Information for patients considering breast augmentation surgery under the care of Mr C. Stone FRCS(Plast) Consultant Reconstructive & Aesthetic Plastic Surgeon

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About Mr Stone

Mr Stone has been a Consultant Reconstructive and Aesthetic Plastic Surgeon at the Royal Devon & Exeter Hospital since 2001. 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 Mr Stone's own website (www.exetercosmeticsurgery.co.uk) and the website of the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) (https://www.bapras.org.uk/public).

What happens at my consultation?

Mr Stone sees his private cosmetic patients at The Nuffield Hospital, Exeter. He generally reserves around one hour 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 years of age and have not had a recent mammogram Mr Stone will arrange one for you. 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. The treatment options that will be discussed include the size and shape of the implant, whether you prefer a

smooth or a textured implant and the choice of implant pocket, which is largely either above or below the chest wall muscle (pectoralis major). Consideration will also be given to whether you might require a mastopexy (breast uplift), either at the same time as the insertion of implants or at a later date.

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 there are also implant sizers available in the clinic to help you with decide on your optimal implant 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 £200 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. Mr Stone is available to see you between your initial consultation and your admission date should that be necessary.

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. You will already have had the opportunity to assess this using the implant sizers in the clinic, but you can spend more time on this at home. 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.

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 400cc. 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. For ‘sub-mammary’ augmentation, this pocket is made between the breast gland and the chest wall muscle. This helps to fill out the breast skin envelope that is often somewhat lax, especially after pregnancy. In very slim patients it may be advisable to make the pocket partially beneath the muscle (either a ‘dual plane’ or ‘muscle-splitting’ pocket) in order to provide more soft tissue coverage to the upper part of the implant. 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.

Patients often spend a lot of time thinking about whether to have their implants inserted above or below the pectoralis muscle. Mr Stone often uses the dual plane or muscle-splitting techniques whereby the implant is placed below the muscle in the upper part of the breast and below the gland in the lower part of the breast. These techniques avoid some of the disadvantages of a traditional sub-muscular placement while advantaging the patient through reduced implant palpability, reduced incidence of capsular contracture (see below) and a more natural look in very slim patients. The potential disadvantages include slightly wider separation of the implants in the midline and the slightly increased potential for implant displacement, which may lead, albeit rarely, to the so-called 'double bubble' shape in the lower part of the breast. The risk of this is less with a muscle-splitting approach. The advantages of sub-mammary and sub-muscular (including dual plane / muscle-splitting) implant placement are summarised by the following table:

Implant location	Submammary	Submuscular
Advantages	more predictable control of breast shape	reduced implant visibility in thin subjects
	more precise control of cleavage and upper pole fill	reduced (or less obvious) ACC
	technically easy	better for mammography
		less sensory disturbance
Disadvantages	implant visibility and rippling in thin subjects	potential distortion with muscle contraction
	mammography more difficult	widening of cleavage with muscle contraction
	loss of musculo-parenchymal suspensory ligaments	reduced upper pole filling
	may accentuate gland atrophy and ptosis	potential for 'double-bubble'

The operation can be undertaken at the Nuffield Health Exeter Hospital or the Royal Devon & Exeter Hospital. Payment will be requested in advance of your operation. The cost of cosmetic surgery will reflect hospital, surgical and anaesthetic fees, and follow-up with Mr Stone. Costs sometimes vary depending upon the specific nature of the proposed procedure. You will be advised of the cost of your operation 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). Bleeding after the operation can result in a collection of blood within the breast called a haematoma. This might require a return to the operating theatre but this should not compromise your final cosmetic result. Implant infection is rare. Plastic surgeons take precautions to prevent implant infection. These include giving antibiotics during the operation, and washing the implant and implant pocket in a solution of povidone iodine and antibiotics. Although washing the implant in povidone iodine is common practice in the UK, its use in this way is technically 'off licence'. Implant infection and wound breakdown can lead, in very rare cases, to implant extrusion. Under those circumstances, the implant would need to be removed but can be replaced after a period of around six months.

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. If you are a smoker you should stop smoking for six weeks before surgery and for the duration of your treatment, including your aftercare. Those patients who are taking the oral contraceptive pill are asked to discontinue for six weeks prior to surgery. If you experience any tenderness with swelling of the calves after surgery, or any chest pain or shortness of breath, you should seek urgent medical attention, as these may signify an underlying deep vein thrombosis or pulmonary embolism.

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. The term 'Breast Implant Illness' has recently been adopted to describe a range of non-specific symptoms that have been attributed to breast implants, although there is little scientific evidence to connect them. These symptoms include tiredness, 'brain fog', joint aches, immune-related symptoms, sleep disturbance, depression, hormonal issues, headaches, hair loss, chills, rash, hormonal issues and neurological issues. 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.

