



Actual Patient

# Total Guide to Breast Enlargement & Breast Lift

by Dr Fee Lai

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Disclaimer: While every effort has been made by Dr M.F. Lai to ensure accuracy of this guide, no responsibility and/or liability will be accepted for errors or omissions. The information here has been compiled from studies into silicone breast implants and generally widely accepted surgical practice. Risks and benefits of having the operation must be discussed with Dr Lai before undergoing the procedure.



Dr Lai graduated in Medicine from the University of N.S.W. in 1972. After internship he trained in general surgery. Following further examinations, he was in 1978 awarded Fellowship of the Royal Australasian College of Surgeons and Fellowship of the Royal College of Surgeons of Edinburgh. Dr Lai was then recognised as a specialist surgeon by the Health Insurance Commission of Australia.

Dr Lai undertook further training in plastic surgery for another three years in Sydney and in Bristol in the UK. He returned to Sydney in 1982 and started a private practice in plastic surgery. Dr Lai was appointed as a visiting plastic surgeon to Westmead Teaching Hospital, Concord Teaching Hospital and Auburn District Hospital. During the early years, he practised reconstructive as well as cosmetic plastic surgery.

About 15 years ago, Dr Lai changed his practice profile by performing only cosmetic plastic surgery.

Breast enlargements and breast lifts are operations Dr Lai has performed regularly over the last 25 years. He has appeared on TV programs such as Good Medicine and Sex Life performing breast enlargement operations.

This comprehensive guide has been compiled from over 25 years of Dr Lai's experience in breast enlargement and breast lifts. After reading this guide, you should have a very clear understanding of these procedures. For women wanting breast enlargements or breast lifts, reading this guide should be an important part of preparation towards having these operations.

Please remember that to have a complete understanding of breast enlargement or breast lifts, you should still seek an appointment to see Dr Lai. So after reading this guide, call Dr Lai on 02 9222 9333 to organise an appointment.

Welcome to this guide to breast enlargement and breast lift. This guide is an update to the previous Special Report on breast enlargement. The subject of breast lift has been added because of the increasing number of women who want this procedure on top of breast enlargement.

There is no need to feel guilty about wanting a breast enlargement or breast lift. It will be explained to you why many women request to have these procedures carried out. In the majority of cases the reasons are very valid.

Since the 1960s, millions of women all over the world have had these operations. The majority have expressed great satisfaction with their results. Many have experienced significant improvement in their self-esteem with a boost in their self-confidence. Read more about breast enlargement and breast lifts in this guide.

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## The Significance of Your Breasts

The emotional significance of your breasts is especially important to you.

Your breasts are among your most valued physical possessions. It is because they are the most obvious and prominent external signs of you being a woman. They symbolise the special female role of being a mother and associated maternal feelings. They are also an important part of female sexuality, being a source of sexual and erotic pleasure.

Your breasts are therefore the emotional symbols of your pride in your femininity, sexuality and motherliness. These are either closely related or represent an important part of your body image, self-esteem and your self-confidence.

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## Situations When and Reasons Why Women Want Breast Enlargement

Young girls with small breasts are usually embarrassed and develop anxiety about whether their breasts will grow bigger. Often they suffer shame by being teased at school for not being a woman. They develop a fear of not being able to establish a meaningful relationship with boys. Subconsciously this “baggage” is often carried into their adulthood.

After breastfeeding or weight loss, the breasts may shrink in volume and droop slightly. Comments from so called “friends” like: “where have your breasts gone?” or “so, you have empty bags now” do not help. Bitterness can result because of not looking as attractive or being as youthful as before. There is always the fear of the partner or husband going off with another woman. This leads to insecurity or loss of self-esteem and confidence.

For some ladies with small breasts they are unable to fit into bikinis or other swimwear. Instead they resort to wearing T-shirts whenever they are at the beach or around the pool. Some don't even venture into these areas and give all sorts of excuses when invited by their friends to pool parties or the beach. For mothers with children wanting to go to the

beach or pool parties, conflicts arise because excuses eventually run out.

Many small breasted women have felt shame or embarrassment undressing in front of their partners. Instead they undress only in the dark. Some even continue to wear their bras while being intimate with their partners. Often these women long to be able to buy and wear attractive lingerie.

Another problem small breasted women face is the buying of clothes. Usually the top is too big when the bottom half fits, or the bottom is too small when the top fits. They resolve to wearing padded bras or “falsies” to compensate for the problem. There is a great deal of inconvenience with dressing, undressing and picking the right clothes.

It is well known that 100% of breasts are uneven between the left and right sides. However some women have very uneven breast sizes and shapes with very significant size difference between the left and right side. They resort to padding the bra on the smaller side with foam, socks or “falsies”. Breast enlargement to the smaller side or the use of different size implants for both sides can help in such cases.

Such situations mentioned above have led many women to have breast enlargement. Many have transformed themselves and look fabulous. You may have similar experiences like the above situations.

In summary the following are the reasons you are considering breast enlargement.

- ▶ You are bothered by the feeling of having small breasts.
- ▶ You feel self conscious and embarrassed in swimsuits and form fitting tops.
- ▶ Clothes fitting your hips are too large for your bust line.
- ▶ Your breasts have become smaller and loose since having children.
- ▶ Weight loss has altered the size and shape of your breasts.
- ▶ One of your breasts is noticeably smaller than the other one.

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## When Should Breast Enlargement Be Avoided?

If you have the following conditions you should not have breast enlargement.

1. A history of recurrent breast cancer.
2. A history of other cancer that has spread.
3. Fibrocystic disease of the breast.
4. A history of sensitivity to foreign materials.
5. Previous failed breast enlargement procedures.
6. Infection of the breast.
7. Active infection elsewhere on the body.
8. Drugs, which interfere with blood clotting.
9. Psychological or psychiatric illnesses.
10. Serious medical conditions.
11. Wanting breast enlargement to satisfy your partner.
12. If you suffer from connective tissue diseases such as Lupus or autoimmune diseases, there may be increased risks of complications such as flare ups or infections.

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## About Silicon and Silicone

Silicon is one of the most common elements on earth, forming part of rocks and sand. All of us humans carry some form of Silicon in our bodies. Silicone is a man made plastic made from Silicon, oxygen and other elements. It can be in the form of liquid, gel or solid. It is used extensively in cosmetics, food preparation, medicine and medical devices like artificial joints and breast implants.

Silicone is regarded as one of the most compatible material for implanting into the human body. Reviews of recent research and scientific literature have shown no convincing evidence that Silicone gel filled breast implants causes cancer. Nor do they cause connective tissue diseases such as Scleroderma, Systemic Lupus Erythematosus, or Rheumatoid Arthritis.

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## What Are Breast Implants Made Of?

Currently, breast implants that are approved for use in Australia are made of a silicone bag (known as casing, shell or envelope) that is filled with cohesive silicone gel or saline (salt water). In Australia, cohesive silicone gel implants are now the implants of choice. Over the years, technology has advanced significantly, resulting in development of new generation breast implants.

Modern day breast implants are now manufactured under strict quality control with a thicker casing containing the cohesive silicone gel. This thicker silicone casing reduces the chance of gel leakage (gel diffusion), implant rupture and hard capsule formation. The cohesive silicone gel is semi-solid, which does not flow like a liquid when the implant is sliced for demonstration. The gel also feels quite natural like ordinary breast tissue.



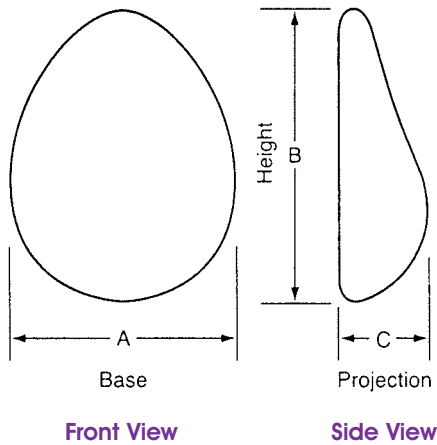
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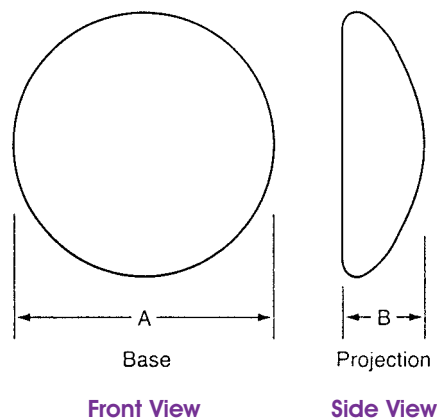
# The Shapes of Breast Implants

The shape of the breast implant is either round or tear drop, with different base widths and projections.

## Teardrop Implant



## Round Implant



Round implants have a round base. In round implants with the same volume, the width of the base determines the projection (profile) of the implant. The narrower the base is, the higher the projection (profile of the implant).

Tear drop (anatomical) implants look like a tear drop when viewed from the side.

The upper half of the implant is flatter and the lower half is fuller. Tear drop implants come with different bases and heights, which affect their projection (profile). The surface of all tear drop implants are textured. There are markers on the surface of the tear drop implants to guide the surgeon to align the implant in a correct position.

After breast enlargement, there is always a risk of the breast implant rotating (spinning) in its pocket (space). When a round implant rotates, the shape of the breast is still the same. However, when the tear drop implant rotates, the shape of the breast

will become distorted. There is the very small risk of this happening. The textured surface of the tear drop implant, use of drains and wearing of stabilizers after the operation helps prevent this rotation from happening.

Tear drop implants also have a slightly lower incidence of capsular contracture (thick scarring around the implant). This is because of its shape and its textured surface.

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## Selection of Implant to be Used

The selection of the breast implant to be used is dependent on the dimensions of your breasts, the shape of your breasts, your skin elasticity and thickness as well as your expectations of the breast shape you want.

