



**Queen Victoria Hospital**  
NHS Foundation Trust

# Breast Implants



This leaflet aims to try and give you guidance, as well as answer some of the questions you or your family may have about breast implants, surgery or aftercare.

There are many types of implants available and a variety of reasons as to why they are used.

Women may seek breast implant surgery because they:

- are dissatisfied with the size and shape of their breasts
- have a congenital absence or deformity of one of both breasts, or they wish to correct uneven breasts (see asymmetry leaflet)
- wish to regain breast shape or size, for example following the birth of their children
- wish to gain symmetry following a mastectomy for breast cancer as part of their breast reconstruction

**Please be aware that unless you have had a breast cancer diagnosis, you will need a successful funding application approved for surgery on the NHS.**

**Non-oncological (non-cancer) breast surgery is not routinely funded.**

## Should I consider surgery?

Breast implants can bring psychological benefits to women; they can help to restore lost self-esteem and improve quality of life. However, you should think carefully about your reasons for wanting breast implants and be sure that they are the best solution. Breast implants may not achieve what you hope for, and you should therefore have realistic expectations and should not expect perfection. The majority of patients are pleased with the results of their surgery. However, occasionally, women may have difficulty coming to terms with their new look, because their breasts may not appear as they had imagined they would or because they have experienced a complication. Having breast surgery will not create symmetrical breasts.

You may find it beneficial to speak to one of our psychological therapists who can offer body image therapy and counseling. One of the breast reconstruction nurse specialists can refer you; or you can contact the team yourself on the number provided at the end of this leaflet.

## How are non-oncological decisions made on NHS funding?

Any breast surgery, with the exclusion of reconstructive surgery for breast cancer, is subject to NHS funding approval.

At this present time the Clinical Commissioning Groups (CCG's) decide what will and will not be funded within the NHS. The majority of breast surgery is considered low-priority and many applications for funding are denied. You may find that one or several appeals need to be made in the form of an Individual Funding Request (IFR) to your local CCG for consideration of surgery, but this still may not result in funding being granted.

When considering funding, the CCG **may** take into account the following:

- That your BMI (body mass index) is within the healthy range for your height (usually 19 - 26).
- That you are aged 18 or over - to ensure you have reached the end of puberty and stopped growing.
- That you are a non-smoker and if not, you must stop completely (including all nicotine replacement therapies such as patches, e-cigarettes etc.).
- That you have a medical condition that is considered rare.
- That your doctor feels that there are exceptional, clinical circumstances related to your case. This is difficult to define but, in general, a case would be considered exceptional if your clinical circumstances were different from those presented by at least 95% of patients with the same medical condition at the same stage. They would also expect only about one similar case a year to occur amongst people living locally.

## What types of implants are available?

There are two types of implants available in the UK – silicone gel (semi-liquid or cohesive) and saline. Both implants have a silicone shell (outer layer) which can be smooth or textured. At this hospital we mainly use textured implants to reduce the risk of hardening and deformation (capsular contracture). The MHRA are currently exploring links between breast implants and a rare type of immune system cell cancer called Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL).

Silicone gel implants are most commonly used. They are filled with either a firm, jelly-like silicone or a softer, fluid silicone. The firm implants are less likely to leak.

The shell of some silicone gel implants is coated with polyurethane foam that breaks down over time. Polyurethane coated implants were reintroduced in the UK in April 2005 and may reduce the risk of developing capsular contracture.

Saline implants are another option but are used less often as they are more prone to leaking and deflation.

Both implants come in two shapes, either round or anatomical (teardrop shaped).

For further information you can visit the Department of Health (DoH) website:

This table summarises briefly the advantages and disadvantages of silicone gel and saline filled breast implants.

