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PLASTIC SURGEON
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Breast Augmentation / Breast Implant Surgery

Breast Augmentation is a surgical operation to enlarge the breasts. Although other techniques exist, this is usually done with silicone breast implants. Prior to operation the implant size and shape will be chosen during consultation with Mr Harley. At surgery, a space is made between the natural breast and the underlying chest wall (muscles and ribs). The breast implant is inserted. This is all done through a short (approx. 6cm) surgical incision in the under-breast fold.

Many women choose to have breast augmentation in order to improve or restore self-confidence and body image. It is a routine, popular and effective technique which immediately achieves the objective of enlarging the breasts and in the majority of cases achieves high patient satisfaction scores.

It is important to have reasonable expectations because, like all operations, there are risks and limitations. Despite a technically sound operation, a small proportion of patients may suffer serious or even dangerous problems or simply find that the outcome was less physically or psychologically positive than they had expected.

It is also important to understand that the fee for your operation includes treating and managing of emergencies relating to your operation during the first 12 months (e.g bleeding, infection, wound healing problems) but it does not cover for further treatment of cosmetic issues.

What Breast implants are available?

Various types of Breast Implants are available and the optimum implant for you will depend on your goals, the existing size, shape and texture of your natural breast tissue. All implants have a Silicone-rubber exterior (this substance is commonly used in a large range of medical devices, it is safe and inert) and they are filled either with Silicone gel or with Saline water; The surface may be Textured or Smooth. Implants may be Round or Teardrop ('anatomic') shaped; Low, Medium, or High profile/projection. The hospitals where Mr Harley operates use Mentor® and Motiva® implants which have a good and longstanding reputation, device guarantees against rupture and capsule contracture, and have not been implicated in adverse safety issues.

What about the results of Breast Implant Surgery?

The goals of Breast Augmentation with implants are to enhance the size and shape of your breasts. The result will typically boost self-confidence and body image; this is corroborated by scientific research. The breast should feel natural although it may be possible to feel the implant where the breast tissue is thinnest at the sides; especially in very slim patients. Ultimately the physical results depend primarily on the pre-existing size, shape and texture of your own breasts and the elasticity of the collagen in the skin and breast tissue. Your feelings about the result will depend principally upon your own expectations of the operation - if you have reasonable expectations and goals, you will likely be delighted with the results.

How can I choose the right size?

One of the most important aspects of breast surgery is the consultation. Mr Harley will listen carefully to your goals and concerns. It is usual to understand the breast in terms of bra cup-sizes but it must be remembered that, for the same cup-size, there are differences between bra manufacturers. There are also differences in the way women are measured for and select a bra. Cup-size is therefore helpful for conceptualising the outcome of Breast Augmentation but it is impossible to predict an exact cup-size.

Very approximately 140cc or ml corresponds to 1 cup-size, therefore implants of 280cc or thereabouts would give an anticipated 2 cup sizes extra to your current bust.

It is impossible to exactly simulate the way the breasts will appear after Breast Augmentation - the shape and texture is principally determined by the shape and elasticity of your natural breast tissue - the breast implants add additional quantity to your existing breasts. Bra inserts are used to simulate the effect of different implant sizes when you are assessed in clinic.

Can I test the size at home?

YES! You are strongly encouraged to do this - it is vital that you become comfortable physically and emotionally with what will be your new shape and size before you have the operation. This also ensures that the correct size and shape of implants are in stock on the day of surgery.

Changing your mind after surgery means another operation and additional expense as a result.

Test and get used to your new breast size as follows:

RICE TEST

You need: 1. unpadded, soft bra in anticipated bra size; 2. kitchen measuring jug; 3. uncooked rice; 4. a pair of stockings or food-bags; 5. elastic bands/wire ties

Measure out rice in fluid cc or ml. (use the amounts chosen in clinic as a guide and/or the approximation of 140cc per cup size). Fill and close off the stockings/bags with the rice. Put on the bra and used the rice-filled stockings/bags as inserts - you will find you can smooth and mould them nicely. Try on tight, light coloured tops and also dresses, jumpers, swimwear in the styles you would like to wear. If you wear uniform, you should try this out too.

