BREAST AUGMENTATION PATIENT HANDOUT

What Is Breast Augmentation?

Breast augmentation (also called augmentation mammoplasty) is one of the most commonly performed plastic surgery procedures worldwide. It involves placing implants behind the breast tissue or chest muscle to increase breast size (or a combination of both), improve shape, or restore volume lost after pregnancy, weight loss, or aging.

It is important to understand that breast implants are not lifetime devices and most will require revision or replacement at some point during your lifetime. A thorough understanding of your options, risks, and long-term commitments is essential before proceeding.

Why Do Women Choose Breast Augmentation?

Common reasons include:

- Increasing breast size or improving shape
- Restoring volume after pregnancy, breastfeeding, or significant weight loss
- Correcting natural asymmetry between breasts
- Improving self-confidence and body image

Am I a Good Candidate?

You may be a suitable candidate if you:

- Are in good overall physical health
- Have realistic expectations about outcomes
- Are a non-smoker (smoking significantly increases surgical risk and impairs wound healing)
- Have fully developed breasts
- Are not currently pregnant or breastfeeding
- Understand that implants require long-term monitoring and possible future surgery

You may not be a good candidate if you have:

- Active infection or untreated breast disease
- Unrealistic expectations about size, shape, or surgical outcomes
- Certain autoimmune or connective tissue conditions (discuss with your surgeon)
- Plans for significant future weight changes or pregnancies

Types of Implants

Silicone Implants

- Filled with a cohesive silicone gel that mimics the feel of natural breast tissue
- Most popular choice globally approximately 96% of implants used worldwide
- Feel softer and more natural, especially in patients with less breast tissue
- If they rupture, the gel tends to stay within the scar capsule ("silent rupture") this may go undetected without imaging
- Require periodic MRI or ultrasound screening: 5–6 years after surgery, then every 2–3 years, as recommended by Health Canada and the FDA

Saline Implants

- Filled with sterile salt water after placement, allowing for a smaller incision
- If they rupture, deflation is immediately noticeable and the saline is harmlessly absorbed by the body
- May feel firmer or show more rippling, particularly in patients with thin breast tissue
- Approved for women aged 18 and older

Implant Surface: Smooth vs. Textured

- Smooth implants are currently the standard of care due to their safety profile
- Textured implants have been associated with a higher risk of a rare cancer called BIA-ALCL (see Risks section below) and are no longer widely used

Implant Placement Options

Placement	Description	Best For
Subglandular (over the muscle)	Implant placed between breast tissue and chest muscle	Patients with adequate breast tissue coverage
Submuscular (under the muscle)	Implant placed beneath the pectoral muscle	Patients with thin tissue; may lower capsular contracture risk
Dual plane	Partial muscle coverage	Combines benefits of both approaches

Your surgeon will select the optimal placement based on your tissue characteristics, breast shape, and goals.

The Procedure

- Performed as a day surgery under general anaesthesia
- Takes approximately 2–3 hours
- Incision locations include:
- Inframammary (under the breast fold) most common, excellent access, well-concealed scar
- Periareolar (around the nipple) scar around areola border; carries a slightly higher risk of affecting milk ducts
- The implant is inserted and positioned, incisions are closed, and a surgical bra is applied

Recovery Timeline

Timeframe	What to Expect
24–48 hours	Soreness, tightness, fatigue; rest at home required
Days 5–7	Mild discomfort; many patients return to light desk work
Weeks 1–2	Avoid lifting arms above head or carrying heavy objects
Weeks 3–4	Swelling and bruising resolving; light exercise may begin
Weeks 4–6	Most patients fully recovered; regular activity resumed
3–6 months	Implants settle into final position; results fully visible

- Wear your post-surgical bra as directed as this supports healing and implant positioning
- Avoid strenuous exercise and heavy lifting until cleared by your surgeon

Risks and Complications

Breast augmentation is a well-established procedure with generally high satisfaction rates, but it carries both short-term and long-term risks that must be fully understood before surgery.