Type of filler	Description of implant	Advantages	Disadvantages
Silicone gel	<p>Filled with a soft or firm silicone substance.</p> <p>Firm or cohesive gel implants contain a more solid, jelly-like gel which will keep its shape if the shell ruptures. Soft implants are filled with a more fluid-like gel.</p>	<p>Long history of use.</p> <p>The soft silicone filler is the softest implant available. It is less prone to wrinkling and feels more natural than other implants.</p> <p>Available in either round or anatomical (breast shaped) designs.</p> <p>The 1998 IRG found no evidence that silicone implants pose a danger to women's health.</p>	<p>Insertion of firm cohesive gel may result in a slightly larger scar than surgery using an implant with soft silicone filler.</p>
Silicone gel	<p>Polyurethane coated implants</p>	<p>Reduce risk of capsular contracture &amp; implant rotation</p>	<p>Once they are placed they are difficult to re-position</p>
Saline	<p>Filled with a salt and water solution of similar concentration to that found in body tissue.</p> <p>May be pre-filled or filled through a valve at the time of surgery.</p>	<p>Long history of use.</p> <p>Available in either round or anatomical (breast shaped) designs.</p> <p>Filled with a solution which can be absorbed and excreted by the body.</p>	<p>May be more prone to rupture or deflation at an earlier stage than other implants.</p> <p>Prone to wrinkling, may feel and look less natural than other implants and may lose volume over a period of time.</p> <p>Less satisfactory in women with little breast tissue.</p>

## National Implant Registry

All patients having implant surgery will be offered the opportunity to be added to the National Implant Registry. This registry was set up in October 2016 and has been designed to collect information on breast implants inserted throughout the UK to monitor and improve patient safety. To enable your surgeon to input data about your procedure we require your written consent. The registry is maintained by NHS Digital and a separate information leaflet is given to you to explain why we would like to input your information and what the registry involves.

## What if I smoke?

Smoking can reduce the blood flow to surgical sites. Studies have shown that nicotine and other substances that are found in cigarettes can be harmful to your heart, lungs, and your skin. Smoking can have an adverse effect on the healing of all surgical wounds and cause infection. The same applies to the use of nicotine replacement therapy as, although this will reduce the craving for a cigarette, the nicotine will also reduce the ability of the blood to carry enough oxygen to the tissues. For this reason we advise that you do not use nicotine replacement therapies and should stop smoking completely before any surgery will be considered.

If you are an active smoker we will be happy to advise you on how to get help in stopping smoking. Surgery will not be considered if you smoke.

- Smokefree West Sussex Tel: 0300 100 1823
- Brighton and Hove Stop Smoking Tel: 01273 296 877
- Kent Stop Smoking Service Tel: 0300 123 1220
- West Sussex Wellbeing Tel: 0300 123 1044
- One You East Sussex Tel: 01323 404 600
- Quit 51 Surrey Stop Smoking Service Tel 0800 622 6968

## Pre-assessment Clinic

Most patients are seen in our pre-assessment clinic. This appointment may be on the same day as your surgeon's appointment or you may receive a letter inviting you for an appointment for that date.

The pre-admission assessment can include:

- assessing your general health and fitness before surgery by carrying out various tests and investigations. These may include blood tests or ECG (electrocardiogram - heart tracing). Photographs will provide a record for your notes to allow a comparison of your breasts before and after surgery. These procedures may take a few hours to complete.
- discussing your current medication and any allergies you may have
- giving you information about your planned treatment
- informing you about hospital services
- meeting an anaesthetist

If you have any further questions, please write them down and discuss them with the doctors or nurses.

**If you are taking the oral contraceptive pill or hormone replacement therapy, do not stop taking this medication. Always seek medical advice.** Talk to your GP or visit your local family planning clinic. You will need to bring a list of any medications that you are currently taking to the outpatient clinic, pre-assessment clinic or with you on admission to the hospital.

## Risks

All surgery and anaesthesia carries some uncertainty and risks. Thirty percent of women will need an operation for a complication within ten years of their breast operation.

The following list gives you information on the most common or most significant problems that can occur following this type of surgery.

- **BIA-ALCL** - A rare type of immune system cell cancer called Breast Implant Related Anaplastic Large Cell Lymphoma (BIA-ALCL) is possibly linked to silicone breast implants. ALCL is a lymphoma and not cancer of the breast tissue. In women with breast implants, ALCL was found adjacent to the implant itself and contained within the fibrous capsule. The most common sign of this condition is a collection of fluid around the implant (late onset seroma). Usual treatment is removal of the scar tissue around the implant (capsulotomy)

although some cases will require chemotherapy. The first case was reported in 1997, yet it is important to note that breast implants have been used since 1962, with current estimations of 5 - 10 million women in the world with breast implants.