Once you are happy with the size and profile of your bust + the rice, note down the volume of rice (be sure to measure in fluid cc or ml - some kitchen jugs will have calibrations which measure rice by weight - this will give an incorrect quantity!). Contact Mr Harley's office with the size you have measured if this is different from what you determined in clinic.

There is a short video explaining rice test on instagram page harley_plastic_surgeon

If you are still unsure of size, make an appointment for a further consultation at least 2 weeks before your intended surgical date. It is most important that you do not embark on surgery until you are sure about the sizing and other aspects of surgery.

Can Breast Implant Surgery be performed with a Breast Uplift ('Mastopexy')?

Breast implants will typically lift a slightly droopy breast but where the breast and nipple have moved below the level of the under-breast fold, it may be a desirable choice to have a Mastopexy before, after or at the same time as Breast Augmentation. Mastopexy aims to improve the proportion of the breast by moving the nipple-complex upwards and taking away some of the excess skin in the lowest portion of the breast. This is a more extensive operation which adds scars around the nipple and on the under-side of the breast; it adds significant cost.

Combining Mastopexy and Augmentation into a single operation is complex surgery and the results are not easily predictable with approximately 25% of patients going on to have revision procedures subsequently.

Symmetry

Prior to surgery, breast size, shape, and position of the nipple or breast fold are never completely symmetrical. Asymmetry can also be caused by the shape of your rib-cage.

Some degree of asymmetry will be present after surgery even where there is a specific attempt to reduce the amount of difference by using different size/shaped implants or other techniques. Slight differences are not usually corrected by standard Breast Augmentation and sometimes these can become more noticeable.

Swelling of the breasts in the immediate weeks after surgery may differ on each side so you should not be concerned if there is some apparent asymmetry during this period as long as this is not excessive, painful or tight.

In the longer term, differences can be caused by a range of natural changes that occur in your own breast tissues and also there can be capsule contracture (see later paragraph)

What about the scars following Breast Augmentation?

The goal is to achieve a scar which is as short as possible for the safe placement of your implants, and which, once fully healed is barely visible. This is placed in the under-breast fold ('IMF') and is approximately 6cm in length. Every effort is made to minimise the scars and ensure that these are as inconspicuous as possible.

Dissolving, buried stitches are routinely used and the scar is typically very subtle when it has healed and faded (approx 12 months to fade). Occasionally scars can be thick, heavy or wide or take much longer to fade.

Some surgeons use a scar around the nipple pad rather than in the fold and there are also techniques where the scar is made in the armpit or the navel.

Where will the implants be placed in Breast Augmentation Surgery?

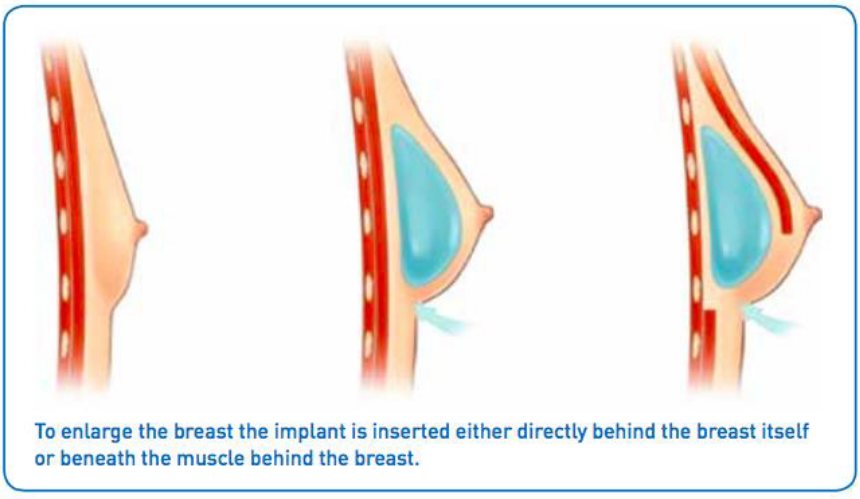
Breast implants are usually be placed immediately behind your natural breast tissue ('sub glandular'). This makes best anatomic sense for the implant to be able to 'fill' and become part of the breast. For very slender patients with minimal breast tissue it may be preferable to place the implant more deeply, under the pectoral muscle ('sub-pectoral', 'sub muscular', 'dual plane').

