



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](#).

If you have had previous breast augmentation and have been disappointed or a have problems with one breast or with 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. If we can get you much closer we will usually make you happy, even if you don't get the "perfect" result you originally imagined. The physical or technical reasons will depend on your individual case.

The most common reasons for re-operative surgery are:

- Change of implant size (either larger or smaller)
- Rippling & visibility
- Capsular contracture (hardness)
- Droop not previously present or present but not treated



Size Change

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. See our blog on sizing for help: <http://drgelfant.com/sizing-for-breast-ugmentation/>

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.

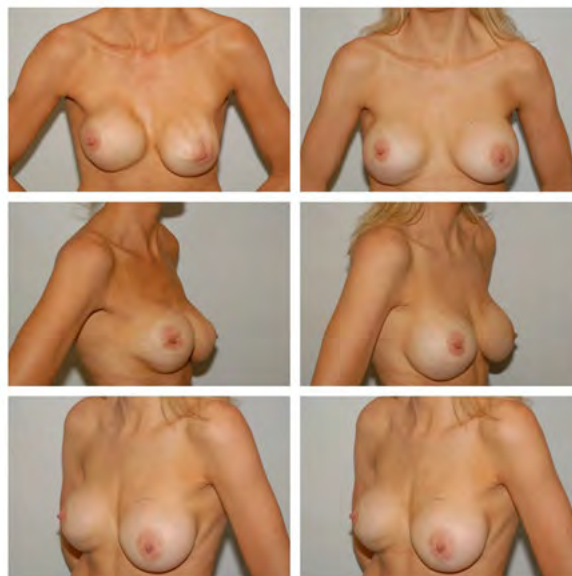
Because of the moratorium on silicone gel filled implants between 1992 and 2006, some women were augmented with saline filled devices and had little natural breast and body fat to conceal these devices.

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. Saline implants, especially above the muscle, cause rippling more than silicone gel filled devices, but simply replacing saline with gel doesn't improve 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.

For these women, replacement with silicone gel often offers a better result. The exchange of implants can usually be carried out with minimal downtime.

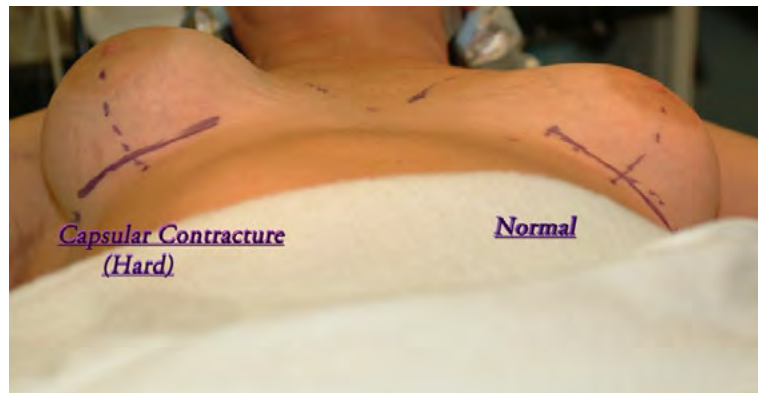
The patient on the right had severe rippling and visibility with implant malposition; the right implant comes across the midline over the breastbone and the left is too low.

She was treated with implant exchange and capsulectomy, replacement under the muscle & elimination of the excess space. Post operatively she is much improved."





Capsular contracture



Capsular contracture is when there is shrinkage of the fibrous tissue which forms around the implant not long after surgery.

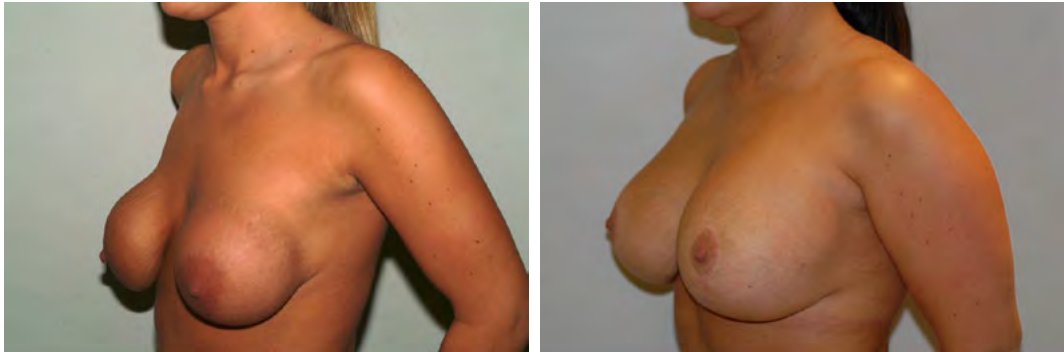
Women with contractures are afraid of even being hugged, because their breasts often feel like foreign objects. Fortunately contractures are less common than there were years ago. Better implants have played a role as has better and gentler surgical technique. But the most significant improvement is the more widespread adoption of placing implants under the muscle (partial sub-pectoral).

Contracture with implants above the muscle is usually treated with complete capsule removal (capsulectomy) and replacement with new implants under the muscle. While there is no guarantee, the results are usually improved shape, and more natural feeling breasts, instead of the embarrassment and self consciousness associated with the hard, immobile, round breasts of contractures.



Untreated Droop

Breast lift after augmentation occasionally is done when a lift may have been advisable originally or when droop develops later. You may have had augmentation done in your 20s or 30s and have had children since. The following case involved bilateral capsulectomy, replacement under the muscle, and bilateral breast lift:



Sometimes patients at first won't accept the scars of a breast lift, and opt for an augmentation alone despite being advised otherwise. Sometimes the decision to lift or not isn't 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 ([see breast lift](#)). 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.

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.



Summary

Breast augmentation with implants has been done for over fifty years. The last three decades have brought improvements in safety, reliability, and the esthetic outcome of surgery. Recovery time has become shorter, pain dramatically lessened, and return to an active life much quicker.

Our aim in breast enhancement is always to achieve a lasting natural looking and feeling result. Even if you have been disappointed in the past, a re-evaluation and carefully planned further procedure will often give a much more satisfactory result.

Meet the Doctor

Benjamin Gelfant, MD FRCSC

Dr Gelfant is a member of the Canadian Society for Aesthetic (Cosmetic) Plastic Surgery (CSAPS), as well as the American Society of Plastic Surgeons (ASPS) and the American Society for Aesthetic Plastic Surgery (ASAPS).

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