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Breast Implant Removal &Replacement

Procedure Aim and Information

Removal of Breast Implants

At some stage breast implants that have been used either for cosmetic or reconstructive purposes may need to be removed. Breast implants that are aged, damaged or ruptured cannot be repaired and may need to be removed. All breast implants are surrounded by scar tissue that forms internally around a breast implant (capsule). Scar formation around an implant is a normal reaction of the body and happens to everyone regardless of whether the implant is smooth or textured, silicone or saline.

Breast implant removal is usually combined with additional procedures such as:

- Capsulectomy (removal of scar surrounding the breast implant)
- Removal of escaped silicone gel (granulomas)
- Replacement of implants
- Breast uplift (mastopexy), with or without replacement of implants.

Capsular contracture

The body's response to any foreign object varies greatly from person to person. The scar tissue (capsule) in some cases can tighten or contract (capsular contracture). How much the capsule will contract, if at all, is hard to predict. If scar tissue becomes thick, it may cause hardening of the breast, breast discomfort or pain, sensitivity to touch, wrinkling or distortion of the breast and movement or displacement of the implant.
Capsular contracture may occur on one side, both sides or not at all.
Excessive capsule and firmness or displacement of the breast can occur soon after the original surgery or years later.

The causes of capsular contracture are unknown. The incidence of symptomatic capsular contracture can be expected to increase over time as implants age. With age, calcification can occur within the scar tissue that surrounds the breast implants. "Old style" (non cohesive) gel implants, leaking silicone gel, low-grade chronic infection and radiotherapy may contribute to the higher incidence of capsule contracture. Like any scarring, capsule contracture is unpredictable.

The effects of capsule contracture vary

If the capsule surrounding the implant contracts or shrinks evenly then the breasts will look even, but will be firm. If the capsule contracts unevenly, then one or both of the implants may be pushed out of place and the breasts will look uneven. Where excessive capsular contracture occurs, the breast can become hard, look deformed and pain can result. If this happens, you may need to have a further operation to have the capsule and / or implant removed.
Other less common results of capsular contracture are increased gel diffusion or rupture of your implants. It is possible that the implant may be pushed through the capsule, which surrounds it, but this is rare. Sometimes calcium salt deposits may be found in the capsule. This is called calcification. These deposits may make it more difficult to detect early breast cancer on mammography.

Various treatments exist for capsular contracture

Surgical treatment involves removal of the implants, removal of the excess scar tissue (capsulectomy), with or without implant replacement.
Depending on the extent of the scarring problem, it may be necessary to place the implant in a deeper location, underneath the muscle on the chest. Incisions for a capsulectomy procedure may be placed in different locations than those used for the original surgery. If the breasts are not the same size or shape before the surgery, it is unlikely that they will be symmetrical afterwards.

In most cases after implant removal, complete excision of the capsule is performed. If free silicone gel, silicone granulomas or breast lumps are present, surgical removal will be required.
Further surgery may be performed to replace the implants and in some cases it may be desirable to uplift the breast to achieve the best possible shape.
The surgery to correct capsule contracture around breast implants will require removal of breast implants, capsulectomy and replacement of the same implants.
You may be advised by your surgeon to consider replacing your breast implants with new ones, irrespective of how long you have had them. In some situations, you may be advised to consider exchanging breast implants with a different style.
Breast implants, irrespective of manufacturer or type, do not have an indefinite lifespan and will eventually require removal and possible replacement surgery. The expected life of breast implants is explained fully in the "life-expectancy of breast implants" section which follows.
Capsular formation and contracture is the most common local change after implantation.

There is no single cause of capsular contracture. It is believed, however, that many factors can contribute to it, including infection, swelling of the tissue because of bleeding and the body's reaction to the implant.

Treatment for capsular contracture may require surgery, implant replacement, implant removal or ultrasound therapy.

Improvements in implant design and surgical techniques have contributed to the declining rates of capsular contracture. The current risk of significant capsular contracture is approximately 5%. Lower rates are associated with submuscular placement of textured cohesive gel implants.

Risks of Surgery

All surgery is associated with some risk.

It is important that you understand that there are risks involved with any surgery.
Whilst the majority of individuals undergoing surgery do not experience any complications, a minority do and there cannot be any guarantees in surgery. With every type of surgery the best possible outcome is sought. The importance of having a highly qualified surgeon and professional surgical team and facility cannot be overestimated.

Risk to benefit

The choice to undergo a surgical procedure should be based on the comparison of the risk to the potential benefit to you.
Make sure that you take time to read and understand how each potential complication can impact on your life and try to make the risk to benefit comparison specifically for yourself.

Informed consent process

Before any surgery, your surgeon should explain to you the risks of the procedure and the possible complications that could happen.
The informed surgical consent web site will help you to understand the risks that your surgeon has already discussed. It may also bring up other issues that will require a second surgical consultation to clarify. You should not feel that you are being an inconvenience by seeking another consultation and clarification of any questions that you may have.
You should take the opportunity to read this informed surgical consent website carefully and at your own pace. The questionnaire at the end will help to clarify your understanding. There is also opportunity to make note of specific concerns and issues that may be relevant to you so that you can discuss these concerns with your surgeon.

Impact of complications

The risks of surgery involve possible inconvenience if a complication occurs. It may result in an extension of your recovery period and in some cases may need further surgery. Infrequently, complications may have a permanent effect on your final result.

Financial risks

Financial risks are involved with any surgery. Private health insurance is strongly recommended. If you do not have private health insurance then a complication or further surgery will add to the overall cost of your surgery.

Risks related to general health

Your general health will impact on the possible risks of surgery. Many of the risks associated with surgery can be predicted. However, your general health plays a vital role to the outcome of your surgery.
Age carries a greater risk with any surgery. Being overweight carries a greater surgical risk. Other medical conditions such as high blood pressure, high cholesterol, diabetes, heart and lung disease may also increase your surgical risk.
Smoking greatly increases all risks and complications of surgery.

What else?

Finally other factors, that may not be obvious, can influence the outcome of your surgery and the risks are beyond anyone's control.

Risks Specific to Procedure

Specific risks of Implant Removal

When implants are removed the surrounding capsule is normally removed at the same procedure. The risks of surgery then vary as to whether the implants are replaced or not and whether an uplift is performed at the same time . Please select from one of the three options below as to which procedure you are planning to have. If you wish to see information regarding all of these procedures, please do not click on any of the headings below and just read all of this page.
Please select from the following:

1. Implant removal and capsulectomy, without replacement of implants
2. Implant removal and capsulectomy, with replacement of implants
3. Implant removal and capsulectomy, without replacement of implants and breast uplift

1. Specific risks of implant removal and capsulectomy, without implant replacement

Bleeding

Bleeding after capsulectomy is common. Suction drains are used after the surgery to drain any blood that may accumulate.

Seroma

Tissue fluid may accumulate in the space where the breast implant was located. Needle aspiration or additional surgery to achieve drainage may be necessary to remove the fluid.

Infection

Infection is always a possibility after any surgery despite careful aseptic techniques.
Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

Firmness

Excessive firmness of the breasts or uneveness due to internal scarring can occur after surgery due to internal scarring. The occurrence of this is unpredictable.