It is a contentious issue amongst the surgical community. The principle benefit of placing the breast under the muscle is to minimise the chance of feeling or seeing the upper margin of the implant - the muscle adds an extra thickness of tissue covering the implant. The muscle also flattens the upper part of the implant which may make a more natural 'down-slope' to the breast. There is also some evidence to suggest that capsule contracture rates are lower although there is contrary and inconclusive evidence with this regard as well.

Under-muscle Breast Augmentation also comes with some disadvantages. It is more disruptive of natural anatomy and therefore patients may experience more pain in the short- and possibly long- term. Movements of the arm cause the pec muscle to tighten and this will make the breasts move (known as 'breast animation'). Some patients find this movement very noticeable and unfavourable. In the longer term, the muscle tends to widen the cleavage by pushing the implants apart. The muscle only covers the upper part of the implant so it may still be possible to feel the implant in the lower margins of the breast. Patients with larger and more droopy breasts may find that the implants don't drop into the breast so well - the implant is held slightly high by the muscle and the breast seems to slide off the implant ('waterfall' effect).

In summary, the advantages of going under-muscle are strong for patients whose breasts and trunk are slender, especially if they choose a large implant relative to their natural size. These advantages become less strong for more developed breasts and the availability of teardrop implants may further reduce the under-muscle benefits.

Patients who are very physically active should be cautious about under muscle implants.



To enlarge the breast the implant is inserted either directly behind the breast itself or beneath the muscle behind the breast.

From BAAPS website https://baaps.org.uk/patients/procedures/1/breast_augmentation

Are there alternatives to Breast Augmentation with Implants?

This is surgery for personal choice: There is no 'need' to have Breast Augmentation. Use of a padded bra is a non-surgical alternative. Breasts can be enlarged or filled by transferring fat from other parts of the body or by use of synthetic fillers. Does Breast Implant Surgery require a general anaesthetic or hospitalisation?

Breast Implant Surgery is usually a 1-night-stay or a day-case operation which is carried out under general anaesthetic. When you leave hospital you will not be able to drive yourself home and, if you go home on the day of your operation, there should be another adult staying in the same home for the first night (this applies to any type of general anaesthetic day surgery).

How long is the Breast Augmentation operation?

This operation takes approximately 90 minutes in the operating theatre. There is additional time taken up with checking into theatres, commencing anaesthetic and then coming-round so you will probably be in the operating department of the hospital for 2-3 hours in total.

Will drain tubes be used?

The use of drains (thin tubes from each breast) is another debated topic in Breast Augmentation. Blood or fluid around the implant contributes to inflammation and scarring, which can result in a tight capsule around the implant. This capsule can cause firmness or hardening of the breast and a poor result. Therefore, drains will be placed at the time of your Breast Augmentation surgery. These will be removed before you leave Hospital.

How long is the recovery time?

Most patients report that their surgery was much less painful than they expected. It is usual to have moderate pain for a few days. Normal pain-medication and rest should be all that is necessary to tolerate this. There will be swelling and bruising and some tightness. It is not unusual for patients to experience a bit more pain/swelling/bruising on one side than the other. Into your second post-op week, things will typically be much more comfortable but you may continue to get some pains and 'twinges' which can persist for longer.

Return to gentle daily activities (e.g washing, dressing, preparing and eating food, child care) the next day if you feel ready and comfortable to do so. You should avoid strenuous exercise / activity / jobs for 6 weeks. Patients may feel able drive the car and return to a calm office environment within a few days. If you have a more active job, you may prefer to plan 2 or more weeks off and if you have young children you should plan to have some support available until you are comfortable and confident enough to cope.

You are advised to wear a support bra for the first 6 weeks, day and night. Bruising and much of the swelling will resolve in 2 – 3 weeks. The breasts will initially be much larger and firmer than they will finally be - it will take approximately 3 months (sometimes longer) for the texture, size and shape of the breast to completely soften and settle.

What is Capsular Contracture?