For example, if you want to have a fuller upper half of your breast, then a high profile round implant is generally used. If you have more breast tissue in your upper half of your breast with a very short distance between your nipple and your lower breast crease, then you may require a tear drop implant. This is to expand the lower half of your breast in order to achieve a more aesthetically pleasing look.

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## The Surface of the Breast Implants

The surface of the breast implants can either be smooth or rough (textured).

Textured surface implants have a slightly lower incidence of capsular contracture (thick scarring around the implant) compared to the smooth surfaced implants. However, there is a higher incidence of rippling of the breast when textured implants are used.

Nowadays, the risk of surgery to correct capsular contracture is about 5%. This is a significant decrease compared to many years ago when liquid silicone gel implants were used. Surgery for capsular contracture may not necessarily prevent it from happening again. Nowadays, when capsular contracture is first detected, medications are first used to try and soften the hardening. If this is not successful, then surgery can be considered.

Currently, the silicone casings are made much stronger and thicker than the original silicone implants from years ago. This is to lessen the chances of gel leakage, implant rupture and capsular contracture.

The cohesive silicone gel inside the casing is not like a liquid silicone from years ago. It has the consistency of 'Turkish Delight' and feels more natural like breast tissue. When the implant is sliced in half for demonstration, the cohesive gel tends to stick together and does not flow like the liquid silicone.

Generally, the gel in the tear drop implant is of a firmer consistency because the shape has to be maintained. The gel in the round implants is generally softer, so that in an upright position the gel falls downwards to try and form a tear drop shape.

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## A Word About Saline Breast Implants

Saline breast implants are implants with a silicone casing that is filled with saline (salt water). They are heavier than cohesive gel implants and tend to feel firmer and different to the breast tissue. It is therefore harder to sleep on your front and they often feel cold.

Saline implants have a very high incidence of rippling, which can be visible. This results in a very unsightly appearance of a wrinkled breast. Try holding a balloon filled with water by your fingers and you can see a similar effect.

There is also a very high chance for saline implants to deflate suddenly. When this happens on one side, you end up with lopsided breasts. There is an urgency to replace the implants with another operation.

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## Life Expectancy of Cohesive Gel Breast Implants

In life, nothing can last forever. The life expectancy of these breast implants is influenced by the reaction of your body to the implant, the lifestyle you lead and also your occupation.

You will probably get about 10 years or more in the life expectancy of the cohesive gel breast implants. However, if there is no change in the shape of your breasts, no evidence of rupture or capsular formation, there is no need to change the implants. This is despite however long the implant has been in the breast.

In general, if you have your breast enlargement at a younger age, then you have to prepare yourself for at least one change of implants in your lifetime.

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## Incisions (cuts in skin) For Breast Enlargement

There are three possible incisions through which the breast implant can be inserted.

### 1 Inframammary

This is along or below the breast crease where the breast meets the chest wall. Usually, it is 4-5cm in length.

It is the most popular incision and is used by Dr Lai. It allows good exposure of the space (pocket) to be created to place the implant in. Bleeding can be easily controlled because of the good exposure.

The resultant scar in the crease usually fades in time.

### 2 Periareolar

This is a semi circle at the border of the areola (the pigmented skin surrounding the nipple). The size of the areola limits the size of the implant that can be inserted. There is also an increased risk of nipple sensation loss as well as distortion in this incision. Dr Lai rarely uses this incision.

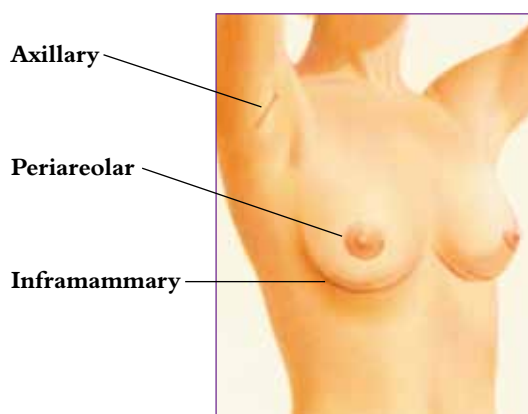
### 3 Axillary

This is an incision in the armpit. There are certain disadvantages with this incision, which have influenced Dr Lai not to use this incision on a regular basis.

The eventual scar if it does not fade, can be obvious when the arms are raised. If you have olive or darker skin, the scar can become pigmented and very obvious, preventing you from wearing short sleeve dresses.

If bleeding occurs, it is much harder to control because of limited exposure. It may require a separate inframammary incision to allow control of the bleeding.

Bruising is far more common with this approach to inserting the breast implants.



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## Drains

Following surgery, there is still some oozing of body fluid and a little blood into the breast pocket. This causes swelling and in turn, more pain. To remove the fluid and lessen the pain, drains are used after the operation.

Drains are small tubes put through the skin with one end in the breast implant pocket and the other in the suction container. These drains are left for removal the next day. Drains are especially important when tear drop implants are used. This is to lessen the chances of the implant rotating with removal of the excess fluid. Removal of the fluid will allow the implant to fix itself in the correct position.

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## The Space (Pocket) Where the Implants are Placed

There are two spaces where the implants can be placed.

### 1. Prepectoral (sub glandular) space.

This space is directly behind the breast tissue and in front of the pectoralis muscle. There is a variation in this method. On top of the pectoralis muscle, there is a thin but strong layer of tissue known as the fascia. This fascia can be separated from the muscle in its upper half and the implant placed behind this layer. This is known as subfascial space. It is still in front of the pectoralis muscle. The main advantage of using this space is to use the fascia to provide additional cover to the top half of the implant. This is to try to lessen the implant edge showing in the upper border of the breast.

### 2. Subpectoral (sub muscular) space.

This space is behind the pectoralis muscle and in front of the rib cage. There is a variation to this known as dual plane pocket. Here, the lower half of the breast tissue is separated from the muscle. The muscle underneath the breast is then allowed to slide upwards, so the implant ends up being behind the muscle in the top half and behind the breast tissue in the lower half. This will allow expansion of the lower half of the breast when it is especially important to do so.

There are pros and cons to the use of either space. Whether one or the other is to be used, depends on the breast shape you want, the thickness and tone of your skin, the bulkiness of your breast tissue, the thickness of your pectoralis muscle and the type of implant to be used.

## PREPECTORAL PLACEMENT – ADVANTAGES AND DISADVANTAGES

### ADVANTAGES

1. The upper half of the breast will become fuller, as desired by some women.
2. The implants can be placed closer to the middle. This lessens the gap between the breasts.
3. There is less pain post operatively.
4. There is less chance of a ‘double bubble’ occurring.
5. There is less chance of movement with muscle action and there is no loss of muscle power.

### DISADVANTAGES

1. In thin women, the implant edge may show in the upper border of the breast. The use of subfascial space may lessen this to some degree.
2. Rippling of the implant may also show in thinner women.
3. There is a slightly higher chance of capsular contracture (implant hardening).
4. There is increased risk in loss of sensation to the nipple areolar region.

## SUBPECTORAL SPACE- ADVANTAGES AND DISADVANTAGES

### ADVANTAGES

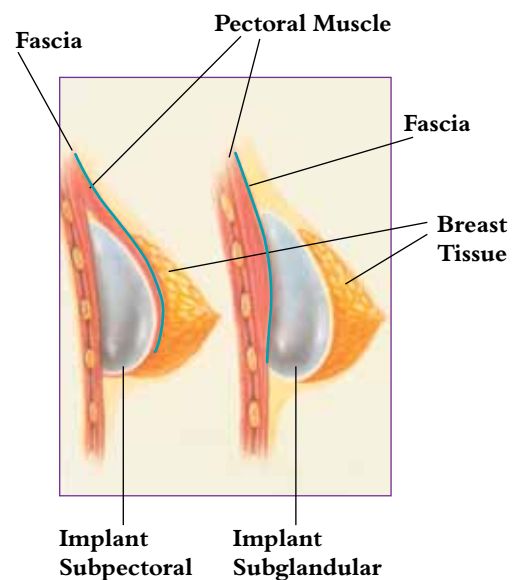
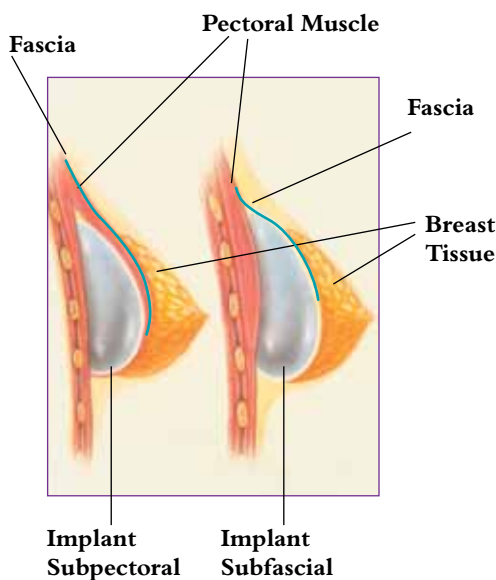
1. There is less chance of implant edge showing in the upper border of the breast.

2. The upper half of the breast tends to be flatter, as desired by some women.
3. There is a slightly lesser chance of capsular contracture (implant hardening).
4. There is less chance of loss of sensation to the nipple areolar region.
5. The chances of rippling of the implant showing in the upper half of the breast is also lessened.

### DISADVANTAGES

1. The implant may move upwards with excessive muscle action, especially in body builders.
2. There is also the remote chance of implant rupture with excessive muscle action.
3. There is a slight loss of power, which can affect your performance as an active sports person, for example, swimming.
4. Because of the muscle attachments, it is not possible to place the implants closer to the middle. This may cause the appearance of a wider gap between the breasts and may affect the chances of getting cleavage.
5. If the implant is not big enough to expand the muscle, the breast tissue may roll on top of the muscle, causing a ‘double bubble’ effect.
6. There is more pain postoperatively.

The above influencing factors can only be assessed and determined by Dr Lai at the time of consultation. Therefore selection of breast pockets can only be determined after Dr Lai has examined you.



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## Limitations in Getting Attractive Looking Breasts After Breast Enlargement

The shape and size of the breasts and chest is different from one woman to another. They are even different between the left and right sides in the same woman. Despite that, most breast enlargement usually results in not only larger but also attractive looking breasts.

However sometimes the original shape of the breast or chest and the differences between the left and right sides will not give the usual pleasing looks after breast enlargement. Compromises may have to be made to give the best possible result.

For example the tubular breast which looks like an ice cream cone. Here the base is narrow and the distance from the base to the nipple is long. Then there is a breast where the nipple areola is not centered on the breast mound. Next is the breast with a very small base with very little breast tissue. In such instances the selection of breast implants and their placement is very important to try to lessen the chance of the double bubble effect.

Sometimes further operations are required to improve the shape of the breast. Occasionally tissue expanders may need to be used first, before insertion of final implants.

In just about every woman there is a difference in appearance between the left and right breast. This could be due to the differences between the left and right chest wall (rib cage). One side might stick out more than the other side. The breast volume and shape is also different between the left and right sides. The skin tone and muscle tension is also different between the left and right sides. Sometimes after breast enlargement the difference will be even made more obvious. If the differences between the left and right sides are very obvious then different size implants may have to be used to try and even out the appearance where possible. Even then the breasts may still look different between the left and right sides after surgery. In other words it is impossible to match the left and right breasts exactly with breast enlargement.

The gap between the breasts may be wide before the enlargement. In such cases this situation will remain the same, or the gap may be even more noticeable after breast enlargement. Cleavage in such cases is harder to achieve especially if the skin in this area

(the breast bone) is thin. When implants are placed behind the muscle in such situations the gap may appear even wider and cleavage is even harder to achieve. This is because the muscle attachments prevent the implants to be placed closer to the middle of the chest. In general cleavage can only be achieved when wearing a bra to bring the breasts together.

Sometimes the breastbone sticks out significantly. This condition is known as the 'pigeon' chest. In such cases the gap between the breasts will always look wide. Cleavage is extremely difficult to achieve in this situation. Sometimes the breast bone dips in especially in the lower half. This is known as the 'stove-in' chest. The end result is usually a deep gap between the breasts. Very occasionally, if the chest wall curves inwards towards the middle the breast implants will tend to move inwards as well. This can result in the appearance of no gap between the left and right sides.

Some women are very thin. Here, there is a possibility of being able to feel the edge of the implant or in some cases seeing the wrinkles of the implant.

When a breast is too droopy, breast enlargement alone will not lift the breast. A breast lift will need to be done.

Despite the limitations mentioned, the majority of patients with these limitations have been very happy after breast enlargement. Perhaps this is because they have been made aware or are aware of these limitations.

It is therefore important for you to see Dr Lai for a consultation to have a realistic idea of the possible outcome from breast enlargement.

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## The Risks and Possible Complications

With all things we do in life, there are always associated risks and complications. What is about to be described here is not meant to frighten you but to make you aware of the possibilities. It will also better prepare you for the operation. This is no different to being conscious of the risk you take when crossing the road, driving a car, flying in an aeroplane or skiing downhill.

Because breast enlargement is a totally elective operation, you must be in good health before going ahead with the procedure. Eat healthily with plenty of fruits and vegetables, keep fit and have plenty of rest. Should you have some illnesses like the flu before the date of the operation Dr Lai will postpone the procedure until you have recovered fully.

Dr Lai also believes in the role of nutritional supplements because the majority of the population do not have a decent diet. Anything to improve your health with the optimal use of vitamins, minerals, antioxidants and phytonutrients would be of benefit in assisting your wound healing.

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## General Risks

- 1. Smoking.** Smoking increases the risks of all potential complications. This includes chest infections and poor wound healing. You should stop smoking three weeks before and three weeks after the operation.
- 2. Anaesthesia.** General anaesthetic, whereby you are completely asleep is usually used. Sometimes, local anaesthetic with sedation (twilight sedation) is preferred.

Although anaesthesia nowadays is very safe and effective, there are still some risks present, including death and brain damage. Fortunately, this is extremely rare with a rate of 1 death in 50,000 cases.
- 3. Chest infection.** This would be very uncommon if you are healthy before having the operation. There is naturally an increased risk if you are a smoker or if you suffer chest infections, such as uncontrolled asthma. Antibiotics are used as a precaution during and after the operation.
- 4. Deep vein thrombosis.** This is due to clots developing in the legs. Not moving your legs is usually the cause and although the occurrence is low it can be life threatening. Precautions, like

leg compression are used during the operation. Following the procedure, you will also wear compression stockings, which need to be worn until you mobilise properly. It is therefore important to move your legs as soon as you recover from your anaesthetic.

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## Specific Risks

- 1. Bleeding.** Although very uncommon, bleeding in the implant space can result in blood clots, called a haematoma. This needs to be removed and the bleeding stopped. The procedure will need to be carried out under general anaesthetic in the operating theatre. The final result of breast enlargement will not be affected. The risk of this happening in the first 24 hours is about 2%.
- 2. Infection.** Again, this is a rare event but the consequences can be serious. The predisposing factors include: diabetes, heavy smoking, poor diet, severe mental stress and being run down with poor body resistance. Measures like antibiotics are used during and after the procedure. If an infection occurs and cannot be controlled, the implant will either push out through the wound or it needs to be removed. Another attempt at breast enlargement can be carried out after six months. This is to allow the body to recover fully.
- 3. Bruising and swelling.** These are unavoidable after surgery and may take up to three weeks to settle down. The degree of bruising varies in different individuals.
- 4. Scarring.** Usually the scars start to fade nine months after surgery. Occasionally, the scars become thick and itchy. This is called a keloid and it occurs more in women with pigmented skin. Different steps like silicone sheet compression or steroid injection into the scar may be required to improve the scarring.
- 5. Nipple sensation.** On rare occasions, the nipple becomes totally insensitive. However, there is a significant percentage of women, whose nipple feeling can become either less sensitive or even more sensitive. Such feelings should settle over the course of six months or so.
- 6. Nerve injury.** Occasionally, the nerve that supplies sensation to the inside of the upper arms gets injured. This leads to pain and loss of sensation in this area. Usually, these sensations settle after six months or so. Very rarely, would the nerve controlling the movement of

the shoulder blade be injured. If this happens 'winging' of the shoulder blade results.

7. **Pain.** The degree of pain varies from individual to individual. Dr Lai uses a technique that reduces the pain very significantly when you wake up from the anaesthetic. Injections or tablets for pain relief are provided for your comfort. The pain should subside after about two to three days.
8. **Capsule contracture** (the implant hardening). After insertion of the implant, the body always forms a scar tissue around it. It feels more like a soft lining. Occasionally, this lining will start to thicken and shrink. The breast implant then feels firm and may eventually go hard. It is then known as a capsule contracture. This can happen within months or years and it may happen on one or both sides spontaneously. The exact reason is not known, but it could be related to silicone gel leakage, minor bleeding or blood borne infections (such as flu, urinary tract infections or any other infections on your body). When detected initially, while it is starting to get firm, it can be treated by taking an oral medication (normally used for asthma). When this medication is taken for six months, the majority of cases have some degree of softening of the firmness. This does not work as well when the implant is rock hard and painful. In 5% of cases, breast implants feel rock hard and painful as well as distorted. Removal of the breast implants and capsules surgically is then indicated with replacement of the implants. There is no guarantee that the capsule contracture will not develop again later on. Additional costs like hospitalisation, anaesthetist's cost, implant cost and surgeon's cost will be involved. It must be remembered that new generation implants have resulted in a dramatic decrease in the incidence of capsule contracture when compared to the earlier models. As a matter of precaution, if after breast enlargement you develop some form of blood borne infection, then you will require antibiotics to be prescribed. This applies similarly if you are about to have procedures that may lead to infection, just like extensive dental work on your teeth.
9. **Stretch marks.** Stretch marks may appear a few months after the implant surgery. They will be red initially but eventually will subside into white marks. When stretch marks are present before breast enlargement, they sometimes become more visible after the procedure. This is dependant on the colour of the stretch marks and the surrounding skin. Similarly, stretch marks can also sometimes become less visible after breast enlargement.
10. **Calcium deposits.** These can form in the scar tissue around the implants. When detected by mammograms, these deposits may require removal for further examination.
11. **Seroma.** This is a collection of fluid around the implant. Although rare, it can occur after surgery, injury or even vigorous exercise. Usually, this occurs with textured surface implants. The fluid if of very significant volume, may require removal by another operation. Additional costs will be involved.
12. **Clotted veins.** Very occasionally, small veins on the surface of the breast and also underneath the breast become clogged with blood clots and look like cords. These can be very tender to touch. However, they usually settle by themselves within three months.
13. **Rippling of implants and skin wrinkles.** Most implants develop some minor ripples. Often these minor ripples cannot be felt at all if you have enough breast tissue or body fat to cover it. However, sometimes major ripples develop. If the overlying skin is thin, then these ripples can be easily felt or worse still, appear as skin wrinkles. Particularly, it is more prominent on the outside edge and underneath the breasts. Rippling is far more common in saline implants, as well as implants with textured surfaces.
14. **Palpable edge of the implants.** When the overlying skin is thin, the edge of the implant can be felt. This is especially over the lower and outer borders of the breast. Occasionally, the edge of the implant folds over on itself. When this happens, the edge is more easily felt. If this becomes uncomfortable, re-operation may be necessary. Additional costs will apply.
15. **Lumps and cysts.** These can form also in breasts that have not been enlarged. If they occur after breast enlargement surgery, they may require removal for examination.
16. **Rupture of implants.** This can happen for no apparent reason at all or may occur after an injury. The breasts may become distorted in shape. The rupture is usually detected by a mammogram and ultrasound. An operation to change the implants is recommended. Additional costs will apply.
17. **Gel diffusion.** Microscopic amounts of silicone can escape through the casing into the body. This does not appear to cause any problems for the breast implant or the woman's

general health. However if this is detected then removal and replacement with new implants is recommended. Additional costs will apply.

- 18. Granulomas.** Sometimes when the implants ruptures or leaks, the silicone can cause small lumps to form in the breast tissue. These are not cancerous but should be removed for examination if there are any concerns. Again removal and replacement of implants is recommended. Additional costs will apply.
- 19. Chest wall deformity.** Minor deformities of the chest wall can occur after breast enlargement. This is of no serious consequence.
- 20. Implant shift.** When implants are placed underneath the muscle, the implants can move upwards or sideways when the muscles are tensed. The larger the implants are, the more there is an increased chance of the breast implants moving downwards or sideways. It may happen in the matter of months or years. Poor skin tone is often responsible for this. Implants can also shift into abnormal positions when 'push-up' bras are worn too early (within 2 months of the procedure). Similarly, wearing tight clothing can also cause the implants to move into abnormal positions if worn too early. Capsule contracture can also cause shifting of implants into a different position. When implants have shifted to a different position re-operation may be required to correct the situation. Again, additional costs will apply.
- 21. Mammograms, ultrasounds and MRI.** It has been recommended that women after the age of 40 should have regular mammograms as a screening process for breast cancers. For some with a family history of breast cancer this investigation is recommended at an earlier stage. Women with breast enlargement should still follow the above recommendations. The X-Ray technician must be informed about the presence of breast implants before mammograms are performed. Non-compression mammograms can then be carried out. All breast implants interfere with mammograms. There is always the possibility of delayed or misdiagnosis of breast cancer. Therefore, ultrasound investigation or even MRI (magnetic resonance imaging) investigations may be required additionally.
- 22. Breast cancer.** For many years, there has been no evidence of breast enlargement increasing the risk of breast cancer. Only recently (May 2009), there have been sporadic reports of the possibility of a rare form of tumour that may be associated with breast implants. This is

called the T cell lymphoma. The tumour is low grade and is treatable with radiotherapy and chemotherapy. About 30 cases have been reported around the world so far and there have been no reported deaths. The incidence is not statistically significant. It is also not quite sure whether this tumour is actually some form of inflammation. The average time of this presenting is between 5 to 7 years. The presentation is usually with a very sudden increase in the size of the breast or fluid gathering in the breast pocket.

- 23. Birth defects.** There has been no evidence that breast enlargement causes birth defects.
- 24. Breastfeeding.** It is still possible to breastfeed with breast enlargement. However, the longer you breastfeed it is more likely your breasts will droop after you stop breastfeeding. This is due to the prolonged engorgement of your breast tissue.
- 25. Pregnancy effects.** This is totally unpredictable. Your breasts may or may not increase in size significantly and if your skin tone is poor, then the breast will probably not return to its previous shape and become droopy.
- 26. Asymmetry.** 100% of all breasts are uneven. This means there is always a difference in size and shape between the two breasts. Sometimes with the use of similar implants the unevenness will be more apparent. Even with the use of different sized implants to try and correct the differences between the breasts, there will always be a difference. The two breasts will never match exactly.

It must be remembered the nipple position on the chest, the position of the entire breast on the chest, the fold of the breast, the crease underneath the breast and the chest wall itself is always uneven between the left and right sides. The skin tone and muscle tone can also vary between the left and right breasts. That is why there is never an exact match of the left and right breasts after breast enlargement.

- 27. Breast shape.** The basic shape and configuration of the breast will be similar to the current appearance and will not change drastically in general, but will be larger.

In cases that look like tubes (tubular breasts) other measures to correct this shape may be required and will involve incisions around the areola. It may require 2 or 3 stages of separate operations.

If your breast mounds are elliptical in shape or situated higher up on the chest, the crease

underneath your breast may also be high. The distance between the nipple and the crease is also usually short. In such cases creation of a new crease is required with the incision being placed lower. However the original crease will take time to expand and the lower half of the breast may be flat and the upper half may be full for quite a long period of time. The use of teardrop shape implants is applicable here in order to try to expand the lower half of the breast. This is to try to create a better-looking shape breast. However it must be remembered that this may not be achieved in all cases.

**28. Breast size and selection of implants.** It cannot be guaranteed that you will have an exact breast cup size after your surgery. An approximate size can only be predicted during your breast sizing.

The selection of implants is very important. You will be sized and you will have a rough idea of what you will look like during the sizing procedures. You will then select the final size and shape of the implants before surgery. If you leave the decision up to Dr Lai, then he will make the decision at the time of operation. Any re-operation involving change of implants will incur additional costs.

**29. Negative comments.** Negative comments from family and friends are to be totally disregarded. These comments are often said because of jealousy. Your friends and relatives are not experts. You have the operation for yourself and not for them.

**30. Guarantees.** There is absolutely no guarantee that you will be happy or satisfied with the result of the breast enlargement procedure. There is always that remote possibility that you will feel unhappier after your breast enlargement procedure.

Despite all measures to achieve the desired breast size and pleasant looking breasts, there is no guarantee that this can be obtained. This is despite the meticulous techniques taken. Surgery is not an exact science and the results can vary.

Having said this the majority of women are generally very happy following the procedure. You must take steps to understand both benefits and risks before proceeding with breast enlargement.

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## Your Personal Consultation With Dr Lai.

At this time you will be able to let Dr Lai know of your reasons for wanting to have breast enlargement. You will be encouraged to express what breast size and shape you would like to have. For example whether you want to have a B, C or D cup size, whether you want to have fuller or flatter top half of your breasts. You will be free to discuss all other issues you have in relation to the appearance of your breast.

Following routine questioning of your medical history and physical examination, Dr Lai will explain in detail what the procedure involves, the risks and benefits as well as realistic expectations of the results.

Your breasts will then be sized to give you an idea of what size and shape implants are to be used. You will be able to see, touch and feel samples of such breast implants.

A written quote will then be given to you informing you about the total cost of this procedure.

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## Preparing for Surgery and After-Care

Having decided to proceed with breast enlargement you should take note of the following:

- 1. General health.** You should be in the best of health before surgery. A diet rich in fruits, vegetables and lean meat is encouraged. Nutritional supplements containing multivitamins, trace minerals, phytonutrients and antioxidants in optimal doses are recommended.  
  
You should avoid blood-thinning medications like Aspirin, anti inflammatory drugs, or high doses of vitamin E and some herbal supplements 3 weeks before the operation. You must inform Dr Lai about all medications you currently take.  
  
If you feel unwell on or just before the day of the operation, your operation will be postponed until you have recovered.
- 2. Smoking.** You should cease smoking 3 weeks before and 3 weeks after the operation. Smoking increases the risk of infection and impairs wound healing. If these happen, serious complications will result.
- 3. Fasting.** You must fast (no eating or drinking) six hours before the operation. The hospital will inform you in detail after you have booked in for the operation.
- 4. Clothing.** Bring in loose-fitting clothing with buttons on the front (blouses or men's shirts) so that you do not need to lift your arms above your shoulders to slip into your clothing.
- 5. Hospital stay.** The stay is overnight with the drains removed the next day after surgery.  
  
Sometimes a request to go home the same day of the surgery is allowed, but only in special circumstances
- 6. Time off work.** This depends on the type of work you do. Usually 2 weeks is enough except if you do significant heavy lifting.
- 7. Driving the car.** Usually you should avoid driving the car for 2 weeks. Seat belts should be adjusted to avoid pressure on the breasts.
- 8. Care of dressings.** After removal of the drains a waterproof coating will be sprayed on top of the tapes covering the wounds. You may then have a shower, but not a bath.

- 9. Bra support.** After removal of the bandages with the drains you will be placed into a boob tube dressing. Depending on the type of implants you have and the shape of your breasts, the appropriate bra or boob tubes will be recommended for you.

Do not wear underwire, 'push-up' bras or tight clothing for 2 months after the surgery. The "wire" may put excess pressure on the wound, which may be painful. The push up bras and tight clothing may cause the implants to be shifted into abnormal positions.

- 10. Sexual activity.** You should avoid having vigorous manipulation of your breasts for at least 3 weeks after the surgery. Your partner's cooperation with regard to this is important.

Actual Patient



# Breast Lift

The purpose of a breast lift, also known as Mastopexy, is to try to recreate an ideal looking youthful breast with good skin tone.

## **The ideal looking youthful breast with good skin tone.**

When lying flat this breast has the shape of a hemisphere (like a ball cut into half), with the nipple areola centred at its peak. When in an upright position the weight of the breast tissue makes the lower half of the breast fuller and upper half of the breast flatter. The nipple areola will still be centred at its peak pointing either forward or slightly tilted upwards. Therefore there will be a gentle slope from the upper chest down to the peak at the nipple before there is a slight protrusion downwards of the lower breast to where it meets the lower chest wall.

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## Situations When And Reasons Why Women Want Breast Lifts With Or Without Breast Enlargement.

The requests for breast lifts with or without enlargement often comes from women after breastfeeding or weight loss. Sometimes the request may come from women who are born with tubular looking breasts.

With pregnancy and breastfeeding as well as weight gain the breasts will be engorged. However after breastfeeding or weight loss there may be a sudden and permanent loss of breast volume. The stretched skin however, will not shrink. Instead, it becomes loose, floppy and covered with stretch marks. The breast will become droopy and this condition is known as breast ptosis. You can imagine what happens when a full balloon is deflated.

Breast ptosis can also occur with increasing age. This is due to the loss of skin tone and also breast volume. The shape of the breast is not as perky as before.

With breast ptosis the nipples and areolas are probably pointing downwards instead of being in their original positions pointing forwards. They are

also often below the lower breast creases when in a standing position.

With the engorgement of the breasts the size of the areolas are also increased. The areola size does not decrease significantly with loss of breast volume.

Because of the breast hanging over the lower breast creases there is often sweating and discomfort underneath the breast, especially in the summer time. This is often associated with rashes and unpleasant odour.

Usually there is also difficulty fitting properly into a bra. This is because of the excess skin rolling out of the bra itself.

Women with droopy and empty breasts are often very self conscious with insecurities, loss of self esteem and loss of confidence. They feel unattractive and not as youthful as before. As a result they often avoid beach or pool parties. Sometimes they even feel embarrassed undressing in front of their husbands or partners, and only do so in the dark.

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## What Can The Breast Lift Operation (Mastopexy) Do For You.

As stated earlier the purpose of the breast lift operation is to try to recreate the ideal looking youthful breast. Ideally the breast lift operation will try to achieve the following results for you.

1. Your breasts will be lifted.
2. Your nipple areolas will also be lifted as well as pointing in a forward direction instead of downwards like before the operation.
3. The shape of your breasts will also improve with the new contour being created.
4. Your breasts will also be firmer.
5. The size of your areolas will also be reduced.
6. The volume of your breasts will also be increased with the use of breast implants if necessary.
7. You will be able to fit better into a bra.
8. Usually, your self-confidence and self-esteem will also improve dramatically.

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## The Basic Surgical Technique

The breast lift operation has developed out of modern day breast reduction techniques.

Basically only the excess areola and breast skin are removed. The breast tissue is left alone and certain anchoring sutures are used to lift the breasts. With closure of the incisions, firmness of the breast can be achieved. At the same time the breast and nipple areolas are lifted.

The volume of the breast can also be increased with the insertion of a breast implant at the same time, if indicated.

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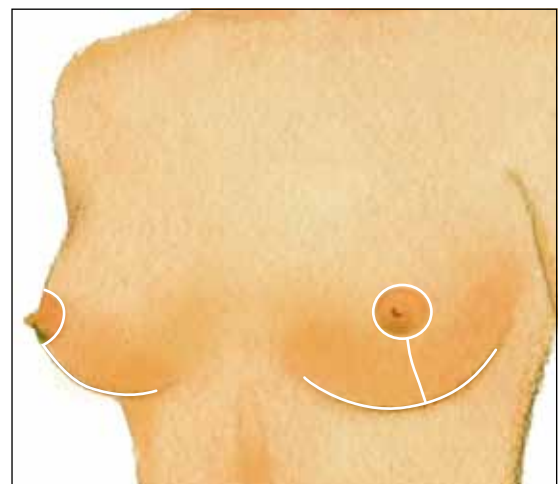
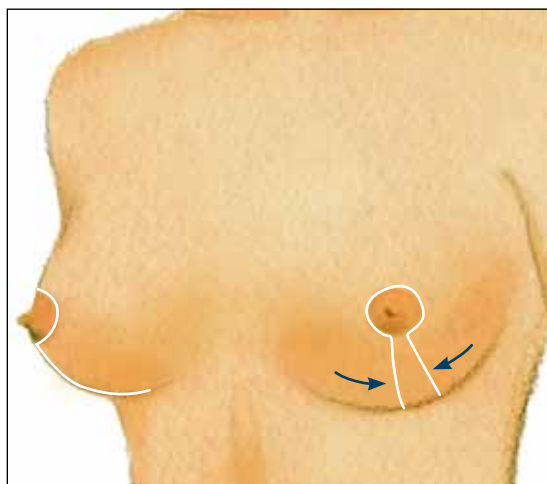
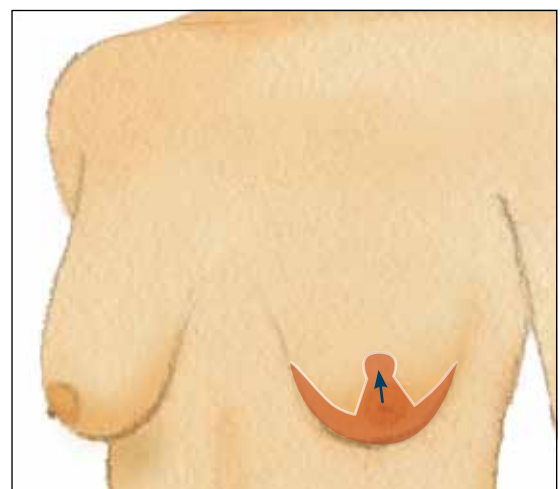
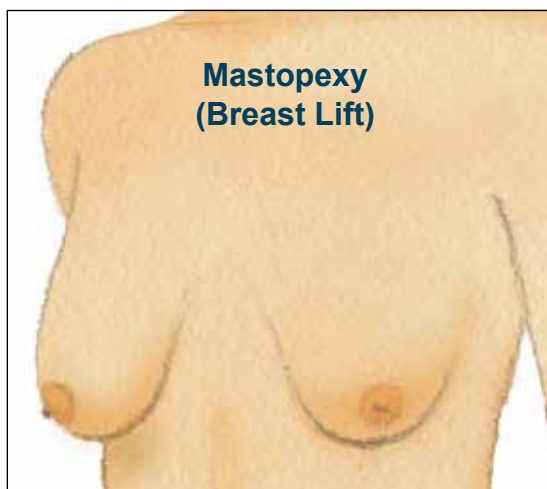
## The Resultant Scars From The Breast Lift Operation

In the majority of breast lifts, the resultant scar is an inverted T scar. This scar goes around the areola, vertically downwards from the lower border of the areola to the lower breast crease and horizontally, along the natural breast crease line.

Occasionally, when there is less skin to be removed, it is possible not to have the horizontal breast crease scar. This would result in a lollipop shaped scar.

You may have heard of another scar where it is only placed around the areola. This is the Benelli operation. Unfortunately the results are often unpredictable. The scars are less than satisfactory and the breast shape lacks projection ending up looking flat.

All breast lift or mastopexy scars are permanent. These scars will be red initially, but in the vast majority of cases, will take about a year or so to fade. Sometimes, scar revision surgery may be required if the final scars are unsatisfactory.



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## Limitations In Getting Attractive Looking Breasts After The Breast Lift Operation.

As said earlier the purpose of the breast lift operation is to try to recreate an ideal looking youthful breast. However with poor skin tone, extensive stretch marks and lax breast tissues in women who often present for the breast lift operation, the ideal result is not always possible. The plastic surgeon can only work with what he is given with. Surgery is not an exact science and results often can vary.

Despite that the majority of breast lift patients are happy with their outcome provided they are well informed and know what to expect. The majority of these patients often say that despite the scarring they are still better off than what they were before the operation.

The original shape of the breasts or the chest sometimes will not result in the ideal looking breasts following the breast lift operation. Some of these breasts have adequate breast volume and basically removal of the excess skin would be adequate. However the original shape of the breast itself can limit the ability to achieve the ideal looking breasts. This is especially in the tubular breasts whereby the base is narrow and the distance from the base to the nipple is long. Then there is the breast where the nipple areola is not centred on the breast mound. Often one or more operations are then required in stages to try to achieve the ideal looking result. Compromises often have to be made to achieve the best possible result.

Often the shape and size of the breast are different between the two sides. Sometimes the chest wall may protrude more on one side than the other side. In such cases, following the breast lift operation the breasts will still look uneven. This is despite the fact that a better shape has been achieved following the operation.

If there is lack of volume in the breast, breast implants may have to be used. It is especially important for you to read the page on limitations in getting attractive looking breasts after breast enlargement in the breast enlargement section of this guide.

There is another important limitation to be discussed. This is the high incidence of excess lower half breast fullness developing in the first 12 months following the breast lift operation. The heavier the breasts are or the larger the implants used, then

there is an increased chance of fullness of the lower half of the breast developing in the first 12 months. This is due to the fact that the original breast skin tone is already poor and the breast tissue is already lax. Despite the breast tightening procedure the heaviness or the breast implant can eventually lead to excess fullness of the lower half of the breast. This will be even worse if no support bra is worn. Often the nipple will point upwards as a result of this. One or more operations may have to be carried out at later stages to tighten the breast again. It is impossible to predict which patient will develop this condition.

Despite the limitations mentioned, the majority of the patients with these limitations have still been very happy after the breast lift or breast lift combined with enlargement operations. Perhaps this is because they have been made aware of these limitations.

It is therefore important for you to see Dr Lai for a consultation to have a realistic idea of the possible outcome from your breast lift operation.

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## The Risk And Possible Complications Of The Breast Lift (Please Refer To The Breast Enlargement Section If You Are Having An Enlargement As Well).

The majority of breast lift operations turn out very well. However, like any other activities you take part in, like driving a car or crossing the road there are benefits and risks. This is not meant to scare you but to better prepare you before you go ahead with the procedure. The main risks, possible complications and other factors are discussed here.

As breast lift is a totally elective operation you must be in good health before going ahead with the operation. Eat healthily with plenty of fruits and vegetables, keep fit and have plenty of rest. Should you have an illness such as the flu before the date of the operation, the procedure will be postponed until you have recovered.

Because the majority of the population do not have

a decent diet there is a role in the use of nutritional supplements. Anything to improve your health with the optimal use of vitamins, minerals, antioxidants and phytonutrients would be of benefit in assisting your wound healing.

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## General Risks

1. **Smoking.** Smoking increases the risk of all potential complications, including wound healing and chest infection. Therefore you should stop smoking at least 3 weeks before the operation.
2. **Anaesthesia.** A general anaesthetic, whereby you are completely asleep, is usually used. Sometimes local anaesthetic with sedation (twilight anaesthesia) is preferred. Although anaesthesia nowadays is very safe and effective, there are still some risks present including death and brain damage. Fortunately this is extremely rare.
3. **Chest infection.** If you are a smoker or suffer from other chest conditions such as uncontrolled asthma then the incidence would be increased. Routinely antibiotics are used as a precaution.
4. **Deep vein thrombosis.** This is due to blood clots developing in the legs. Not moving your legs is a common cause and although the incidence is rare it can be life threatening. Precautions like leg compression are used during the operation. It is important to move your legs as soon as you recover from the anaesthetic.
3. **Loss of nipple and areolar tissue.** This hardly occurs at all. If it does, it is usually due to significant infection. Should this happen, it may require reconstructive surgery with the use of skin grafting as well as reconstruction of the nipples at a later date.
4. **Scarring.** As mentioned earlier the scar is usually an inverted T shaped scar, or sometimes a lollipop scar. The scars are usually red initially but they improve, resolve and fade over a course of a year. It must be remembered that the horizontal scar does not necessarily always sit in the breast crease.
5. **Bruising and Swelling.** These are unavoidable after surgery and may take up to three weeks to settle down. The degree of bruising and swelling vary in different individuals.
6. **Pain.** There will be pain relief provided either with injections initially and later with oral medication. The pain usually subsides after a day or two.
7. **Tightness of the breasts.** Initially, there will be a sensation of tightness of the breasts because of the swelling but as the weeks go by, this tightness should lessen.
8. **Nipple sensation.** Usually, the sensation after the breast lift operation is not affected. Occasionally the nipple and areola can be less or more sensitive.
9. **Final breast size.** There will be a slight decrease in breast size, because only the skin is removed. Again, there is no guarantee that you will be happy with the outcome of the surgery.

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## Specific Risks

1. **Bleeding.** Very rarely is there any bleeding after surgery, which requires removal of the blood clots under general anaesthetic. Drains are usually not used, unless breast enlargement is carried out at the same time.
2. **Infection.** The chances of infection are low (less than 5%). Should this happen it usually occurs at the junction of the horizontal and vertical limbs of the scar. It may lead to minor wound breakdowns, which in general are small ones. Normally, this will heal spontaneously with dressings and antibiotic cover. Very rarely, would a skin graft be required to cover the raw area.
10. **Asymmetry.** 100% of all breasts are asymmetric. Although all steps are taken to try to evenly match both sides, there will always be a difference between the two sides. Occasionally a redo may be required to match up the volume of the breasts or adjust the differences in nipple heights.
11. **Droopiness.** This depends a lot on your skin tone and the laxity of your breast tissue. If your skin tone is poor, and breast tissue is heavy then you have a higher chance of droop of the lower half of the breast. Occasionally, more skin may need to be removed and more anchoring sutures used as a second stage procedure. Extra costs will apply. Given time, there will always be some droopiness of the lower half of the breast. The risk of drooping of the lower half of the breast is increased with combined breast enlargement surgery.

12. **Breastfeeding.** This is obviously not recommended although it is possible to do so. The reason is that more than likely, your breasts will sag afterwards.
13. **Pregnancy.** It is unpredictable how large your breasts will develop during and after pregnancy. There may be a chance that you may lose volume and the breast will become droopier.
14. **Mammograms.** You still can have mammograms and ultrasound investigations following a mastopexy procedure.
15. **Wearing a bra.** You should always wear a bra when in an upright position. Not wearing a bra for long periods of time will eventually lead to increased droopiness of the breasts.
16. **Breast size and shape.** There is absolutely no guarantee that you will be satisfied with the outcome of the breast lift procedure. There is a remote possibility that you may even feel unhappier.

Despite all measures to achieve the desired breast shape and size there is absolutely no guarantee that this can be achieved. This is despite the meticulous techniques taken. You must remember that surgery is not an exact science and results can vary.

Although there are risks and complications involved in this procedure the majority of the outcomes have been very satisfactory. Many women who are well informed and know what to expect of the breast lift procedure are happy with the outcome. It is very important for you to understand the operation, the benefits as well as the risks before you proceed with the breast lift procedure.

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## Your Personal Consultation With Dr Lai.

At this time you will be able to let Dr Lai know of your reasons for wanting to have the breast lift procedure. You will be encouraged to express what your expectations are with regard to the operation, especially with the scarring and whether you would like to have an increase in your breast size. You will also be encouraged to freely discuss all other issues you have in relation to the appearance of your breast.

After routine questioning of your medical history and physical examination, Dr Lai will explain in detail what the procedure involves, the risks and

benefits as well as realistic expectations of the results.

If you require a breast implant your breasts will also be sized at the same time to give you an idea as to regard what size and shape implants are to be used.

A written quote will then be given to you informing you about the total cost of this procedure.

Please remember that with this procedure improvement is the aim and not perfection.

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## Preparing For Surgery And Aftercare.

Having decided to proceed with the breast lift procedure you should take note of the following:

1. **General health.** You should be in the best of health before surgery. As mentioned earlier a healthy diet with plenty of rest is encouraged. Nutritional supplements in optimal doses is also advised.  
  
You should avoid blood-thinning medications like Aspirin, anti-inflammatory drugs, or high doses of vitamin E and some herbal supplements 3 weeks before the operation. You must inform Dr Lai about all medications you currently take.  
  
If you feel unwell on or just before the day of the operation, Dr Lai will postpone your procedure for a couple of weeks.
2. **Smoking.** You should cease smoking 3 weeks before and 3 weeks after the operation.
3. **Fasting.** You must fast (no eating or drinking) six hours before the operation. The hospital will inform you in detail after you have booked in for the operation.
4. **Clothing.** Bring in loose-fitting clothing with buttons on the front (blouses or men's shirts) so that you do not need to lift your arms above your shoulders to slip into your clothing.
5. **Hospital stay.** The stay is usually overnight for this procedure. In special circumstances you may be allowed to go home the same day after the surgery.
6. **Time off work.** This depends on the type of work you do. Usually 2 weeks is more than enough if there is no significant heavy lifting.

7. **Driving the car.** Usually you should avoid driving a car for 2 weeks. Seat belts should be adjusted to avoid pressure on the breasts.
8. **Care of dressings.** After removal of the initial bandages a waterproof coating will be sprayed on top of the tapes covering the wounds. You can have a shower then, but not a bath.
9. **Bra support.** A sports bra is usually recommended a week after the operation. Underwire bras are usually not recommended for the first 2 months because the “wire” may put excess pressure on the wound. This can be quite painful.
10. **Sexual activity.** You should avoid having vigorous manipulation of your breasts for at least 3 weeks after the surgery. Your partner’s cooperation with regard to this is important.



These are case studies of some women, who have had breast enlargement and breast lifts by Dr Lai. Due to privacy issues, their names cannot be published and initials are used instead.

All of these women have been very happy with the outcome of their breast enlargement or breast lifts. They know what other women, women like yourself, are going through emotionally because of your small, uneven or shrunken, droopy breasts. They have kindly agreed to have their photos displayed and their cases discussed here. They want women like you to experience the joy and satisfaction they have had after having their breasts enlarged or lifted. This is on top of a boost in their body image, self esteem and self confidence. Dr Lai is very appreciative of their generosity in sharing their experience with you.

As you will see, between them they have different shaped breasts from each other. The final result after breast enlargements or breast lifts is very dependent on the original shape of the breast. There is the possibility that you may not like some of the results here. However you must remember that for these women they have improved very significantly compared to how they were before their breast enlargement or breast lifts.

Although your breasts may look almost the same as some of these women before the surgery, the outcome after your breast enlargement or breast lifts may not necessarily be the same. This is because of factors such as skin and muscle tone and individual healing powers.

Please take time to read these case studies and view the photos.



Actual Patient

## Case 1

### L.C. – 26 Years Old

This 26 year old lady has been thinking about having a breast enlargement for a few years. She has been particularly conscious of her small breasts and was not filling up her B cup bra. She was conscious of her empty upper half (or upper poles) of her breasts; and wanted a fuller upper half of her breasts with her breast enlargement.

When examined it was noted that she had a good skin tone with adequate breast tissue to allow breast implants to be put in front of the muscle. It can be noted that the base of her breasts were round and generally of good shape.

She was sized and 340cc round smooth surface cohesive gel implants were selected.

These implants were placed through a sub mammary (lower breast crease) incision into the prepectoral (in front of the muscle) subfascial space.

She was very happy with the outcome especially with filling of the upper half of her breasts. Now she fits into a large C to a D cup bra.



Before



After



Before



After

## Case 2

### M.L. – 24 Years Old

This 24 year old lady has been very conscious of her small breasts for many years. Because she is very tall this made her feel even more out of proportion. She hardly fitted into a B cup bra; and also noticed that her left breast was slightly bigger than her right breast. Although this did not bother her a great deal, she wanted this difference lessened if possible. She also expressed the wish to have the upper half of her breasts filled but wanted a gentle slope in this area.

She was then sized and different sized implants were selected for her. 395cc implant was selected for the right side and a 365cc was selected for the left side. Both of them were smooth round cohesive gel implants.

Both implants were then placed into the subpectoral (underneath the muscle) space through a submammary (lower breast crease) incision. She was very happy with her outcome, especially with the sloping look of the upper half of her enlarged breasts. She now fits into a large C to a small D cup bra.



Before



After



Before



After

## Case 3

### M.M. – 33 Years Old

This 33 year old lady with 2 children became more aware of her small breasts following breast feeding. She did have small breasts to start off with but her breasts became fuller with pregnancy and during breastfeeding when they were about a C cup. However following her breastfeeding her breasts began to shrink down to being slightly smaller than what they were before in the B cup.

When examined it was noted that her breasts were of generally good shape with a round base. Her skin tone was slightly loose and she also had a reasonably wide gap between her breasts. She was then sized and 340cc round smooth cohesive gel implants were selected.

Her breasts were enlarged with the 340cc breast implants placed in the prepectoral (in front of the muscle) space. Submammary incisions (lower breast crease) were used. She was very happy with the outcome and was able to fit into a D cup bra.