Skin scarring

Additional scars other than those used for the original insertion of implants may be required to achieve capsule excision.
Scars resulting from breast implant removal may complicate further breast surgery.
If further surgery is performed to reshape the breasts after implant removal, additional scars will be present on the breasts. The final appearance of the scars is unpredictable.

Inability to remove entire capsule

It may not be possible to completely remove all the scar tissue that has formed around a breast implant.

Damage to adjacent structures

Scar tissue may be adherent to overlying breast tissue, nipple, muscle or to the underlying chest wall. During capsulectomy, any of these adjacent structures may be damaged or may need to be partly removed to remove all the scar tissue.

Migrated silicone gel

In situations that involve damaged, leaking, or ruptured silicone gel breast implants, free silicone gel can escape from the implant into the space inside the capsule. Any silicone gel that has escaped is usually contained within the capsule.

In other cases free silicone gel that has escaped from the implant may break through the capsule and spread to surrounding breast tissue, muscle and chest wall around the breast implant. Additional surgical procedures may be needed to remove migrated gel material. It may not be possible to completely remove all migrated gel material discovered during surgery.

The body attempts to contain free silicone gel by forming a granuloma around the gel. A silicone granuloma feels like a hard lump in the breast. A similar reaction can result in lumps in the lymph glands of the armpit.
Any lump in the breast or the armpit should not be ignored and investigation and removal of a silicone granuloma is recommended.
In these cases where a silicone granuloma has formed because of gel leak out of an implant, the silicone breast implants should be removed and, if desired, replaced with new implants.

Change in nipple and skin sensation

Some change in nipple and skin sensation can be expected after surgery to remove implants and capsulectomy. Partial or permanent loss of nipple and skin sensation may occur in up to 10% of patients.
This may affect sexual response or the ability to breast feed.
Normal sensation may take several months to return. Occasionally loss of nipple and skin sensation may be permanent.

Chest wall deformity

Chest wall deformity occurs from the pressure of the breast implant. This chest wall deformity may to be visible under the skin if there is very little breast tissue remaining after removal of implants.

Change in appearance of the breasts

Breast implants contribute to the shape and projection of the breast. Following removal of breast implants there will be a significant loss of breast volume, and the breasts will appear flatter and emptier. There may be an excess of skin causing the breast to look distorted, saggy and the skin wrinkled.
The shape of the breasts will appear changed and additional surgery may be necessary to re-shape the breasts after implant removal.
The altered physical appearance of the breasts after implant removal and capsulectomy may have a negative psychological effect on your body image and may affect your sexual relations.

Smaller breast size

If breast implants are not replaced after removal and capsulectomy, the size of the breasts will be smaller and your bra cup size will also change. The breast may change shape and size with time.

Breast asymmetry

The breasts may be a different size after removal of implants and capsulectomy. The size difference may relate to normal variation in breast size or to the removal of additional breast tissue, if required, to remove all scarring and silicone granulomas.

Undesirable result

You may not be happy with the shape of your breasts after surgery despite having achieved an adequate result. Factors relating to the degree of surgery required to perform the capsulectomy, and unrelated to the expertise of the surgeon's; may influence the final outcome of your result.

Mammography

Breast cancer can form at any stage and is independent of breast implants. It is important to continue to have regular mammograms and to perform regular breast self-examination after removal of breast implants. Any lumps that are found should be brought to the attention of your doctor.

Breast disease

Current medical information does not demonstrate an increased risk of breast disease or breast cancer in women who have breast implant surgery for either cosmetic or reconstructive purposes.
Breast disease can occur independently of breast implants. It is recommended that all women perform periodic self-examination of their breasts, have regular mammograms and seek professional care should they notice a breast lump.

2. Specific risks of Implant Removal and capsulectomy, with implant replacement

Bleeding

Bleeding commonly occurs after capsulectomy. It is possible that a collection of blood (haematoma) can occur in the breast. Additional treatment including surgery will be required to treat bleeding. A haematoma will increase the risk of infection and capsule contracture.

Infection

Infection is always a possibility after any surgery despite careful aseptic techniques.
Should an infection occur, treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary.

Infections with the presence of a breast implant are harder to treat than infections in normal body tissues. If an infection does not respond to antibiotics, the breast implant may have to be removed. If it is deemed necessary to remove a breast implant, an external prosthesis may be a good temporary solution. After the infection is treated, a new breast implant can usually be re-inserted after a few months.

Low grade or chronic infections may be difficult to diagnose and may present as capsular contracture, implant displacement or increased wrinkling.
It is rare for an infection to occur around an implant from a bacterial infection elsewhere in the body (like a boil or urine tract infection). Prophylactic (preventative) antibiotics may be considered for subsequent dental or other surgical procedures to cover against breast implant infection.

Seroma

Fluid may accumulate around the implant after surgery, trauma or vigorous activity. Fluid around a breast implant will cause swelling and pain and may increase the risk of infection. A firm bra and rest will help to resolve a seroma. Additional treatment may be necessary to drain the fluid around the breast.

Skin scarring

Additional scars other than those used for the original insertion of implants may be required to achieve capsule excision.

Recurrent capsular contracture

Scar tissue may form again around the new breast implant and can tighten making the breast firm and possibly painful. The recurrence of symptomatic capsule contracture following capsulectomy and replacement of implants is not predictable. Capsular contracture may recur on one side, both sides or not at all.
Treatment for recurrent capsular contracture may require additional surgery, or implant removal.

Future removal and replacement of implants

Future (years later) removal or replacement of breast implants and the surrounding scar tissue envelope may be required as the implants age and the risk of recurrent capsular contracture increases.

Implants

Breast implants, similar to other medical devices, can fail. Breast implants cannot be expected to last forever. Implants can break or leak. When a saline-filled implant fails, it deflates and the body will absorb its salt water filling. When a silicone gel implant fails, the escaped gel can cause capsule contracture (felt as increased hardening of the breast), breast distortion and displacement and silicone granuloma (felt as a breast lump). Rupture of a breast implant can occur from no apparent cause, as a result of an injury, or during mammography. It is possible to damage an implant at the time of surgery. Damaged or broken implants cannot be repaired. Ruptured or deflated implants require removal and replacement.

Deflation

If a silicone gel implant ruptures the gel is usually contained within the capsule around the implant. Sometimes the gel does not remain within the capsule and may be found in nearby breast and other body tissue. Some of the silicone gel may travel to other parts of the body, including the lymph nodes. However, with improved modern implants, this migration of silicone is diminished. Current research does not indicate any adverse effects from the silicone gel, except the presence of some local enlarged lymph nodes.

While it is stressed that an implant can rupture at any time after insertion, the risk of rupture increases with the age of the implant. New style implants have a thicker envelope and are filled with a high viscosity silicone (cohesive gel) to reduce the possibility of rupture and spread of the silicone gel. Improvements in implant design and manufacture contributed to lower rates of rupture, and complications related to silicone gel.

Long-term results

Subsequent alterations in breast shape may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to open capsulectomy with breast implant exchange. Breast sagginess may normally occur.

Granulomas

When silicone gel leaks into the breast and other nearby body tissues including the lymph nodes, small reactive lumps may sometimes form. If there is a large amount of leaked silicone, then larger lumps may form. These lumps are described as granulomas and are usually associated with implant rupture.