Your body will make a thin membrane around the breast implants. This can thicken and tighten with time but the process is unpredictable and it affects 1 or 2 in every 100 breast implant patients per year. It is called Capsule Contracture. It is not dangerous but it typically causes one or both breasts to change shape and texture (usually becoming firmer and rounder). Rippling or pain are also possible features of capsule contracture. One of the largest scientific studies found that by 7 years after Breast Augmentation, up to 16% of patients had developed capsular contracture.

Unfortunately capsular contracture is by far the biggest cause of disappointments following Breast Augmentation. It can only be resolved by further surgery to remove the capsule with return, exchange or discarding of the breast implant(s).

The cost of correcting this is not covered by your original surgical fee although implant manufacturers may refund the cost of the implant subject to terms and conditions.

How can Capsule contracture be prevented?

Much research and scientific debate has been conducted into cause and prevention of capsule contracture. There is conflicting information and controversy about various risk factors and prevention strategies but there are no certain measures which will prevent it in any individual patient.

Risk factors for capsule include smooth surface implants, very large implants, combining implants with mastopexy, breast reconstruction cases, breast radiotherapy for cancer, pregnancy/breastfeeding subsequent to breast augmentation, type of surgical incision, over- or under- muscle placement, surgical infection, surgical bleeding, implant rupture, previous capsule contracture. There may also be individual biological factors which make some patients more prone to capsule contracture but these remain to be identified.

How long do Breast Implants last?

Breast Implants are designed to last indefinitely without bursting or leaking. With the design of modern implants you would likely be unaware even in the event of a burst because the gel is ‘cohesive’ so it does not change shape or flow like a liquid.

The physical result depends mostly on your individual ageing and breast size and your body’s response to the implant. In the longer term, breast shape may change as a result of ageing, weight change, hormonal changes (menopause / childbearing) and capsule contracture. Any of these changes may prompt the need or desire for further surgery. It is common for patients to have good results lasting 10-20 years. Unfortunately some patients may experience changes much sooner, whilst others may never have future issues with their implants.

You should be aware that once you have had Breast Augmentation you should budget for further treatment sometime in the future which might include: scans or tests, surgery to remove implants, surgery to move or replace implants, surgery to ‘uplift’ the breasts.

What happens to my natural breast tissue as time goes on?

Your own breast tissue will tend to reduce in quantity and soften, stretch and descend with the passing of years. The individual characteristics of your own body, weight change, pregnancy, smoking, menopause, large breast implants are factors which all exert influence. Implants do not change size and, if anything may become rounder and firmer due to capsule. This means that the presence of the implant may well become more noticeable in the longer term.

Are there any issues relating to breast cancer or cancer screening?

Approximately 1 woman out of 8 will have breast cancer during her lifetime. This risk is not changed by having breast implants. Breast implants push your natural breast tissue forwards so they do not cover any abnormality which might develop as a result of cancer and 'self-examination' for breast cancer remains effective. Breast implants do slightly reduce the accuracy of breast screening mammography; women who are in the national breast screening programme (usually aged 50+) must advise the screening team that they have implants.

Women with implants may notice changes or symptoms in the breast with time and it can often be difficult to determine whether these relate to the implant or to the breast tissue itself without medical tests. If you do become aware of lumps or changes in the breast/ nipple in the future following breast implant surgery you are advised to contact your GP or your local rapid access breast clinic. They would assess, complete necessary tests and, if the problem is related to the implant, you would then return for a further cosmetic surgery assessment.

You may be advised to have screening prior to Breast Augmentation if you are considered to be at high risk for breast cancer and/or if you are nearing the point at which you would be entering the national breast screening programme. This will usually be an additional expense as it would be out-with the scope of NHS.

What is Breast Implant Associated ALCL ('BIA-ALCL)?

BIA-ALCL is Anaplastic Large Cell Lymphoma - this is a very rare form of lymph cancer only discovered in recent years. It develops in the capsule around breast implants.

BIA-ALCL appears to be caused by textured surface implants BUT the texturing is important to prevent capsule contracture.

Data continues to emerge on the chances of getting BIA-ALCL. The current chance of occurrence is thought to be 1 : 6,000 - 36,000 with textured surface implants (by comparison at least 1 : 8 women will ultimately develop breast cancer). Even in the unlikely event of ALCL developing, it is typically treatable but it is a potentially fatal condition. Smooth surface implants do not appear to be linked with ALCL but these have up to 4 times the likelihood of developing capsular contracture.