Before



After



Before



After

## Case 4 V.M. – 23 Years Old

This 23 year old lady has always been aware of her small breasts and has been thinking about breast enlargement for many years. Being of slender build, she wanted less prominence of the upper half. She therefore wanted tear drop implants.

When examined, it was noted that she was of slim build. The breast base was round and her skin tone was good. She was sized and 320cc implants were selected by her and Dr Lai. These have textured surface and were made up of cohesive gel.

At operation, her implants were placed in the subpectoral (behind the muscle) space. Submammary (lower breast crease)

incisions were used. She was very happy with the outcome and she can now fit into a C-cup bra.



Before



After



Before



After

## Case 5 Y.E. – 23 Years Old

This 23 year old lady with no children has had very little development of her breasts. She has been wanting breast enlargement for many years but being of petite size, she was aware that if she had breast implants that were too large, she would be out of proportion. She was just fitting into an A-cup bra.

When she was examined, it was noted that she was indeed very small and slim. She had very little breast tissue and her skin tone was tight. After sizing her, 250cc tear drop cohesive gel implants were selected.

The breast implants were placed in the

subpectoral (behind the muscle) space through submammary (lower breast crease) incisions. She was very pleased with the outcome of the procedure and felt more in proportion being able to fit into a C-cup bra.



Before



After



Before



After

## Case 6

### B.A. – 26 Years Old

This 26 year old lady with no children has been very conscious about her small breasts ever since she was young. She has been wanting to have breast enlargement for many years. Although she was fitting into an A-cup bra, she did notice that her right breast was slightly larger than the left, though it did not bother her.

She is of small and slender build and at examination it was noted that her right breast was slightly larger than her left. There was very little breast tissue present and she did have a wide gap between both breasts. At sizing, tear drop cohesive breast implants were selected for her, a 250cc for the right side and a 280cc for the left side.

These implants were placed in the subpectoral (behind the muscle) space through submammary (lower breast crease) incisions. She was very pleased with the result of the breast enlargement, being able to fit into a C-cup bra. On top of that, her uneven breasts were now made more even, with the use of different size implants for her breast.



Before



After



Before



After

## Case 7 B.E. – 23 Years Old

This 23 year old lady with no children, has been very conscious of her small breasts ever since she was young, just fitting into an A-cup bra. However, she did request to have a slight unevenness corrected.

It was noted, that she was small and slight when examined, with very little breast tissue. Her left breast was slightly larger than the right and her skin had good elasticity. At sizing, she selected smooth, round, cohesive gel, with 260cc for the right side and a 240cc for the left side.

These implants were placed in the subpectoral (behind the muscle) space through submammary (lower breast crease) incisions. She had very pleasing results from the operation and was very happy with the outcome. She is now able to fit into

a C-cup bra and with the use of different size implants, the unevenness between her breasts was made less obvious.



Before



After



Before



After

## Case 8 W.E. – 30 Years Old

This lady was 30 years old with two children when she presented wanting to have a breast enlargement. She always had small breasts which did increase slightly with pregnancy and breastfeeding but after that shrunk to less than what she had before. She always wanted to have breast enlargement but felt that she should wait until she was not going to have any more children. When she presented she did not even fit into an A-cup bra.

When examined, it was noted that she had very little breast tissue and the overlying skin of the breast was slightly loose. The base of both breasts were round and there was a wide gap between the breasts. She was then sized and 340cc smooth surface, round, cohesive gel breast implants were selected.

The breast implants were placed in the subpectoral (behind the muscle) space through submammary (lower breast crease) incisions. She was very happy with the outcome of the operation, although the gap between the breasts was still present. She can now fit into a C-cup bra.



Before



After



Before



After

## Case 9

P.I. – 39 Years Old

This lady was 39 years old with 3 children when she presented for a breast enlargement. She always thought about having her breasts enlarged but decided to postpone it until she had decided not to have any more children. She was unhappy with the shape of her breasts as well as them being small in volume. On top of that her left breast was slightly larger than the right. She was realistic that the ideal shape of the breast could not be achieved as well as the fact that her left and right breast volume will always be slightly different, even with the use of different sized breast implants.

Examination revealed that her breasts were not only small but were tubular in shape. The left breast was definitely larger than the right. The lower breast creases were high and a short distance away from the nipple. In the before photographs it can be seen that the lower bra indentation marks are well below the lower breast creases. She was then sized and cohesive gel teardrop breast implants were selected, 400grams for the left side

and 440grams for the right side. Teardrop implants were selected because it was important to expand the lower half of the breast. In teardrop implants the main bulk is located in the lower half.

The breast implants were then placed in the prepectoral (in front of the muscle) space through new submammary (lower breast crease) incisions. The submammary incision was actually lower than the original breast crease so as to position the breast implants correctly.

A very good result was achieved and she was very happy with the outcome of the procedure. In the after photographs it can be seen that a new lower breast crease has been created and the bra indentation mark is actually on the crease itself. The lower half of the breast has also been expanded and the original tubular shape of the breast has been changed into a more pleasing looking breast shape. She now fits into a large D cup bra.



Before



After



Before



After

## Case 10 F.C. – 22 Years Old

This 22 year old lady has been thinking about having a breast enlargement since her breasts stopped developing 4 years before. She hardly fits into an A cup bra and has been unhappy not only with the small size of her breasts but also the shape of her breasts.

In the before photographs it can be seen that her breasts are indeed small. The base of her breasts are elliptical in shape with slightly more breast tissue in the upper half of the breast. The lower breast crease is also a very short distance away from the nipple and is well above the bra indentation marks. There is also a wide gap in between the breasts. She also had good skin elasticity at the time of her examination. She was sized and 280 gram teardrop cohesive gel implants were selected for her. The lower half of the breast required expansion and

this is probably best achieved with the use of teardrop implants where the fullness of the implants are in the lower half.

The implants were placed in the subpectoral (underneath the muscle) dual plane space, through new submammary crease (new lower breast crease) incisions. A very pleasing result was achieved with expansion of the lower half of the breast. The lower bra indentation mark now lies on the crease itself. She herself has been very happy with the outcome and now fits into a C cup bra.



Before



After



Before



After

## Case 11

### B.S. – 23 Years Old

This 23 year old lady presented with extremely uneven breasts and wanted to have correction of her unevenness. Since puberty, she has been withdrawn with lack of confidence and self esteem. Her right breast was an A-cup and the left breast was a D-cup.

In the before photograph, it can be seen that her left breast was large and droopy and her right breast significantly smaller. Her right breast also had an elliptical base with the major part of her breast tissue in the upper half of the breast. Her right lower breast crease was also a short distance from the nipple and well above the bra indentation mark. She required a right breast enlargement and a left breast reduction. A 320cc tear drop cohesive gel implant was selected for her right breast. The lower half of the right breast required

expansion and this would be best achieved using a tear drop implant whereby the lower half of the breast implant is fuller.

Her right breast implant was placed in the prepectoral (in front of the muscle) space, through a new submammary crease (new lower breast crease) incision. A left breast reduction was carried out removing 140g of breast tissue.

She achieved a very satisfactory, although not perfect result. She herself, has been very happy with the outcome and has regained her self esteem and her self confidence.



Before



After



Before



After

## Case 12 C.S. – 36 Years Old

This 36 year old lady with 2 children wanted breast enlargement because of loss of volume during pregnancy and breastfeeding. She was also aware that her left breast was slightly smaller and wanted to make the difference less obvious. She was well aware that an exact match would never be achieved and at present was fitting into a B-cup bra. She decided to have breast enlargement as she was not planning to have any more children.

Examination revealed that she had volume loss of her breasts from her pregnancies and breastfeeding. The breasts were slightly droopy and also had stretch marks present. Sizing was carried out and it was decided that smooth, round, cohesive gel implants, 395cc for the right side and 425cc for the left side were to be used. The implants were placed in the prepectoral

(in front of the muscle) subfascial space, through the submammary (lower breasts crease) incision. She was very happy with the outcome, with increase of her breast volume, a good shape being achieved as well as the size difference between the two breasts made less obvious. She now fits into a large C-D cup bra.



Before



After



Before



After

## Case 13 C.R. – 41 Years Old

This 41 year old lady wanted to have breast enlargement because of volume loss from her breast as a result of breastfeeding. She has 2 children and was definitely not having any more. At present she was fitting into a B cup bra.

When examined it was noted that she had volume loss from her breasts, especially in the upper half. Her breasts were basically good shape with a round base and the nipples centred on the breast mounds. Sizing was carried out and it was decided to use the 365cc smooth, round cohesive gel implants.

The implants were then placed in the prepectoral (in front of the muscle) subfascial space, through submammary (lower breast crease) incisions. She had

a good result with good breast shape and good breast fill achieved. She was happy with the outcome and now fits into a large C-D cup bra.



Before



After



Before



After

## Case 14 G.K. – 24 Years Old

This 24 year old lady with no children has been thinking about breast enlargement for many years. She fits into an A-cup bra but because she is tall, she felt out of proportion. She particularly wanted fullness in the upper half of her breasts.

When examined, it was noted that she did have small breasts with lack of volume in the upper half. The base of her breasts was round and the nipples were also centred on the breast mounds. However, she did have a wide gap in between her breasts. At sizing, 325cc round, smooth, cohesive gel implants were selected.

The implants were placed in the prepectoral (in front of the muscle) subfascial space, through submammary (lower breast crease) incisions. She was very happy with the

results after the operation. A good shape was achieved with good fill of the upper half of the breasts. She now fits into a large C-D cup bra.



Before



After



Before



After

## Case 15 N.L. – 35 Years Old

This 35 year old lady with one child wanted breast enlargement because of volume loss from breastfeeding. She is not planning on having any more children and therefore decided to have her breasts enlarged. She was just fitting into a B-cup bra.

Examination showed that she had obvious loss of breast volume in her breasts with mild drooping present. There were also stretch marks present in her breasts. She was then sized and it was decided to use 340cc round, smooth, cohesive gel breast implants.