Granulomas are not cancerous but it may be difficult to distinguish them from breast cancer. If a granuloma develops additional investigations will be required including removal of some breast tissue (breast biopsy) to determine if it is a cancer.

Breast cancer

There is no medical evidence to date to show that women with breast implants have a higher chance of getting cancer, including breast cancer. No studies have established a link between silicone gel filled breast implants and cancer.

Mammography

Mammograms are generally safe for women with implants, but breast implants make mammography more difficult and may obscure a small portion of the breast and reduce the early detection of breast cancer. It is important that you inform the mammography technician that you have breast implants so that arrangement for special views can be made. Mammogram screening is easier if the implant is in a sub-muscular position.

If a breast lump needs evaluation, other methods such as ultrasound, MRI and specialized mammogram views can be performed.

There is a small chance that the pressure placed on the implants during a mammogram could cause breast implants to rupture or break. The risk of damage to a breast implant rises with the age of the implant. If an implant is damaged during mammography, surgery may be required to remove or replace the implant.

Mammograms are more painful if a capsular contracture is present. The difficulty of breast imaging with mammography increases with the degree of capsule contracture. It is possible that the pressure of the mammogram can cause the scar tissue to crack. If this occurs, the breasts may have a different shape and softer texture afterwards.

If breast implants have a suspected gel leak, a mammogram could increase the amount of silicone spreading into the breast tissue.

Implant extrusion

Lack of adequate tissue coverage or infection may result in exposure and extrusion of the implant. This occurs more frequently with larger sized implants. Skin breakdown has been reported with the use of steroid drugs or after radiation therapy to breast tissue. If tissue breakdown occurs and the implant becomes exposed, further surgery or implant removal may be necessary. Smoking may interfere with the healing process.

Calcification

Calcium deposits can form in the scar tissue surrounding the implant and may cause firmness and pain. The calcium deposits can be visible on a mammogram. These deposits must be identified as different from calcium deposits that are a sign of breast cancer. If there is some confusion between calcium within a capsule and breast cancer, additional surgery will be necessary to remove the calcifications for identification. The surgery may require replacement with a new implant.

Skin rippling and wrinkling

Visible and palpable wrinkling of implants can occur. Some wrinkling is normal and expected. Wrinkling is more pronounced when the beast tissue is thin. There is marginally less wrinkling and rippling when silicone cohesive gel implants are used. Occasionally implants will wrinkle more if there is a tight capsule around them or if they are too large. Visible wrinkles may be cosmetically undesirable, but in most cases wrinkling is inherent to the nature of implants and is unavoidable.

A fold in the implant may be confused with a breast lump, and if there is any doubt further investigation will be required.

Pregnancy and breast feeding

Although many women with breast implants have successfully breast fed their babies, it is not known if there are increased risks in nursing for a woman with breast implants or if the children of women with breast implants are more likely to have health problems. There is insufficient evidence regarding the absolute safety of breast implants in relation to fertility, pregnancy or breastfeeding. Some women with breast implants have reported health problems in their breast fed children. Only very limited research has been conducted in this area and at this time there is no scientific evidence that this is a problem.

Implant displacement

Displacement or migration of a breast implant may occur from its initial placement. An implant may migrate upwards or downwards causing asymmetry. There may be associated distortion in breast shape and discomfort. Additional surgery may be required to correct this problem.

Undesirable result

You may be disappointed with the results of surgery. Asymmetry in implant placement and different breast appearance with respect to shape and size may occur after capsulectomy and replacement of implants. Pain may occur following surgery. It may be necessary to discuss your concerns with your surgeon, and additional surgery may be necessary to improve your results.

Unusual activities and occupations

Activities and occupations that have the potential for trauma to the breast could potentially break or damage breast implants, or cause bleeding.

Thrombosed veins

Thrombosed veins, which resemble cords occasionally develop in the area of the breast and on the abdomen or arms and resolve without medical or surgical treatment.

Immune System Diseases and Unknown Risks

To date, there is no scientific evidence that women with either silicone gel-filled or saline-filled breast implants have an increased risk of immune system diseases such as systemic lupus erythematosis, rheumatoid arthritis, scleroderma, and other arthritis-like conditions.

Additional complaints involve the musculo-skeletal, skin, nervous, and immune systems. The relationship of breast implants to these conditions has not been scientifically proven.

Currently, there is insufficient evidence to state that there is a health benefit from removing either breast implant(s) or scar-tissue capsule(s) or that removal will alter autoimmune disease or prevent its potential occurrence.

3. Specific risks of removal, capsulectomy, replacement of implants, and uplift of the breasts

Bleeding

Bleeding commonly occurs after capsulectomy. It is possible that a collection of blood (haematoma) can occur in the breast. Additional treatment including surgery will be required to treat bleeding. A haematoma will increase the risk of infection and capsule contracture. The risk of bleeding and haematoma is higher when a breast uplift is performed at the same time.

Infection

Infection is always a possibility after any surgery despite careful aseptic techniques. The risk of infection is higher because operating time is longer and blood supply to skin flaps is altered.
Should an infection occur, treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary.

Infections with the presence of a breast implant are harder to treat than infections in normal body tissues. If an infection does not respond to antibiotics, the breast implant may have to be removed. If it is deemed necessary to remove a breast implant, an external prosthesis may be a good temporary solution. After the infection is treated, a new breast implant can usually be re-inserted after a few months.

Low grade or chronic infections may be difficult to diagnose and may present as capsular contracture, implant displacement or increased wrinkling.

It is rare for an infection to occur around an implant from a bacterial infection elsewhere in the body (like a boil or urine tract infection). Prophylactic (preventative) antibiotics may be considered for subsequent dental or other surgical procedures to cover against breast implant infection.

Seroma

Fluid may accumulate around the implant after surgery, trauma or vigorous activity. Fluid around a breast implant will cause swelling and pain and may increase the risk of infection. A firm bra and rest will help to resolve a seroma. Additional treatment may be necessary to drain the fluid around the breast.

Skin scarring

In order to tighten the skin and uplift the breasts, additional scars will be present on the breasts. The scars on the breast will be around the nipple and on the skin below the nipple as well as in the fold of the breast. Scars may be unattractive and of different colour than the surrounding skin.

Recurrent capsular contracture

Scar tissue may form again around the new breast implant and can tighten making the breast firm and possibly painful. The recurrence of symptomatic capsule contracture following capsulectomy and replacement of implants is not predictable. Capsular contracture may recur on one side, both sides or not at all.
Treatment for recurrent capsular contracture may require additional surgery, or implant removal.

Nipple sensation

The sensation to the nipple may be altered after surgery. Normal sensation may return after several months but loss of nipple sensation may be permanent.

Blood supply to the nipple and skin

Changes to the blood supply of the nipple and skin occur due to the nature of the surgery required to uplift the breast. Reduced blood supply to the nipple and skin may result in skin and fat loss (necrosis). The risk of necrosis is higher in people who smoke. Additional treatment and further surgery will be required.

Future removal and replacement of implants

Future (years later) removal or replacement of breast implants and the surrounding scar tissue envelope may be required as the implants age and the risk of recurrent capsular contracture increases.

