certain natural remedies such as Ginkgo Biloba, Garlic or St Johns Wort. We can give you a sheet listing the drugs that can cause this problem. **You should not take such medications for at least 10 days prior to your operation.**

Some bleeding occurs after all surgery - it is natural. But excessive bleeding and haematoma formation are the problem. To deal with this, your chest will be bound firmly for 24 hours after surgery and a small drain will be inserted into each side. The drains remain in place until they stop draining. They are an important indicator of what is going on inside your chest.

It is our experience that if bleeding does occur and a haematoma develops it can lead to abnormal thickening of the scar capsule around the implant (capsular contracture) or to an increased possibility of infection. It is therefore appropriate that if bleeding does occur in the first 24 to 48 hours, that the patient be returned to theatre with removal of the implant and cleaning out of the abnormal blood which has accumulated. The implant is replaced immediately after the bleeding has been controlled and this usually results in no further problems.

If excessive bleeding does occur, increasing pain will be experienced and the breast on that side will be abnormally swollen compared to the opposite side. This is always in the early post-operative stage and should be reported immediately to Dr Olbourne.

3. Scarring

The incisions for the insertion of the breast implants can be placed under the arm, around the nipple or in the crease under the breast. All incisions will leave a scar no matter how faint.

The scar in the axilla (underarm) is well hidden when the arms are by the side or even at reasonable elevation. However, if the arm is lifted completely above the head during the early stages of healing a red scar may be seen. This can persist for up to six months or longer. When the scar eventually settles it usually looks like a crease in the skin. This area can on occasion be prone to scar thickening. However, this is rare.

The scar around the nipple is, of course, not seen while the patient is clothed. However when the nipple is exposed the scar is sometimes seen as a white line on the lower border of the areola. The visibility of the scar depends on the colour of the areolar skin. Scars are always white, so the darker the areolar skin, the more obvious the white scar. Thickening of the scar in the area of the areola is extremely rare, but can occur.

The scar in the crease of the breast is usually not seen when the patient is standing. However, when you lie down the scar is easily seen. While the scar is red (in the first 3-6 months) it can be quite noticeable. Scars in this position have a higher chance of thickening (hypertrophy) and on occasions can become quite thick (keloid) and take several years to settle. The scar in the crease under the breast is not actually in the crease but slightly above the crease on the under surface of the breast.

The indications for using various incisions and the quality of the scar will be further explained to you by Dr Olbourne.

Specific Risks

1. Capsular Contracture

Any foreign implant that is inserted into the body is ultimately surrounded by a scar formed by the body to wall it off from the other tissues. This occurs also with the breast prosthesis. All scars shrink or contract to a certain degree. If this occurs to excess in the breast, the shape of the implant may distort. It usually becomes round or globular. The breast may also feel hard to varying degrees.

This hardening, caused by excessive contracture of the normal scarring phenomenon, can occur in between 5 and 35% of breast augmentation operations and can be influenced by the surgical technique as well as the type of implant used.

Recently, rough surfaced implants have been noted to have a lower incidence of scar contracture, but there are other trade-offs as a result of using the rough surfaced implant. These include a wavy appearance of the skin around the margin of the implant and fuller projection of the implant. A smooth implant inserted into a large space will also have a low incidence of scar contracture, but it is necessary after the operation to manipulate the implant to maintain a large pocket and therefore a large scar surrounding the implant. If capsular contracture does occur, it can be accompanied by discomfort or pain and this may necessitate further operative treatment to release or remove the internal scar. If it is not causing problems then no further treatment may be necessary. The position of the incision usually has no bearing on the chance of scar contracture. Taking Vitamin E, 1000iu twice a day for 3 months after the operation, has been claimed to diminish the risk of capsular contracture.

