## horizontal line

Institute of Aesthetic Plastic Surgery

*08.01.2016*

## 

# Overview

Updated content & sitemap for www.sydneyplasticsurgery.org

# Goals

1. Modern / Fresh design
2. Responsive design (equally effective mobile / ipad)
3. Improved SEO

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# Website Examples

*Preference in order*

<http://www.jasonmartinmd.com>

<http://www.maxwellaesthetics.com>

<http://www.plasticsurgerynow.com>

<http://www.plasticsurgeryaustralia.com>

<http://www.aestheticinstitute.ie>

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# Homepage

## Call to action messages (Sliders)

Need new messages - current ones out dated

1. At the Institute of Aesthetic Plastic Surgery - Your future looks beautiful.
2. Ideal to have 4 call to action messages?

## Welcome Message

You can expect beautiful results at the Institute of Aesthetic Plastic Surgery. Offering unparalleled expertise in face, breast and body enhancement, including facelifts, breast augmentation / lift / reduction or tummy tucks, we offer total care at every step of your transformative journey.

Dr Turner is one of Australia’s most eminent specialists in plastic and cosmetic surgery, and is supported by our highly qualified, professional team. As Sydney’s premier plastic surgery clinic, we use only the most revolutionary techniques to minimise scarring to help you look better, feel better and enjoy a beautiful new you.

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# Site Map

### About Us

* Our Philosophy and Values
* Meet Dr Turner
* Our Staff
* Locations

### Procedures

* Face
  + - Facelift
    - Rhinoplasty
    - Blepharoplasty
    - Browlift
    - Otoplasty
* Breast
  + - Breast Augmentation
    - Breast Lift
    - Breast Lift with Implants
    - Breast Reduction
    - Gynaecomastia
    - Mummy Makeover
* Body
  + - Tummy Tuck
    - Labiaplasty
    - Liposuction
    - Brazilian Butt Lift
    - Mummy Makeover
* Non Surgical
  + - Anti Wrinkle
    - Dermal Fillers
    - CoolSculpting
    - UltraShape
    - VelaShape

### Patient Resources

* Your First Consultation
* Preparing for Surgery
* After Your Surgery
* A Word about Scars
* Frequently Asked Questions (general / financial)
* Education
  + Videos
  + Brochures
* Financial Information
* Patient Forms

### News / Blog

### Contact Us

###### *Note - need to pul*l instruction videos / brochures from the website to be edited and reused.

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# Home Page Design Elements

1. Call to actions at top right
   * 1. Phone Number
     2. Call for appointments?
2. Need to update logo design - (Jen)
3. Hero image with - branding message
4. Call to actions
   * 1. Procedure of the month
     2. Coolsculpting / Ultrashape
     3. Meet Dr Turner
     4. Specials
5. Contact form
   * 1. Either always visible or popout
6. Affiliations

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# Our Philosophy and Values

## Our Vision

With advanced techniques, expertise and constant client feedback, we aim to remain at the forefront of surgical rejuvenation and deliver outstanding results for clients who value experience, empathy and quality outcomes.

## Our Mission

To provide exceptional quality of service in plastic and cosmetic surgery, and improve the appearance, wellbeing and self confidence of clients entrusting us with their care.

## Our Values

* Integrity – We aim to impress with education rather than promotion. All photographs on this website are of Dr Turner’s own clients, and are not enhanced or digitally embellished. The outcomes of surgery shown are true representations of our results.
* Accessibility – Peace of mind with 24/7 service. All clients have direct access to Dr Turner and his team before, during and after surgical procedures.
* Empathy – We treat clients with absolute respect. You can feel confident sharing your choices, opinions and feelings with our sincere, mature and non-judgemental staff.
* Privacy – Absolute discretion. Your details and treatment history are kept in strict confidence at all times.
* Feedback – Your thoughts and feelings are important to us. We encourage feedback, comments and suggestions to ensure satisfaction with every aspect of your experience.
* Progress – Ongoing professional development ensures all our staff members remain up to date with the latest techniques and operations.

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# Meet Dr Turner (image)

Dr Turner goal has remained the same from the day he elected to become a surgeon: to provide his patients with natural, beautiful results. Today, his thriving practice is testament to what he set out to achieve from the very beginning: changing a person’s quality of life, through self-improvement.