Implants

Breast implants, similar to other medical devices, can fail. Breast implants cannot be expected to last forever. Implants can break or leak. When a saline-filled implant fails, it deflates and the body will absorb its salt water filling. When a silicone gel implant fails, the escaped gel can cause capsule contracture (felt as increased hardening of the breast), breast distortion and displacement and silicone granuloma (felt as a breast lump). Rupture of a breast implant can occur from no apparent cause, as a result of an injury, or during mammography. It is possible to damage an implant at the time of surgery. Damaged or broken implants cannot be repaired. Ruptured or deflated implants require removal and replacement.

Deflation

If a silicone gel implant ruptures the gel is usually contained within the capsule around the implant. Sometimes the gel does not remain within the capsule and may be found in nearby breast and other body tissue. Some of the silicone gel may travel to other parts of the body, including the lymph nodes. However, with improved modern implants, this migration of silicone is diminished. Current research does not indicate any adverse effects from the silicone gel, except the presence of some local enlarged lymph nodes.

While it is stressed that an implant can rupture at any time after insertion, the risk of rupture increases with the age of the implant. New style implants have a thicker envelope and are filled with a high viscosity silicone (cohesive gel) to reduce the possibility of rupture and spread of the silicone gel. Improvements in implant design and manufacture contributed to lower rates of rupture, and complications related to silicone gel.

Long-term results

Subsequent alterations in breast shape may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to open capsulectomy with breast implant exchange. Breast sagginess may normally occur.

Granulomas

When silicone gel leaks into the breast and other nearby body tissues including the lymph nodes, small reactive lumps may sometimes form. If there is a large amount of leaked silicone, then larger lumps may form. These lumps are described as granulomas and are usually associated with implant rupture.

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Skin rippling and wrinkling

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Undesirable result

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Risks Common to All Operations

Discomfort and pain

The severity and duration of post-operative pain varies with each individual. Mild to moderate discomfort or pain is normal after any surgery and can be expected after implant removal/replacement. Pain will be worse with movements of the arms. If the pain becomes severe and is not relieved by pain medication you may have a complication. In this case you should contact your surgeon.

Nausea and vomiting

Nausea and vomiting typically relate to the anaesthetic and usually settles quickly. In some cases persisting nausea and vomiting may relate to pain relieving medication or other medications like antibiotics. Infection may also cause nausea and vomiting.
If nausea and vomiting persist you may develop dehydration. You should contact your surgeon if nausea and vomiting persist.

Swelling and bruising

Moderate swelling and bruising are normal after any surgery and can be expected after implant removal/replacement. Severe swelling and bruising may indicate bleeding or possible infection. Discolouration from bruising may take several weeks to resolve.

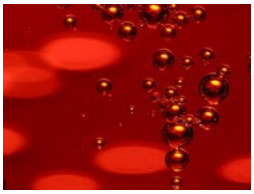
Swelling and bruising may settle faster by wearing a tight fitting bra or garment and with application of arnica ointment to the skin of the breasts for the first 4 weeks following the operation.

Intermittent swelling after implant removal/replacement may persist for several months after surgery.

Bleeding and haematoma

Bleeding is always possible after any operation. Some bleeding will result in bruising. Continued bleeding may result in continuous ooze from the suture line or from the drain holes sites or may result in a collection of blood under the skin.

You should notify your surgeon if bleeding after surgery persists.



Small collections of blood under the skin usually absorb spontaneously. A large collection of blood (haematoma) may produce pressure and complications to healing of the skin.

Most haematomas occur in the first 24 hours and may require aspiration or surgical drainage in an operating room and a general anaesthetic to drain the accumulated blood.

The presence of a haematoma, even if evacuated, may predispose to infection and antibiotics are often recommended.
Infrequently haemorrhage can happen 7 to10 days following implant removal/replacement. Possible factors for late bleeding include infection, extreme physical exertion, aspirin ingestion or an unrecognised bleeding disorder.

Aspirin, anti- inflammatory tablets and mega doses of certain vitamins (vitamin E) can influence blood clotting and cause excessive bleeding. It is recommended that you do not take any aspirin, similar drugs like cartia, astrix or non-steroidal anti-inflammatory medications for ten days before surgery, as this contributes to a greater risk of bleeding, bruising, swelling and infection. A single tablet is enough to increase the risk of bleeding.

If you take an anticoagulant like heparin or warfarin, you will need to discuss these medications with your surgeon prior to your implant removal/replacement surgery.

Hypertension (high blood pressure) that is not under good medical control may also cause bleeding during or after surgery.

Seroma

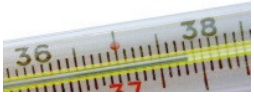
Yellow fluid (seroma) may accumulate in the breast following surgery, trauma or vigorous exercise, especially in the first month following surgery.

The accumulated fluid will cause swelling and pain in the breast.

While the body absorbs small seromas with rest, larger ones need needle drainage or additional surgery to drain the fluid from the breast or from around the breast implant.

A seroma may contribute to infection and/or to the formation of a pseudo-bursa.

Inflammation and infection



Infection may occur after any surgery.

Most infections occur within 3 to 5 days after surgery and may cause swelling, redness and tenderness in the skin around the suture lines. A surface infection may only require antibiotic ointment.

Occasionally an offensive discharge may occur from the suture line. Deeper infections will require treatment with antibiotics. Some deep infections and development of an abscess (collection of pus) will require additional surgery under an anaesthetic to drain the abscess and remove dead tissue in an operating room.

Infection may cause wound breakdown or skin slough (loss). Both wound breakdown and skin slough will result in delays to healing and possible increase in scarring.

Additional surgery to deal with wound breakdown and skin slough will be required. Additional surgery may involve skin grafting. More scarring, and further surgery can be expected in the long term.

Some surgeons will prescribe preventative (prophylactic)vantibiotics to be used around the time of implant removal/replacement surgery.

Crusting along incision lines

Crusting along suture lines should be prevented with frequent and regular washing of your suture lines with antibacterial soap (sapoderm, gamophen) and application of antibiotic ointment or soft white paraffin if required. Careful drying of the suture lines with a clean towel will be required to prevent the scars remaining moist.

Numbness

Small sensory nerves to the skin surface of the breast are occasionally disturbed when the incision for implant removal/replacement is made, or interrupted by undermining of the skin during surgery. Numbness of the skin of the breast and nipple gradually returns - usually within 3 months as the nerve endings heal spontaneously. Return of sensation may sometimes take up to 2 years and may be permanent.

Itching

Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturisers and massages are frequently helpful. These symptoms are common during the recovery period and may persist for several weeks after implant removal/replacement surgery.

Fat necrosis

Fat necrosis is the formation of dead fatty tissue in the breast.
Fat necrosis may prevent wound healing and require surgical correction and/or implant removal.

Unsatisfactory scarring may occur following necrosis.

Factors associated with increased necrosis include infection, smoking, and excessive heat or cold therapy.

Wound separation or delayed healing

Any surgical wound, during the healing phase may separate or heal unusually slowly for a number of reasons or due to complications. This can occur as a result of inflammation, infection, wound tension, excess external pressure and decreased circulation. Some people may experience slow healing due to unrelated medical problems. Smokers have a greater risk of skin loss and wound healing complications.