2. Loss of Nipple Sensation

This operation may be accompanied by an alteration of nipple sensation. Nipple sensation can be increased as well as decreased after surgery, but over a period of months the number of patients with permanent alteration of nipple sensation decreases to approximately 10%. This seems not to depend on the site of the incision that is used, but is mainly due to stretching or damage of a nerve at the outer part of the breast while the cavity is being made. There can also be a temporary loss of feeling of the breast skin particularly in the area beneath the nipple. It is usually found that this sensation returns over a six month period. Our experience is that nipple sensation is unaffected in 70% of patients. For 10%, sensation is enhanced. In 20% however, nipple sensation may be diminished or even rendered numb. Permanent numbness is however quite uncommon.

3. Implant Deflation

The manufacturers of saline implants advise that there is a failure rate of the implant with subsequent deflation in the order of approximately 10% over 10 years. Although clinical experience to date has not confirmed a failure rate of this magnitude, the manufacturers have obviously taken a cautious line. It is unreasonable to expect that any mechanical device may not fail sometime. Breast implants are no exception. If the implant should fail either by valve failure or "cracking" of the wall of the prosthesis, the breast would deflate and the salty water would be absorbed into the body. Saline is not detrimental in any way to the patient. It is similar to the intravenous fluid given at operations and is eliminated from the body in the urine.

The deflated implant would have to be replaced and this would require a further procedure, re-opening the previous incision line. In advising of this complication,

the manufacturers warn patients that breast augmentation with saline filled devices should not be regarded as a final or permanent procedure.

4. Asymmetry, Firmness and Discomfort

These complications are usually a result of asymmetrical or excessive contracture of the scar or capsule which forms around the prosthesis internally. The formation of the scar capsule is a normal biological response to the implantation of foreign material and excessive contracture can distort the shape of the breast. This can be in the order of 5-35% depending on the type of implant and procedure used.

5. Minor Displacements or Asymmetry

Minor displacements leading to asymmetry of the implants are generally not different from the variations of the breasts considered to be within normal limits. Quite frequently, minor asymmetries or even significant asymmetries of the breasts can be seen prior to surgery and Dr Olbourne will frequently make a note of these. Significant asymmetry can be noted after the operation and would mandate some revisional surgery to improve the cosmetic result.

Some Facts That You Should Be Aware Of

Breast Cancer

It is important that the patient understands that there is absolutely no connection between breast augmentation and breast cancer. The implant is not placed within the breast, but rather behind the breast or even behind the muscle on the chest wall. There are many studies that now show that women who have breast augmentation are less likely to develop breast cancer than a similar group of women who do not have breast augmentation. The reason for this is obscure, but the statistic is real.

Breast cancer can still be detected in the augmented breast and routine clinical or physical examination will not be hindered by the presence of a breast prosthesis. Any lump in the breast gland is probably made more prominent by the breast implant. Mammograms are still possible with breast implants in place although a proportion of the breast gland is sometimes camouflaged by the breast implant on the mammogram. Newer techniques with mammography are now overcoming this problem. There have been several reports of implant rupture when compression of the breast is performed at mammography. Obviously a radiologist familiar with mammography of augmented breasts is desirable and Dr Olbourne can suggest a suitable specialist.

With older style silicone gel-filled implants where rupture has occurred, hard scar tissue develops around the free gel in the breast tissue. In this case the lumps palpable in the breasts may be mistaken for breast cancer. However, tests such as mammography and occasionally biopsy may be necessary to distinguish the true nature of the lumps. These lumps are in no way associated with breast cancer.

Collagen Disorders

There has been much speculation about the cause of arthritis, muscle disorders and various collagen disorders as a result of breast augmentation with silicone filled devices. Much of this information is anecdotal in nature and there is currently **no** conclusive proof that silicone based devices cause abnormal diseases. In fact, recent scientific studies strongly indicate that no relationship exists between breast augmentation and any “collagen disease”.

Silicone use is widespread in drugs and other medical devices. Even the syringes and needles that are used for injection purposes are lubricated with silicone. However, patients who frequently have injections (such as diabetics) do not have an increased incidence of the very diseases that are said to be caused by the implantation of breast prostheses. It has been calculated that women are exposed to more silicone from their lipstick than from their modern breast prostheses.

The implant will not interfere with future breast feeding if the patient becomes pregnant. This is because the implant is placed behind the breast gland or behind the muscle and not in the breast tissue. The incision around the nipple should not make a difference to the ability to breast feed. There is absolutely no foundation to the theory that silicone is secreted in the breast milk of augmented ladies and causes harm to their suckling infants.

Preparing For Surgery

Once you've decided to have breast augmentation, Dr Olbourne and his nursing staff will guide you as you prepare for surgery. You will be given instructions to help make your surgery and recovery go smoothly. And you may be ordered various tests so that your medical records are as up to date as possible.

Pre-op Evaluation

You may be given a baseline mammogram to evaluate your breasts' health before surgery. As with other types of surgery, a urinalysis and blood tests may be necessary to assess your general health. Dr Olbourne may want photographs of your breasts in your medical record to compare with the results of your operation.

Pre-op Instruction

You should stop taking aspirin-containing products two weeks before surgery to minimise bleeding. You should also stop any herbal supplements such as Ginkgo Biloba, St Johns Wort or Ginger and Garlic. You should also stop smoking before surgery because it restricts the blood flow and increases the possibility of post-operative complications.

Your Surgical Experience

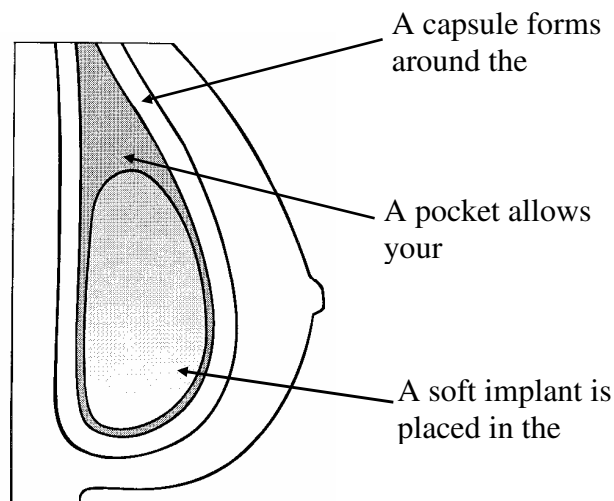
On the day of surgery, the proposed implant site, the creases under the breast and the incision sites will be marked on your skin either in your bedroom or the anteroom of the operating theatre.

At operation, an incision is made according to the preoperative plan. A pocket is then made depending on the type of implant being used and the breast size you have selected. The space in the pocket allows your breasts to feel soft. An implant is inserted in order to achieve the look you have chosen. Once the desired look is achieved, the pocket is closed.

The incision is closed and Dr Olbourne places either a surgical bra or bandage over the incision, depending on what seems best in your case. Drain tubes are frequently inserted into the pockets to eliminate any blood which may collect.

Healing Naturally

Your breasts heal over a period of time after breast augmentation surgery. A **capsule** of scar tissue forms around the implant and shrinks to some degree. Between the implant and breast there is an open **pocket** or space. Dr Olbourne or someone on his staff may give you instructions on self-care to maintain this space. This helps keep the scar tissue from shrinking too much around the implant which makes the breast feel firm. Excessive firmness is known as "capsular contracture" and this is explained earlier in the booklet.



