

# Christopher Stone MB ChB MSc LLM FRCS(Plast)

## Consultant Reconstructive & Aesthetic Plastic Surgeon

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## Information for patients considering breast augmentation surgery

### About Mr Stone

Mr Stone is a Consultant Reconstructive and Aesthetic Plastic Surgeon, now in his 14<sup>th</sup> year as an NHS Consultant, based at the Royal Devon & Exeter Hospital. In the NHS, Mr Stone undertakes a wide range of reconstructive procedures especially those related to major soft tissue cancers and malignant melanoma.

In his private practice, Mr Stone now specialises only in cosmetic breast surgery (breast enlargement, reduction and uplift) and body contouring procedures such as abdominoplasty and abdominal liposuction, although he also has extensive experience in other areas of cosmetic practice including face lifting, rhinoplasty and blepharoplasty.

Mr Stone is registered with the General Medical Council (appearing on the specialist medical register for plastic surgery) and he is a full member of the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS). He is also an accredited Medico-Legal Expert working in the field of clinical negligence and is a member of several medico-legal societies.

### What should I do before my consultation?

Have a think about what it is that you are unhappy about with you breasts. Is it their size, their shape or both? Some patients feel that their breasts have never been the right size and some have noticed a loss in breast volume after breast feeding. In terms of cup size, how much of an enlargement would you like to achieve?

There are many web sites available for you to read about breast enlargement. A good starting point would be the Exeter Medical site ([www.exetermedical.co.uk](http://www.exetermedical.co.uk)) or Mr Stone's own web site ([www.medicalandlegal.co.uk](http://www.medicalandlegal.co.uk)), where you can see before and after photographs of patients Mr Stone has operated on.

### What happens at my consultation?

Mr Stone sees his private cosmetic patients at 'Exeter Medical', a private clinic close to Exeter Airport. He generally reserves around 45 minutes for each new patient. When you see Mr Stone he will go through your medical and surgical history to assess your overall fitness for surgery. In the vast majority of cases there will be no concerns about undergoing the operation although some patients may need a pre-operative assessment prior to admission.

Mr Stone will also need to know if either you or a close relative have ever been diagnosed with breast cancer. If you are over 40 and have not had a recent mammogram it may be possible to arrange one for you as part of your operation at no extra cost.

Mr Stone will then discuss what your current concerns are with regards to your breasts, and what your ideal shape and appearance might be. There will be a female chaperone to help you feel more comfortable during your examination, which is the opportunity for Mr Stone to assess what surgical options are right for you.

Some patients may wish to see pictures of other patients who have undergone similar surgery to you, so there will be a selection of clinical photographs for you to see. These will help you get an idea of what can be achieved but may not be directly relevant to you nor will they necessarily predict your own individual result. You will also have the chance to have a look at some demonstration breast implants and this will help to decide upon the size of implants that will be needed to achieve your target cup size. Most patients want to achieve a very natural-looking enlargement and a breast size that is appropriate for their overall body size.

### **How much does the consultation cost?**

Mr Stone charges £100 for a new patient consultation. There is no fee for any related follow-up consultations.

Mr Stone will write to your GP informing them about your proposed operation and he will send you a copy of that letter.

### **What should I do after my consultation?**

Your main task after the consultation is to have a think about what implant size you would like to choose. As a guide, you can use the rice-stocking test to try out different sized implants in a bra. Simply measure out different volumes of uncooked rice in a metric measuring jug, fill an old stocking with the rice and seal with a knot. You will need to confirm with Mr Stone your optimal implant size so that he can order your implants in advance of your operation. You will also need to buy a sports bra to bring in to hospital that will fit you after your operation.

Mr Stone will not normally need to see you between your initial consultation and your admission date unless you have any specific concerns in which case he would, of course, be more than happy to do so.

### **How is the operation done and how much does it cost?**

Most patients who have a breast enlargement operation opt for round silicone implants of between 250cc and 350cc. This does not mean that the breasts will look round since their final shape will be determined by the technique of insertion, the nature of the implant pocket and individual patient characteristics. Some patients enquire about 'anatomical' or 'tear drop' shaped implants. These can have their uses in some patients but the potential for them to rotate and cause an abnormal breast shape often mitigates their use.