Wound separation may also occur after suture removal.

Wound separation will require frequent wound dressings and healing will be delayed. If delayed healing occurs, recovery time will be prolonged, (weeks to months), and the final outcome of surgery may be affected. More scarring can be expected.

Further surgery may be required to remove any non-healed tissue and to obtain wound closure. Skin grafting may also be required to achieve wound closure.

Poor scars will result following wound healing problems and additional surgery may be desired 6 to 12 months after the initial surgery to improve scarring.

Increased risk for smokers

Smokers have a greater chance of infection, skin slough (loss), underlying fat loss (necrosis), and poor wound healing, because of decreased skin circulation. Bleeding and haematoma formation are more common in smokers than non-smokers.

Smoking also predisposes to life threatening complications like deep vein thrombosis (DVT), pulmonary embolism, pneumonia or massive infection.

It is strongly recommended that you cease smoking 4 weeks prior to and 4 weeks after your surgery.

Sensitivity or allergy to dressings and tape

Skin or localised allergies may occur to topical antiseptic solutions, suture materials, soaps, ointments, tapes or dressings used during or after surgery. Such problems are unusual and are usually mild and easily treated. Please advise your surgeon of any skin irritation, itch, blisters or redness that may develop beneath your dressings. Allergic reactions resolve after removal of the causative agent and may require additional treatment.

Suture complications

Suture reaction or local infection may occur when subcutaneous sutures (sutures under the skin) are used. Exposed sutures will require suture removal for local healing to progress. Skin sutures may become buried under the skin during healing and subcutaneous sutures may not dissolve (stitch granuloma). Additional surgery may be necessary to remove buried sutures or granulomas. Suture marks in the skin can occur if skin sutures or staples are used to close your surgical incision.

Skin scarring

All surgical incisions produce scarring and although scars are inevitable, some are worse than others, and the quality of the final scars is unpredictable and not entirely under the control of the surgeon. Some areas on the body scar more than other areas, and some people scar more than others.

Scars may be worse if there is a tendency to keloid scarring, in the younger person or if there has been a delay in healing due to infection or wound breakdown.

Your own history of scarring should give you some indication of what you can expect. Please ask your surgeon about scar management.

Red and discoloured scars

The appearance of your surgical scar will change during the various stages of wound healing. Some scars become more red and somewhat raised and excessive between six weeks and three months.

After six months scars begin to fade in their colour intensity. Scars on the breast may take up to 2 years to get as good as they will get. Scars are permanent. Scars will remain permanently visible to a lesser or greater extent, depending on the outcome.

A brown discolouration in a scar usually settles with time. White scars are permanent and there is no known satisfactory treatment. Please ask your surgeon about scar management.

Abnormal scars

Abnormal scars may occur even though careful surgical techniques are used and uncomplicated wound healing occurs after surgery. Scars may be unattractive because they are raised, thick (hypertrophic or keloid), stretched (wide), depressed, or of a different colour to the surrounding skin. An abnormal scar may have visible suture marks. Abnormal scars may occur both within the skin and the deeper tissues.

Abnormal scars occur more commonly in some skin types, in the younger patient or if there has been a delay in healing due to infection or wound breakdown. Most scars improve with time but some may require additional treatment.

Thick scars may respond to taping, placement of silicone sheeting onto the scars, serial injection of steroid into the scars or surgical scar revision. Wide scars may require scar revision surgery to improve their appearance. Surgical scar revision may be disappointing especially in the younger patient.

Please ask your surgeon about scar management.

Asymmetry

The human body is normally asymmetrical. Despite surgical allowance for correction, the normal variation from one side of the body to the other will be reflected in the results obtained from your implant removal/replacement surgery. Perfect symmetry may not be attainable after implant removal/replacement.

Injury to deeper structures

Blood vessels, nerves and muscles may be injured during implant removal/replacement. The incidence of such injuries is rare.

Post-operative fatigue and depression

It is normal for people to occasionally experience feelings of depression for a few days after surgery, especially when the early postoperative suture line, swelling and bruising is seen.

The post-operative emotional low improves with time. Physical recovery from any operation and anaesthetic is gradual.

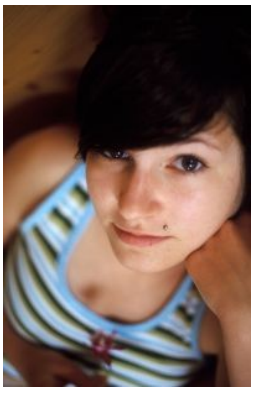
The undesirable result

The undesirable result occurs because of limitations of the human tissues and skin. On the other hand you may be disappointed with the results of surgery if they have not met your expectations.
Your expectations may leave you dissatisfied with the results of your implant removal/replacement, despite having an adequate surgical result. Additional surgery may or may not improve the results of surgery.

The unfavourable result

The unfavourable result may relate to under correction, asymmetry, recurrence of the original problem or scar related problems. Additional surgery may be required to improve your results.

Need for revisional surgery



Every surgery has associated risks and complications that you need to be aware of. Should a complication occur, additional surgery or other treatment might become necessary.

Revisional procedures are less predictable and involve more risks. You must consider any revisional surgery carefully after discussion with your surgeon.

The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

If revisional surgery is required, you may incur further surgical, anaesthetic, pathology and hospital fees. These fees may be covered if you have private health insurance, depending on your level of cover. These fees will be your responsibility; so careful financial planning is required before you embark on any form of surgery.

Private Health Insurance is strongly advised for any surgery. Please speak to your surgeon regarding the costs of treating complications.

Chronic pain

Following surgery, abnormal scarring in the skin and deeper tissues may trap nerves and produce pain.

Uncommonly, persistent or chronic pain that is of an unknown or ambiguous cause may develop.

This type of chronic pain may be difficult or impossible to correct.

Long-term effects

There are many variable conditions that may influence the long-term result of your implant removal/replacement surgery. Subsequent alterations to your body contour may occur as the result of aging, sun exposure, weight gains or weight loss, pregnancy, illness or other circumstances not related to your surgery.

Additional surgery or other treatments in some cases may be required to maintain or improve the results of your operation.

Deep Vein Thrombosis

A deep vein thrombosis is a blood clot occurring in the deep veins of the legs/calves. It causes pain and swelling in the affected leg and is potentially life threatening.

Treatment for deep vein thrombosis is essential and involves blood-thinning agents. Complications of a deep venous thrombosis include clots spreading from the legs to the lungs or heart and may cause shortness of breath, chest pain or death.
If you are undergoing surgery, the risk of deep vein thrombosis relates to the type of surgery and the duration of the procedure.

Some people are more prone to developing deep venous thrombosis than others. These people may be of advanced age or people who have had a deep vein thrombosis in the past. Varicose veins are a risk factor as are certain medications like hormone replacement therapy and the oral contraceptive pill.

Smoking increases the risk of forming a deep vein thrombosis as well. Preventive treatment for deep vein thrombosis may be recommended and may consist of compression stockings, early ambulation or blood thinning agents.
Your risk of DVT will be automatically calculated by this web site, and shall be presented to you later.