Healing after Breast Augmentation

Your Recovery Plan

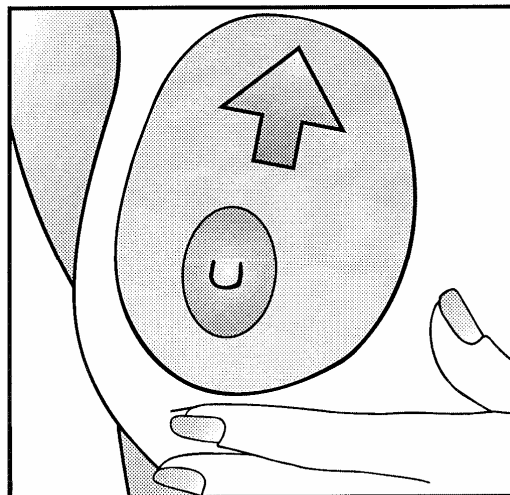
After your surgery, you wake up in a recovery room. Dr Olbourne and the nursing staff monitor you, checking your blood pressure, temperature and pulse. Once you are alert, you may be discharged. However, if Dr Olbourne feels it is necessary, you may remain in recovery until later that day. In some cases, an overnight or even longer stay will be recommended. You may be given prescriptions to relieve pain and prophylactic antibiotics are commonly prescribed. Have someone fill the prescription, drive you home and take care of you as you recover. Follow any post-op instructions given to you.

Your First Visit

A few days after surgery you return to Dr Olbourne's office and your bandage or surgical bra is removed. Your wound is checked for bleeding and infection, and your sutures may be removed. Here, you begin to see the results of your augmentation, despite some initial swelling. Dr Olbourne will tell you how to care for your wound and dressing and when you'll need to wear a bra.

Breast Massage

Depending on the type of implant you have and your surgeon's preference, massaging your breasts may help decrease the risk of excessive firmness. You may be given instructions on the massage technique by Dr Olbourne or someone on staff. As soon as you're comfortable doing so, follow your massage schedule as directed. Currently, Dr Olbourne's practice is to massage only those implants where a smooth walled device has been inserted.



Follow-up

During your follow-up visits Dr Olbourne checks the shape of your breasts and watches for infection. Your sutures may dissolve or be removed during the first few weeks. Healing takes several weeks or longer, depending on how long swelling lasts. Swelling normally takes up to six weeks to settle.

With breast augmentation today, you are committing yourself to permanent follow-up. Initially, monthly visits will be scheduled, gradually lengthening to three or six monthly. We believe that you should ultimately commit yourself to annual visits so that Dr Olbourne can check your implants and advise you of the current state of knowledge in this area. If you move away, Dr Olbourne will, on request, transfer your follow up to one of his colleagues.



CALL DR OLBOURNE IF YOU EXPERIENCE THE FOLLOWING:

- ☞ Excessive pain or bleeding
- ☞ Abnormal swelling
- ☞ Fever during the first 24 hours

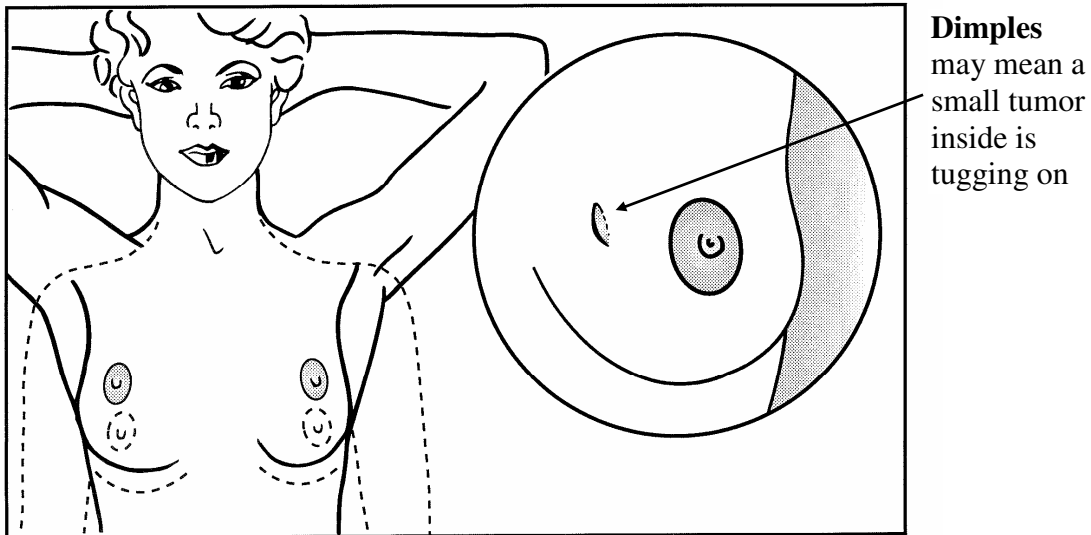
Returning To Your Daily Activities

You can return to your activities at a slow, gradual pace. You may be back to work as soon as five to seven days after surgery and may begin light exercise in a week or so.

