



BREAST AUGMENTATION SURGERY INFORMATION



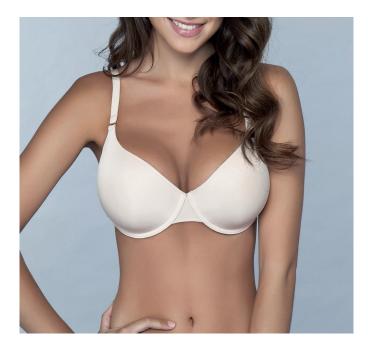
This general guide is for patients undergoing breast augmentation (enlargement) under the care of Dr. Matteo Vigo. It should help clarify some questions that you may have. Many factors may influence your individual operation, your recovery and the long-term result. They include your overall health, your chest size and body shape, previous breast surgery, any bleeding tendencies that you have and your healing capabilities, some of which will be affected by smoking, alcohol and medications. Issues specific to you need to be discussed with Dr. Vigo and are not covered here. Please feel free to ask him any further questions before you sign the consent form for the operation.

WHAT TYPE OF IMPLANT WILL I HAVE?

Breast implants come in different shapes and sizes and whilst almost all consist of an outer casing of silicone, different materials or fluids are used to fill them. The various implants can also have different surfaces and many different implant manufactures are available. As Dr. Vigo specialises in plastic surgery of the breast, he will recommend a particular implant to you based on your initial consultation and any subsequent discussions. Each patient is treated as an individual and a single type of implant is not appropriate for all patients.

Nevertheless, for most breast augmentation operations, Dr. Vigo will recommend a round silicone gel filled prosthesis. This is because they have a natural feel, produce a fuller, more desirable look to the breast, do not suffer the problem of distortion from implant rotation and have very good long term durability. The silicone filling is usually a cohesive





gel (often known as 'gummy bear' implants) rather than a liquid. Most implants that are described as 'round' actually only have a round outline from front view. They routinely have a flat back to fit against the chest wall and can have various amounts of projection forward. Hence there are a number of possible implants to fit a particular chest wall dimension.

The internal gels can be very soft like a liquid or much firmer to maintain their shape. Some implants are shaped like a tear-drop and these are more frequently used in thinner patients or for breast reconstruction. Implants can also be filled with saline rather than silicone and for breast reconstruction, 'tissue-expanders' which are a combination of part silicone filling and part saline are also used. The saline can be added to at a later date using a needle to a pre-positioned port under the skin, usually below the breast or in the axilla (arm pit).

HOW IS THE SIZE OF MY IMPLANT CHOSEN?

Dr. Vigo will discuss with you the type of 'look' that you would like to achieve. Some patients want as a natural a look as possible and others want a 'breast augmented look' with a fuller upper breast. This will help determine implant shape and size. Cup sizes are discussed but these can be inaccurate as they vary between bra manufacturers and most patients have never been formally measured. Cup size is however used as a guide to how much change is desired, although no guarantee can be given to achieve this exact amount, again because cups sizes are so variable.

Routinely, chest measurements are taken by Dr. Vigo to decide on the width and height of the implant needed. Three-dimension photography scans can also be undertaken at the time of the consultation with immediate analysis of the result. These are an excellent way of visualising your pre- operative chest wall and breast shape, together with a simulated result following breast enlargement with various implant sizes. It is important to recognise that these simulations are not necessarily

reproducible at the time of surgery, but the three-dimension scans are an excellent communication tool between you and Dr. Vigo to clarify what is desired and what is achievable.

From these discussions, measurements and scans, Dr. Vigo will recommend a range of implant sizes. This is routinely decided on at the time of the second outpatient meeting. You may try these implants in a bra, which will help narrow down the range. It is then usual for Dr. Vigo to order several sizes of implants for the operation, one either side of the recommended size. This allows the final decision to be made during the operation, thus producing the best possible result. The unused implants are returned to the manufacturer without incurring a charge.

WHAT WILL THE SURFACE OF MY IMPLANT BE LIKE?

Most Plastic Surgeons use rough-walled 'textured' silicone implants, which are thought to reduce the incidence of encapsulation requiring re-operation. The evidence for this assumption has come from our early experience with foam (polyurethane) covered implants and a major study. However, this study has been criticised by many and in the United States, smooth silicone implants are routinely used.

As a recognised expert in this area of surgery, Dr. Vigo believes that the surface characteristics of silicone implants does not necessarily affect encapsulation but may impact on the overall aesthetic result. He therefore uses both smooth and textured implants depending upon the desired result. He will inform you of his recommendation for you and why he has made that recommendation.

Polyurethane coated devices have been re-introduced into the European market for the last decade and these implants appear to convey a significant advantage in cases of revision surgery for encapsulation or in cases of breast reconstruction following radiotherapy. There are however some disadvantages in their use for routine breast augmentation and hence Dr. Vigo does not usually use them in this setting.



WHERE WILL THE IMPLANT BE PLACED?