Breast implant associated Anaplastic Large Cell Lymphoma (BIA-ALCL) remains a rare condition, believed to be in the order of 1:50,000 – 300,000 people. As of March 2016; only 14 cases had been reported to the MHRA in the UK. All of the information to date suggests that women with breast implants have a very low but increased risk of developing ALCL compared to women who do not have breast implants.

The MHRA currently advises no change to current practice and patients should be advised that ALCL is a very rare condition.

- **Appearance, symmetry and asymmetry** – A degree of difference between a woman's breasts is entirely normal and although every effort will be made to make your breasts equal in size and shape, you will find that there is a difference between the two breasts. The final result after surgery can be unpredictable which may mean that the position of the breast or shape of the breast tissue may be unsatisfactory. It may not be possible to produce a natural cleavage and the implant will not drop to the side when a woman lies down. The breast will always feel relatively firm and cool.
- **Capsular contracture** – The human body forms a wall of scar tissue (fibrous capsule) around any implanted foreign material and breast implants are no exception. As the scar tissue shrinks it becomes noticeable as an apparent hardening of the breast. This is one of the most common complications and happens in approximately 20% of cases, although modern implants have a textured silicone shell with a lower incidence of capsular contracture. If a capsular contracture does occur you will need further surgery. The implant may have to be removed, along with the capsule, and replaced with another implant; if appropriate.
- **Creasing, ripples & folds** – The nature of the implant capsule may enhance less desirable characteristics such as creasing, kinking, vertical ripple folds and rippling in the breast. These are commonly seen in women with little or no breast tissue following mastectomy.
- **Radiotherapy** - Pre and post-surgical radiotherapy can have an adverse effect on breast implants increasing the risk of capsular contracture. You may be advised that implants are not the most appropriate option if you have had radiotherapy. You will need to discuss this with your surgeon.

- **Rupture** – This is the development of a split or a hole in the silicone shell of a breast implant. Rupture does not necessarily create a medical problem; each of the various fillers will react differently. In the majority of cases of silicone gel filled implants, the silicone gel will remain within the capsule formed by the body and can be removed when the ruptured implant is removed. Occasionally, the silicone can spread outside the capsule into the breast and create a series of lumps known as siliconomas. These may give rise to local symptoms such as tenderness. In a small number of cases the gel has been found in other tissue, for example, the muscles under the breast, the armpit or (rarely) in the nerves into the arms. If any symptoms such as excessive pain, a burning sensation, lumps or aching occur and cause concern, you should contact your surgeon or ask your GP to refer you. There is no evidence to suggest that air travel will cause strain or rupture to an implant.
- **Pain** – The pain from this sort of operation is not usually severe although different people require varying amounts of over the counter pain killers (analgesia). You may feel some mild pain for the first few days or weeks, such as bruising and twinging. The pain control team can discuss the options available to you if stronger analgesia is required. Your surgeon will have prescribed regular medication to lessen the pain. If you are in constant pain, let the nursing staff know.
- **Blood transfusion** – It is very rare to have a blood transfusion after this operation. If you are found to have a low blood count (anaemia) after your operation, a course of iron tablets may be prescribed. Once you have left the hospital your GP may repeat the blood test.
- **Haematoma** – This is a collection of blood underneath the skin, which may occur after surgery. The breast may become painful and swollen. A second operation may be necessary to remove the haematoma.
- **Seroma** – Sometimes serous fluid will collect around the breast implant or in the back after the drains are removed. Usually this is a small amount only and the body will gradually reabsorb the fluid over a period of a few weeks. Occasionally, a larger amount of fluid collects. This can be drained in the out-patient department and may need to be repeated
- **Infection** – You will be given antibiotics during the operation to prevent infection. If an infection occurs it will be necessary to remove the implant(s) as antibiotics are unlikely to cure the infection. Unfortunately, you will not be able to have these replaced immediately and will need a further operation at a later date. Any operation that involves a general anaesthetic carries a small risk of a chest infection, particularly if you have been a smoker.
- **Deep Vein Thrombosis (DVT) & Pulmonary Embolism (PE)** – a blood clot in the legs (DVT) or lungs (PE). This is a potential complication following surgery

and bed rest. People who are taking the oral contraceptive pill or hormone replacement therapy and those who smoke are at the greatest risk. All patients are given compression stockings to wear and a blood-thinning injection called low-molecular weight heparin (Dalteparin) every night whilst in hospital to prevent this.

