ENDOSCOPIC BREAST AUGMENTATION

Introduction

Endoscopic Breast Augmentation also known as trans-axillary breast augmentation, and endoscopic-assisted breast augmentation, this procedure involves the insertion of the breast implant through a small incision at the top of the armpit. Endoscopic Breast Augmentation utilizes an endoscope, which is an instrument that contains two basic parts:

- A tubular probe that contains a tiny camera and bright light. This is inserted through a small incision.
- A viewing screen, which magnifies the transmitted images of the body's internal structures to a screen that the surgeon views during the treatment.

Because the procedure is done in a remote area away from the breast, an endoscope is used to assist in the dissection to help minimize bleeding. This helps create a precise clean pocket versus traditional transaxillary approaches, which is usually done blindly and bluntly. Without the use of an endoscope, the pocket is not created under direct visualization, which results in more bleeding and trauma to the soft tissues. With the transaxillary endoscopic breast approach, the breast implants can be placed below or above the chest (also known as the pectoralis) muscle with great precision.

Clients who are seeking to have this procedure may have one or more of the following feelings or conditions that may indicate a need for endoscopic breast augmentation:

- Your breasts are too small for your body.
- You want to avoid scar on the breast.
- Your breasts have become smaller due to weight loss.
- Lost fullness of the breasts due to aging.
- Drooping or sagging breasts after pregnancy and breastfeeding.
- Clothes that fit well around your hips are often too large at the bustline.
- You feel self-conscious wearing a swimsuit or form-fitting top.

Preparation for your operation

You will usually have your endoscopic breast augmentation under a general anaesthetic. This means you will be asleep during the procedure. No food is allowed at least 8 hours prior to any surgery, this includes any sweet like chewing gum. If there is no fasting instructions given, you must not consume
any food or drink from midnight before your scheduled surgery. Clients who do not comply with this requirement risk having their surgery delayed or risk being denied surgery.

DO NOT take any Aspirin and NSAIDS drugs for at least 2 weeks prior to surgery. (Aspirin may be re-commenced after 48hrs post op.) If you take Aspirin or any other form of blood thinning medication for a medical condition, please discuss this with Dr. Thanakom.

Smoking must be stopped at least 3-4 weeks. If you cannot quit, cut back as much as possible. Smoking constrict the blood vessels, which can delay wound healing. While drinking alcohol must be stopped at least a day or two prior to surgery.

The procedure usually takes 2-3 hours and you are required to stay in hospital overnight.

Do not wear contact lenses, makeup, nail polish, jewelry, including any body piercings, hair accessories containing metal (such as barrettes or clips with metal springs, etc.) on the day of your surgery.

The Procedure

Step 1 – Anesthesia:

Medications are administered. The choices include intravenous sedation or general anesthesia.

Step 2 – Incision:

The incision is small and hidden in the depths of the armpit and usually about an inch long.

Step 3 – Placing the implants:

After the incision is made, a breast implant is inserted into a pocket either:

- Under the muscle (Submuscular)
- Over the muscle (Submammary/ Subglandular)
- Dual Plane (The upper pole of the implant is placed under the muscle, while the lower pole is placed over the muscle.

The method for inserting and positioning breast implants depends on the type of implant, degree of enlargement desired, your body type and your surgeon's recommendations.

Step 4 – Closing the incisions:

The incision is then closed with stitches. Your surgeon may place temporary drains in the incision prior to closing it to prevent fluid or blood accumulation. Catheters to deliver pain medicine at the site of the
incision may also be placed prior to closing the incision. The drains or catheters would be removed during a follow-up visit after surgery.

Recovery

Endoscopic Breast augmentation recovery is quicker than a traditional breast augmentation. The patient can start walking on the same day of the surgery.

Dr Thanakom will provide set of medications such as pain killers, antibiotics, anti-inflammatory etc. These will be provided following breast surgery.

You may be instructed to wear a support bra around the clock for the first week or two. It will be important to keep your incision clean and dry at all times. Be sure to follow all instructions carefully.

The stitches are taken out after about a week. If you have dissolvable stitches, the amount of time they will take to disappear depends on the type of stitches. However, for this procedure, they should usually disappear in about six weeks.

