

Breast Implants

Q. What is the difference between Saline and Silicone implants?

A. **Saline implants:** are filled with sterile saline water after they have been placed and positioned in the body. Unlike silicone implants, because saline implants are liquid, the volume of the implant may be adjusted during the procedure by adding or removing saline through a small valve in the wall of the implant. However, saline implants are more prone to leak over time for this reason.

Silicone implants: contain cohesive silicone gel, which more closely resembles human fat and breast tissue. Silicone implants are the more common implant used today. Your surgeon will discuss what is best for your body type and frame in regards to size and shape of the implant used. There are various shapes available depending on how the implant will sit in the body. After you and your surgeon have decided on the right size and shape, the implants will be ordered from the manufacturer prior to the surgery and are placed behind the breast tissue and muscle. There is no changing the size or shape unless the implant is fully removed.

Q. Who are the best candidates for the FDA anatomical “gummy bear” implant?

A. The new “gummy bear” anatomical breast implants are made of silicone gel and are much more cohesive than traditional round gel implants. The term “gummy bear” comes from the cohesive nature of the silicone gel. The surface of all these implants are textured so there’s better adherence to the tissues than a smooth wall implant, and they are more likely to maintain their natural shape in the breast. These implants are best for patients who have a small, narrow chest diameter with tight skin and want a very natural slope in the upper area of the breast. They will feel firmer than traditional softer implants. Your surgeon will discuss whether this implant is the best suited for your body type.

Q. How long will my breast implants last?

A. Your breast implants should last forever unless the patient seeks a change in shape or size. There are usually only two legitimate reasons or indications for re-operating on breast implants: if there is any problem related to the implant itself, such as rupture, capsular contracture (hardening), or malposition; or if the patient desires a cosmetic change such as a breast reduction, or increase or decrease in size, a breast lift, or other cosmetic reasons.

Q. Can I have a mammogram if I have breast implants?

A. Women with breast implants undergo mammography just as women without implants do; however, routine screening mammography is slightly more difficult with breast implants. Patients may choose to get a pre-operative mammogram and another six months to one year thereafter. Women with breast implants should inform mammography technicians of their implants first so the technician is able to use special techniques to minimize the possibility of rupture and to maximize his ability to view the underlying breast tissues.

Q. What is recovery like?

A. The recovery period for breast augmentation is one week minimum. After the surgery, the breast area may be swollen, bruised and sore for a few days. Patients sometimes feel dizzy, and slightly nauseated and slightly disoriented from the general anesthetic used, but should be able to return to their routine within a week. Depending on the doctor’s specifications and technical considerations, a supportive bra is worn for the first few days to stabilize the breasts, thereby reducing discomfort from motion and to help with swelling.

To assist the recovery process:

- ▶ Ice is applied to reduce bruising and swelling.
- ▶ Pain and anti-inflammatory medication is usually prescribed to manage any pain and swelling.
- ▶ All vigorous activities, including athletics, exercise and sex, should be avoided for one month to avoid inflammation and injury.
- ▶ Most surgeons recommend wearing comfortable undergarments, so no under-wire bras for at least several months following surgery.

Q. What is capsular contracture?

A. Though it is rare, capsular contractures may cause your breast implant to shift, change shape or feel hard. A capsular contracture is when the scar tissue or capsule that forms around the implant tightens and squeezes the implant so the area feels hard. There is usually some pain, distortion of the breast shape and malposition of the implant. Capsular contractures and distortion can occur as an abnormal response of the immune system to foreign materials in the body, but may also occur following infection, hematoma or seromas. A surgery called capsulectomy may be necessary to remove the contracture and replace the implant if the pain persists.