Under a general anaesthetic (with you asleep), an incision is made in the fold beneath the breast. This leaves a scar around 5cm in length. Through this incision a pocket is created for the implant. This pocket is made either between the breast

gland and the chest wall muscle (a sub-mammary pocket) or by creating a space that is partially beneath the breast gland and partially beneath the chest wall muscle (a dual plane pocket). The choice of pocket depends largely upon how much soft tissue there is available to cover the implant, with very slim patients tending to require a dual plane placement.

No drains are usually required unless the implant pocket is made beneath the muscle. The wound is closed with absorbable stitches and Micropore tape, and a sports bra is used to support the breasts after the operation – there is no need for bulky dressings.

The operation is undertaken either at the Exeter Nuffield Hospital or at the Royal Devon and Exeter Hospital. Payment will be requested in advance of your operation. The cost of cosmetic surgery will include hospital, surgical and anaesthetic fees and follow-up. Costs sometimes vary depending upon the specific nature of the proposed procedure and are likely to depend upon where you elect to have it performed. Mr Stone is happy to discuss costs with you at the time of your consultation.

### **What are the risks of a breast augmentation?**

Mr Stone take some time to will outline the risks and complications that can be associated with breast augmentation surgery. In brief, these include risks that are associated with any surgical procedure including scarring (which can occasionally become lumpy), infection, bleeding, and thrombo-embolic complications (clots in the legs or lungs).

While scars are inevitable they do tend to settle down well, and are hidden in the fold underneath the breast. The other complications are rare, but there are some factors which might increase your risk of thrombo-embolic complications such as smoking, obesity, a previous history of deep vein thrombosis and taking the oral contraceptive pill. We take every precaution to avoid clotting problems in all patients. Those patients who are taking the oral contraceptive pill are asked to discontinue for six weeks prior to surgery.

There are also some potential complications related specifically to breast augmentation surgery. Again, these are all rare but Mr Stone will discuss them with you.

Breast implants are made from silicone and over the past twenty years there has been a great deal of research in to the effects of silicone on the body. Modern implants are very safe; there is little potential for them to leak or rupture unless severely traumatised and it would appear to be the case that patients are no more likely to develop auto-immune diseases, such as rheumatoid arthritis, than people who do not have breast implants. Silicone implants are, in fact, used widely in other areas of surgery, such as small joint replacement in the hand. Occasionally particulate silicone can find its way in to the breast tissue itself or to the lymph glands in the armpits (silicone granulomas). This is not, in itself, thought to be dangerous in any way but would present in the form of a small lump. There have been recent reports potentially linking breast implants with Acute Large Cell Leukaemia (ALCL); no causal relationship has, however, been identified and patients should be reassured by guidance issued by the MHRA, which Mr Stone will discuss with you.

Some patients are concerned about whether or not breast implants can be a cause of breast cancer; there is no evidence to suggest that this is the case. Patients can still undergo cancer surveillance by mammography and ultrasound. Those patients who

do develop breast cancer in the presence of breast implants are diagnosed no later than when breast cancer develops in patients without breast implants. If ever a lump is discovered following a breast augmentation operation this should be investigated via your GP through the breast team in secondary care in the usual way.

Many patients have noticed some asymmetry to their breasts, either in terms of shape or volume, before their surgery. This asymmetry can persist after surgery and could be enhanced, although if pre-operative asymmetry is very significant then an attempt can be made to correct this using different sized implants. New asymmetry developing post-operatively is unlikely but possible.

In patients undergoing dual plane breast augmentation there is the potential for some breast implant movement when contracting the pectoralis major muscle. The incidence of upwards or downwards implant displacement, in the latter case creating a 'double bubble' effect, is slightly greater and patients may also notice a more midline separation of their implants compared with those with sub-mammary implants. This may necessitate revisional surgery.

Some patients feel that their breasts are slightly numb following breast enlargement surgery. This usually settles but can persist in a small minority of patients indefinitely. Some patients develop breast pain (mastalgia) after their operation. There is no surgical solution to this but it is usually self-limiting. Occasionally patients can feel (palpate) the implants through the skin. This is not particularly unusual, and is more common in very thin patients. Where implants are palpable there may be a rippled texture to them; occasionally this may be visible through the skin at sites where the soft tissues are very thin.