## PROFESSIONAL AFFILIATIONS

• Australian Society of Plastic Surgeons (ASPS)

• Australasian Society of Aesthetic Plastic Surgeons (ASAPS)

• International Society of Aesthetic Plastic Surgeons (ISAPS)

• Fellow of Royal Australasian College of Surgeons (FRACS)

• Australian Medical Association (AMA)

## AWARDS & EDUCATION

• John Brookes Moore scholarship

• John Loewenthal Medal for Surgery.

• BSc (Anatomy and Pharmacology), University of NSW

• MBBS (Honours), University of Sydney

• Masters of Surgery (Plastic Surgery), University of Sydney.

• Fellowship in Plastic & Reconstructive Training program, Royal Australasian College of Surgeons

## PUBLICATIONS & PRESENTATIONS

• 2012 Ameloblastoma – A case series of 10 patients over 10 years at St Vincents Hospital: Management and lessons learnt. S.J., Moisidis. E., Gallagher. R.

• 2012 Primary nerve repair following resection of a neuroenteric cyst of the oculomotor nerve. S. J., Dexter, M. A., Smith. J., Ouvrier. R. Journal of Paediatric Neurosurgery

• 2010 Metastatic cutaneous squamous cell carcinoma of the external ear: a high-risk cutaneous subsite. SJ Turner, GJ Morgan, CE Palme, MJ Veness. Laryngology & Otology, 2010, 124:26-31

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# Our Staff

Our nursing and patient support teams sole goal is to support our patients who trust us with their care. You can feel confident of their support and expertise at every step of your transformative journey. We treat every patient with absolute respect, so you can be comfortable in our sincere, friendly and supportive environment. A keynote of our service is the availability of Dr Turner and his staff on a 24/7 basis. This service is unique and is informed by our own personal experiences of being patients and family in the strange world of being unwell.

## Profile of staff

# Subpages

1. Breast
2. Body
3. Face
4. Non Surgical

*Layout*

### Header

### Image

### Introduction

###### *links to procedures*

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# Procedure Pages

*Layout*

### Header

### Introduction

### Quick Facts

* Anesthesia:
* In/Outpatient:
* Length of surgery:
* Recovery:
* Results:

### Your Treatment at Institute of Aesthetic Plastic Surgery

#### FAQ style topics - point form

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# Face

The face changes over time in many different ways, it will reveal how we are, and what we are thinking. The face is for this reason extremely important for our overall well-being.

Aging of the face is primarily due to genetic factors, but other factors also play a role. Stress and external factors such as sun exposure and smoking will speed up the aging process. Lines and wrinkles will gradually become more visible, but there will also be changes under the skin. The supportive tissues will loose strength and elasticity and the face will loose volume and shape.

Technology has transformed the aesthetics industry in the past 20 years. It has allowed plastic surgeons like myself to use less invasive procedures while getting better, more natural results. When it comes to non-surgical facial rejuvenation, the treatment options are numerous. Success is dependent upon your ability to combine technology-based treatments (e.g. lasers) with the multitude of other treatment options available (e.g. botox and fillers).

With facial aesthetics, every perceived problem has multiple answers. When considering these answers, it is the combination of the treatment options that can have transformative results. A full-face deep laser treatment combined with fat transfer, botox and a comprehensive skin care regimen can rival facelift results in select patients. This is why it is imperative to be evaluated by a medical professional with access to all of these treatments.

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# Facelift

Over the last few decades there has been an abundance of new techniques, technologies, and treatments introduced for face and neck enhancement, making the path to rejuvenation even more confusing. To bring clarity to this process, I create a comprehensive treatment plan for every patient that includes the newest technologies and treatment options. This takes into account the different aspects of your lifestyle, anatomy, and expectations, while ensuring to maintain your natural beauty. Overall, it is a fully-integrated program that provides the most desirable outcome with the least amount of surgical intervention and downtime.

### Quick Facts

* Anesthesia: General Anaesthesia
* In/Outpatient: Inpatient
* Length of surgery: 3-5 hours
* Recovery: Most patients are back to work in approximately 10 - 14 days when swelling and bruising resolves. We advise our patients to avoid strenuous activity for 1 month.
* Results: Final results are seen within 6 months, and the duration of those results vary from one person to another due to the quality of their skin, ageing and weight changes.