ALCL develops on average several years after Breast Augmentation and the principle sign is enlargement of the affected breast (because the cavity around the implant fills with fluid). If this or other changes/lumps occur, you should urgently seek specialist advice from your GP, your local breast clinic or cosmetic surgeon. Usually this would require a special test to safely extract and sample any fluid and, thereafter, surgery to remove the implant and capsule. Subsequent treatment with chemotherapy could be required. It is currently understood that NHS would conduct investigation and treatment of BIA-ALCL but this may not always be the case and significant costs could arise from privately funded tests and treatment.

What is Breast Implant Associated SCC ('BIA-SCC)?

In a manner similar to BIA-ALCL, this is a very rare and recently discovered type of cancer that develops from the capsule surrounding the implant. To date, approximately 20 cases have been reported worldwide in association with both smooth and textured implant surfaces and also in saline and silicon-gel filled implants. Cases occur at least 10 years after implants are inserted.

What is 'Breast Implant Illness' ('BII')?

A few women will feel symptoms which they associate with breast implants. Symptoms include tiredness, aches and pains, depression, headaches, hormonal issues, chills, rashes, hair loss, immune or neurological related symptoms. These sorts of symptoms can occur in people without implants too so no scientific connection has so far been identified and 'BII' is not defined as a medical condition by the scientific community. Nor is there any test or scan which can diagnose 'BII'. For patients with implants who have these symptoms and choose to have implants removed, approximately half of them report an improvement and the remainder do not.

Do the implants ever need to be removed?

Breast implants are a manufactured device which is intended to interact with the complex and variable biology of your body and it is intended to do so indefinitely. As with all manufactured items however, there is a rate at which they fail through wear-and-tear. They can also fail due to biological reasons. This is the same for hip and knee replacements for example also. Under these circumstances implants may need to be removed.

Usually is the case that a removed implant can be immediately replaced with another one if this is your wish. In some circumstances (e.g infection or repeated capsule contracture) it may be necessary to remove the implant(s) and have a period of many months free from the implant before planning a further operation to put new implants in.

There are a number of possible future reasons why the implants might need to be removed. The most usual reason for removing implants is due to the biological process of Capsule Contracture (see earlier paragraphs).

Wear and tear may cause an implant to rupture. Implant rupture might not necessarily be something that causes any noticeable effect because the silicone gel inside the implant is thick so it doesn't escape easily and it is also held by the capsule membrane which forms naturally around the implant. If an implant is found to have ruptured, there is also a recommendation that it should be removed (although it is not clear that implant rupture in itself poses any significant health risk). Most commonly implant rupture is discovered by happenstance if you have a breast scan for other reasons.

Other less frequent possibilities include having infection around the implant or by your own choice to change size or be free of implants altogether.

Most usually these problems occur many years in the future. This will incur further costs for you to have removal or replacement surgery. Some of the implants come with a form of warranty which may, subject to terms and conditions, provide for new implants in the event of exchange (but this does not cover the cost of operation itself).

It is thought that maybe 20% of women who have breast implants will have these removed/replaced by 10 years.

Can I Breast-feed following Breast Surgery?

There may be a slight reduction in your potential to breast feed: a 2023 meta-analysis study concluded that breastfeeding was possible in 82% of women with breast implants and this was a slightly lower rate than for women without implants which was found to be 88%. The presence of implants have not been shown to cause risk to babies. Many women unfortunately do not manage to breast-feed naturally regardless of whether they have had previous breast augmentation.

What are the risks of Breast Augmentation Surgery?

It is impossible to eradicate all the risks associated with surgery. However, Breast Augmentation with implants is a safe procedure if performed by a fully qualified and trained Plastic, Cosmetic Surgeon using good implants in Hospitals with a high standard of care. The overwhelming majority of patients have a straightforward recovery and are pleased with the results in the short and the longer term.