Common Short-Term Risks

- Pain, swelling, and bruising
- Temporary changes in nipple or breast sensation
- Infection (1–4%)
- Hematoma (blood collection near the incision)
- Delayed wound healing (more common in smokers)

Long-Term Risks

Capsular Contracture (Most Common Long-Term Complication)

The body naturally forms a scar capsule around any implant. In some patients, this capsule tightens and hardens, causing breast firmness, distortion, or pain. According to a 2025 meta-analysis, rates range from approximately 15% with smooth implants up to 30% with textured implants. Severe cases may require surgery (capsulectomy and implant replacement).

Implant Rupture

- Silicone rupture may be silent and undetected without imaging
- Saline rupture causes immediate visible deflation
- Modern cohesive-gel implants have significantly lower rupture rates

Breast Implant–Associated Anaplastic Large Cell Lymphoma (BIA-ALCL)

- A rare cancer of the immune system, not breast cancer and is associated primarily with textured implants
- Estimated incidence: 1 in 3,000–14,000 patients with textured implants
- Symptoms: persistent swelling, a new lump in the breast or armpit, or skin changes over the implant — occurring years after surgery
- Smooth implants carry a significantly lower risk

Breast Implant Illness (BII)

- Some patients report systemic symptoms such as fatigue, joint pain, brain fog, or rashes, which they associate with their implants
- The exact relationship is still under investigation; symptoms often improve after implant removal
- Discuss any new systemic symptoms with your surgeon

Other Risks

- Asymmetry or implant malposition
- Visible rippling or implant palpability (more common in patients with thin tissue and saline implants)
- Changes with mammography. Always inform your radiologist and request specialised mammogram views
- Parenchymal thinning and tissue stretch over time, particularly with oversized implants
- Need for reoperation: FDA clinical trials report reoperation rates of 14–24% within 3 years

Implants Are Not Lifetime Devices

This is one of the most important things to understand before surgery:

- Implants typically last at 10–20 years before revision or replacement becomes a consideration
- Future surgery may be required for rupture, capsular contracture, size change, or aesthetic refinement
- All costs of revision surgery are the patient's responsibility and are not covered by provincial health insurance (OHIP) when performed for cosmetic reasons
- Plan for long-term follow-up care and imaging as directed by your surgeon

Long-Term Monitoring

If you have silicone implants, Health Canada and the FDA recommend:

- First MRI or ultrasound: 5–6 years after surgery
- Subsequent screening: every 2–3 years
- Regular self-examination for changes in breast shape, firmness, or new lumps

Effect on Breastfeeding and Mammograph

- Most patients can breastfeed after augmentation; ability is more influenced by **incision location** than implant type
- Periareolar incisions carry a slightly higher risk of milk duct disruption
- Always inform your radiologist that you have implants, as specialized mammogram views are needed

Non-Surgical Alternatives

If you are uncertain about surgery, the following may be discussed with your surgeon:

- Structured bras and padded garments for a temporary appearance change
- Fat transfer (lipofilling) - transferring your own fat to the breasts for a modest, natural enhancement without implants (suitable for a limited size increase; results may vary)
- Accepting natural variation - body image counselling may be appropriate for some patients

When to Seek Urgent Care

Contact your surgeon immediately if you experience:

- Sudden significant swelling of one breast (possible seroma or implant rupture)
- Signs of infection: increasing redness, warmth, fever, or pus at the incision
- Severe or worsening pain not controlled by prescribed medication
- A new lump in the breast or armpit, especially years after surgery
- Visible change in breast shape or implant position

Questions to Ask Your Surgeon

Before proceeding, consider asking:

1. Am I a good candidate based on my anatomy and health?
2. Which implant type, size, shape, and placement do you recommend for me, and why?
3. Will you be using smooth or textured implants?
4. What is your personal complication and revision rate?
5. What happens if I need revision surgery — what are the costs?
6. How will implants affect future mammograms and breastfeeding?
7. What long-term monitoring will I need?
8. What results are realistic for my body type?

This handout is for general information only. Please discuss your individual treatment plan, risks, and expectations with your surgeon.