### Your Treatment at Institute of Aesthetic Plastic Surgery

#### Facelift Surgery

Several procedures can relieve the signs of ageing. Long-lasting improvement can be achieved by removing excess skin and fat, tightening underlying muscles and redraping the skin of your face and neck in a facelift (technically known as a meloplasty or rhytidoplasty).

* Traditional facelift

Traditionally, a facelift is performed when the ageing process is well-advanced, particularly where there are significant changes in the neck, such as vertical muscle bands, excessive fat or loose skin. The standard facelift addresses the lower two thirds of the face and upper neck. It can be specifically directed towards the correction of facial muscle and supporting ligament laxity.

* Short scar facelift (S-lift)

For younger patients, a newer technique has been developed that has a shorter recovery period. The short scar facelift produces an excellent cosmetic result with an incision that does not extend behind the ear and into the hairline. This technique can be used to remove a small amount of loose skin and correct early jowl formation.

* Ancillary procedures

Facelift surgery is often combined with ancillary procedures such as eyelid surgery, forehead (brow) lifts, lip lifts or augmentation, nose (rhinoplasty) reshaping, removal of skin blemishes via laser resurfacing. These surgical combinations can be performed in one or more stages. During your visit to Dr Turner at his practice in Sydney, he will advise you of any facelift procedures that may be relevant in your particular case.

#### Early Facelifts

The original facelift as described over 40 years ago involved incisions placed inconspicuously in the hair of the temple and in the scalp behind the ear, as well as in the crease lines in front of, around, and behind the ear. The skin of the temple, cheek and neck was undercut and pulled back, trimming off the excess before closing the incisions with sutures. The tighter the skin was pulled back the tighter and more mask-like the facelift.

Because the skin would stretch and become loose again, a degree of over-correction was built into the surgical procedure. This often produced an unnatural “parchment-like” appearance as the tension was taken fully by the skin. This was more likely to result in thickened (hypertrophic) scars and the result did not last long.

#### Modern Facelifts

To produce a more natural look with better quality scars and to avoid excess skin tension, newer facelift surgery techniques have evolved over recent years. These use similar skin incisions, but involve the dissection and tightening of the suspensory supporting soft tissue structures of the face and neck – the SMAS - Superficial Musculo-Aponeurotic System and the muscles of the eyelids (orbicularis), face (zygomaticus), and neck (platysma).

Consumer demand for even less invasive procedures has led to the development of the short scar or S-lift type of procedure. These operations have application in younger patients without significant neck aging and result in shorter scars and more rapid recovery. If applicable, Dr Turner will discuss them with you.

Fatty tissue, especially in the neck, can be removed by direct excision through a small transverse incision under the chin, via suction assisted liposculpture or non surgically with CoolSculpting.

#### SMAS procedure

In the SMAS procedure, the deeper supporting structures of the face and neck are tightened and the skin is gently redraped to give a natural, fresh, rejuvenated appearance with normal facial expression and a smooth jawline without jowls. The excessive fatty tissue is removed, restoring the neck contour to a youthful look. One major advantage of these newer facelift surgery techniques is a longer-lasting result due to the tightening of the deep supporting structures of the face and neck. Because the skin is not subject to the same degree of tension, scarring is inevitably less obvious.

However, these procedures require a high degree of specialised surgical skill and take much longer to perform. With the deeper SMAS dissection, the facial nerve (responsible for facial expression) may be involved and extra caution is required. However, it is Dr Turner’s opinion that the SMAS procedure is the gold standard that should be offered in modern face-lifting because of the numerous benefits this operation affords the patient.

#### How can I expect to look?

If you stand in front of a mirror and lightly pull the skin upwards and backwards in the temples and in front of the ears, you will get an indication of what a facelift can achieve.

We aim for a harmonious, well-rested, fresh look from forehead to neck whilst maintaining normal facial expression. A facelift surgery and ancillary procedures will achieve this. But not all wrinkles, furrows and folds will disappear – especially if they have been long-standing and permanent skin damage has occurred over the years.

#### When can I resume social activities?

A commonly held misconception is that cosmetic surgery is magical and not ‘real surgery’. This is of course, not true. You cannot expect to have a facelift and look and feel normal overnight. It is safe to plan about three weeks of social hibernation after the procedure, although many patients resume full activities within a fortnight.