Finally, there is a small risk of capsular contracture following breast augmentation surgery. When the implants are inserted the body will gradually form a fibrous scar, or capsule, around the implant. In most patients this goes unnoticed and the capsule keeps the implants in the pocket that was intended for them. In a small number of patients, quoted at around 10% within the first three years (although in practice often less than this), the capsule may tighten making the breasts slightly firmer to palpate. In the worse case scenario, the capsule may become painful or cause visible deformity and in these cases further surgery may be indicated.

The presence of breast implants should not prevent breast feeding later on, although some women find themselves unable to breast feed even without implants.

This list is not exhaustive and there may be some risks that are relevant to you as an individual that have not been specified here.

### **What happens on the day of my operation?**

You will be asked to come in a couple of hours before your scheduled theatre time. One of the nurses will perform some routine pre-operative checks and you will be seen by a consultant anaesthetist. Mr Stone will then see you to sign a consent form and take some pre-operative photographs purely for your clinical records – they will not be shown to any other patient without your permission.

You should bring a sports bra for your target cup size into hospital so that Mr Stone can fit this for you at the end of your operation.

### **What should I do after my operation?**

When you wake up you will notice that you are wearing your sports bra but, once again, there will be no other dressings apart from some tape covering the incisions beneath the breasts; this should be left in place and kept dry for the first couple of weeks after surgery. You will already be wearing support stockings and calf pumps will be used to gently massage your lower legs to maintain the venous circulation and reduce your risk of a DVT. A drip will be placed in the back of your hand and the nurses and anaesthetist will ensure that you have all the painkillers that you might need.

The stitches are dissolvable so will not need to be taken out. Some patients may have a drain on each side - this depends upon the location of the implant pocket since they are only generally used where implants have been placed below the muscle. If drains are used they will normally be taken out the day after surgery. This isn't a painful process so you shouldn't worry unduly about it. The vast majority of patients will only need one overnight stay in hospital after their operation.

After you have been discharged from hospital you will probably need simple painkillers only (such as paracetamol and ibuprofen) for around a week. It is important that you avoid any strenuous activity for at least six weeks. Most patients, however, are able to drive and return to work after a couple of weeks, depending upon their occupation.

Mr Stone recommends that you wear a sports bra day and night for up to six weeks; during this time the implant capsule is forming and the implants need to be maintained in a stable position.

### **What is the follow-up procedure?**

Mr Stone or his nurse will see you two weeks after your operation to remove the tapes over your scars. After that, the tape will be renewed and should remain in place for another couple of weeks at which point you can start moisturising them, either with a standard moisturising cream, such as Nivea, or with a silicone-based cream such as Dermatix which has been shown clinically to improve some scars. Alternatively, some patients elect to use Bio-oil to soften their scars which generally heal very cosmetically anyway.

Mr Stone will then see you again for a final check-up after 6-8 weeks. Thereafter he will not normally need to see you again but is always available should you have a problem.

### **What is something goes wrong?**

Adverse outcomes are very unusual following breast augmentation surgery. Certainly, if there is an immediate post-operative complication, or one arising within one month, necessitating a return to the operating theatre, such as a haematoma (bleeding) or infection, there are no cost implications for you. Even after one month both Mr Stone and the provider hospital understand that their overriding priority is to try to achieve for you what you had hoped, and so any further surgery that may be required will be considered on an individual basis in terms of on-going costs. You should anticipate, however, that there will be a cost for surgery related to problems that occur in the longer term such as capsular contracture, or for surgery to change the size of your implants.

### **Informed consent**

It is important that you have a full understanding of the nature of the proposed treatment, its purpose, the risks that any reasonable patient would consider to be significant and the alternative treatment options before agreeing to undergo surgery. If there is anything that you have not understood from this information leaflet you should ensure that you have clarified it with Mr Stone, either verbally or in writing, before your operation.

This information sheet will form part of your medical records. You should sign and date one copy and keep a further copy safely. You will find it useful to refer to during your treatment programme.

Signed (patient)

Date:

Mr Stone's private practice is conducted through a limited liability company, registered with Companies House number 07184587 'C A Stone (Medical & Legal) Ltd'. His practice is indemnified by Premium Medical Protection.

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