Anaesthetic related risks

Anaesthetic complications, although uncommon, do occur and should be discussed thoroughly with your anaesthetist prior to your surgery.
Allergic reactions to drugs used in anaesthesia are rare (1 in 10,000).

Systemic reactions may also occur to drugs used during surgery and prescription medicines.
Allergic reactions may require additional treatment.

It is possible to get a sore throat from the tube that is used to administer anaesthesia.
You may develop a painful or infected intravenous site.

Other anaesthetic complications should be discussed with the anaesthetist.

Life threatening complications

Life threatening (or fatal, in some circumstances) complications like pulmonary embolism, cardiac arrhythmia, heart attack, stroke or massive infection are rare. These complications will require additional treatment.

Pulmonary (lung) complications

Pulmonary complications are uncommon and may occur secondary to either a blood clot starting in the legs (pulmonary embolism), aspiration of stomach secretions or partial collapse of the lungs after general anaesthesia.

Before Your Operation

Organise yourself for after your surgery

- Organise how you will get to and from hospital.
- Arrange to have someone at home with you for at least 2 or 3 days after you leave hospital.
- Organise help with your shopping, laundry, housework, pets, lawns, etc.
- Get all your pre-operative tests.
- Arrange leave from work and any financial chores as required.

Your Health

Surgery and anaesthesia impose stress on your body.

The state of your health will be determined how well your body will cope with this stress.

It is important that you maximise your general health by exercising, not smoking and having regular checks with your GP, so that conditions such as hypertension, diabetes etc can be controlled.

Smoking

Smoking increases the risk of post-operative complications after surgery. It is recommended that you stop smoking for 4 weeks prior to your surgery and for 4 weeks after.

If you need help to give up smoking, speak to your G.P. who can prescribe medication to help you, speak your chemist who can advise you about nicotine replacement therapies or call the national QUIT LINE on 13 18 48.

Hospital

Depending on your pain tolerance and your home situation, it may be in your best interest to stay overnight in hospital. When in hospital you may have drains, a drip for fluid and pain relief. Drain tubes and dressings are likely to be removed before you are discharged from hospital.

Fasting, fluids, food

Fasting for surgery means that you cannot eat any food, or drink any fluid, after midnight the night before your surgery. A stomach full of fluid or food will mean that your anaesthetic may be dangerous and your procedure may be delayed or cancelled.

You should have nothing solid to eat, and drink no milk-containing fluids for 6 hours prior to an operation. You may have up to 1 glass of water per hour up to 3 hours prior to surgery.

If you are in hospital a sign over your bed will read "fasting", "nil by mouth" or "NBM".

If you take medications in the morning, these should be taken as normal on the morning of your operation with a sip of water at 6 am.

NB. Diabetic tablets and insulin should be withheld while you are fasting. When you brush your teeth in the morning, spit out any water rather than swallowing it.

Medications

You will be required to list all your medications by writing down the name, the dose and the day each medication is taken. If this is too difficult for you, ask your regular doctor to make a list of your current medications for you. It is important that you also bring all your medications to hospital with you.

Continue to take all your routine medications up to the time of admission to hospital EXCEPT blood thinning tablets like warfarin/coumadin. These medications must be stopped 5 days before surgery. You should discuss these medications with your surgeon.

Tablets like aspirin, astrix, plavix, iscover, cardiprin, and tablets for arthritis, rheumatism and gout, like brufen, Clinoril, feldene, indocid, orudis and voltaren must be stopped 10 days before surgery.

If you are not sure about your medications and the effect that they may have on your surgery please seek advice from your surgeon in advance of your surgery.

Other medications

Antibiotics and small doses of blood thinning agents may be prescribed prior to your surgery.

Diabetes mellitus

If you have diabetes you must tell your surgeon prior to your admission date. You must also tell the staff at the time of your admission. Special arrangement will be made for you as necessary.

Your blood sugar levels will be monitored from the time you start fasting until normal eating resumes. Do not take any diabetic tablets on the morning of your surgery.

Skin preparation

You may shower at home with an anti-bacterial soap such as sapoderm or gamophen prior to your surgery. The same soap can be used after your surgery as well.

You may be required to have a shower in hospital with an antiseptic solution before your surgery.

A responsible person

A responsible person may be required to accompany you home after surgery. A responsible person is an adult who understands the postoperative instructions given to them and is physically and mentally able to make decisions for your welfare when appropriate.

Travel

You will need to arrange for a responsible adult to drive you after your surgery. A suitable vehicle is a car or similar. A taxi is only acceptable if someone OTHER than the taxi driver accompanies you. Public transport such as a bus is NOT acceptable.

General exercise

It is important that you maintain your fitness and you should continue your normal activities prior to your surgery.
If time permits you may try to increase your fitness level gradually. Your fitness will be of benefit to your overall recovery after surgery. Walking is an excellent way of improving fitness and is recommended.

Pain relief in hospital

It is expected that you will have pain and discomfort after your surgery. The amount and severity of pain will vary from person to person.

Narcotics (morphine, pethidine, fentanyl) are used to relieve pain. Narcotics are not addictive in the amounts required to relieve pain.

You may be given a PCA (Patient controlled analgesia).
A PCA allows you to regulate the amount of medication that you need to control your discomfort. This is achieved by pushing a button to administer a pre-prescribed dose of narcotic through your intravenous drip.

It is important to limit the amount of discomfort that you have, so that you are able to do your breathing and general exercises as directed by your physiotherapist.

Any initial severe pain and discomfort will be managed with intravenous medication such as morphine, pethidine or fentanyl. Removal of tubes and drains usually results in a significant reduction of pain. The PCA machine is usually replaced with pain relieving tablets before discharge from hospital.

Pain relief at home

Pain, aches and discomfort may still be present when you leave hospital and may continue for several weeks. It is important when you are at home to maintain control over your pain, aches and discomforts.

Drugs for pain relief vary in strength and can "generally" be related to pain severity, BUT remember also that individuals have differing responses to pain and pain relieving medications.

As a guide and for your knowledge, the range of medication by drug strength from weakest to strongest is as follows:

Mild pain relief will be required for mild pain.
Such pain relieving medication includes panadol, paracetamol, panamax and panadeine.

Moderate pain relief may require medications such as digesic, panadeine forte, tramyl, endone or oxycodone.
You need to be aware that some pain relieving medications may contribute to persisting nausea and vomiting and will contribute to constipation in the post-operative period.

Anti-inflammatory drugs such as vioxx, celebrex, brufen, naprosyn and indocid will contribute to effective pain relief when taken with mild pain relieving tablets.

If you have persistent unrelieved pain you may need to be seen by a doctor to exclude another cause for the pain.

Constipation

If you normally take medication for bowel problems you will need to bring these medications to hospital with you. It is common to develop constipation after surgery that may require treatment.

Prevention of constipation begins on the day of surgery and continues until the bowel returns to "normal" function, which is usually once the need for pain medication ceases.

Medications for constipation such as coloxyl and senna or lactulose can be purchased from the local chemist without a prescription.
Eat fresh fruit and vegetables, take extra fibre and increase your exercise. Drink plenty of water, providing you are not on restricted fluids for any reason.