The amount of swelling and bruising varies and is maximal in the first 3-4 days. It gradually settles over the next 2-3 weeks with the blue to yellow skin staining of bruising occurring in this time. Make-up is a marvellous invention. Coupled with the fact that your stitches are inconspicuously placed within your hairline and about your ears (usually easily covered with hair) you will usually be able to venture out within two weeks of facelift surgery. Your sutures (stitches) are all removed within this time.

#### Healing

Although you will look presentable within 2-3 weeks of facelift surgery, the average healing time for skin and soft tissue is about three months. During this time your scars may go through the usual healing processes – initially appearing red and itchy, then red and lumpy, pale and lumpy and leathery, eventually softening to normal skin colour and texture. Individuals vary greatly in the time taken for scar resolution, but generally improvements in results occur in a subtle way over some months.

Facelift surgery is limited in results by the quality of your skin – a very important aspect is your pre-op and post-op skincare program. Our office will advise and support you in this.

#### Will everyone know I’ve had a Facelift?

It is usual to feel apprehensive about undergoing a surgical procedure to improve your appearance. You want to recapture your youthful appearance, but on the other hand you don’t want people to think that you have had a facelift to achieve it, or are vain. The real situation is that in our society, we are all vain! We all care about how we look – our hairstyles, makeup, clothes and jewellery. It is interesting to observe that one of the fastest growing industries worldwide is the cosmetic industry, where in the United States over two billion dollars a year is spent on make-up.

The vast majority of people are not discerning and surprisingly will not notice even quite marked changes to facial appearance. The usual comments you can expect are that “You look well!” or “Have you been on a holiday?”

#### When should I have a Facelift?

There is no specific age that is best for a facelift – we all age differently according to our individual genetics and environmental experiences such as sun exposure, skin care and smoking.

Facelifts can be performed from early 40′s to late 70′s. Benefits usually last longer when a facelift is performed on a younger person. For older people, whilst perhaps a more dramatic change is noted, deep furrows and wrinkles have already made their permanent mark and may need to be accepted by the patient if they cannot be totally removed by facelift surgery.

#### How long will it last?

Although many individual factors determine the overall result, on average one can expect about 7-8 years of improvement. With SMAS procedures, improvements are often maintained for even longer. Unfortunately, the ageing process is relentless and after a number of years you will again develop ageing facial features which if you wish, can be improved by a further facelift, often not as comprehensive as the original operation.

It’s a misconception that facelifts make you age faster and that once you have one, you need more. This is not true. Although ageing proceeds, it is not at an increased rate. In the face, the overall effects of ageing may be slowed after a modern day facelift, as the deep supporting structures are tightened and the redraped facial skin adheres to these supports. There is also evidence that subjecting the skin to tension induces the development of new elastic-type fibres that prolong the improvement achieved by facelift surgery.

#### Is it painful?

We all fear pain and have different thresholds at which we perceive pain. Facial cosmetic surgery, like any operation, will produce some pain, but it is usually only mild to moderate and should be relieved by mild analgesics such as Panadeine or Digesic. Pain relieving injections are rarely required, particularly with the modern techniques of analgesia with utilise long-acting local anaesthetics and intravenous sedatives. Dr Turner and your anaesthetist will discuss these techniques with you and advise you of the suitability of them in your particular case.

Advancements in anaesthesia over recent years have meant more comfort for patients – less pain with minimal postoperative sedation and nausea and a quick recovery to “feeling normal.” Depending on the individual, either general anaesthetic, (in which you will sleep throughout the operation) or neurolept anaesthesia (commonly known as “twilight” anaesthesia or sedation) is used.

#### How will I feel afterwards?

One of the effects of skin lifting in facelift operations is temporary numbness felt in the cheeks and upper neck immediately after facelift surgery. This customarily extends for three finger breadths in front of the ear and returns to normal within 3-6 months. This has a side benefit as it means no pain is felt in these areas.

A new face does not guarantee a new life and does not change your personality, but cosmetic facelift surgery performed in patients with realistic expectations can do wonders for self esteem and self confidence. A change in your body physically will also change your mental body image. This will always be associated with mood changes in the early postoperative period. It is not unusual to become excited or withdrawn and mildly depressed in the early postoperative days – the chances of this affecting you are reduced by being aware that it can occur and is a normal sequel of any operation, but slightly more likely following cosmetic facelift surgery. Before long you will be back to normal and enjoying life with your new look.

