



PANTHEA
CLINICS

Breast Augmentation



What is a Breast Augmentation?

Breast Augmentation is the most popular aesthetic surgery procedure. When compared to the norm, inadequate breast volume may lead to a negative body image, feelings of inadequacy and low self-esteem. These disturbances may adversely affect an individual's interpersonal relationships, sexual fulfillment and quality of life. For women who are unhappy with their bust, breast implants offer the opportunity to achieve their ideal figure. Breast augmentation procedures can augment the natural shape of the breasts, accentuate existing contours, help restore breast volume that was lost during breastfeeding, weight loss and/or ageing, and to correct a noticeable difference in size between the two breasts. Dr Farhadieh has written multiple book chapters on breast augmentation in internationally hailed plastic surgery reference textbooks as an expert in the field.

Implant Evolution

Silicone breast implants can be divided into five generations based on shell thickness, texture and implant fill. Current implants are divided by gel fill into saline or silicone. The silicone fill is further subdivided into stable and soft, based on level of molecular cross linkage. By shell, they are divided into textured and smooth, all made of silicone polymers and finally, by shape into round and anatomical. First generation implants were composed of viscous silicone gel containing a thick tear drop shell. The first implant dates back to 1962. In the 1970s, high capsular contracture rates led to an evolutionary step towards a second generation of softer implants, these were smooth round, seamless and contained less viscous silicone. Although reducing capsular contracture rates, they were associated with 'gel bleeds', which has also been implicated in capsular contractures. This led to a third generation implants which had a strengthened silicone shell. The fourth generation of textured implants were made in part to emulate polyurethane foam's natural pores. They were however, withdrawn in 1990 after animal studies showed their carcinogenic nature. Fifth generation (1993-) of silicone implants are textured with form stable silicone achieved by increasing the cross linkage of the silicone gel which assists in maintaining their shape.

What can I expect at my initial consultation?

History

Dr Farhadieh will go through details of your medical history such as weight stability and constancy, any previous surgeries, family history, medications, family planning, any cardiac or pulmonary history, and smoking history.

Physical examination

Dr Farhadieh will discuss the areas that concern you with your breasts, so that he can get a clear understanding of what you're hoping to achieve with surgery. He will then examine your chest, and note any signs of chest wall deformity, spinal curvature, asymmetry of breast size and nipple position.

Aesthetics

Dr Farhadieh will discuss all surgical options with you, allowing us to find the right option for you and address your particular needs. Regardless of which option you choose; your surgical incisions will be tailored to your preference to ensure that they can be concealed as much as possible.

General

Every surgery carries risks and complications, and these will be discussed with you at length during your consultation. Dr Farhadieh will also take preoperative photos as part of your medical records. Smokers will be instructed to stop smoking for 3 – 6 weeks prior to surgery and to abstain for at least 3 – 6 weeks after surgery. Patients are advised to stabilise their weight for at least 3 months preoperatively; any desired weight loss should be completed prior to surgery as it will have an impact on the final outcome.

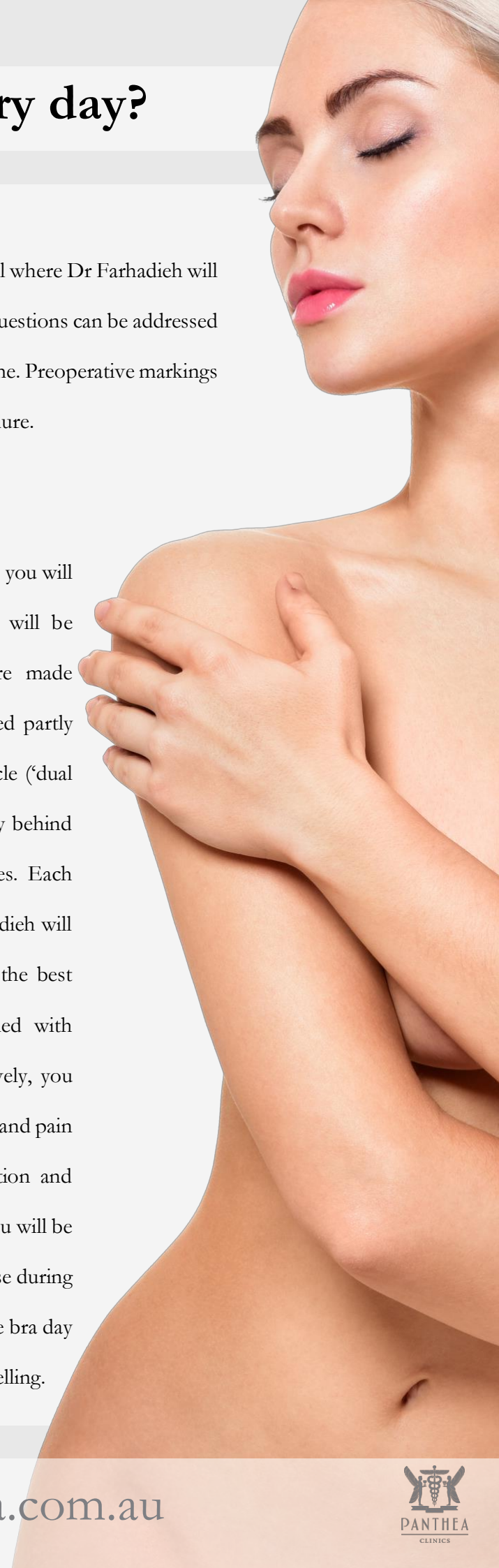
What happens on surgery day?

