

# Breast Surgery Consent Information

This information will help you to understand the risks and complications associated with Breast Surgery. Although modern surgery is safe it still entails some risk. Please take time to read this information on risks and complications both general and specific to your procedure. Please contact us if you would like to discuss any area further. These risks are controlled and minimized with specialist care before, during and after your surgery by:

- Pre-operative consultation with Dr Somia and selective testing to ensure you are fit for surgery.
- Hospitals with a high safety record and stringent quality controls
- Highly trained anaesthetists (Dr Simon Koh and Dr Suzi Miles) to administer the appropriate drugs and dosage.

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## 2 **General Risks**

Pneumonia, deep venous thrombosis, pulmonary embolism, stroke, heart attack, allergies, awareness, death

## 3 **Specific Risks During Surgery**

Bleeding, Damage to deeper structures, Changes to the blood supply of the nipple

## 4 **Specific Risks - Short Term**

Bleeding, Infection, Sensation change, Haematoma and seroma, Firmness, Delayed healing and tissue death, Exposed sutures, Dog ears or additional skin folds, Breast cancer, Dressings

## 6 **Specific Risks - Long Term**

Asymmetry, Scars, Breast feeding, Changes in size and shape,

## 7 **Specific Risks related to Breast Implants**

Breast Surgery with Implants, Implant failure, Implant infection, Implant extrusion, Implant Displacement, Breast Implant associated cancer

## 8 **Unsatisfactory result**



**All surgery carries risk due to the use of drugs, sedation or anaesthesia. Risks involved include (but are not limited to):-**

## Post operative pneumonia and areas of lung collapse

When you are under anaesthetic you breathe more shallowly than normal. This can allow some areas of your lungs to partially collapse. If these areas are not inflated again soon after you wake up, this can lead to pneumonia or lung infection. Smokers/vapers are at higher risk as the waste products clog the airways and damage the airway lining preventing cleaning of the mucous secretions. Our anaesthetists carefully monitor how deeply you are breathing during the operation to prevent this. This is one of the reasons we insist all patients abstain from smoking/vaping for 12 weeks before and after.

## Deep venous thrombosis and pulmonary embolism

Your legs rely on gentle constant muscle activity to propel blood back towards the heart. If the blood stays stagnant it can clot in the leg veins and later dislodge and end up in your lungs. When you are asleep you generally move around enough to keep the blood moving. When you are anaesthetised your legs do not move at all. Instead compression stockings are applied to collapse the veins and sequential compression devices applied to massage the blood back to the heart. (intermittent compression also releases a natural anti-clotting agent). If you experience irregular heartbeat, shortness of breath or chest pain after your return home you should go to hospital.

## Stroke and Heart Attack

These are very rare complications in otherwise fit and healthy patients. Elderly patients are at a greater risk. If we believe you are at increased risk we will discuss this with our anaesthetists prior to surgery and may arrange additional tests to ensure your safety in the operating room.

## Allergies

During your medical history, you will be asked if you are aware of having any drug allergies. This will be repeated by your anaesthetist. During the administration of any drug there is a small risk of allergy. Reactions can be mild itchiness to severe anaphylaxis requiring adrenaline. Some allergies can be predicted, but most are random events that are only discovered once they occur. Should an allergy occur it will be treated immediately and you will be notified at the end of the operation.



## Awareness

Most patients give away signs ie increased blood pressure or heart rate alerting anaesthetists they are feeling pain. Modern monitoring will alert patients are not asleep earlier than heart + blood pressure indicators.

## Death

Risk of death under anaesthesia in Australia is around 1 in 4 million cases. Your level of health prior the surgery will relate to your personal risk. In general, you are more likely to have an accident travelling to/from hospital.

# Specific Risks During Surgery

## Bleeding

There is always a small amount of bleeding with breast surgery. We aim to minimise this by infiltrating local anaesthetic with adrenaline into the operating site before the operation. It is exceptionally rare for bleeding to be significant enough to require a blood transfusion (with its attendant risks). However, it is prudent to ensure your haemoglobin levels are well stocked before the operation with a diet high in iron + vitamins a month prior to surgery. This means you are less likely to feel washed out after the operation.

## Damage to deeper structures

During any operation there is always risk of damage to surrounding structures. Breast surgery is performed mostly between planes of tissues, like layers in an onion, so the risk of going a layer too deep is quite small. However, there have been reports in literature of damage to structures on the chest wall, pectoralis muscles and to the structures beneath the rib cage.