Other

It is important that you try to retain your identity as a normal person whilst you are in hospital. Make sure that you ask plenty of questions about what is happening to you.
Feel free to share your concerns with the nurses, doctors and other professionals that are involved in your care.

After Your Operation

On waking

You will have dressings across the chest. Small drain tubes will come out at each side of the chest. You will be placed in a head up position with pillows behind your head.

Discomfort

You can expect to have some discomfort when you wake up after implant removal/replacement surgery. You will be placed in a position where your head is elevated to reduce discomfort and swelling.
You will need to remember to move your legs to keep the circulation flowing and to take deep breaths to expand the lungs.

Care should be taken when moving around in bed. Rolling from side to side is preferable to lifting your body. Lifting your body by using your arms may increase pain.

T.E.D. stockings

You will be fitted with TED stockings before your implant removal/replacement surgery and you will wake from surgery with the stockings on.
TED stockings help to prevent blood clots from forming in the legs. TED stockings should be worn whilst you are immobile and you may be required to wear the stockings for up to 2 weeks following surgery.

Garment

You may wake up wearing a soft bra or depending on your surgeon's preference you may be fitted with a bra after your dressings are removed.

The bra or garment provides support for the breasts and helps to reduce swelling, bruising and pain post surgery. The garment should be worn day and night for about 2 weeks after surgery.

It may be removed to allow you to have a shower. Depending on the advice of your surgeon, the garment may have to be worn during the day for 4 to 6 weeks following your operation.

For continuing support after this time a comfortable bra or other supportive underwear may need to still be worn for up to 3 months following surgery.

Pain relief

You will need to take painkillers as provided.
It is recommended that you avoid aspirin or aspirin based products, as they will promote bruising and bleeding.

The usual medications given in the postoperative period consist of panadol, panadeine, panadeine forte, panamax, digesic, and endone. These medications may be combined with anti-inflammatory medications such as vioxx, celebrex, or brufen.

Make sure that you have a postoperative pain regime at the time of discharge and that you understand the medications that you are taking and what they are designed to do for you.

Sleeping tablets

One or two sleeping tablets (normison, temazepam, ativan) may be taken at night, if necessary, to help with sleeping in the first few days after surgery.

Other medications

Your surgeon may prescribe a course of prophylactic (preventative) antibiotics.

Nausea and vomiting

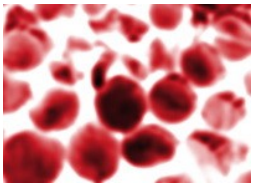
Nausea and vomiting may be due to the anaesthetic or post-operative medication (like pain killers or antibiotics).

Medication to prevent nausea and vomiting may be required.
If prolonged, nausea and vomiting may be related to a complication like infection and may cause dehydration. You need to inform your surgeon of prolonged nausea and vomiting.

Bruising

Bruising of the breasts after implant removal/replacement surgery is usually maximal at approximately 48 hours after surgery. Most bruises will resolve by 2 weeks. Gentle massage with a moisturising lotion (sorbolene), or arnica cream may help to dissipate bruising.

Bleeding or ooze



There may be ooze of blood from any of the suture lines or from the drain tube holes.

Any ooze should resolve within 24 to 48 hours.

Persistent or offensive ooze should be reported to your surgeon.

Swelling

Swelling can occur for 4 to 6 weeks after implant removal/replacement surgery and sometimes, intermittent swelling may take up to 12 months to settle. Please ask your surgeon how long swelling should take to resolve. Swelling lasting longer than this time may be due to a complication, and should be reported to your surgeon.

Ice packs

At home a mouldable cold pack or a small bag of frozen peas wrapped in a tea towel may help to reduce swelling, bruising, and pain. Cold packs can be applied to the breasts (for 20 minutes every 1 to 2 hours) in the first 48 hours after surgery to help minimise swelling and bruising. The cold packs should not hurt.

If cold packs are uncomfortable, don't use them as often.
After a few days gentle daily massage with a bland moisturising cream after your shower will help to resolve bruising and any lumpiness.

Dressings and Drains

Dressings and drains following implant removal/replacement surgery may be removed as early as 24 to 48 hours after your surgery. If there is a lot of drainage, then the drains will remain for longer.

Please ask your surgeon how long the dressings need to stay on. Steri-strips or tapes may be present on the suture line and will need to be changed regularly. Check with your surgeon if you are able to shower.

Sutures

Sutures may be beneath the skin and will absorb with time.
The aim of absorbable sutures beneath the skin is to provide wound support for a longer time than skin sutures, so that scar stretch can be minimised.

Occasionally the body will want to extrude these sutures. A sore or a pimple on the suture line may indicate an underlying suture trying to break through the skin. This suture can be removed as soon as it breaks through the skin. Antibiotic ointment or betadeine may be required along with a small dressing until the area heals. Infrequently a lump forms related to a suture that has not dissolved (a stitch granuloma). This stitch granuloma may need to be excised as a local anaesthetic procedure.

Sutures may be present in the skin. These skin sutures will require removal at some stage after your surgery. The normal time frame is anywhere between 7 days to 10 days depending on the surgery and the location on the breast. Suture removal is usually arranged with the surgeon.

Some surgeons place Steri-strips over the suture line.
Steri-strips are meant to stay intact and are usually removed one week after surgery.
You may be able to shower.

Blistering from Steri-strips may occur.
If this happens the Steri-strips will be removed and an alternative dressing will be applied.

Cleaning

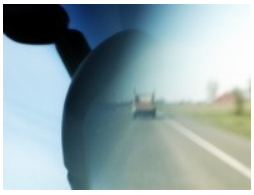
Having a shower and getting your sutures wet may be permitted by your surgeon after the dressings (and drains) have been removed. An antibacterial soap (sapoderm, gamophen) may be recommended.

You will need to pay attention to washing the suture line. Suture lines should be carefully dried with a clean towel.
If your suture line has steri-strips or tape, wash over the tape and dry it.

Occasionally the suture line may become red and ooze. If this occurs tapes are usually removed and antibiotic ointment or betadeine may be required. Your surgeon may prescribe antibiotics as well.

Some surgeons will prefer you to keep your sutures dry. Please check with your surgeon and ensure you follow your surgeon's instructions about wound care.

Travel



Implant removal/replacement surgery is performed under general anaesthesia and can be performed as day surgery.

If you are going home after day surgery a family member or friend must drive you because you have had an anaesthetic and someone should stay overnight with you for the same reason. You may need help from a relative or friend at home during the first few days after your implant removal/replacement.

If you have any questions about these matters, please speak to your surgeon.

Anaesthetic effects

The effects of an anaesthetic may still be present 24 hours after your procedure, even if you do not feel them. Your reflexes will be slower and you are at risk of injury. It is illegal to drive while under the influence of a drug (even a prescribed one) and you could be charged.
Do not make important decisions or sign legal documents for 24 hours after an anaesthetic. Take care with alcohol intake after surgery because medications and alcohol may interact with the residual anaesthetic. Discuss your normal medications with the anaesthetist.

Readmission to hospital

Rarely you may need to be re-admitted unexpectedly to hospital. The most common cause is persistent nausea and vomiting, anxiety, the need for unexpected additional pain relief or for treatment of unexpected complications of surgery such as bleeding, wound problems or infection.

