



DR. SHAHRAM SAJJADI
PLASTIC SURGEON

YOUR PATIENT GUIDE TO **BREAST AUGMENTATION**



If you feel you have always wanted larger breasts or you have lost breast volume, shape or size after pregnancy, breast feeding or weight loss, then breast augmentation might be the procedure for you.

For many women, the size and shape of their breasts can cause unhappiness and insecurity.

Whilst genetics plays the biggest role when it comes to breast shape and size, it is also true that, once developed, breasts can fluctuate in shape and size in response to changes in weight, hormones, pregnancy and breastfeeding occasionally in an asymmetrical fashion.

Breast augmentation is the most effective, immediate corrective procedure in such instances, providing a safe and convenient solution, restoring confidence to thousands of women each year.

Having fuller breasts is a very important part of feeling feminine and confident for women. Breast augmentation offers improved self-esteem, confidence and attractiveness.

Reasons why women typically want breast augmentation include:

- Correct loss of fullness or mild sagging due to aging, gravity, or pregnancy
- Improve cleavage appearance
- Increase breast shape and size
- Correct asymmetry of the breasts
- Improved body proportion
- Improve confident
- Boost their self-esteem



Techniques Involved In Breast Augmentation

Breast augmentation involves the placement of an implant under the patient's breast tissue to enhance the size and shape of the breast. The breast implants are usually inserted using an incision placed under the breast at the crease or around the nipple.

Breast augmentation surgery takes about one to two hours, and is usually done under general anaesthetic. The operation itself involves accessing and creating the pocket into which the implant will be placed, using one of the insertion routes mentioned above.

Options for Incisions

There are three different types of incisions that can be performed when getting a breast augmentation surgery. These incisions are Inframammary (incision below the breast), Transaxillary (through the armpit), and Peri-Areolar (along the lower edge of the Areola). Dr. Sajjadi will go over the different options available to you during your consultation, showing you the benefits of each option and explaining exactly how they are performed including the associated recovery time for each.

Inframammary

An inframammary incision is the most common incision when getting a breast augmentation. This incision is made in the fold below the breast and carries a very low risk of complications. These incisions are usually discreet as it goes along the natural crease below the breast. They are invisible when wearing a bikini. Your incisions will be monitored after surgery and tailor your scar management to optimize healing and appearance. Proper care and maintenance of your incisions will be closely followed with you as you heal.

Peri-Areolar

A Peri-Areolar incision is done around the bottom edge of the areola and is typically four to five centimetres in length. This incision is very discreet after it is healed. Often times it is impossible to notice as it goes along the natural edge of the areola. Usually this incision is chosen when the size of the areola has to be corrected. The trade off risks and benefits of their incision approach will be discussed at the time of your consultation.

Once the pocket has been created, Dr. Sajjadi may insert a trial implant to check that the size chosen is appropriate. The trial implant is removed, the definitive implant inserted and the incision wounds are stitched. You will be able to go home the next day. Your chest will feel tight. Your breasts and ribs below your breasts will be a little tender. Patients will be mobile from day one and should be back to full exercise within six weeks. Patients are recommended to take around one to two weeks off work after the operation in order to ensure full recuperation.

Implant Placement Options

There are different choices when it comes to the placement of the breast implants you select. They are subglandular (above the muscle) or partially submuscular (below the muscle). The benefits of each of the different placement options will be discussed with you at your consultation with a recommendation of a specific placement option depending on the natural shape of your breasts or your overall goals for getting a breast augmentation.

Subglandular

Subglandular placement is when the implant is placed above the muscle. During this placement, the implants are placed



below the natural breast tissue and the surgery is usually quicker but the recovery time is about the same as below the muscle. Subglandular placement has a slight increased risk of capsular contracture, concerns about breast views on mammography, and occasionally the implant edges may be able to be felt through the skin.

