

Operation Information

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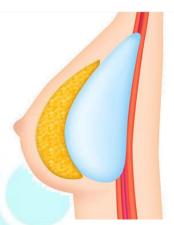


Breast Augmentation

Introduction

The aging process causes the shape of the breasts to change and droop gradually. The drooping is greater following pregnancy, breast feeding and in particular after a large weight loss. Breast augmentation is a plastic surgical technique that is subdivided into autograft implantation (e.g. fat injection) or synthetic implantation.

Autograft implantation is often done by transferring tissue grafts from one part of the client's body to the breast. Breast synthetic implants consist of an outer shell and a filling material which is most often silicone gel. Some implants are round and others are shaped more like a natural breast referred to as tear drop or anatomical implants. Sufficient understanding of the operation is expected from client in order to accomplish the best outcome together with the surgical team. Please discuss with your doctor for the better option plan(s) and treatment.



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Outcomes

The expected outcome of this operation can increase fullness of the breasts, and improve balance of the breasts. It helps to enhance self-image and self-confidence.

Procedures

Synthetic Implantation

- 1. The operation is performed under general anaesthesia.
- 2. A small incision is made in the fold under the breasts or around the areola or in the armpit.
- 3. Implants are inserted through the incision.

Autograft Implantation

- 1. The operation is performed under general anaesthesia.
- 2. Liposuction will be conducted at the place where the excessive fat lies.
- 3. The fat tissue extracted will then be injected into the breasts underneath the mammal gland, making the breasts look plump.
- 4. Incision is about 5cm in general and varies according to individual's condition.
- 5. Repeated fat injection may be needed to achieve the optimal outcome.

Possible Risks and Complications

Generally speaking, breast augmentation is a simple and yet safe surgery. However, possible risks and complications are indicated as following:

- 1. Wound infection
- 2. Haematoma (Surgery may be indicated for drainage of body fluid)
- 3. Scarring
- 4. Decrease in the sensitivity of nipples
- 5. Skin fold on the top of the implant
- 6. Capsular contraction, leakage, dislocation may occur at the capsule around the implant
- 7. Asymmetry of bilateral breast
- 8. Calcification of breast tissue (in autograft implantation approach)
- 9. Chest wall deformity
- 10. Extrusion (when the skin breaks down and the implant appears through the skin)
- 11. Allergic reaction from anaesthesia
- ** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

- 1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
- 2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation. The size and type of implant will be determined according to individuals' body shape and preference.
- 3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen, Naproxen, dietary supplement and Chinese medication.
- 4. You may have a blood test, mammograms, ultrasonography and etc. before the operation if needed.
- 5. Photo shooting may be arranged for documentation. Consensus will be achieved between you and doctors over the implant measurement.
- 6. No food or drink six hours before operation.
- 7. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
- 8. Please empty your bladder before the operation.

Post-operative Instructions

General

- 1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
- 2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.

Wound Care

- 1. After operation, the wound will be covered by a sterile transparent waterproof dressing. Showering is allowed. Keep the wound clean and dry afterward.
- 2. Swelling and bruising may appear after the surgery and will be subsided gradually.
- 3. The absence of sensation of breasts and nipples may be indicated for the first few weeks.

Diet

A normal diet may be resumed as instructed after recovery from anaesthesia.

Activities

- 1. A specially designed garment (Bra top) is required to wear for a period of time after surgery.
- 2. Apply massage to the surgical site as instructed by the doctor after the removal of suture.
- 3. Avoid activities such as bathing and swimming before the surgical wound is healed properly.

Advice on Discharge

- 1. Please comply with medication regime as prescribed by your doctor.
- 2. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain associated with redness and swelling, tenderness, secretion of pus, blood seepage, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
- 3. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided
in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification