

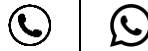
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Patient information: **Breast Enlargement with Silicone Implant**



Breast augmentation is one of the most popular aesthetic treatments among women. There are two main groups of patients:

- **young women** over the age of 18 who have either developed breasts that are too small or asymmetrical or simply "unattractively" shaped breasts in the course of growth and cannot accept this.
- **women who have very "empty" breasts after a pregnancy / breastfeeding period** or who have just decided to have a family and who want to get their former shape back - or even want to have a nicer shape than before.

Self-esteem is often negatively affected by breasts that are too small. The classic operation is breast augmentation using silicone implants. Silicone implants are foreign bodies and can form a more or less palpable capsule.



The **patient information** only gives a general introduction for a better understanding of aesthetic plastic surgeries. It cannot replace the personal and detailed doctor-patient discussion. To answer your questions for your personal, individual situation, arrange your non-binding personal consultation appointment.

Suitable Patients	<p>patients who wish to have:</p> <ul style="list-style-type: none"> • bilateral breast enlargement • unilateral breast enlargement in case of breast asymmetry <p>Breast enlargement with silicone implants can be carried out at any time of the year, it can be easily combined with other aesthetic procedures and it shows both immediate and long-term effects</p>				
Breast Consultation	<p>In clinical practice, a detailed examination is carried out first;</p> <ol style="list-style-type: none"> 1) What bothers you 2) What are your expectations 3) previous (aesthetic) surgeries 4) general health 5) Development of body shape and body weight 6) lifestyle (sports) 7) Quality of the skin 8) medication 9) allergies 10) Mammary carcinoma screening tests <p>The following are discussed and marked with the patient:</p> <ul style="list-style-type: none"> - Desire for changes in the chest area - Removal area (aesthetic reasons: double benefit through the possibility of removing annoying fat pads and the simultaneous volume increase and/or shape correction in the breast area) 				
Risks (Informed Consent)	<p>With the right technique rarely:</p> <ul style="list-style-type: none"> • Swelling • Discoloration from bleeding • Feeling of pressure • Hardening (temporary) • Formation of fat cysts 				
Preparation	<p>A specific preparation for the autologous fat injection is not necessary. If necessary, an anesthetic cream (e.g. EMLA[®] ointment) can be applied before the injection.</p>				
Treatment	<p>The following are discussed and marked with the patient:</p> <ul style="list-style-type: none"> - Desire for changes in the chest area - extraction area <p>The treatment is divided into 3 steps:</p> <table border="1" data-bbox="384 1771 1522 2134"> <tr> <td data-bbox="384 1771 459 2092"></td> <td data-bbox="459 1771 1522 2092"> <p>Step 1: Liposuction (Fat Harvest)</p> <p>The liposuction is performed under local anesthesia, if desired also combined with a light twilight sleep, or under general anesthesia. The adipose tissue can be sucked out of any body region with excess fat, the most common areas are the waist, upper abdomen, lower abdomen, hips, outer thighs (saddlebags), inner thighs, knees and calves (double benefit due to the possibility of removing annoying fat deposits and the simultaneous increase in volume and /or shape correction in the chest area) . After suctioning, ensure adequate wound drainage. A highly absorbent bandage is applied. A compression bandage is applied while still on the operating table.</p> </td> </tr> <tr> <td data-bbox="384 2092 459 2134"></td> <td data-bbox="459 2092 1522 2134"> <p>Step 2: The processing of the extracted fat:</p> </td> </tr> </table>		<p>Step 1: Liposuction (Fat Harvest)</p> <p>The liposuction is performed under local anesthesia, if desired also combined with a light twilight sleep, or under general anesthesia. The adipose tissue can be sucked out of any body region with excess fat, the most common areas are the waist, upper abdomen, lower abdomen, hips, outer thighs (saddlebags), inner thighs, knees and calves (double benefit due to the possibility of removing annoying fat deposits and the simultaneous increase in volume and /or shape correction in the chest area) . After suctioning, ensure adequate wound drainage. A highly absorbent bandage is applied. A compression bandage is applied while still on the operating table.</p>		<p>Step 2: The processing of the extracted fat:</p>
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	<p>Step 2: The processing of the extracted fat:</p>				