Prior to surgery

On the day of your surgery, you will be admitted to hospital where Dr Farhadieh will see you along with our anaesthetist so that any remaining questions can be addressed and your procedure check list can be reviewed for a final time. Preoperative markings will be made around your breasts just prior to your procedure.

Your procedure

Once Dr Farhadieh has completed your surgical markings, you will then be brought to the operating theatres where you will be monitored and anaesthetised. At surgery, incisions are made underneath the breast (in the crease). Implants are placed partly behind the breast tissue and partly behind the chest muscle ('dual plane'). There are however, options to place them entirely behind the breast tissues or entirely behind the pectoral muscles. Each placement has its advantages and disadvantages. Dr Farhadieh will discuss these with you and recommend what would be the best option for you. The wounds will be closed and sealed with absorbable sutures, skin glue and dressings. Postoperatively, you will be moved to the recovery area where local anaesthetic and pain relief will be provided. There may be some discolouration and swelling, however this will disappear within 10-14 days. You will be asked to use a postoperative bra (without underwire) for use during the initial recovery period. You will be required to wear the bra day and night for at least 4 weeks, which will help with the swelling.



What will my follow up include?

Postoperative appointment

You will be asked to come into the clinic 5 – 7 days after your procedure for a wound inspection and follow up. You are encouraged to be mobile and continue normal activities during this time, but avoid any vigorous activity. Sporting activities should not be resumed until 8, preferably 12, weeks postoperatively.

3-month review

At your 3-month review, Dr Farhadieh will examine your breasts to ensure that you have healed well. Patients can use this time to ask Dr Farhadieh any questions or concerns that they may have. At this appointment, postoperative photographs will be taken.

Subsequent reviews

The team here at Panthea Clinics will give you a call to book you in for any subsequent reviews, as Dr Farhadieh likes to see his patients again 6 – 9 months postoperatively. However, please feel free to give us a call at any time to schedule an appointment if you wish to speak to Dr Farhadieh.

What are the potential risks and complications?

Haematoma/seromas

This is uncommon and occurs in approximately 1% of patients. This most commonly occurs in the first 24 hours following surgery. Persistent haematoma or significant seromas may lead to capsular contractures.

Device failure

More recent generations of implants have proved to be more reliable, as old generation saline implants undergo approximately 4% deflation over the first 10 years. Most major manufacturers offer a lifetime warranty for their devices.