Lifting and strenuous moving may be restricted for several weeks or longer. Follow the golden rule - "If it hurts, don't do it".

Breast Health

After breast augmentation, new breast health baselines must be established by you and your doctor. Breasts with implants feel different during breast self-examinations and professional examinations and look different on a mammogram.



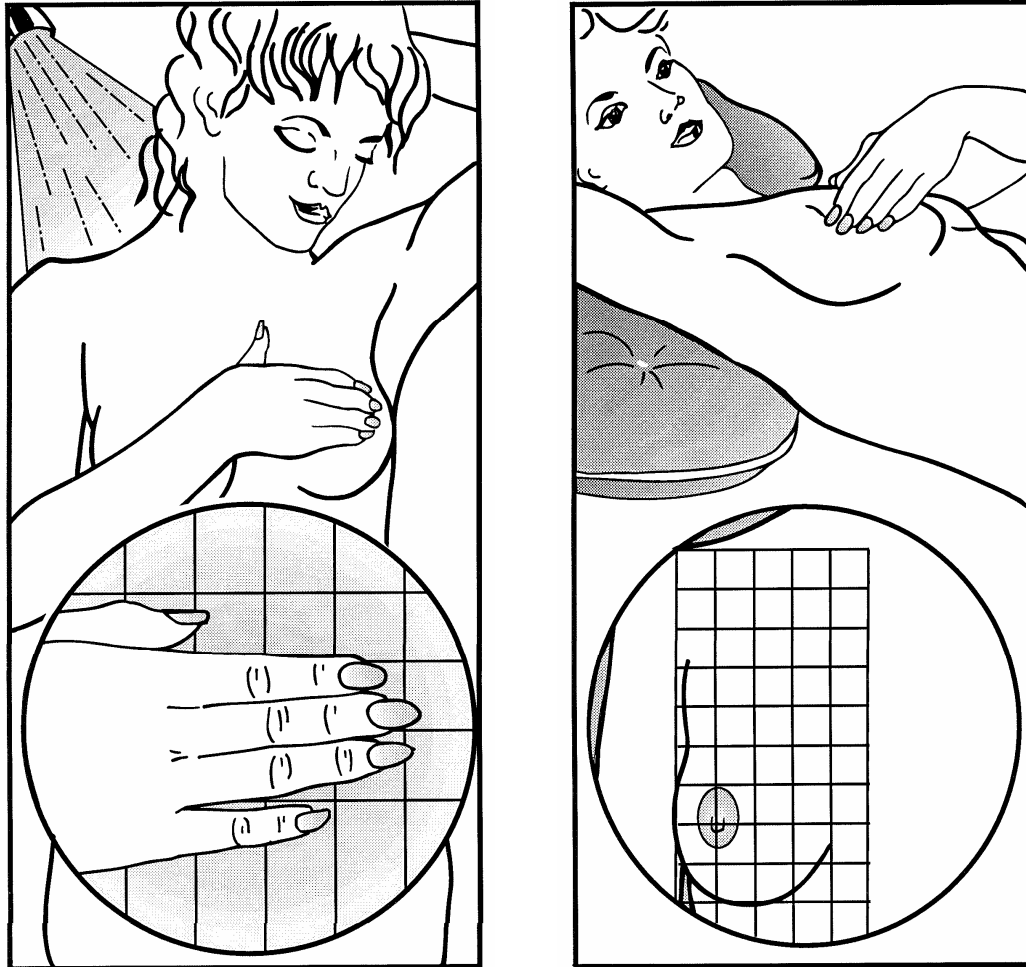
Breast Self-Examination

The best time for your breast self-examination is a week after your menstrual cycle begins. Look in the mirror with your arms raised, then lowered, hands on your hips. Turn from side to side, checking for dimples, lumps and discharge from the nipple.