	<p>Step 3 : Fat Transfer (Lipofilling)</p> <p>The autologous fat injection (lipofilling) is also carried out under local anesthesia or short general anesthesia. Then a certain amount of processed autologous fat is injected into the breast with a blunt cannula with many tissue passages in the sense of a three-dimensional mesh - fatty tissue around the mammary gland, the space between the mammary gland and the fascia of the pectoral muscle, the space between the muscle fascia and the pectoralis major and the space below of the large bust muscle-introduced. The maximum filling quantity per treatment depends on:</p> <ul style="list-style-type: none"> • the desired shape change • the pre-existing breast size • Tissue Requirements <p>For a significant and sustainable enlargement of the breasts (> 1 breast cup size) , at least 2 sessions at least 3 - 6 months apart are necessary. In order to gain a cup size, around 1000 ml of fat must be sucked out and transplanted in at least two procedures.</p> <p>As a rule of thumb, if the technique is adequate, about 50% of the introduced volume remains.</p> <p>In the case of larger reconstruction volumes and restoration of the breast after implant removal or mastectomy (subcutaneous masectomy), several (3 – 5) fillings at intervals of at least 3 months are necessary.</p> <p>At the end of the operation, a non-compressive bandage or bra is applied while still on the operating table</p>
<p>Postoperative Care</p>	<p>With regard to the follow-up treatment, the donor area for the lipofilling and the breast area (recipient area) must be differentiated:</p> <p>Liposuction Area (Donor site for autologous fat transfer):</p> <p>After Liposuction, ensure adequate wound drainage and adequate compression: Postoperative compression therapy is an integral part of treatment. It is carried out with a special compression bandage, which is already appropriate and ordered preoperatively. A compression treatment is started while still on the operating table. The compression therapy should be worn at night for a total of 6 – 12 weeks after the liposuction in order to shape the neck optimally.</p> <p>Adequate pain therapy should be ensured. Most patients describe the pain as very severe muscle soreness.</p> <p>We prescribe decongestants and an antibiotic for 5 days. Patients are encouraged to drink plenty of fluids.</p> <p>Depending on the amount of fat removed, patients can go home either the same day (small to medium suction) or the next morning (large suction).</p> <p>Showering is possible with water-repellent plasters (Steristrip) 24 - 48 hours after the operation.</p> <p>Inability to work lasts from 2 to 7 days.</p> <p>It is important to point out to the patient that skin discoloration can occur in the suctioned area, which lasts about 1 week.</p> <p>Skin discoloration can be covered with make-up after 24 – 48 hours.</p> <p>Skin sutures are removed after 5-7 days.</p> <p>After the wound has healed completely, the patient should carry out intensive skin and scar care with fatty ointment 3-5 times a day</p> <p>Patients can walk around without problems, but should avoid physical activity for about 2-4 weeks.</p> <p>The skin above the suctioned area may be slightly less sensitive for 1-3 months.</p>

	<p>Liposuction does not lead to significant weight loss, but it does lead to a significant change in shape (change in clothing size). The effect of the change in shape after suction only becomes clearly visible after the swelling has subsided (6 - 12 weeks). The final result can be assessed after half a year, as long as it takes for the skin to shrink.</p>
	<p>Breast (Recipient site for autologous fat transfer): After the fat injection, the injection portals are closed with a fine single button suture (5x0 or 6x0). A Steristrip dressing is applied. Compression in the breast area must be avoided at all costs in order not to impair the blood flow in the breast and thus endanger the growth of the transplanted fat cells. Smoking is strictly forbidden and will lead to non-growth of the transplanted fat tissue. Adequate pain therapy should be ensured. Most patients describe the pain as a feeling of pressure. We prescribe decongestants and an antibiotic for 5 days. Patients are encouraged to drink plenty of fluids. Depending on the amount of fat injected, patients can go home either the same day (small to medium suction) or the next morning (large suction). Showering is possible with water-repellent plasters (Steristrip) 24 - 48 hours after the operation. Inability to work lasts 7 to 10 days. It is important to inform the patient that skin discoloration in the chest area may occur, which lasts about 1 week. Patients should also be informed about postoperative swelling, which also lasts about 1 week. Skin discoloration can be covered with make-up after 24 – 48 hours. Skin sutures are removed after 5-7 days. After the wound has healed completely, the patient should apply intensive skin and scar care with fatty ointment 3-5 times a day from the 3rd postoperative week Patients can walk around without problems, loads > 10kg and sporting activities must be avoided for about 6 weeks. The skin above the suctioned area may be slightly less sensitive for 1-3 months. The fat injection leads to an increase in volume. As a rule of thumb, if the technique is adequate, about 50% of the introduced volume remains. The effect of the change in shape after the injection only becomes apparent after the swelling has subsided (6 - 12 weeks). The final result can be assessed after 3 months</p>
<p>Results</p>	<p>The chances of success, that transplanted fat cells grow permanently, are very high. The result of the lipotransfer is long-lasting and can be corrected over the years. After the autologous fat transfer, the transplanted fatty tissue is subject to fluctuations in body weight.</p> <p>Advantages of autologous fat transplantation: In contrast to silicone prostheses, fat is an endogenous substance that cannot lead to a rejection reaction and/or scarring in the sense of a capsule formation. The chest is warm and feels normal. Another advantage is that aesthetic wishes can also be taken into account during the liposuction required for the procedure. In this way, problem areas can become the source of the implant. In addition to the immediate volume effect, the body's own fatty tissue also has a regenerative effect on the skin overlying it. After about 6 - 12 weeks, the skin thickens and there is an increase in elastic fibers (regeneration).</p> <p>Inconvenients of autologous fat transplantation: The disadvantage of autologous fat transplantation lies in the fact that only a certain maximum amount of fat cells can be introduced per procedure, which is why a second procedure is often necessary. This increases the costs accordingly. As a rule of thumb, one cup size can be built up per session. For the reconstruction of a breast after prosthesis removal and/or mastectomy (subcutaneous mastectomy), an average of 3 – 5 procedures are necessary to achieve a B-cup breast. Another disadvantage is that part of the fatty tissue does not grow and is reabsorbed by the body, i.e. broken down again.</p>