Conventionally breast implants are placed either in a subglandular position (between the breast tissue and the muscle on the chest wall) or in a submuscular position (beneath the muscle on the chest wall). The site chosen depends on the amount of breast tissue present and the breast skin laxity. A more natural result is usually achieved under the muscle because the edges of the implant will have thicker tissue coverage. However, this does not always completely fill out the breast skin because the muscle can restrict the expansion of the breast.

A more recent approach has been to place the implant beneath the muscle, whilst freeing off the breast from the superficial surface of the muscle. This is known as a 'dual plane technique'. After the initial consultation, Dr. Vigo will advise you where he would like to place your implants and why.

WHERE WILL THE INCISIONS BE?

The most common incision used is about 5cm long and close to the infra-mammary fold (crease of skin beneath the breast). This allows good access to correctly position the implant whilst placing the scar in an area that usually heals well and is not obviously seen. Incisions can alternatively be placed in the axilla (arm pit) or around the nipple. Each incision has advantages and disadvantages,

All incisions produce scars, which usually settle down over several months. However some scars can be troublesome. Hypertrophic scars are red, raised and itchy for several months following the operation. These can be treated but often result in a wide stretched scar. Keloid scars are larger and more difficult to treat but these are extremely rare following breast augmentation.

HOW WILL I FEEL WHEN I WAKE UP AFTER THE OPERATION?

The operation usually takes one to two hours. You will then wake up in the recovery area before transfer back to the ward. It is usual to feel groggy and a little disorientated for a short period. If you have pain or feel sick, you should tell the nursing staff so that they can give you the appropriate medication. The breasts will feel sore after surgery particularly when the arms are moved, but this rapidly improves over the first few days.





BREAST AUGMENTATION GLOSSARY OF TERMS

WHAT WORDS SHOULD I KNOW ABOUT BREAST AUGMENTATION?

AUGMENTATION MAMMAPLASTY

Breast enlargement or breast enhancement by surgery.

BREAST AUGMENTATION

Also known as augmentation mammaplasty; breast enlargement or breast enhancement by surgery.

BREAST IMPLANTS

Medical devices placed in your body to enhance an existing breast size or to reconstruct your breast. Breast implants fall into two categories: saline breast implants and silicone breast implants.

CAPSULAR CONTRACTURE

A complication of breast implant surgery which occurs when scar tissue that normally forms around the implant tightens and squeezes the implant and becomes firm.

GENERAL ANESTHESIA

Drugs and/or gasses used during an operation to relieve pain and alter consciousness.

INFRAMAMMARY INCISION

An incision made in the fold under the breast.

INTRAVENOUS SEDATION

Sedatives administered by injection into a vein to help you relax.

LOCAL ANESTHESIA

A drug injected directly to the site of an incision during an operation to relieve pain.

PERIAREOLAR INCISION

An incision made at the edge of the areola.

SALINE IMPLANTS

Breast implants filled with sterile salt water.

SILICONE IMPLANTS

Breast implants filled with an elastic gel.

SUBMAMMARY OR SUBGLANDULAR OR SUBFASCIAL PLACEMENT

Breast implants placed directly behind the breast tissue, over the pectoral muscle.

SUBMUSCULAR OR SUBPECTORAL PLACEMENT

Breast implants placed under the pectoral muscle, which is located between the breast tissue and chest wall.

SUTURES

Stitches used to hold skin and tissue together.

TRANSAXILLARY INCISION

An incision made in the underarm area.

ULTRASOUND

A diagnostic procedure that projects high-frequency sound waves into the body and records the echoes as pictures.



A BRIEF NOTE FROM DR MATTEO VIGO



I decided to become a doctor at early age but I was not aware of the world of Plastic Surgery. Once I have discovered it I fell in love with the whole concept behind and how this field of Medicine can be helpful for many people.

I passionately believe that, in order to improve the physical aspect of a patient, the plastic surgeon needs to combine the principles of art and science, adopting a global approach to understanding the individual desires. Plastic Surgery is a truly fascinating, dynamic, constantly evolving field of medicine and I believe that the role of a Cosmetic Surgeon is unique and highly privileged.

My main goal is to understand the needs of a patient and try to transform their desires into reality. The role of a plastic surgeon is not only merely surgical but also supportive in the decision process of the best treatment to help patients finding theirselves and their wellbeing.

All these steps are taken into consideration once a person walks in my office and the service I am offering them is always at the top. I am combining experience, quality and professionality to evaluate each single case and offer the best solution for my patients.

"Because you deserve the best" is my motto and I want always to put the patient at the centre of what I am doing.

You have to feel pampered, understood, listened, loved once in my office and the feedback of this feelings from my patient is my best satisfaction.

Dr Matteo Vigo



BREAST AUGMENTATION DUBAI

Click **here** to learn more about Breast Augmentation Dubai.

To book a Breast Augmentation consultation with Dr Vigo, please contact us today.

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Locations

AMWAJ POLYCLINIC

Building P11 Jumeirah Beach Residence Dubai

HEALTHBAY POLYCLINIC

Al Wasl Road, Verve Villas Umm Al Sheif Dubai

BIOSCIENCE CLINIC

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