Risks include:

Dangerous or urgent (but rare):

Life threatening or life changing complications from surgery (stroke, pneumonia, punctured lung, heart failure, severe allergy, severe infection, hypoxia)

Dangerous blood clots ('DVT', 'PE')

Bleeding inside the breast (approx 1-2%)

Infection of implant (approx 1-2%)

May affect cosmetic result - may develop in longer term - may lead to further investigations or surgery

Capsular contracture (1-2% per year).

Implant displacement, migration, folding or rotation (teardrop implants),

Able to feel / see edge of implant / ripples / folds

'Animation' - muscle movement of breast with implant placed under muscle

Asymmetry (often pre-existant)

Implant rupture

Seroma (collection of fluid)

Breast Implant Associated - ALCL; Breast Implant Associated - SCC

'Breast Implant Illness'

Development or worsening of psychological / psychiatric problems associated with body image

Failure to meet expectations

Changes mind - doesn't want implants after all / wants bigger or smaller implants

Long term pain

Other problems - usually temporary

Swelling, bruising, pain

Numb Nipple

Hypersensitive Nipple

Numb breast skin

Scar healing abnormality: 'hypertrophy'; 'keloid'

Stretch marks (new marks or activation of old ones)

Minor wound infection or stitch problem

Allergy to dressings / antiseptics / stitches

Painful or stiff shoulder

Smoking and Vaping

These may add some risk to all operations because they make general anaesthetic less safe, and they reduce the body's ability to combat infection and heal wounds . You are strongly advised to cease smoking for at least one month before and a further month after operation.

Travel and other commitments before and after surgery?

Surgery and Long-haul air travel each carry some risk for blood clots ('DVT' or 'PE') so it is inadvisable to travel long-haul for 6 weeks each side of your operation.

You usually are required to attend the hospital 2-3 weeks before operation for pre-op health checks and tests so you should check on the likely dates for these if you are planning to be away immediately prior to your intended operation date.

Whilst this is routine surgery, problems can occur and these could be disruptive if further hospital visits or treatment become necessary. Travel plans, work and other important commitments (e.g. weddings) could be disrupted with loss or expense incurred if you develop a problem (e.g. infection, wound failure, excessive pain or swelling) in the weeks that follow surgery or if a problem were to emerge or whilst you are abroad. The longer you can leave between surgery and travel / commitments the better. If you reach 6 weeks post-op without problem, it is most unlikely that you would run into difficulties. For very important commitments, it is preferable to plan for several months gap after operation.

No responsibility can be accepted for expenses or losses relating to missed employment, transactions or events, curtailed travel or holiday plans, travel to receive medical care, care received at other hospitals in UK or overseas.

Swimming is not advised until scabs and stitches have separated (usually by 3 weeks).

The breast implants themselves are not affected by air travel - implanted breasts do not expand on an aeroplane!

What appointments will I have after operation?

Usually you will have a nurse appointment scheduled approximately 1 week after operation and appointments with Mr Harley approximately 2 weeks, 3 months and 1 year post op. If you have any queries or difficulties you can be seen at other times by hospital duty staff and/or Mr Harley. There are no additional charges for clinic calls or visits during the first year after operation.

You should contact the hospital directly if you have an emergency or urgent problem as there are duty doctors and nurses available at all times. If it is less urgent, please contact Mr Harley's office.

Is there any more information to help me make choices about surgery?

There are choices and combinations in terms of the shape of implant and whether this is placed directly under the breast or more deeply under the pectoral muscle:These techniques are all well established but there is very little conclusive scientific evidence to say which is the best approach. There are many different opinions amongst cosmetic surgeons.

One reason for this is that there is considerable variety amongst patients in terms of the 'starting point' - the way natural breasts are to begin with, the shape of the chest and body that they accompany, the elasticity of tissues in the skin and breast and the way in which these tissues may change during the immediate timeframe of surgery and further in the future. It is impossible to exactly predict how the breast shape and size will be altered in the short and in the long term after breast enlargement surgery.

Good results can potentially be achieved with all these choice combinations but it is also possible to have disappointing results. There have been studies where groups of surgeons were shown pictures of different breast enlargements and they found it difficult to accurately identify which technique had been used.