Infection and exposure

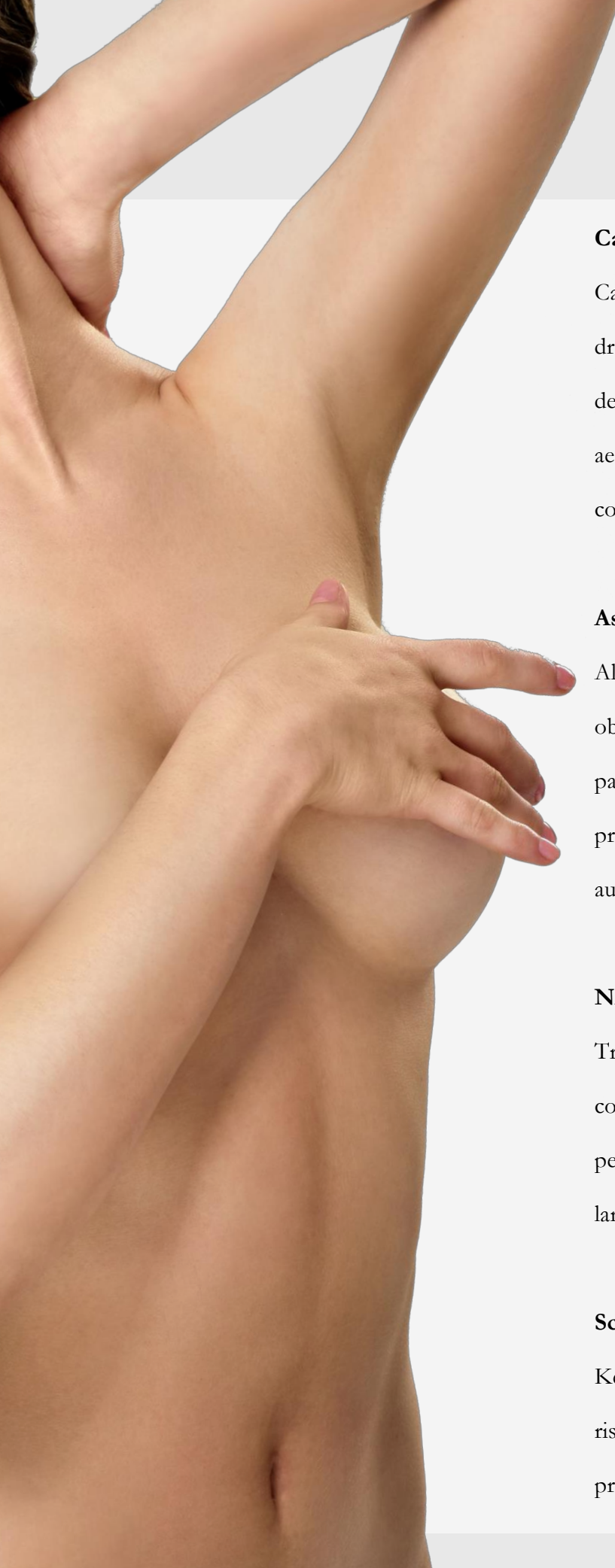
The reported rates of infection are between 0-2.6%. In cases of mild infection, systemic antibiotics, conservative wound care and/or passive drainage. In severe cases, the implant needs to be removed, followed by a period of rest before considering placing a new implant.

Malposition

This is the second most common problem associated with this procedure and one of the most common reasons for revisional surgery. This occurs in 1.2-1.6% of cases and can be difficult to treat.

Wrinkling/rippling

This is most commonly reported with saline implants, particularly in textured subtypes. However, Dr Farhadieh recommends and uses smooth, silicone implants which continue to demonstrate safety, effectiveness and high patient satisfaction.



Capsular contracture

Capsular contracture remains the most significant drawback of breast implants. Contracture can cause deformation of the implant resulting in altered aesthetics and discomfort or pain, making it the most common reason for reoperation.

Asymmetries

All breasts are asymmetrical, therefore, preoperative observation and documentation is good practice. The patient is made aware of these differences preoperatively making asymmetries as a result of augmentation more acceptable.

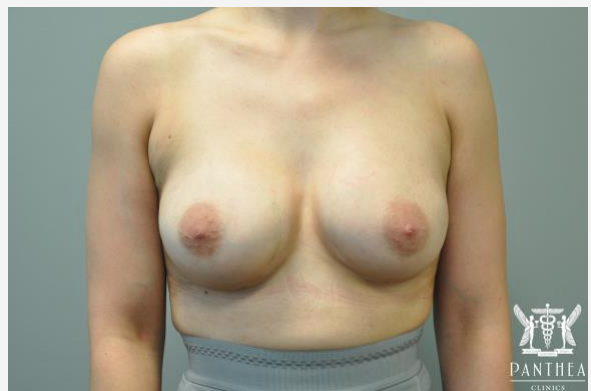
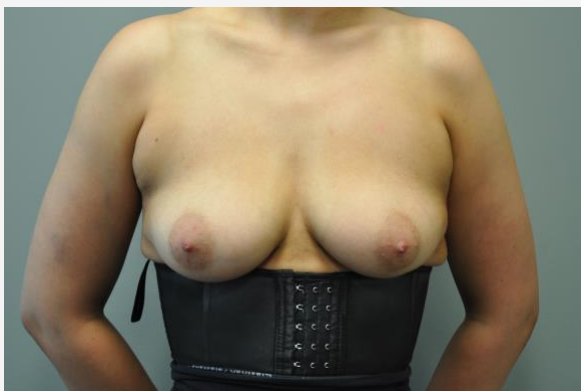
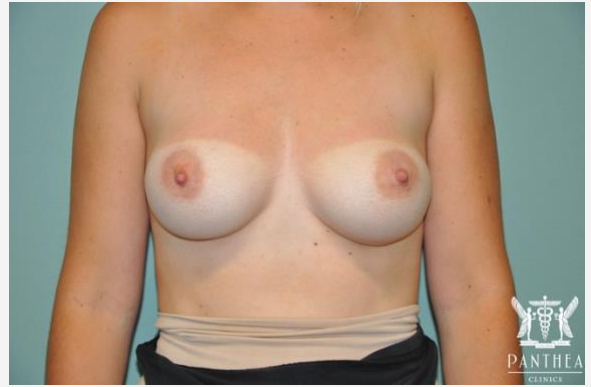
NAC sensory changes