Submuscular

Submuscular placement is when the breast implant is put under the pectoral muscle. The benefit with submuscular placement is that the final result of the breast augmentation will look and feel more natural. Any breast imaging will be easier including mammographies.

Dual-Plane Augmentation

In most cases, the two above routes are often combined, placing the implants partly behind the breast and partly behind the muscle. This is because the breasts are actually placed partially above the muscle and their lower pole extends under the lower edges of the muscle. Through this combined approach Dr. Sajjadi tries to give patients the benefits of both techniques. This is called a dual plane augmentation.

Multi-Plane Augmentation

This is a dual-plane breast augmentation with internal breast up-lift through the same infra mammary incision. This is suitable for mildly saggy breasts, which at the same time have lost some volume.

Before Breast Augmentation Surgery

Consultation

During your consultation please try to wear a full sleeved, closed tight shirt. After discussing your health status, your

desires and the process. A detailed measurement of your chest would be done, Preoperative pictures taken and you will wear a special bra with different sizes which imitate the implant under your shirt and you can examine and decide which would you like in front of a large mirror. Dr. Sajjadi then according to your desires, body contour and measurements will choose the correct size implant for you. Please know that the implant is a three dimensional object also your chest size, your breast size, your height and contour is unique to you and therefore do not concentrate on the volume of the implant but rather its important to concentrate on the overall look.

During the consultation, the day of the surgery will be booked and pre-anaesthetic check will be arranged. A proper post-operative bra-garment will also be chosen. It is suggested to start intake of regular daily Vitamin C and Zinc orally to boost your immune system and help you heal quickly.

Day of surgery

Before going into breast augmentation surgery, try to get a good nights rest. You must follow the instructions given to get the best results and have the quickest recovery possible when getting surgery.

On the day of surgery, Dr. Sajjadi will review the choices you selected and answer any final questions or concerns you may have.

Your chest will then be marked and you will be guided through exactly what will happen during the surgery. Once your surgery is completed and after spending a short time in recovery will be transferred to your room. You will be guided and assisted to heal properly and have a good outcome.



After Surgery

Once your surgery is completed and after spending a short time in the recovery you will be transferred to your room.

Dr. Sajjadi routinely applies local anaesthesia in your muscles and scars to minimize pain at the end of your operation. However, if you feel some discomfort it occurs within the first 24-48 hours after surgery. During this time, take all medications prescribed as directed. It is helpful to take medication and antibiotics with food to avoid nausea, which may occur if taken on an empty stomach.

You will wake up in your garment. Please continue wearing your garment as directed after surgery, which usually would be for 6 weeks.

Eat easily digestible foods. These are tolerated well the first 24 hours after surgery. If you are not experiencing nausea, you may resume a normal diet. Drink plenty of non-caffeinated beverages and eat fruit and food high in fibre to avoid constipation. Should constipation occur and for relief, you may try magnesium citrate (purchased at your local pharmacy). It may take up to 24 hours to produce a bowel movement. These treatments may be repeated as needed. In about 2-3 days you will feel totally back to normal.

Procedure Length

This procedure takes approximately two hours.

Anaesthesia

A general anaesthesia is administered and the patient is completely asleep, or occasionally intravenous sedation is used, combined with local anaesthesia.

Inpatient/Outpatient

This procedure is usually an in-patient procedure meaning that you will stay in the hospital the night after the operation.

Possible Side Effects

Mild, temporary discomfort, mild to moderate swelling, change in nipple sensation (either increased or decreased), and temporary bruising. Breasts may be sensitive to stimulation for a few weeks.

Risks

Very rarely in case of an unlikely bleeding, infection, implant rupture, or capsular contracture (the formation of thick scar tissue around the implant), which may cause the breast to feel tight or hard, one breast implant or both may need to be removed and/or replaced to treat the problems. Other risks are an increase or decrease in sensitivity of the nipples or breast skin, which rarely may be permanent.