#### Understanding the risks and complications

Before you make a decision to undergo cosmetic facelift surgery, it is important that you be informed of the potential risks, complications and side effects. Despite Dr Turner’s experience, complications may occur even with the best surgical care. For this reason, and in order that you may be truly informed prior to making your decision about facelift surgery, it is important that you carefully read and understand the risk factors.

The following is a list of side effects that accompany facelift surgery on a relatively common basis. Complications, although rare and unexpected, may occur despite any surgeon’s best efforts. Whilst reading and carefully considering this list, please understand that thousands of successful cosmetic procedures have been performed and the occasional occurrence of these side effects may be a part of what is considered a successful cosmetic operation.

Likewise, although much less likely, the complications listed herein do occur, despite optimal care and patient co-operation. You must understand that all these complications have occurred to some patient sometimes and may, ultimately, be part of your own clinical experience. With care and patience many of them can be repaired or mitigated – but these problems do occur and you must consider them.

##### Possible side effects

* Swelling – this is normal following facelift surgery, reaches a maximum at about three days and usually lasts up to three weeks and very occasionally, six to eight weeks.
* Pigmentation (discolouration and bruising) – bruising usually comes to the surface within a few days and then gradually resolves over two to three weeks. Occasionally extensive bruising can require many weeks or months to totally resolve. These problems can be common in patients with thin, hypo-pigmented, transparent skin. Patients with darker complexions would be aware of the possibility of residual brown pigmentation. Should this occur, there are treatments which will accelerate its resolution, but they take some time to have an effect.
* Loss of or abnormal sensation – it is usual to have a reduction in skin sensation after a facelift procedure. This can include the skin around the cheeks, chin and neck and it is also possible to have numbness of the lower portion of the ear and the hairline, both above and below the ears. Feeling will usually return over a period of 8 – 12 weeks, but in some patients this does take a little longer. A feeling of “insects crawling under the skin” can be experienced while the sensations are returning and this should be considered normal. On rare occasions, sensation can be increased and this will slowly return to normal over a period of weeks to months.
* Tightness, vice-like feelings, headaches – when the superficial muscle layer of the neck is tightened, occasionally a feeling of tightness or choking can be experienced. This is not usually a permanent problem as the muscle layer and sutures do tend to loosen slightly and the feeling of tightness around the neck reduces. However, during the week or weeks that this is present it can be a disconcerting feeling. The same applies to the area around the upper cheeks and temple and occasionally behind the ear. A vice-like feeling in this area and headaches can be experienced. Again, these settle as the swelling reduces and the tissues soften and relax. Significant pain is not common after facelift surgery and if it is experienced, it is mostly temporary.
* Alteration of the hairline – may occur especially in the side-burn areas. Dr Turner will discuss with you his technique to minimise this often troublesome problem. Male patients should be aware that the hairless area in the front of the ear may be narrowed and that the beard pattern will possibly change, necessitating shaving closer to the ear at the front and maybe behind the ear. Dr Turner modifies his incisions to prevent as far as possible any alteration to the normal “geography” of the hair line.
* Hair loss – as a result of anaesthesia or the facelift surgery may occur in the temple area or behind the ear. This is usually temporary with normal regrowth noted within several months.
* Scarring – will occur whenever skin is incised and of course all effort is made to place scar lines where they will not be detected by the unknowing observer. Scar maturation varies from person to person and occurs over 3-12 months. Scars normally progress through red, itchy, lumpy, white and leathery stages before settling to their final state. Visible incision lines may tend to thicken, require steroid injections or pressure therapy and possibly additional revision surgery will be indicated to improve the result.
* Broken capillaries – with any skin lifting surgery, it is possible to cause some broken capillaries in the skin. This is more so if this condition already exists and can be noticeable on the lower cheeks and neck area. Fortunately laser treatment is available for improving the appearance of broken capillaries and this would require referral to a specialist who deals with this problem.