## Changes to the blood supply of the nipple

Depending on the change in position of the nipple, the pattern employed and how tight the suturing is will determine how reliant the nipple is on the various routes of blood supply. Most techniques/patterns of breast surgery have a reported risk of nipple loss of 1-2%. Occasionally compromised blood supply to the nipple is observed during the operation and this requires steps to preserve the nipple which may include drugs to thin the blood and temporarily transplanting the nipple to a safer spot. The risk of this occurring is greater if the breast surgery is performed in conjunction with placing or removing a breast implant.



## Bleeding

There will be a small amount of bleeding or red discharge from your wounds in the first few days after your operation. Large amounts of bleeding should be treated by keeping calm (to lower your heart rate and blood pressure), using ice packs (to shrink the blood vessels) and applying constant gentle pressure to the area. If the bleeding does not stop within 20-30 minutes, you should call the rooms or go to the hospital. If an increase in bleeding is noticed at the same time as an increase in pain, you may be developing a haematoma (blood clot) and should contact the rooms or go to hospital. Very rarely, bleeding after breast surgery requires a visit back to the operation room to drain the collected blood and control any bleeding vessels.

## Infection

Infection is uncommon after elective breast surgery. You will be given antibiotics through the drip during the operation and if there are any abnormalities noted during the operation, you will be sent home with tablet antibiotics for a week after the operation. Should an infection develop, it would usually begin at about the 5th to 10th post-operative day (around about the time that you are due to see us for removal of sutures and dressings). If you notice increasing pain, swelling and redness of the area that was operated on, please call the office or the hospital. This is particularly important if a breast implant has been used as part of your operation. Small infections can gain a hold on the non-living implant and develop into an infection that requires removal of the implant.

## Sensation change

Changes in sensation to the nipple and breast are impossible to predict. Most women have a temporary decrease in sensation that returns to normal within a few weeks. It is uncommon to have long term numbness, although pre-existing decreased nipple sensation may be an indicator this may happen. Occasionally after breast surgery patients report increased sensitivity of the nipples and breast (in the case of reduction mammoplasty there is less drag on the nerves) which usually settles after a few weeks.



## Haematoma and Seroma

Any operation in which there is a large surface area that is operated on runs the risk of having blood or fluid collect in the space left behind as it heals. We place surgical drains to prevent these collections of fluid, but they will occasionally arise after the drains have been removed or collect in an area that does not flow to the surgical drain. Should this occur it can be removed with a needle aspiration or occasionally another drain can be placed under ultrasound guidance. In any breast surgery that involves the placement of breast implants, development of a haematoma may contribute to the formation of capsular contracture.

## Firmness

After any operation, as tissues heal there is some swelling/firmness. The majority will resolve within 6 weeks, but the last small amounts can take up to a year to completely resolve. By the end of a month after your operation, some gentle tissue massage will help speed the recovery of the tissues. Occasionally, there will be patches of fat that has not survived the operation (fat necrosis) that become hard may need to be removed.

## Delayed Healing & Tissue death

The expected time frame of healing within is; skin should heal over within a week and soft tissues around about 6 weeks. Diabetics, smokers/vapers and people with some other diseases will have the risk that their tissues will take longer to heal and may have some tissue death before healing. Most of these problems can be managed with appropriate dressings but may need additional surgery. Some techniques of skin excision are prone to areas of increased tissue death, but there are methods to reduce the risk if you decide that those techniques are more suited to your needs. The risk of this occurring is greater if the breast surgery is performed in conjunction with either placing or removing a breast implant.

## Exposed sutures

Many sutures (both permanent and dissolving) that are used to reshape tissues are buried within the soft tissues. Occasionally, these sutures will show themselves through the skin. If they become problematic, they may need to be removed. This is usually something that can be done in the office.

## Dressings

Dressings need to remain in place until your first post operative check at the office. Occasionally dressings can cause some irritation, and rarely cause allergic reactions. Should the dressings become unbearable or cause increasing redness & swelling, please call the office to arrange for them to be changed.



## Dog ears or additional skin folds

Depending on the technique utilized, as compared to any skin excess in all dimensions, there may be some excess skin folds at the end of your operation. These generally improve with time. If they persist for longer than 3 months a touch up procedure may be required.

## Breast Cancer

There is a risk of 1 in 1000 that any breast tissue that we remove and send to pathology may be reported as having unsuspected breast cancer. As soon as we are aware of this, we will arrange for you to see a surgeon that specialises in breast cancer.