- **Scars** – Any operation will leave a permanent scar. Infection can cause the wound to re-open. This may lead to problems with the scar formation such as stretching or thickening. Even without any problems, the scar, at first, will look red, slightly lumpy and raised. Regular massage of the scar, once fully healed, with a light non-perfumed moisturising cream and use of sensible sun protection measures, such as a factor 30+ sunblock, should help it to settle in time and begin to fade. This may take up to two years. Some people may be prone to the development of keloid or hypertrophic scars which are raised, itchy, and red. If you have a tendency to produce scars like these, please discuss this with the surgeon.
- **Nipples** – As a result of the surgery, if the nipple and areola are present there may be a decrease in or loss of nipple sensation.

## Risks associated with non-oncological breast implants:

**Pregnancy & breast-feeding** – The implants should not interfere with the ability to breast-feed. However there has been evidence which suggests that the amount of milk produced may be reduced in some women. Reduction in milk production may also occur if the implants are inserted into the area close to the areola, as this technique tends to cut the milk ducts. There is no evidence of an increase of illness in children of women with silicone gel breast implants.

## How long do breast implants last for?

Breast implants are a long-term commitment. They are likely to need replacing and further operations will be required to maintain the benefits of the implants throughout your lifetime. The length of time that the implants last is unknown and varies depending on an individual's personal factors. Manufacturer's guidelines state implants should be expected to last between 10 and 15 years. However, your surgeon may recommend that they remain in place for longer than this, if you are not experiencing any problems. If you have funding approved for surgery on the NHS for the first procedure, you will need repeat funding application approval for any replacement that is required in the future and, this is not guaranteed.

## Admission to hospital

Insertion of implants usually requires you to be admitted to hospital on the day of surgery via the main theatre reception. The hospital stay will normally last one or two nights or longer if you are having a mastectomy at the same time. You may require help with housework and care of small children for at least a week after surgery.

You may already have signed your consent form in the outpatients' clinic but will be asked to read and check it once again. Please feel free to ask any questions that you may still have.

**It is important that you are completely satisfied that you have been given all the information you need and that you fully understand the risks and benefits of your surgery, before you sign your consent form. You can change your mind at any time before surgery.**

An anaesthetist will visit and examine you pre operatively and explain the anaesthetic procedures. A surgeon will see you and may use a special marker pen to draw markings on your skin. **It is vital that you do not wipe these marks off.** Please ask questions if there is anything that you are not sure about.

You must have nothing to eat for a minimum of six hours and nothing to drink for a minimum of two hours before your surgery. The nursing staff will advise you. This is for your safety, to help prevent vomiting during your surgery whilst you are asleep.

## The surgery

The most common procedure involves making an incision in the crease under the breast and then making an envelope to put the implant in. Sometimes the incision is made around the nipple or under the armpit. The implant is usually placed under the skin of the chest wall behind the muscle (pectoralis major). The stitches are usually dissolvable and do not need to be removed. This procedure is done whilst you are asleep under a general anaesthetic. It usually takes about one or two hours or about three hours if you are also having a mastectomy.

## After the operation

When you wake up after the surgery, you will be in the recovery area. The nursing staff are very experienced and they will ensure that your recovery is as pain-free as possible. Painkillers will be given to you on a regular basis for as long as you need them. The operation does not usually cause much pain afterwards, although some tightness and bruising may cause discomfort. Please tell the nurses if your pain persists.

## Drains & dressings

Wound drains are inserted into the breast at the time of surgery to allow any fluid to drain away. The drainage tube is attached to a vacuumed bottle where the fluid is measured. The nurses remove the drains, on the doctor's instructions, usually after 24 to 48 hours, depending on the amount and colour of the fluid drained. Following removal, a small amount of leakage from the wound is common. A light gauze pad can absorb this. Waterproof dressings may be used to keep the wounds clean and dry. You may be able to have a shower on the ward depending on the type of dressing used, and nursing staff will be able to advise you. The dressings should stay in place until your plastic dressing clinic appointment one week later.

## Bra

You will need to wear a good, supporting, non-wired, 'sports-type' bra continuously for 23 hours a day for approximately six weeks following surgery, as this will help with reducing the swelling and help the breasts to settle into their new shape. After surgery, you can expect to find some swelling and your breasts will seem high and firm which may feel unnatural to you. However, after a while the swelling will reduce and become more comfortable - and the breasts will take on a more natural shape. We strongly recommend that after six weeks you have your breasts measured to determine what bra size you need. You must not lift heavy objects or play any strenuous sports for the first two to three weeks.

