



NINA S. NAIDU, MD, FACS
PLASTIC & RECONSTRUCTIVE SURGERY

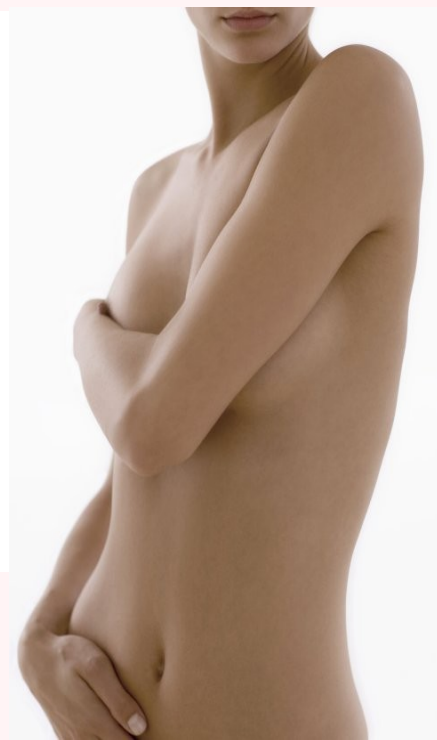
A Patient's Guide to Breast Augmentation

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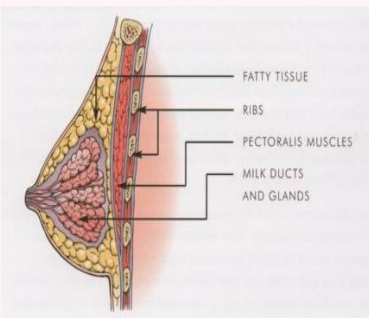
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Dear Patient,

We are delighted that you have chosen to explore breast augmentation surgery with Dr. Naidu. This guide was written to help you understand the risks and benefits of breast implant surgery. Please read the following information in its entirety prior to your visit, as this will make your time with us more productive. If you have any questions about anything contained in this material, please print out the relevant sections and we will be happy to discuss them with you at the time of your consultation. If anyone else will be involved in your decision-making, we ask that you bring him or her with you to your visit. We look forward to meeting you!



Anatomy of the Breast



All breasts are made of fatty tissue, glands, ducts, and skin. Deep to the breast is the chest muscle (pectoralis major). Pregnancy, weight loss, and aging can stretch the skin, which may cause sagging of the breasts. No woman has two breasts that match exactly, and no surgeon can guarantee perfectly symmetric breasts. Implants are used to make the breasts larger, but they may not adequately lift the breast. In some cases, a mastopexy (breast lift) may also be recommended to raise the breast tissue. It is important that you understand the limitations that may exist due to characteristics of your own breast tissue. The right implant is the one that will balance your goals with what your tissues will safely allow.

Breast implants: silicone versus saline



Effective November 17, 2006, both saline and silicone are FDA-approved for cosmetic use. Numerous trials have demonstrated *no* increased risk of breast cancer, or connective tissue disease (including lupus, scleroderma, and rheumatoid arthritis) secondary to silicone breast implants. There is no evidence that breast implants delay the detection of breast cancer or adversely affect the cancer survival of women with breast implants. You will have the opportunity to hold and feel both implants during your consultation. Each type of implant has its unique benefits and trade-offs.

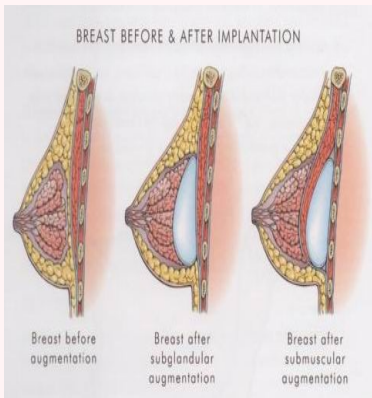
SILICONE

- contains a safe, cohesive silicone gel
- feels more like natural breast tissue
- requires a slightly larger incision
- more expensive than saline implants

SALINE

- contains a salt-water solution
- feels firmer than silicone
- higher risk of visible wrinkling and rippling
- can use a smaller incision
- lower price than silicone implants

Location: subglandular versus submuscular



Breast implants can be placed either partially under the pectoralis muscle (submuscular) or over the muscle and under the breast tissue (subglandular). The goal is to provide optimal long-term coverage of your implants and to avoid creating deformities which cannot be corrected, including visible implant edges and rippling.

SUBGLANDULAR

- not recommended for thin tissues
- more visible and palpable implants
- higher risk of capsular contracture
- more difficult mammograms

SUBMUSCULAR

- appropriate for thin tissues
- slightly more painful surgery
- less visible and palpable implants
- lower risk of capsular contracture
- easier mammograms
- recommended by Dr. Naidu

Implant Size



The best size implant for a given patient is determined by measurements taken by Dr. Naidu during your consultation. These include the base width of your breast, the amount of stretch of your breast skin, and the amount of breast tissue you already have.

