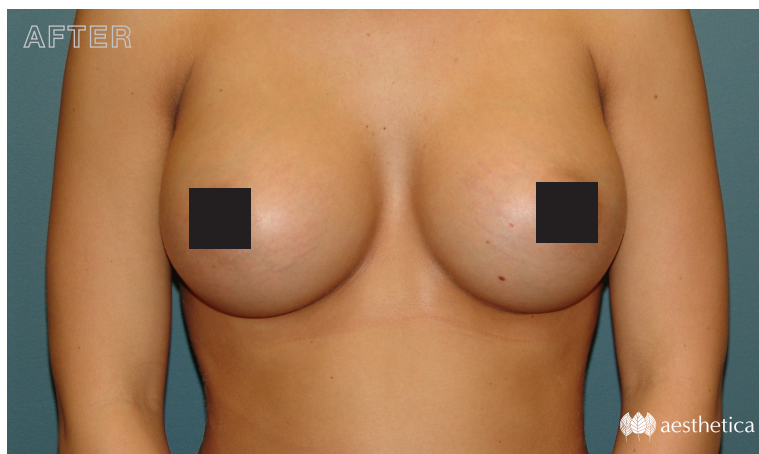
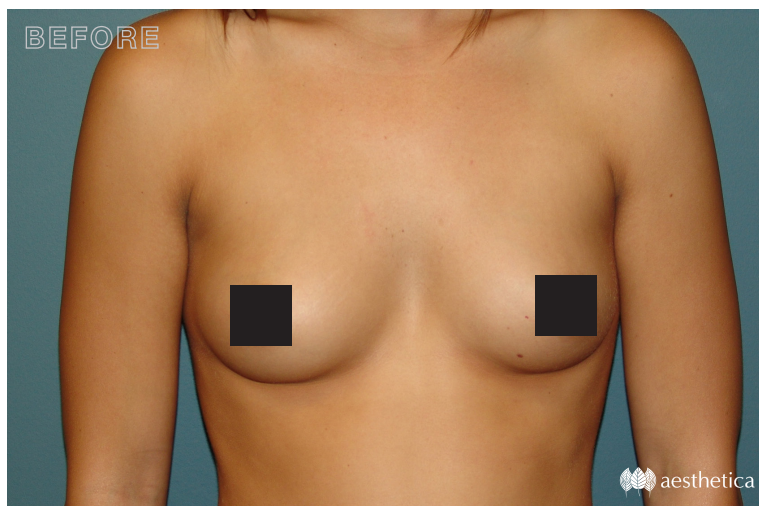


Breast Augmentation

Breast augmentation is a procedure that uses an implant to enhance and enlarge the breasts. The goal of the procedure is to create beautiful-looking breasts that look, move, and feel natural. The procedure increases the size and the projection of the breast. It does not change the basic shape of the breast; nor does it address breast sagging (ptosis.)

PROCEDURE: Breast augmentation is performed under general anesthesia in an accredited surgery center on an outpatient basis. The procedure takes about one hour. Dr. Crofts typically places a smooth round implant under the pectoral muscle. The larger sub pectoral pocket gives a more natural look, feel and movement to the breast and you are less likely to experience wrinkling, especially at the upper pole of the breast. Typically Dr. Crofts inserts the implant through an inframammary incision (breast fold) but any incision can be used, whether it is the fold, nipple/areola, or armpit (axilla). During surgery the skin, breast tissue and pectoral muscle are lifted to create a pocket. The implant is then centered beneath the nipple. The size is determined by your height, weight, reproductive history, skin envelope, rib cage and muscle structure and is not an arbitrary decision of yours or of Dr. Crofts. During the consultation you and Dr. Crofts will work together to determine the best look and size for your body. Dr. Crofts will then use this information as a guideline in surgery to help you achieve the look you desire.



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Breast Augmentation

POST OPERATIVE COURSE: The patient must restrict heavy duty exercising for two to three weeks after surgery. It is recommended that no bra or support be worn after surgery for about 2 months to permit the implants to settle to their desired position. Your final result will be at about 3-6 months postoperatively. It is important to remember that this is a process and it takes time for the final desirable result to appear.

Massage (implant displacement exercises): This is the best tool that the patient possesses to prevent capsule formation. Massage helps to keep the pocket open and stretched out. It needs to be done a minimum of 6-8 times per day on each breast for the first 2 months after surgery. For the 1st week after surgery Dr. Crofts recommends massage every hour while awake to optimize your result.

BREAST CANCER AND THE AUGMENTED BREAST: Prior to undergoing augmentation mammoplasty, it is important that you discuss with your surgeon your family history of breast cancer. One out of nine women will contract breast cancer over the course of their lives. The most important step that an individual can take in avoiding the serious consequences of breast cancer is to ensure early detection of the cancer. This is best accomplished by self-examination and not mammography. Breast self-examination, which should be done five to seven days after one's menstrual period and only once a month, will accomplish two things. First, it helps a woman understand her own breast architecture so that when a change occurs she will be able to recognize it immediately. Second, when a woman is familiar with her breasts then a new mass can be quickly identified and evaluated medically. Early detection leads to a much greater survival rate. Finding breast tumors when they are smaller than 1 cm by self-examination is very important in the survival rate of an individual. Once a mass is found, then, if deemed appropriate, further studies can be done. Typically a mammogram will be obtained. Traditional mammography has not been completely adequate in examining a breast with an implant. The Eckuland procedure was developed to better evaluate a breast with a concerning mass. This is also known as compression mammography. Despite this improved technique, it is impossible to completely visualize all of the breast tissue in an augmented individual. Visualization is better with saline implants as opposed to silicone implants. There are adjunctive techniques, which can be used to evaluate the breasts, such as ultrasound or MRI, but these can be expensive. Nevertheless, they are available and effective.

COMPLICATIONS ASSOCIATED WITH BREAST AUGMENTATION:

Breast augmentation is a very safe procedure with rare complications. Some national averages are reviewed below.

Hematoma (3%)

Hematoma (bleeding) presents as a swollen, dark bruised breast that can be exquisitely painful. If a hematoma occurs, generally it requires a return to the operating room. Hematoma formation can lead to an increase incidence of infection and/or capsular contracture with postoperative asymmetry.

Infection (2%)

Infection is a relatively uncommon complication. To prevent infection, the patient is started on antibiotics before surgery and continued for a period after surgery. Intraoperatively, the implants are managed in such a way to minimize infection.

Sensory Dysfunction (15%)

Nipple areolar and/or breast sensation can be altered by augmentation mammoplasty. Injury to the nerve supply to these structures occurs when the nerves get stretched either anteriorly or more so laterally. Most often, the sensation comes back in time but occasionally, it is permanent leaving the patient with either a complete loss of sensation, decreased sensation or increased sensation.

Deflation and Rupture of the implant (5% for silicone and 10% for saline) – Typically this is covered under the company warranty that will give you a new implant at no cost and in some cases assist with surgical costs.

Capsular Contracture (5%-10%)

Capsular contracture, also described as firmness, distortion and/or asymmetry can occur at anytime postoperatively. When an implant is placed within the body, a scar tissue layer is formed around the implant. The degrees to which that scar forms will determine the softness or firmness of the breast.

Asymmetry

Post-operative asymmetry occurs in the presence of either uneven healing or capsular contracture formation.

Lactation

Milk may be produced for a few days after surgery. This may cause some discomfort, but can be treated with medication prescribed by your doctor.

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