Breast firmness and tenderness is common in women and can relate to your monthly periods. After your breasts have healed, these symptoms may return. It may take some months for the scar tissue to settle and at first your breasts may feel lumpy and tender. You may be asked to wear a breast band on top of your bra to help the implants stay in position.



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## Discharge from hospital

You will be given two appointments - one is for the dressing's clinic, typically one week after discharge. Here the staff will check that your wounds are healing. The other appointment will be to see your surgeon; approximately four to six weeks after your surgery. Please note that this may not be with your consultant but one of their team. You should also be given an implant identification card for your reference. This is a small card with details of your implants. You should carry it with you for reference in the future. If you are not given this card, please ask the nurses on the ward during your discharge process.

The doctors on the ward can provide you with a 'social security and sick pay statement of fitness to work' (sick certificate) for up to two weeks. When the decision is made for you to be discharged, please notify the doctor or nurse during the ward round if you need one.

## What other arrangements do I need to make?

The hospital stay is normally about one or two nights. You should arrange for help with shopping, housework and care of small children and pets for at least a week, as you will not be able to manage these on your own for at least a week after surgery.

You will also need to organise at least one week (maybe two) off work or college and longer if heavy lifting is part of your job.

**Driving** - You will not be able to drive immediately after your operation or for approximately up to two weeks. You should only consider driving when sufficient healing has taken place to allow you to wear a seatbelt without pain and perform an emergency stop (practice in a car park first).

Before you drive, following surgery, we suggest that you check with your insurance company to ensure that you have the appropriate cover. Make sure you take note of the date and the name of the person you spoke to. Some companies ban driving for a specific period following surgery. Failure to comply with that condition would mean that you were driving without insurance, which the law regards as a serious offence.

**Returning to work**- Depending on the type of work that you do, you may be able to return to work after one to two weeks. You may feel quite tired at first which is quite normal.

**Sport** – Sport can be resumed after six weeks, but only when the wound is healed with no ooze. We suggest that you check with your surgeon or Macmillan breast reconstruction nurse first if you are unsure. If the sport involves strenuous upper body movements, for example aerobics, golf, swimming and any racquet sports, it

is probably advisable to begin these activities again gradually at least one month after surgery. Always ensure that your breasts are well supported in a bra during sporting activities.

**Sexual activities** - Initially your breasts may feel tender or numb and you may not feel up to physical contact. However, you may resume your sex life as soon as you feel comfortable. Sometimes a woman may feel she is no longer attractive because her partner hesitates to touch her. It is more likely that the partner is afraid of hurting her. Couples need to talk over their fears and feelings.

**Breast screening** – For patients who have not had implants as a result of breast reconstruction following breast cancer, continue breast self-examination and you will soon get to know how your breasts feel. If you notice any changes inform your GP.

It is important to tell the radiographer when having a mammogram that your breasts have implants and the type of implant used, as the screening technique may need to be adapted in order to show as much of the breast tissue as possible.

## What should I look out for?

Once you are at home after surgery, it is important to check your wounds. If your breasts become hot, red, swollen and painful or there is a discharge please contact any of the following numbers for advice:

**Margaret Duncombe Ward**

Tel: 01342 414450

**Ross Tilley Ward**

Tel: 01342 414451

**Plastics Dressing Clinic**

Tel: 01342 414442

**Macmillan Breast Reconstruction  
Nurse Specialists**

Tel: 01342 414302 & 414306  
(answer machine available)

If you wish to contact psychological therapy for an assessment, and emotional or psychological support; please either ask your breast reconstruction nurse specialist to refer you or contact the team directly:

**Psychological Therapy**

Tel: 01342 414478

## Further information sources

**NHS** Tel: 111

**Medicines & Healthcare products Regulatory Agency (MHRA)**

Tel: 020 3080 60000

<https://www.gov.uk/guidance/contact-mhra>

**British Association of Aesthetic Plastic Surgeons (BAAPS)**

<https://baaps.org.uk/>

**British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS)**

Tel: 020 7831 5161

[www.bapras.org.uk](http://www.bapras.org.uk)



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alternative format.

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