Transient altered sensation in the nipple-areolar complex may occur. Generally, it is considered that permanent changes are more common when implants larger than 350cc are used.

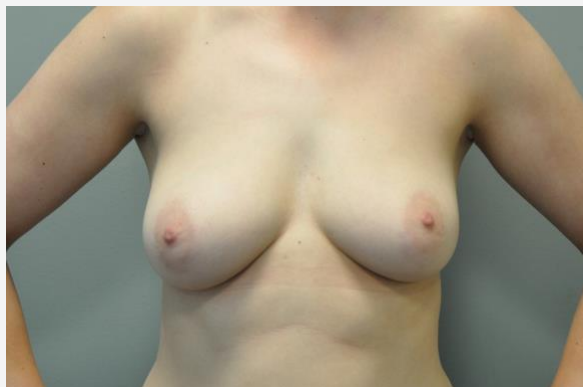
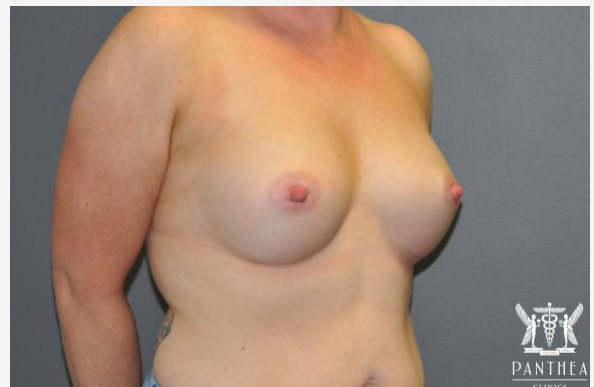
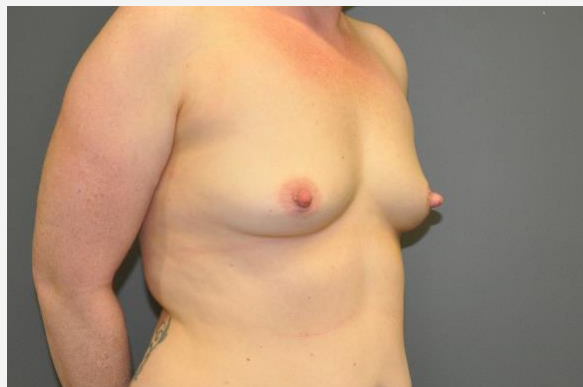
Scar formation

Keloid and hypertrophic scar formation is a potential risk and must be discussed with the patient preoperatively.

Breast Augmentation Gallery



Breast Augmentation Gallery



Frequently Asked Questions

Q: How much will my consultation cost?

\$250. With a current GP referral, you will be able to claim approximately \$75 back on Medicare rebate.

Q: How much will my procedure cost?

A breast augmentation procedure usually costs around \$11,000, which is inclusive of surgeon, anaesthetist and hospital fees.

Q: Will my private health insurance cover the hospital fees?

Some patients may qualify for a Medicare item number, such as those with congenital abnormalities, however this is not always the case. Dr Farhadieh will assess whether you qualify for an item number during your initial consultation.

Q: Is the surgery painful?

There is some discomfort associated with surgery. Most patients report a 'tightness' rather than pain. However, we have an excellent pain control regime, which includes local anaesthetic for the immediate postoperative period as well as powerful analgesics.

Q: How many days will I need to be in hospital for?

You will either be discharged the same day, or require 1 overnight stay.

Q: I need further information on postoperative care. Where can I find this?

Our experienced team here at Panthea Clinics has developed a 5-page document on postoperative care to help you through the recovery process. This will be given to you prior to your procedure date.