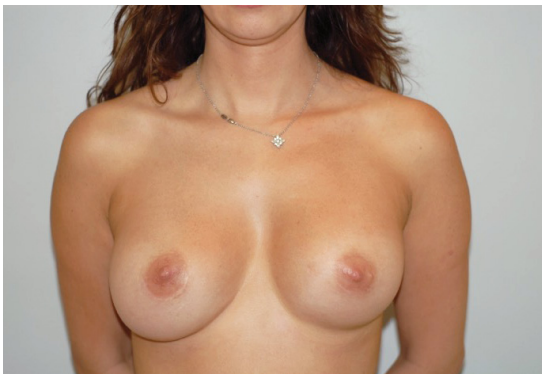
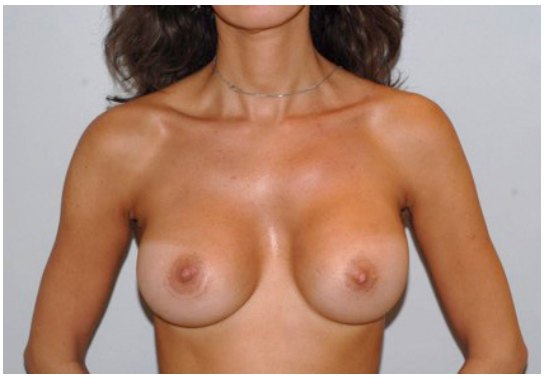
Revision (Secondary) Breast Augmentation

Breast augmentation is successful in helping women feel more feminine and more confident in the vast majority of patients. However, as with any surgery, complications can occur. These are discussed extensively in our breast augmentation page.



Pre-Operation



Post-Operation

If you have had previous breast augmentation and results have been disappointing or have a problem with one breast or both we may be able to offer you a surgical solution ...

Dissatisfaction with the results from original ("primary") surgery can come from complications of surgery, and from a variety of other reasons.

We always encourage patients to try to return to their original surgeon to resolve residual concerns. Sometimes, however, this is not possible.

Secondary, or "revision" surgery is always more complex than primary surgery.

There are psychological and physical reasons. Your expectations of the original surgery may not have been met, and disappointment makes it hard to achieve the absolute satisfaction you may have expected from the original surgery. Usually if we can get much closer, it will result in you being happy. The physical or technical reasons will depend on your individual case. The most common reasons for re-operative surgery are wanting change implants to a larger or smaller size, development of capsular contracture (hardness), and droop of the breasts which was not present at the time of surgery years earlier or was not treated despite its presence.

When patients request a change of implant size, there are many factors that need to be considered. Going larger is more common than going smaller. However, on the rare occasion when a patient feels her implants are too large, this can be acutely upsetting and should be resolved as quickly as possible. Choice of size initially is a complex decision and should be guided by principles.

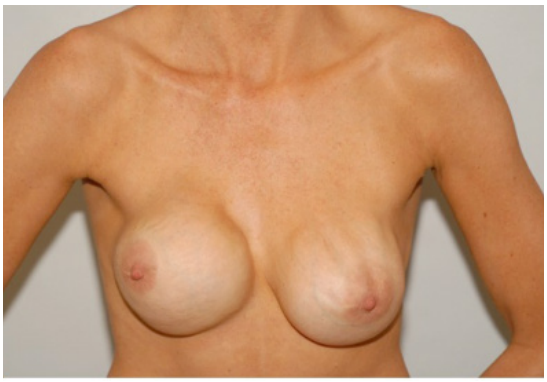
Please visit our blog for help on sizing: www.drgelfant.com/sizing-for-breast-ugmentation/

REASONS FOR A REVISION

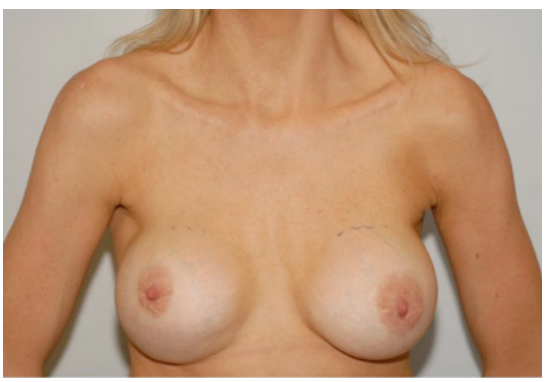
Rippling and Visibility

Excess visibility of the implants beneath the skin can result from implants above the muscle where there is little breast tissue and body fat. Often women will have lost tissue and fat as they age from their 20s into their 40s and what may have been acceptable earlier can become unsatisfactory. Traditional Saline implants have been implicated more than silicone gel filled devices, but simply replacing saline with gel under such circumstances rarely improves the situation much. Instead, shifting the implants to under the muscle, converting to silicone gel, and possibly fat grafting the thinner areas—if there is available donor fat—can offer dramatic improvement.