Physical activity is limited for the first several weeks, with most patients able to return to work and their normal activities within two to three weeks.

You should contact the clinic where the operation was carried out as soon as possible if you have severe pain or any unexpected symptoms, such as redness of your breast skin, a burning sensation or unusual swelling.

FAQs

How often do I need to replace my breast implants?

Many people think that breast implants need to be replaced every five years, or ten years. However, this is incorrect. There is no need to replace the implants as long as you do not have any problems with your implants such as implant rupture, capsular contracture and that you are still happy with the shape and size of your breast.

How will pregnancy affect my breast augmentation?

Some sagging and deflation of the breasts often occurs after pregnancy and the added weight and volume of breast implants may make such changes worse than they would be if implants were not present.

Will breast surgery affect my ability to breastfeed?

Breastfeeding is not affected with standard breast implants. Whilst breast lifts will almost always reduce the size of the areola, as well as raise it. There is a small to moderate chance that breast
feeding will be affected by the breast lift. This is not due to the size reduction but rather to nerve or breast duct injury. Typically, we advise our clients to wait at least 12 months (from the last day of breastfeeding) before proceeding with a breast augmentation procedure. This is to allow time for the breast to settle down from lactation and to reach its ultimate pre-pregnant size. That way we know exactly what size the breast has settled to after breast feeding and we can choose the correct implant size.

How will I know if my implants have ruptured?

Only an ultrasound can detect implant rupture, so regular checkups are encouraged.

Will breast implants cause stretch marks?

Insertion of implants can cause stretch marks, but this is not a common problem. Choosing a small to moderately sized implant will help to minimize this risk.

Will the feeling in my breast or nipple change?

Many women complain of very erect and sensitive nipples after breast implant surgery. Don't worry this is normal because the nerves and blood vessels are recuperating at this time. You can protect your nipples by using a Band-Aid (especially the large round ones), large corn pads, or nursing pads. These pads will protect your overly sensitive nipples from the abrasiveness of your clothing and shield your erect nipples.

What kind of bra should I wear after breast augmentation?

Generally, a soft, comfortable bra, without underwires is most appropriate. Dr Thanakom usually recommend a very supportive bra to hold the bases of the implants in place. Support bra needs to be worn at least 6 weeks following surgery.

When can I shower after surgery?

The following day. Dr Thanakom will place a waterproof plaster on top of your incision sites, thus taking a shower is not prohibited after breast surgery.

Can breast implants rupture during a mammogram?

While an implant can rupture during mammography the risk of this is very low. It may occur when the pressure on the breast weakens the implant shell. The older the breast implant, the more susceptible it is to trauma. This is not a reason to avoid mammograms, since the benefits of a mammogram well outweigh any potential downside. Make sure to notify the mammography technician that you have breast implants, and he or she will take additional views and special care not to cause a rupture.
Will a large enough implant correct droopy breasts?

If you have sagging breasts, with your nipples located at or below the fold under your breasts, implants alone will not correct the problem. Implants will increase the size of your breasts, but the nipples will still remain too low and the breast will not look youthful. You will need a lift procedure along with your breast augmentation to achieve well-shaped, attractive breasts. The type of lift needed will depend on the amount of drooping. Patients who are satisfied with the size of their breasts, but have lost shape and sagged due to pregnancy or weight loss, will find that a lift alone, without an implant may solve their problem.

What are the risks associated with breast augmentation?

Standard surgical risks intrinsic to any surgical procedure include breast augmentation, include reaction to anesthesia, bleeding, infection and poor healing. The following risks may occur after surgery.

- Collections of fluid or blood within your abdomen
- Sensation changes to the breast or nipple
- Firmness
- Delayed healing
- Bruising and swelling
- Irritation from dressings
- Nipple Sensation
- Nerve injury
- Poor scars
- Asymmetry
- Skin contour irregularities (stretch marks, rippling and wrinkles
- Changes in size and shape with age & weight fluctuations
- Capsular contracture

During your consultation, Dr Thanakom will explain all these risks, what they do to avoid and treat them, and the rates at which they occur.