Recovery

The patient can return to work within a few days. She should avoid any physical contact with her breasts (excluding her bra garment) for approximately three to four weeks. Scars should fade and flatten anywhere from three months to two years after surgery, depending upon how the individual patient heals.

Results

The final result would be appreciated about 3 months after the operation when all or most swelling has gone. The scar at this stage is not at its most beautiful and is slightly red and raised and will soon start to look better. Continuing to apply scar gels prescribed will facilitate your scar maturation and result in a better-looking scar. The outcomes vary from patient to patient, however the overall effect is enhancement of breast size for improved appearance.



Follow-up

Regular follow ups are suggested with Dr. Sajjadi and usually will be as follows: 1 week after the operation, 3 weeks after the operation, 3 months after the operation, 6 months after the operation and 1 year after the operation and annually after.

It is suggested to do a yearly ultra sound imaging of your breasts.

BIA-ALCL: Breast Implant Associated Anaplastic Large Cell Lymphoma

Nowadays there is a large media coverage regarding BIA-ALCL. Dr. Sajjadi only uses implants which have shown to have the least predisposition for BIA-ALCL.

BIA-ALCL is a cancer of the immune system and not the breast. It is a very rare condition with a risk of 1/1000 to 1/30000 women with breast implants. It occurs in the scar tissue that surrounds the implant (fibrous capsule) and only in advance cases may spread to lymph nodes near the breasts. Symptoms appear usually at least two years after the surgery but as an average 8 years after surgery.

Symptoms include:

- Swelling or fluid accumulation around the implants
- Lumps
- Pain
- Changes in shape or size
- Redness

It can therefore, easily be picked up by routine yearly ultrasound examination. The treatment is to remove the implant-the capsule. Rarely there would be need to remove some lymph nodes or give chemotherapy.



Dr. Sajjadi is a fellow of The European Board of Plastic, Reconstructive and Aesthetic Surgery (EBOPRAS) and a Member of the Royal College of Surgeons in Ireland (MRCS).

Dr. Sajjadi's practice goals are to provide compassionate, detailed care for his patients and delicate surgery. He believes that 'beauty is a pleasant blend of harmony and contrast' and based on this concept he aims to create the most natural appearance rather than an artificial look.

Dr. Sajjadi graduated in 1999 as a doctor in general medicine at the University of Pecs in Hungary. Following this he trained in general surgery at the Department of Surgery of The University of Pecs in Hungary and The Royal College of Surgeons in Dublin, Ireland. He was awarded specialist status in general surgery in Hungary and membership of the Royal College of Surgeons in Ireland in 2004 and 2005 respectively.

After completing his training in plastic surgery in 2008, he was awarded the specialist qualification in Plastic, Reconstructive and Aesthetic Surgery from the National Board of Qualifications in Hungary. He then spent 6 months as a fellow of the Dutch Association of Facial Plastic, Reconstructive and Aesthetic Surgery (DAFPRAS) in the Netherlands and Belgium. He has been trained in cosmetic surgery by well known cosmetic plastic surgeons such as Jerome Stevens, Alexis Verpale and Patrick Tonnard in Holland and Belgium. He has also worked in London for 8 months in St George's University Hospital focusing on reconstructive facial surgery and skin cancer.

Dr. Sajjadi's prime interests are facial aesthetic surgery and rejuvenation, facial fat transfer, injectables, fillers, brow lift, short scar MACS facelift, rhinoplasty, facial reconstructive surgery, breast reconstructive and aesthetic surgery, breast implants, mastopexy, breast reduction, breast lipofilling, gynecomastia, body contouring after massive weight loss, upper and lower body lifts, liposuction and liposculpture, abdominoplasty, hernia repair and female genital and perineal reconstructions.

Dr. Sajjadi attends numerous conferences and workshops both nationally and internationally thus remaining up to date with evolving trends in aesthetic surgery. He is an international speaker in rhinoplasty.



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