Feel for lumps while lying down or standing up, using three degrees of pressure - light, medium, then firm - without lifting your fingers from the breast. Lotion makes breast examinations lying down easy, and soapy water helps when you're showering.

Mentally divide your breast into several sections, and use the same pattern for every examination.

Using the soft pads of your middle fingers, feel your breasts in a circular motion.



Professional Examinations

In addition to your monthly breast self examinations you should have a professional breast examination by Dr Olbourne on a yearly basis. Inform any doctor who examines your breasts that you have had breast augmentation as the implants change the way the breast feels.

QUESTIONS FREQUENTLY ASKED ABOUT BREAST AUGMENTATION

How long can I expect to be off work?

For the average woman doing non-strenuous clerical-type work, it is generally two to three days after surgery before you may be able to return to work. For other types of jobs, however, which may require heavy lifting, it may be longer. This is something you must discuss with Dr Olbourne, since each woman is different.

How long will my stitches be in?

Stitches used are usually dissolving, and thus will not have to be removed. In the event that sutures need removal, this is done within three weeks after surgery.

How much sensation will be left in my nipples after surgery?

There can be loss of nipple feeling after this surgery. On occasions there may be some temporary blunting of feeling. Much more infrequently a permanent degree of loss of feeling can occur. In most cases, however, when there is some diminished feeling, this gradually returns, over a six to twelve month period. It should be anticipated that there will be some patches of skin numbness, particularly on the inner and lower portions of the breast, which is often a variable and transient phenomenon. This usually is not a major concern, and will mostly disappear by six months or so.

How long will it take for the swelling to go down after surgery?

Although swelling is minimal after breast augmentation, there will be some puffiness. You can expect all of this to be gone after one month.

How long must I wear a special bra after breast augmentation?

For the first week after surgery, you need not wear a bra unless you find the weight of your new bust uncomfortable. During the second week, you may use a stretch-type bra worn both day and night. After the second week, you may choose any style. You should remember, though, now that you have a breast of relatively normal volume, this will always require a good bra support to reduce the degree of sagging. Gravity over the years takes its toll, and any breast of reasonable volume will eventually show some degree of droop without good support, sometimes even with good support! We will be happy to advise you on the styles and brands of bras which we feel give the best support to the enlarged breast.

Is this breast operation dangerous?

Any surgery carries some risk. However, surgeons doing breast implants in a modern surgical facility do not consider it dangerous. You should check on doctor's skill and the credentials of the anaesthetist and surgical facility to ensure the minimum of risk.

Can breast implants cause cancer?

In the hundreds of thousands of cases where breast implants have been used, there have been not been any reported cases where cancer could be attributed to the implant.

Does a breast implant leave unsightly scars?

Whenever the skin is cut, a scar line remains after healing. Normally, the small scar that remains is not easily seen. It is under the breast fold. Or in the areola (the brown ring area around the nipple). Or in the natural crease under the arm. A few patients will develop thickened scars and these can be unsightly. There is no foolproof way to avoid thickening of scar in these people.

How is the size of the implant determined?

By discussion with your surgeon and pretesting with sizing implants that Dr Olbourne keeps for just this purpose. Dr Olbourne wants your new breast to have a pleasing balanced appearance, in proportion to your shoulders, your rib cage and hips.

How long will the implants last?

Based on laboratory findings and human experiences to date, a modern gel-filled breast implant should last for a lifetime. However, since gel-filled breast implants have been implanted since 1962, there is only approximately 30 years of actual experience. Current figures indicate that approximately 10% of gel implants inserted since 1962 have ruptured. The modern saline filled implant does have a projected failure rate of approximately 10% over 10 years.

How will I feel?

