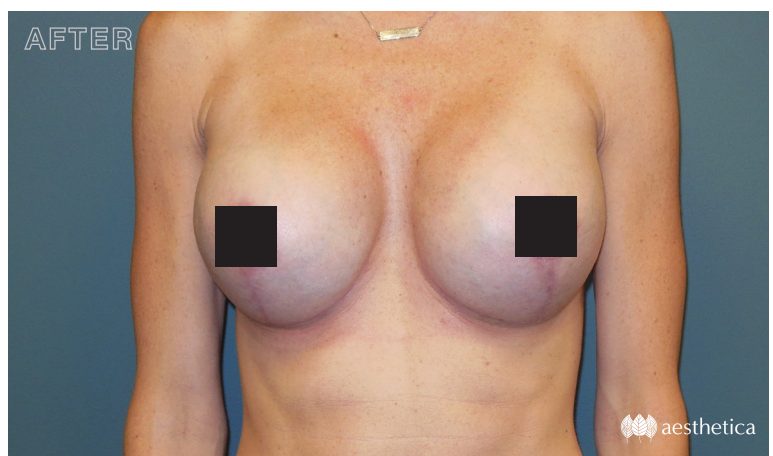
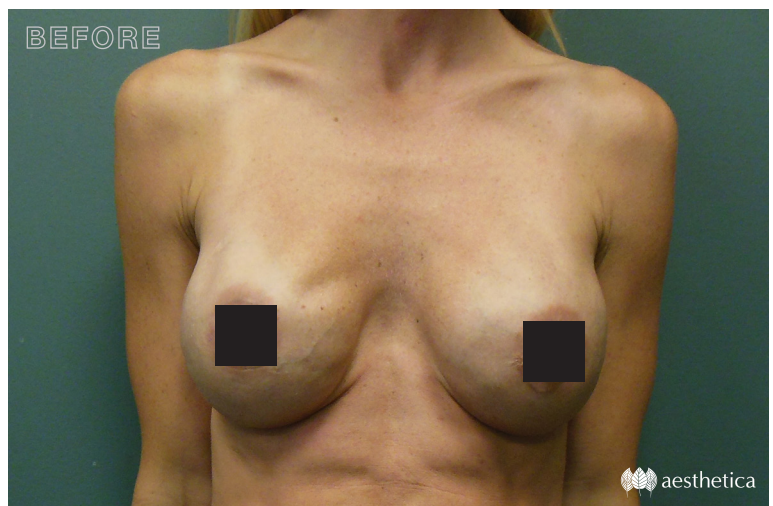


Breast Re-Augmentation

Breast re-augmentation surgery is for patients who want to address a previous augmentation. This may include replacing older or ruptured implants, changing the placement of the implant, re-shaping of the breast tissue and in some cases adding a tissue matrix or scaffold to support the tissue and hold the breast pocket in the desired location.

PROCEDURE: Re-augmentation surgery is truly individualized and can vary greatly based on the concerns of the patient. Some patients may only require a simple change of implant to address their concerns. Patients who have rippling may want to consider switching from saline to silicone.

Correction of implant ptosis, “double bubble” and/or symmastia can be difficult and may require multiple surgeries. Pocket reduction (capsulorrhaphy) or suturing the internal breast capsule to reconstruct the implant pocket is the gold standard for treating implant ptosis. If pocket reduction by itself is ineffective then a tissue matrix or scaffold is used to support the tissue and hold the breast implant in the desired location. Using a tissue matrix or scaffold is generally very effective but can be expensive. Occasionally, removal of the implant and capsule altogether is required. The patient can go back to surgery 4-6 months after healing to put implants back in. Patients should remember that a larger implant is heavier and patients with thinner skin are more likely to bottom out leading to this challenging complication.



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Breast Re-Augmentation

Continues from page 1... Some patients may need to remove or replace implants due to capsular contracture. Capsular contracture is hardening of the scar tissue or capsule surrounding the implant. A capsule occurs with virtually every foreign object that is placed inside the body. It is a scar-like shell of collagen fibers that encases the object and under normal circumstances is usually unremarkable. Sometimes the capsule can grow very thick and tighten around the breast implant causing the breast to feel very dense and possibly painful. It may cause the breast to appear misshapen. Capsular contracture is more common following infection, hematoma, and seroma. It is also more common with subglandular placement. Symptoms range from firmness and mild discomfort, to pain, palpability of the implant, distortion, and/or displacement of the implant. Additional surgery may be needed in cases where pain and/or firmness are severe.

Capsular contracture is measured in four different levels (grades 1-4) with the fourth level being the most severe with the need for corrective surgery to remove the capsule.

- Grade I: is when the breast looks natural and is soft to touch.
- Grade II: the breast looks normal but is a little firm to touch.
- Grade III: is characterized by the abnormal look of the breast and it is firm to touch.
- Grade IV: the breast looks abnormal and is hard and painful.

Breast re-augmentation procedures can take anywhere from 1-7 hours depending on the complexity of the problem.

RECOVERY: Depending on what is done in surgery you should be able to resume normal activity between 2-8 weeks after surgery. Most patients will resume moderate activity around 2 weeks. Patients who need pocket adjustment will resume normal activity around 6-8 weeks.

COMPLICATIONS: Some potential complications and risks with surgery are infection, bleeding, delayed wound healing, wound dehiscence, infection, hematoma, seroma, asymmetry, unsatisfactory scarring, sensation alteration, loss of sensation, persistent pain, implant positioning issues, rippling, nerve changes, vascular and/or lymphatic changes.

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