The Ideal® implant may offer a suitable alternative to gel when patients want saline only as a fill substance.



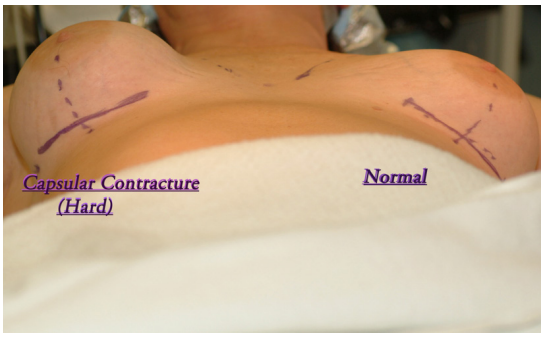
Pre-Op: Subglandular saline implants with severe rippling and visibility



Post-Op: After sub-muscular smooth silicone gel filled implants

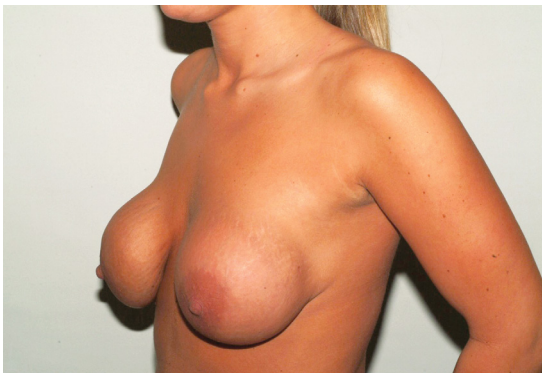
Capsular Contracture

With contractures women are afraid of even being hugged, because their breasts often feel like foreign objects. Better implants have played a role as has better and gentler surgical technique. But the most significant improvement is the more widespread adoption of placing implants under the muscle partial sub-pectoral).

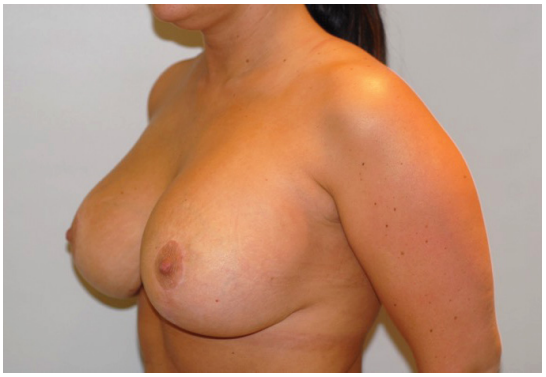


Capsular Contracture

When we do see contracture with implants above the muscle the treatment is usually a complete capsule removal (capsulectomy) and replacement with new implants under the muscle. While this is not guaranteed to be successful, the results are usually much improved shaped and feeling breasts, instead of the embarrassment and self-consciousness associated with the hard, immobile, round breasts of contractures.



Pre-Op: Dropped out right implant after peri-areolar (nipple) approach



Post-Op: After right "Capsulorraphy" (tightening the space)

Breast lift after augmentation occasionally is done when a lift may have been advisable originally.

At times, patients aren't ready to accept the scars of a breast lift, and opt for an augmentation alone despite being advised otherwise. Sometimes the situation isn't at all clear, and the droop may be "borderline", so it may be worthwhile undergoing augmentation with the possible need for a lift later kept in mind. The chances of success in this situation is better with small breasts and looser skin than with heavy dense breasts as the implant will shift the existing breast more in the former.

Because of the moratorium on silicone gel filled implants between 1992 and 2006, some women were augmented with saline filled devices and had little natural breast and body fat to conceal these devices. For these women, replacement with silicone gel or possibly the Ideal® implant may offer a better result. The exchange of implants can usually be carried out with minimal downtime.

And sometimes droop develops over time and with pregnancies and breast feeding. Years after primary augmentation the occasional patient will return and be ready for a lift.

There are many other reasons for secondary breast surgery. Each case needs to be considered individually.