While your goals and desires from breast augmentation are very important, it is important to understand that an implant which is too large for your tissues can result in excessive skin stretch, which may in turn necessitate further surgery. The edges of very large im-

plants may also be visible under the skin. Excessively large implants can accelerate the effects of gravity, resulting in sagging. These changes may not be reversible. Because bra cup size are not standardized, Dr. Naidu cannot guarantee a specific cup size.

Implant shape and texture

Both saline and silicone implants are made in round and teardrop shapes. While both types are currently available for saline implants, silicone teardrop implants are currently under review by the FDA and are not yet available for general use. Teardrop implants have the benefit of providing additional fill to the upper portion of the breast, and for this reason are very commonly used in reconstruction patients who

have lost much of this tissue secondary to mastectomy. Round implants are most often used in cosmetic breast augmentation, and these are Dr. Naidu’s preference in almost all cases.

The surface of the implant can also be smooth or textured. Smooth implants move easily and feel soft. Textured implants have a slightly bumpy feel on the surface. The bene-

fit of texture is that the implant will not move as much within the breast pocket, which is especially important for teardrop implants. The downside of textured implants is a higher risk of visible wrinkling.

Dr. Naidu most frequently uses smooth, round implants for her breast augmentation patients.

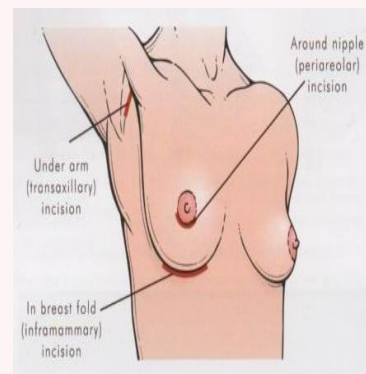


Incision locations

There are three commonly used incision locations for placement of breast implants: within the breast fold (inframammary), around the nipple (peri-areolar), or under the arm (transaxillary). The inframammary incision is well-concealed and affords the best visualization of your tissues. There is a lower risk of difficulty breast-

feeding with this incision. The peri-areolar incision is also well-concealed, but it is difficult to place some types of silicone implants through this incision. In addition, there is a higher risk of difficulty with breastfeeding. While the transaxillary incision is off the breast, it may be visible in some types of clothing, and runs a risk of

injury to important nerves and vessels in the arm. Large silicone implants cannot be placed through this incision. Dr. Naidu most frequently uses the inframammary incision. She does not perform transumbilical (belly button) breast augmentation given the poor access to the breast and the risk of injury to the implant.



Risks of breast augmentation surgery

All surgery carries specific risks and benefits. These risks include but are not limited to the following:

Rupture: The breast implant may rupture at any time after surgery, and this is more likely to occur the longer the implant has been in place. The Inter-

national MRI Study performed in 2006 showed a rupture rate of 15% with an average age of implants of 11 years. MRI screening is recommended for silicone implants at 3 years after your initial surgery, and every two years thereafter, to assess for silent rupture. If a

rupture is found, removal with or without replacement is recommended.

Capsular contracture: Capsular contracture is a tightening of the scar tissue surrounding an implant. This may result in firmness or hardness of the breast, or squeezing of the



Risks of breast augmentation (con't.)



bleeding vessels. Additional surgery may be needed if pain and firmness are severe. The risk of contracture ranges from 0.7-13% at four years after surgery.

Reoperation: Breast implants are not lifetime devices, and you will likely need additional surgery. Problems including rupture, capsular contracture, scarring, asymmetry, bleeding, and infection can require additional surgery.

Unsatisfactory result: Wrinkling, asymmetry, implant displacement or shifting, implant palpability, and scarring may occur.

Pain: Pain of varying intensity and length of time may occur and persist following breast augmentation.

Change in nipple & breast sensation: Your breast and nipple sensation may increase or decrease after implant surgery.

Infection: Although most infections occur within several days after surgery, this compli-

cation is possible at any time. Infection may necessitate implant removal for at least three months prior to replacement.

Hematoma/seroma: Hematoma build-up of fluid around the implant. refers to a collection of blood in the space surrounding the implant. A seroma is a

Both collections can result in an eventual infection or capsular contracture. While small collections may resolve spontaneously, larger amounts of fluid or blood will require additional surgery and possibly additional scars.

Breastfeeding: The Allergan Core Study reported that 18% of breast augmentation patients were unable to breastfeed following surgery. The most common complaint was inadequate milk production.

Irreversible changes: Many of the changes to your breasts following augmentation are irreversible. If you

choose to have your implants removed and not replaced, you may experience permanent, cosmetically undesirable changes including puckering, dimpling, and wrinkling.

Mammography: Breast implants make mammography more difficult. Although techniques have been developed to move your implants during the study, complete visualization of the breast tissue is not possible. You should alert your mammography center that you have breast implants, and you should continue to perform monthly self-examinations of your breasts.