Naturally you may feel "woozy" as the anaesthetic wears off. You may feel some soreness, swelling or discomfort, but this is quite natural. You may also feel tired and exhausted after surgery, but this and the soreness are normal and will last only a short while.

How long will it be before I can start normal activities?

Following surgery, Dr Olbourne will give you specific instructions regarding your participation in everyday activities, athletics and sexual relations. He may recommend a support brassiere, either permanently or when undertaking exercise.

How much will the entire procedure cost?

Fees will vary. You should ask Dr Olbourne. The fees relate to the surgery, the anaesthetic, the implant and the hospital.

Is a breast implant covered by medical insurance?

Usually not, although occasionally a benefit for the operation and the implant can be justified. Dr Olbourne will surely advise you if he thinks you may qualify for a benefit.

How is the operation performed?

There are three ways to place an implant:

1. Through an inframammary incision (an opening made in or just above the hidden fold beneath the breast),
2. Through a peri-areolar incision (an opening made within the areola), or
3. Through a transaxillary incision (an opening made in the armpit).

The site of the incision is based on your surgeon's experience, awareness of your specific needs and dedication to your welfare and personal satisfaction. Dr Olbourne will discuss with you which incision might be best for you.

When implanted according to surgical techniques and procedures widely accepted by surgeons, the breast implant has been well tolerated by hundreds of thousands of patients. Each surgeon must, of course, evaluate and use the right implant and right procedure for an individual patient based on the patient's medical history and his own medical and surgical training and experience.

Does the implant prevent breast feeding?

No, the implant is usually placed between the breast gland and the pectoral muscle or under the muscle and does not interfere with the normal functioning of the milk ducts.

Will I still have feeling in my breasts and nipples?

There may be reduced feeling right after surgery. With few exceptions, experience shows sensation in both areas will improve within a few months.

What is the implant made of?

It is made of a soft silicone bag filled with either a soft silicone gel or a sterile saline solution. There has been some controversy as to the effects of silicone gel on the body, but recent scientific data does not support many of the claims made against silicone gel and in fact refutes all suggestion of systemic harm to the patient from silicon-gel filled prostheses.

Saline or salty water comprises 70% by weight of the human body and has a similar composition to the body fluids. If rupture of a saline implant occurs, the fluid is absorbed by the body and then dispelled as urine.

What holds the implants in place?

During the normal healing process, the body forms a tissue capsule around the implants. Once formed, this holds the implants in place.

Can I expect any problems with my breasts after implant surgery?

Although thousands of women have implant surgery each year, each person's reaction to surgery and implantation can be different. Dr Olbourne is the best and most reliable authority on this question. Do not hesitate to review this with him.

How Much Will The Procedure Cost?

The costs of this surgery relate to:

- a) surgeon and assistant surgeon
- b) anaesthetist
- c) hospital
- d) ancillary charge (pharmacy, brassieres etc)

Dr Olbourne can tell you his fee and give you some indication of the costs of the other people involved in your care.

You must appreciate that the ultimate cost to you will depend on where you choose to go for your procedure and what rebates you will receive from your medical fund and Medicare. This in turn depends on who you may be insured with and what level of insurance you have chosen. Please advise Dr Olbourne if your insurance has a front end deductible cost or "excess". With all the relevant information the doctor's office should be able to give you a very close approximation of what your final costs might be.

Private insurance including Medicare may pay the cost of part of the operation, but not the cosmetic part. If so, they would also contribute to the anaesthetic and hospital costs.

It is always preferable to arrange all your finance prior to surgery to avoid unnecessary stress afterwards which will detract from your enjoyment of having achieved your goal.

Further Information

For further information on this or any other cosmetic procedure, feel free to contact our office. Our staff are dedicated to assisting you and will do all they can to make your surgical experience as comfortable as possible.

You can also assist us by advising us of any aspect of your experience that has not been adequately covered in this brochure. We are always seeking to improve the information we give to patients. Your input will help us achieve that goal.

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