The implants were placed in the prepectoral (in front of the muscle) subfascial space, through submammary (lower breast crease) incisions. A good result was achieved and

she was very happy with the outcome, being able to fit into a large C-D cup bra.



Before



After



Before



After

## Case 16

### O.S. – 47 Years Old

This 47 year old with one child has always wanted to have breast enlargement. This was because she had volume loss from breastfeeding.

Examination showed that she had obvious loss of breast volume especially in the upper half with stretch marks being present. The base of her breasts was round and the nipple was centred in the breast mounds. Her breast skin was slightly loose. After breast sizing a mutual decision was made with selection of 425cc round, smooth, cohesive gel breast implants.

The breast implants were placed in the subpectoral (behind the muscle) dual plane space. This was through submammary (lower breast crease) incisions. She had a very good result with good shape and

fill. She was very happy with the outcome because she was now fitting into a D-cup bra and not a B-cup bra like before.



Before



After



Before



After

## Case 17 W.L. – 40 Years Old

This 40 year old wanted to have breast enlargement as a result of loss of breast volume from breastfeeding her two children. She had decided she did not want to have any more children and only recently, had a benign breast lump removed from her right breast. Her mammogram and ultrasound investigations of her breast were normal.

Examination revealed that she had obvious volume loss of her breasts, especially in the upper half. The scar on her right breast was well healed. The base of her breasts was round and the nipples were centred on the breast mounds. She also had a gap between her breasts.

Sizing was carried out and it was mutually decided that 325cc textured, round,

cohesive gel implants will be used.

The breast implants were placed in subpectoral (behind the muscle) dual plane space. This was through submammary (lower breast crease) incisions. She was very happy with the outcome, especially with the breast shape and its fill. Besides, she was able to fit into a D-cup bra and not a B-cup like before.



Before



After



Before



After

## Case 1 T.C. – 36 Years Old

This 36 year old lady with 3 children wanted a breast lift and enlargement ever since she stopped breastfeeding her last child. She was particularly conscious that her breasts have drooped significantly with loss of volume and shape. She was fitting into B cup bra but felt uncomfortable because the excess skin would roll out of the bra itself.

As seen in the before photos her breasts have drooped significantly with obvious loss of volume. There are stretch marks present and the nipples are well below the lower breast crease and approaching the breast fold. Removing the excess skin would leave her with a B cup size breast. Because she wanted to have C cup size breasts like before her pregnancies, she required breast implants. She was sized and 280cc round smooth cohesive gel implants were selected.

The implants were placed in the prepectoral (in front of the muscle) space at the time of operation. The breast lift was then performed with removal of the excess skin. She recovered well and the after photographs taken about 18 months after the surgery shows her scars have faded very well. She has also maintained the shape of her breasts with good volume fill and nipples pointing in the forward direction. She now fits into a C cup bra and is extremely happy with the outcome of the surgery.



Before



After



Before



After

## Case 2 S.L. – 43 Years Old

This 43 year old lady with no children lost over 50kilos in weight following Lap banding surgery. As a result of the weight loss she lost volume from her breast with the result that her breasts had lost shape as well and drooped significantly. She was fitting loosely in a C cup bra.

When examined it was noted that her skin tone was poor with loss of elasticity. Her nipples had drooped to well below the lower breast crease and there was obvious loss of volume from the breast as well as stretch marks present. Because she wanted to return to her large C or D cup bra she required breast implants as well. With sizing, 300cc round smooth cohesive gel breast implants were selected.

The breast implants were placed in the prepectoral (in front of the muscle) space. The breasts were then lifted and her immediate recovery from the surgery went well. The after photos shown here are 11 months after the surgery. The scars have faded well and her nipples have been lifted to the desired position. There is a mild droop of the lower half of the breast but this is within acceptable limits. She is very happy with the outcome and fits into a large C to a D cup bra.



Before



After



Before



After

## Case 3

### M.C. – 35 Years Old

This 35 year old lady with 5 children has always wanted to have reshaping of her breasts because they look “odd”. She however delayed this until she decided to stop having any more children. With her multiple pregnancies and breastfeeding she lost more volume from her breasts with the result that they now drooped significantly. She also complained that her breasts could only fit loosely in a B cup bra.

As seen in the before photographs her breasts have drooped very significantly with loss of volume and stretch marks present. The nipples are pointing downwards, well below the lower breast crease and nearly at the level of the breast folds. Her areolas are also very significantly enlarged. Added to this is the fact that her breasts are tubular in shape. She was sized for a

breast enlargement as well and 260cc round smooth cohesive gel implants were selected.

During the operation the implants were placed in the prepectoral (in front of the muscle) space. The breasts were then reshaped with removal of excess skin from the breast and areola region. She made a very good recovery and her after photographs taken a year later shows that her scars have faded. Her nipples are pointed in the slightly tilted upwards direction with fullness of the lower half of her breasts. She is very pleased with the outcome and now fits into a C cup bra.



Before



After



Before



After

## Case 4

### H.A. – 26 Years Old

This 26 year old lady with no children lost 25 kg weight in a short period of time. As a result, she has lost significant volume from her breasts with the result that they have become droopy and also out of shape. She therefore wanted to have a breast enlargement to restore her previous volume as well as have her breasts reshaped at the same time. She was also aware that her right breast was slightly bigger than her left and wanted the difference lessened if at all possible. At the time she presented, she was fitting into a B-cup bra.

When examined, it was noted that she had obvious loss of volume from both breasts. However, the right side was slightly larger than the left and this right side also drooped more than the left side. The nipples were pointing downwards and the areolas were also significantly enlarged. On top of that, both breasts were also tubular in shape.

She was then sized for breast enlargement with selection of round, smooth, cohesive gel implants, 275cc for the right side and 295cc for the left side.

At operation, the breast implants were placed in the prepectoral (in front of the muscle) space. Breast lift and reshaping of the breasts was then carried out with removal of excess breast and areolar skin. She achieved a very pleasing result and the after photos (5 months after), showed that both nipples are pointing forwards with reduction of the areolas. Her breasts have also been enlarged with good volume fill and they look more even than before. The scars at this stage are just starting to fade and will most likely fade even further in the coming months. She herself, is extremely pleased with the new breasts and now fits in a large C-D cup bra.



Before



After



Before



After

## Case 5

### G.S. – 31 Years Old

This 31 year old lady with one child wanted lifting of her breasts together with enlargement following her pregnancy and breastfeeding. She was particularly conscious that she had lost significant volume from her breasts and that they have also drooped. Before breastfeeding, she was fitting into a C-D cup bra but after breastfeeding, she was fitting into a B-cup bra.

When examined, it was noted that her breasts have drooped significantly with the nipples well below the lower breast crease, pointing downward and nearly at the lower breast fold level. There were stretch marks present with obvious volume loss and the skin had also lost its elasticity. Her areolas were also slightly enlarged. She was sized and 240cc smooth, round, cohesive gel

breast implants were selected.

At operation, the breast implants were placed in the prepectoral (in front of the muscle) space. Excess breast and areolar skin were removed and the breast lifted. She was very pleased with the outcome and the after photos showed that the nipples have been lifted and pointing forwards and her breasts enlarged. These photos were taken just over a month after her procedure and the scars are still pink. This should fade in the coming months. She now fits into a large C-D cup bra



Before



After



Before



After

## Case 6

### D.S. – 36 Years Old

This 36 year old lady with four children wanted her breasts lifted and enlarged after breastfeeding her last child. She was also aware that her left breast was slightly smaller than the right and wanted the difference to be made less obvious if at all possible. She was fitting loosely into a B-cup bra and wanted to return into a C-cup bra like before.

When examined, it was noted that both breasts have drooped significantly with loss of volume. There were stretch marks present and both areolas were enlarged. The nipples were pointing downwards and well below the lower breast crease. She was then sized and smooth, round, cohesive gel implants were selected, 235cc for the right side and 255cc for the left side.

At operation, the implants were placed in the prepectoral (in front of the muscle) space. The excess skin and areola were removed and the breast lifted. She achieved a very pleasing result and her after photographs taken two and a half years later show that the scars have completely faded. Her nipples are now pointing forwards, the areola size reduced as well. She is still maintaining the volume of her breasts and at present, fits into a large C-D cup bra.



Before



After



Before



After

## Case 7

### B.A. – 28 Years Old

This 28 year old lady with one child wanted her breasts lifted and enlarged as well as reshaped following breastfeeding and weight loss. She fits loosely into a C cup bra and wanted to fit into a D cup bra like before.

When examined it was noted that her breasts were tubular in shape, with her nipples pointing inwards and downwards. The nipples were also well below the lower breast crease and the areolas were also enlarged. The volume loss was obvious and there were also stretch marks present. She was then sized and 200cc round smooth cohesive gel implants were selected. At the operation the breast implants were placed in the prepectoral (in front of the muscle) space. The excess breast and areola skin were removed and the breast reshaped

and lifted. She was very happy with the outcome and the after photos taken 3 months later show that her breasts have been enlarged. The nipples were now pointing forwards and slightly outwards. The breasts have also been reshaped with more fullness in the lower half. The scars at present are still pink but should fade in the coming months. She is happy with the fact that she is able to now fit into a D cup bra as well.



Before



After



Before



After

*C*ase studies of these women have been selected because they typically represent the women who come to Dr. Lai for breast enlargement and breast lift. Can you identify with some of these women?

If you have any thoughts about having breast enlargement or breast lift, please do not hesitate to pick up the phone and call (02) 9222 9333 or (02) 9689 2244 for an appointment to see Dr. Lai.

At consultation your concerns and requests will be taken into account. A thorough examination will be carried out, measurements and sizing performed. You will see, touch and feel the implants that are used. You will do yourself justice with an honest opinion from Dr. Lai.

Thank you for reading this special guide.



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