Activity

Too much activity too soon will risk delays in healing or increase the risk of complications. Try to walk around slowly and avoid using your arms or lifting your arms (vacuuming, washing, carrying shopping bags or young children). Sleeping head up will help reduce swelling. Try to avoid any straining or rushing around for at least 2 weeks after surgery.

You may go to the bathroom, walk around the house sit and watch TV, etc., but no matter how good you feel do not clean the house, engage in heavy manual work, go to the gym etc. for 4 weeks following your surgery. This also applies to sexual activity.

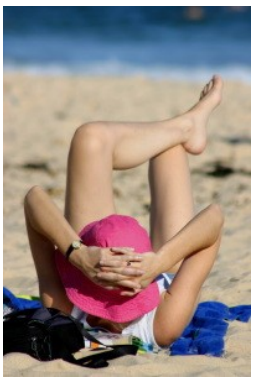
Sport

Slow walking on the flat for exercise is often therapeutic in the early post-operative period. Your body will dictate whether you are able to safely recommence your exercise program. More strenuous exercise like fast walking, running or swimming may commence after 4 to 6 weeks.

More strenuous exercise like tennis or contact sports can commence after 6 to 8 weeks. As a general rule: if it hurts, don't do it. Please ask your surgeon when you can start exercising.

Localised sore areas are not uncommon and usually resolve with time.

Sun exposure



If fresh scars are exposed to the sun, they will tend to become darker and take longer to fade. Sunscreen on sun-exposed scars can help to fade scars. Take extra care and precautions if you are planning to tan, as some areas of your body may be temporarily numb after surgery and you will not "feel" a sunburn developing.

Diet

Your post-operative diet should consist of fluids initially then soft food that is easy to prepare. If you have any postoperative nausea, carbonated sodas and dry crackers may settle the stomach. Small frequent meals will be more suitable and comfortable.

Vitamins

Although not proven, there is some suggestion that multivitamins prior to and after surgery may aid in wound healing. Avoid mega dosing on vitamins prior to surgery.

Smoking

Smoking reduces capillary blood flow to the skin and may result in delays to wound healing or complications of your implant removal/replacement surgery. Smoking not only affects wound healing; it also increases the risk of bleeding, wound infections, post-operative chest infections.

Smoking also increases the risk of developing a blood clot in the legs that can travel to the lungs. It is recommended that you cease smoking at least 4 weeks prior to your surgery and for 4 weeks after.

Alcohol

Medications and alcohol may interact with the residual anaesthetic and prescription pain medicine.

Alcohol also dilates blood vessels and may increase the risk of postoperative bleeding.

It is recommended that you avoid alcohol for the first three days after surgery and restrict your alcohol intake for the first month.

Driving

It is recommended that you do not drive for a certain period of time after implant removal/replacement surgery .

To be able to drive safely you must have full use of your reflexes to drive, and any post-operative discomfort will inhibit your reflexes.
If pain will inhibit them, don't drive. In the interest of safety whilst driving, and legally, you must wear a seat belt across the chest.
You may resume driving when you feel you are able, but it is advisable to discuss this with your surgeon or check with the road traffic authority first.

Recovery time

You must allow yourself adequate recovery time. You will have restriction to mobility for up to 2 weeks. Too much activity too soon will increase the risk of complications such as seroma (fluid in the breasts or around the implant), bleeding, infection and delayed healing.

It would be wise to ensure you have adequate time off work. You must also allow sufficient time for your body to recover from the effects of anaesthesia and surgery.

Discuss the expected time for recovery with your surgeon prior to your surgery and allow plenty of time for adequate recovery.

Healing

Everyone heals at a different rate. The ability to heal is variable and depends upon a number of factors such as your genetic background, your weight, your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.). Your attention to preparing yourself for surgery will be manifest in your post-operative recovery. Many people believe the surgeon "heals" the patient. Not one person can make another heal. Your cooperation and close attention to pre and post-operative instructions is extremely important and is in your best interest.

Following instructions

A major factor in the course of healing is whether you follow the instructions given by your surgeon and the nurses in the surgery. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything that may interfere with your recovery.

It is imperative that you recognise that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.

Depression

Depression is a normal reaction to surgery. The third day following your surgery may be the worst. You may be teary.
It is not uncommon to experience a brief period of "let-down" or depression after any surgery.
You may subconsciously have expected to look and feel better "instantly," even though you rationally understood that this would not be the case.

Day 3 post surgery may be the worst.
As healing occurs, these thoughts usually disappear quickly.

If you feel depressed, understanding that this is a "natural" phase of the healing process may help you to cope with this emotional state.

Support from family and friends

Support from family and friends can be very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you.

The staff at the surgery and your surgeon will tell you honestly how you are doing and what to expect.

Please trust in your surgeon's knowledge and experience when your progress is discussed with you.

Complications

Complications are infrequent. When complications occur, it is seldom a consequence of poor surgery or poor postoperative care. Complications are more likely to be a result of the variable healing capacity or a failure to follow post-operative instructions. You will be assisted in every way possible if a complication occurs.

Should the unexpected occur, please understand that it is important to follow the advice of your surgeon and nursing staff in order to treat it as effectively as possible. Your surgeon and the nursing staff will ensure that you have support and assistance during this difficult time.

Appointments

It is very important that you follow the schedule of appointments established for you after surgery. Appointments to see the nurse or the surgeon should be made before or immediately after discharge from hospital. The review appointment may be the next day or up to one week following surgery.

If no appointment has been made, you must ensure that you contact your surgeon and make a follow up appointment. If you have any concerns don't feel that you are bothering the surgeon or the staff.

Revisional Surgery

Occasionally the result of your surgery may not be totally perfect. If you feel that you can focus on the overall degree of improvement instead of any small lack of perfection, then you will reap the benefits of the results of your operation.

If small imperfections will prevent you focusing on the degree of improvement after your surgery you probably should not have had an operation.

Your surgeon will use their expertise and experience in their surgical techniques to achieve the best results and ensure their patients receive the most advanced surgical techniques available. They keep updated by attending, national and international aesthetic conferences and seminars regularly.

The surgery performed may not necessarily relate to the methods that are sometimes promoted, or advertised in popular magazines, newspaper articles or on television.

The rate of revisional surgery, even in the most skilled surgical hands, can never be zero because patient and surgeon can control only some aspects of the outcome.

Minor adjustments or additional revisions following cosmetic surgery may be necessary in up to 5% of patients.
Revisional surgery is performed after the first postoperative year (12 months after surgery) because resolution of swelling and stabilisation of the final appearance takes at least that long.

During the first year after surgery irregularities, asymmetries or poor contours may sufficiently improve without surgery, so very small imperfections following surgery should not be revised.

Revisional procedures are less predictable and involve more risks. You must consider any revisional surgery carefully after discussion with your surgeon.

If revisional surgery is required you may incur further surgical, anaesthetic, pathology and hospital fees. These fees may be covered if you have private health insurance, depending on your level of cover.

These fees will be your responsibility and you will need careful financial planning you before you embark on any form of cosmetic surgery. Private Health Insurance is strongly advised for any cosmetic surgery.