Necrosis: Necrosis, or the death of skin and fat, may occur in smokers, following an infection, or with the use of steroids. Implant removal may be necessary.

Extrusion: Extrusion occurs when the breast implant comes through the skin. This may happen if the wound has not healed or your breast tissue has weakened. This may require implant removal or tissue loss.



Additional procedures

In some cases, especially after pregnancy or a significant weight loss, implants alone may not be sufficient to address all of your concerns, such as sagging or extra skin. The only thing that a breast implant

can predictably do is to increase the size of your breast. A mastopexy (breast lift) is sometimes recommended at the time of breast augmentation. This involves removing skin from under the breast and

around the nipple to lift the breast and tighten the skin. This may create additional risks and scars.

Other factors beyond our control

There are some factors that no one can control. Dr. Naidu cannot predict the risk of capsular contracture in a given patient, and there are no implants or surgical techniques that can assure that you will not develop a contracture. Dr. Naidu also cannot predict or control the amount that your tissues may stretch following surgery. The larger the implant that is chosen, the more the tissues will stretch, but even

with an implant that seems appropriate for your tissues, it is possible to stretch excessively or unevenly in one or both breasts. The tendency of a patient to scar well or poorly also cannot be predicted.

Because these problems cannot be predicted or prevented, any costs related to additional surgery become the responsibility of the patient. There is no guarantee that additional sur-

gery will successfully correct the deformity. The factors should be weighed and considered carefully by the patient prior to undergoing breast augmentation surgery.



Surgery and Anesthesia

Surgery is performed on an outpatient basis, either in the hospital or in an ambulatory surgery center. The surgery lasts 1 1/2 –2 hours, and is generally performed under general anesthesia. Many patients worry about the risk of general anesthesia, but it is very safe and it assures that you will be completely comfortable during surgery. Prior to surgery

you will be required to obtain medical photographs, routine bloodwork, and in some cases preoperative clearance from your primary medical doctor. The evening prior to surgery, you should not eat or drink anything after midnight. This ensures that you will have an empty stomach prior to surgery, which is very important for your anesthesiologist to

care for you safely. You will need to have a responsible adult available to escort you home after surgery.

Recovery

Following surgery, you will awaken in the recovery area. Once you are fully alert, you will be transported to the step-down area where you will be given something to eat prior to discharge. You will need to be seen in the office one week following surgery.

You may return to most normal activities the day after surgery, but aerobic and sexual activity should be limited for 2 weeks. Most patients takes 4-5 days off of work. You will be given detailed, written instructions regarding activity .

A support bra will be placed

on you at the conclusion of surgery, but drains and pumps are not used. You may notice some temporary swelling, tightness and numbness. If you notice sudden swelling of one or both breasts, severe pain, redness, drainage, or a fever, contact the office immediately.



For more information about breast implants

Additional sources of information about the use and safety of saline and silicone breast implants can be found online at the following sites:

Nina S. Naidu, MD, FACS: www.naiduplasticsurgery.com

Natrelle: www.natrelle.com

Breast Implant Follow-Up Studies (BIFS): www.bifs.us

Breast Implant Answers: www.breastimplantanswers.com

American Society of Plastic Surgeons: www.plasticsurgery.org

Food and Drug Administration: www.fda.gov/cdrh/breastimplants

Institute of Medicine Report on the Safety of Silicone Implants: www.nap.edu/catalog/9618.html



About Dr. Naidu



Photo: Victoria Wills

Nina S. Naidu, MD, FACS is Board Certified by the American Board of Plastic Surgery and is a Clinical Assistant Professor of Surgery at Weill Cornell Medical College. Her practice focuses on aesthetic and reconstructive surgery of the face, breast, and body, with a special emphasis on breast augmentation, abdominoplasty (tummy tuck), and rhinoplasty (nasal reshaping) surgeries. Dr. Naidu has completed certification programs from both major implant manufacturers in the United States for the use of silicone gel-filled implants. She is also an investigator in the Breast Implant Follow-up Studies (BIFS), which studies

women following breast augmentation with silicone gel-filled implants. She is currently conducting a study of her peers on their current practices in breast augmentation.

Dr. Naidu completed her undergraduate studies at The Johns Hopkins University and obtained her medical degree from Cornell University Medical College. After completing her general surgery and plastic surgery training at New York Presbyterian – Weill Cornell Medical Center, she performed an additional year of fellowship training at the University of Pennsylvania. She is an active

member of the American Society of Plastic Surgeons and is a Fellow of the American College of Surgeons. Dr. Naidu maintains privileges at several prominent New York hospitals including New York Presbyterian Hospital – Weill Cornell Medical Center; Manhattan Eye, Ear, & Throat Hospital; Lenox Hill Hospital; and the Center for Specialty Care.

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