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. However, breast implants have been linked with breast-implant associate anaplastic large cell lymphoma (BIA-ALCL). Further information, which you are encouraged to access, is available on BIA-ALCL is available on Mr Stone's website. A typical sign of the development of BI-ALCL would be sudden breast swelling due to a late collection of fluid (seroma), some years after surgery. BIA-ALCL has never been reported in patients who have received smooth implants alone. You may, therefore, decide that you would prefer smooth rather than textured implants, but you would need to balance the reduced risk of BIA-ALCL with an increased risk of capsular contracture (see below). Patients with breast implants 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. Should you require sentinel lymph node biopsy (SLNB) in the management of a breast cancer then it may be the case that prior breast surgery would interfere with the normal lymphatic drainage pattern of the breast tissue.

Many patients have noticed some asymmetry to their breasts, either in terms of breast shape or volume, or nipple size, shape or position, 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. Alternatively, surgery can be performed to symmetrise the breast gland volume, and then same-sized implants are inserted. New asymmetry developing post-operatively is unlikely but possible.

Some patients feel that their breasts, including the nipples, 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. A collection of fluid (seroma) around the implant is occasionally seen in some patients but this is usually self-limiting. A very rare risk of surgery would be a pneumothorax ('punctured lung'). This can occur if the tissues of the chest wall are very thin at sites where cautery is used to control problematic bleeding.

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.

It is important to realise that a breast augmentation operation is unlikely to be your last operation on your breasts. Inevitably, over time, there may be some drooping to the breasts ('ptosis'), which may necessitate a mastopexy operation (a breast uplift); large implants can accelerate this process. Alternatively, you may wish to exchange your implants at some stage for implants of a different size, or to have them removed completely. There is no automatic requirement to replace your implants after a certain amount of time; instead, the indication for elective implant exchange is determined by changes in breast shape, or breast-related symptoms, that may develop over many years. Capsular contracture may also necessitate further surgery after a number of years.

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 (see below). 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 if 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 hospitals understand that their overriding priority is to try to achieve what you had hoped for, 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. The cosmetic outcome that is achieved by your surgery will likely change over time, with advancing age, weight changes, pregnancy and other factors, such as your general health and well-being, affecting your long-term appearance. Occasionally, patients can be disappointed with the outcome of their surgery. It is important to realise that no surgeon has full control over your result, some of which will depend upon how your own tissues settle and how your wounds heal. For some patients, revisional procedures may be necessary but this does not imply negligence in the performance of the primary surgery.

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. It is a condition of surgery that you sign and date one copy, to confirm your understanding of it, and keep a further copy safely. You will find it useful to refer to during your treatment programme.
When advising patients upon cosmetic surgery, the surgeon must consider the distress caused by the presenting deformity, or perceived deformity, and advise the patient upon the alternative and preferred options for managing that deformity and any symptoms arising from

it, including psychological symptoms. Consequently, as part of his duty of care to prospective patients, and in accordance with the GMC's document *Good Medical Practice*, it is important for Mr Stone to consider the psychological welfare of patients seeking cosmetic surgery. If you have any history of psychological or psychiatric illness you should disclose this to Mr Stone. If you have no such previous history but either you or Mr Stone feel that a referral to a clinical psychologist or psychiatrist would be in your best interests before going ahead with surgery then Mr Stone can arrange this for you. Mr Stone will also, as a matter of routine, confirm with your GP that there are no concerns arising from your medical history that would prevent you from undergoing your planned procedure.

Clinical photography

Mr Stone will take some clinical photographs before and after your operation. These photographs constitute an important part of your clinical records and you will be offered copies of the images obtained on each occasion. The photographs will be stored on an encrypted dedicated hard drive in Mr Stone's home office. Good Medical Practice requires that your consent is sought to obtain, store and use these images.

In the event that I decide to go ahead with surgery, I hereby consent to undergoing medical photography as part of the package of care provided to me by Mr Stone (tick as appropriate):

(1) as part of my confidential clinical records ☐
(2) for education / teaching purposes ☐
(3) for publication in medical journals ☐
(4) for presentation to medical and lay (e.g. legal) audiences ☐
(5) to show to other patients within a clinical environment ☐
(6) for publication on the exetercosmeticsurgery.co.uk website ☐

Signed (patient): Date:

Privacy statement

The Director of CA Stone (Medical & Legal) Ltd, Mr Christopher Stone, is the nominated data controller. CA Stone (Medical & Legal) Ltd will only process your information where it is necessary to support the legitimate interests of our business or those with whom we may have shared your information except where such interests are overridden by your interests or fundamental rights and freedoms which require the protection of personal data. Data is processed for the purposes of clinical record-keeping; this includes recording 'before and after' images in relation to cosmetic surgery. In the event of a medico-legal claim data may be shared with the legal representatives of the company. Data shall be stored in an encrypted format until a request for the data to be deleted has been received from the data subject or in accordance with Department of Health information retention schedules. Where possible all data shall be encrypted or otherwise anonymised at the time of electronic transfer. The data subject has the right to withdraw consent for storage of their personal information at any time or to lodge a complaint to the company or any relevant supervising authority.
CA Stone (Medical & Legal) Ltd will always respect your privacy and will only use your information for specified and lawful purposes as provided for under the General Data Protection Regulations (GDPR) 2018. We will use and handle your information responsibly and will take all appropriate organisational and technical measures to safeguard your information from accidental or unlawful destruction, loss, alteration, unauthorised disclosure or access.
A copy of the company's information security policy is available upon request.