# Specific Risks - Long Term

## Asymmetry

Small asymmetries should be expected. Under critical appraisal, most women's breast are asymmetric. The more obvious the original asymmetries, the harder it is to produce post-operative symmetry. As the swelling subsides over the first 6-12 months, there will be different parts of your operation that you are more or less happy with. You should allow at least 6 months to settle out minor asymmetries. Major asymmetries will be adjusted by your surgeon.

## Scars

Depending on your needs, your surgeon will suggest a technique (or pattern) that they believe will provide you with the results you are after. This is not a hard and fast rule and there is some room for discussion as the importance that you place on length and position of scars, as opposed to breast/chest shape and the need for further touch up procedures. Even in techniques with longer scars, the majority of the scars will fall in natural skin lines, and will heal to become not very noticeable over the course of 6-12 months. It is very rare for there to be a problem scars in breast surgery.

## Breast Feeding

In general, after breast surgery, your ability to breast feed is the same as the general population. 1 in 3 women will be able to breast feed normally, 1 in 3 will need some help (formula etc) and 1 in 3 will not be able to breast feed. Incisions and approaches that disrupt the nipple, areola or breast tissue may reduce the ability to breast feed. It is not known if there are increased risks in nursing for a women with breast implants. There is no increase in silicone levels in breast milk in women with breast implants when compared to women without implants, and cows milk contains higher levels of elemental silicone than human milk.





## Changes in size and shape

As breast surgery reshapes normal tissues, any weight gain or loss will be reflected in the size and shape of your breasts. Some techniques tend to change shape over time, and there are ways to manage these changes. If this is a concern to you, discuss this further with your surgeon.

Augmentation with implants enhances the overlying normal tissues. The presence of an implant will change the shape and volume of the overlying breast tissue over time. If the implants need to be removed, this may result in an unacceptable appearance of the breast. Augmentation with implants that are larger than the suggested base dimensions and volume suggested by your surgeon may increase your changes of implant specific complications. In addition, this may also cause increased stretch on the overlying tissues and changes of breast shape.

## Specific Risks related to Breast Implants

### Breast surgery with implants

After discussion (including details of any pre-existing implants) and examination your surgeon will recommend an implant based on your goals and anatomy. Each patient is encouraged to trial the implant size recommended using the implant simulation kit and rice test. If you decide to alter the size of your preferred implant or are undecided on which you would prefer, a range of implant sizes (limited to 2) can be ordered for consideration on the day of surgery. Your final implant size choice needs to be confirmed at least one week before surgery in order for the implants to be delivered in time for your surgery. Your surgeon will show you the implants on the day of surgery to confirm the size you desire.

Yearly ultrasound checks of the implants are recommended. A referral will be provided for you 12 months after your initial surgery. Motiva implants contain a microchip for identification purposes.

### Implant failure

Like most medical devices, implants can fail. This may be due to an injury or from no apparent cause.



## Implant Infections

Subacute or chronic infections may be difficult to diagnose. Should an infection occur, treatment with antibiotics is begun. If the infection does not respond to antibiotics, the implant may need to be removed. After the infection is treated, a new implant can usually be reinserted. Infections in body areas remote to the implant can result in infections around the implant. It is very important that you do not have your implant placed during a time that you have remote infections such as ingrown toenails or urinary tract infections. Infections subsequent to your operation may still lead to bacterial seeding around your implant and any infection should be treated promptly.

## Implant Displacement

Displacement, rotation or migration of an implant may occur after its initial placement, and can be accompanied by discomfort and/or distortion. Unusual techniques of implant placement may increase the risk of the implant moving or rotating.

## Implant Extrusion

Lack of adequate tissue coverage, tissue necrosis or infection may result in exposure and extrusion of the implant through the skin. Tissue necrosis (death) has been reported with use of steroid drugs, chemotherapy/radiation, smoking/vaping or excessive cold or heat therapy. An implant that becomes exposed may need to be removed, and permanent scars & deformities may occur.

## Breast Implant associated cancer - Breast Implant Associated-Anaplastic Large Cell Lymphoma (BIA-ALCL)

Read current information on the TGA website here.

<https://www.tga.gov.au/products/medical-devices/breast-implant-hub/breast-implant-associated-cancer-consumer-information>

## Unsatisfactory Result

Your pre-operative consultations should help you realize the objectives and limitations of your operation. If you are unhappy with your result, you should wait for the swelling to settle before making a final judgment. Should the result still not be up to expectation by 6 months we can discuss further surgery.

## Questions

If you would like clarification on any of the information here please contact the office.

