

FDA-RECOMMENDED FAQs FOR WOMEN CONSIDERING BREAST AUGMENTATION SURGERY

Question 1. What are the risks and complications associated with having breast implants?

Answer 1. Dr. Zevon has prepared an informed consent for your review. The informed consent describes the risks and complications associated with breast augmentation surgery. The risks are listed in the order of the frequency of their occurrence.

Question 2. How will my breasts look if I choose to have the implants removed without replacement?

Answer 2. You should expect to have some loose skin and sagging if you have the implants removed without replacement. The amount of loose skin and sagging will depend on several factors including the size of your implants, the ratio of the implant size to your natural breast size, any sagging of your breasts before having breast implants, the elasticity of your skin, the length of time you had the implants in place, the number of pregnancies you had while you had the implants in place, and any other substantial weight changes you had during that time.

Question 3. What shape, size, surface texturing, incision site, and placement site is recommended for me?

Answer 3. Implant size: During your office visits, Dr. Zevon will discuss options for implant size and style with you taking into account your anatomy and preference. He will show you before and after surgery photos of patients who resemble you to help you decide. You can “try on” implants of different size in our office. At home, you can use rice stuffed into zip-lock sandwich bags to help you decide. It’s convenient to use a 1-cup liquid measure marked in milliliters. Pour the rice into the cup. Every 30 milliliters of rice is approximately equivalent to 30 cc of implant volume. For example, a Size 300 cc breast implant is equivalent to 300 milliliters of rice. If you don’t have a 1 cup measure marked in milliliters, a rough conversion of milliliters to ounces is 30 milliliters = 1 ounce.

Implant style: Dr. Zevon will advise you if you are eligible for silicone implants. He may recommend considering a high-profile or low-profile implant rather than a medium-profile implant based on the anatomy and dimensions of your ribcage and other preferences.

Incision site: Dr. Zevon uses transaxillary, peri-areolar and inframammary crease incisions. He will recommend the incision site that will result in the least visible scars and will also take into account your preference as well as what type of surgery you are having. For example, women with very little natural breast tissue usually choose a transaxillary incision. Women having peri-areolar breastlift usually have the peri-areolar incision. Women with enough natural breast tissue to have a defined crease below the breast can have an inframammary crease incision if they wish.

Placement: Dr. Zevon places implants below the pectoral muscle in most cases, taking into account patient anatomy and preference. Although this placement results in somewhat more discomfort during the first week or so after the surgery, the pectoral muscle covers some of the more visible aspects of the implant resulting in a more natural appearance.

Question 4. How will my ability to breast-feed be affected?

Answer 4. Breast implants have not been demonstrated to affect the ability to breast-feed.

Question 5. How can I expect my implanted breasts to look over time?

Answer 5. Breasts with implants will be subject to the forces of gravity and natural aging in the same way as breasts without implants. In other words, there will be some sagging and loose skin over time. See also the Answers to Question 2 and 6 for some of the factors that increase the tendency to sag.

Question 6. How can I expect my implanted breasts to look after pregnancy? After breast-feeding?

Answer 6. Pregnancy and breast-feeding can cause changes in the appearance of implanted breasts as the natural breast tissue changes during these times, increasing and then decreasing in volume, sometimes substantially. Depending on several factors, including the size of your implants, the elasticity of your skin, your pre- and post-pregnancy weight fluctuation, your pre-and post-pregnancy/breastfeeding breast volume change, the number of pregnancies, and other factors (including the ones listed in the Answer to Question 2 above), your breasts may develop some loose skin and sagging after pregnancy/breastfeeding.

Question 7. What are my options if I am dissatisfied with the cosmetic outcome of my implanted breast?

Answer 7. Dr. Zevon will discuss with you the basis for your opinion that your surgery did not meet your expectations and offer you appropriate options for change or revision. Cosmetic dissatisfaction can cover a wide range of perceived problems after surgery. If you have reasonable expectations before the surgery, you are less likely to be disappointed after the surgery. You should make every effort before proceeding with the surgery to ask all of your questions, and make sure you understand the answers. If you have options and decisions to make before surgery, you should be comfortable that you have reached the point where you are confident that you have made the correct decision before proceeding with the surgery. This includes your choice of surgeon.

Question 8. What alternate procedures or products are available if I choose not to have breast implants?

Answer 8. There are no effective non-surgical means to increase breast size.

Question 9. Do you have before-and-after photos I can look at for each procedure and what results are reasonable for me?

Answer 9. Dr. Zevon will show you before-and-after photos of patients who resemble you during your consultation. He will try to demonstrate what expectations are reasonable for you in breast augmentation surgery.