Choosing the combination of implant shape and plane is a balance between the size and shape breasts that the patient aspires to relative to the size and shape of her existing breasts:

A big implant in a small breast is more likely to be visible and feelable. Some patients like the idea of an 'implanted-look' but many will prefer to have a 'natural' look (i.e. difficult for an observer to see if an implant has been used).

A small implant in a big breast will almost certainly not be visible or feelable. Between these two extremes is a 'grey' area.

Placing implants under the muscle and / or using teardrop shaped implants are techniques which aim to minimise visibility and feelability of the breast implant. There are advantages and disadvantages of each technique (summarised below) and these should be factored into your choice.

	Under Breast plane 'subglandular'	Under Muscle plane 'sub pec' or 'dual plane'
Round Implant	?	?
Teardrop Implant	?	?

PLANE

Under-breast implant plane 'subglandular'

advantages

- most natural place for implant
- fills the breast 'envelope' evenly

disadvantages

- implant is closer to surface - more likely to feel or see shape of implant - may be important for patients who are very thin or who have very small breasts to start with and/or who want a particularly large implant

Under-Muscle Implant plane 'Sub muscular' or 'Sub Pectoral' or 'Dual Plane'

advantages

- muscle covers the upper part of implant so this makes it less easy to feel / see shape of implant
- muscle flattens the upper part of a round implant and this can provide a more 'natural' shape (i.e. flat rather than rounded down-slope)
- the effects of capsule contracture (tightening around the implant) may be less - although this is controversial and capsule contracture occurs with under muscle implants too

disadvantages

- breast envelope may not fill as evenly
- the implant may sit a bit higher whilst the breast itself slides downwards - may be a problem if the breast already is a bit droopy ('ptosis')
- the implant may move with the muscle - 'animation' of the breast
- possibly more discomfort after surgery
- the movement and position of the muscles tends to widen the cleavage
- implant may still be feelable in the lower part of the breast because the muscle doesn't cover the bottom part of the implant.

IMPLANT SHAPE

Round implants

advantages

- tend to have a rounder shape - may be desirable for some patients and not others. The shape of the implant is more readily seen in a small breast but less so in a well developed breast.

disadvantages

- tend to have a rounder shape - may not be desirable for some patients. The shape of the implant is more readily seen in a small breast but less so in a well developed breast.
- may be more prone to rippling as the round implants collapse a bit when you stand upright

Teardrop implants

advantages

- these are narrower at the top and potentially give a more 'natural' shape i.e. less chance of seeing / feeling the shape of the implant in the upper zone of the breast.

disadvantages

- may still be possible to feel / see upper part of implant especially if breast tissue is very thin
- these implants can flip 'malrotation', although, if this happens they can typically be massaged back into correct orientation.
- some implant ranges charge a slightly higher cost for teardrop implants

IMPLANT SURFACE

Textured surface implants

advantages
- lower capsule contracture rates than smooth implants
- choice of round or teardrop implants
- minimal chance of implant migration

disadvantages
- risk of BIA-ALCL (1: 6000-36,000)

Nano-textured implants (Motiva)

advantages
- lower capsule contracture rates than smooth implants
- choice of round or 'ergonomix' implants
- not known to be associated with BIA-ALCL

disadvantages
- do not come as 'teardrop' shape - ergonomix gives slight tearrop effect
- implants more likely to migrate

Smooth surface implants

advantages
- No risk of BIA-ALCL

disadvantages
- capsule contracture rate may be 3 - 4 times higher than textured implants
- cannot have smooth 'teardrop'
- implants more likely to migrate

IMPLANT FILL

Silicone Gel (known as 'gummy bear' in US)

advantages
- texture is very close to normal breast tissue
- gel is inert and safe to the best available scientific information (implant surface is made from silicone also)
- modern gel is 'cohesive'- if implant bursts, gel keeps shape/size; doesn't escape from breast
- can have 'teardrop' implants
- less 'rippling'

disadvantages
- concerns about leaks and health
- concerns about Breast Implant Illness

Saline (salty water)

advantages
- saline is inert
- if it leaks, it is reabsorbed by body

disadvantages
- surface of implant is still made of silicone
- much less natural texture
- doesn't maintain shape so well
- more rippling
- if leaks, the breast will get smaller
- cannot have saline filled 'teardrop' implants