##### Possible complications

* Infection – this is extremely rare despite the proximity of hair around the wound, as the face has an excellent blood supply. Antibiotics may be administered to further minimise this possibility where indicated.
* Blood clots or haematoma – although all care is taken to minimise bleeding, occasionally a blood vessel will continue to bleed after surgery producing a swelling or mass of blood (usually clotted). This clot or haematoma is usually noted within the first 24 to 48 hours after facelift surgery and may require further surgical exploration to drain the collection and stop the bleeding if it is sufficiently large. Small amounts of bleeding may leave an indurated or thickened area for a few months. This may respond to ultrasound treatment, but should settle without affecting the long term result.
* Skin death (necrosis) – fortunately skin death (or necrosis) is a very rare complication of facelift surgery. However, even with the best operating skill it can occur. The area most frequently involved is the non hair-bearing skin behind the ear. If this was to occur, the area would be allowed to heal. Occasionally small skin grafts are necessary to speed up the healing process. If skin death does occur, additional scarring would result and would appear as white scar after maturation has occurred. Usually as the skin becomes looser the scar can be reduced in size and the effects of this complication can often be minimised. This complication is much more common in smokers and has been estimated to be 12 times more likely than in non-smokers. You should therefore inform Dr Turner if you are a smoker.
* Nerve damage – possible nerve damage involving the sensory nerves to the cheek, neck and ear area has been covered earlier. However, damage to the nerves which innervate the muscles of the face can infrequently occur and it has been estimated to occur in approximately 0.7% of all facelifts. This will cause facial distortion or weakness around the eyebrows or mouth. This is transient in most cases and usually returns to normal over the first 6 weeks to 6 months. Occasionally this can persist as a permanent complication which will compromise the beneficial goals of the procedure. Damage to these motor nerves is slightly more common when the SMAS procedure is used. This is why the operation takes longer and requires a greater degree of skill.

#### Prior to Facelift surgery

* Avoid Aspirin or aspirin-containing medicine (Aspro, Nurofen, Voltaren, Alka-Seltzer, or any medicine containing acetylsalicylic acid) for 2 weeks prior to your operation as these medications can produce bleeding or bruising. Panadol is safe. Some herbal therapies such as St Johns Wort or Gingko Biloba should also be avoided.
* Avoid vitamin E two weeks prior to facelift surgery as this may also increase bleeding tendency. Vitamin B and C are safe to use.
* Stop smoking to avoid postoperative coughing which increases the risk of bleeding and bruising. Smoking also decreases blood supply to the healing tissues, increasing the risks of delayed and poor healing. This recommendation is important and your smoking pattern must be discussed with your doctor.
* Do not drink alcohol for at least two days prior to facelift surgery as alcohol also increases the chances of bleeding and bruising.
* Hair colouring may be used up to the week of facelift surgery, but must be avoided for approximately two weeks after facelift surgery. Prior to facelift surgery you should consider hair styles that allow coverage of your ears and if possible the forehead to help conceal early bruising or incision lines.
* Please note that only minimal hair will be shaved during the operation. The area shaved is behind the ears and confined to that scalp skin that is to be removed during facelift surgery. At the end of your operation there is no hair loss. Despite there being sutures or metal clips in the scalp following any browlift procedure these are rarely seen after the hair has been washed and dried.
* If you develop any sign of infection such as cold, flu, or pimples on your face during the week prior to facelift surgery – please notify Dr Turner’s office so that we can treat this effectively.
* On the night before of the day of facelift surgery, shampoo your hair and cleanse your face thoroughly with Hibiclense. Do not apply any moisturiser, makeup or hair products after cleansing.
* Bring to hospital your normal toiletries and any regular normal medication that you use. Loose night clothes are recommended. Also bring a pair of sun-glasses and a scarf to wear home.
* If your operation is in the morning, you must have nothing to eat or drink from midnight. If your operation is in the afternoon, you must have nil by mouth from 8am on the day of facelift surgery.

#### After Facelift surgery

In the first week following facelift surgery it is advisable to restrict your normal activities. Avoid smoking, alcohol and stress if possible, as this hinders the healing process. You may shampoo your hair as soon as the bandages are removed, usually on the second postoperative day. This helps keep the incision lines clean and dry. Careful drying is important – use a hair dryer on low heat around the suture lines. A dry cotton bud is particularly useful to clean behind the ears after showering. Ointment may be prescribed to keep the areas behind the ears soft and moist. Apply this twice daily, if so instructed. It is quite normal to experience tightness and reduced sensations to your face during the initial healing process (i.e. over the first six weeks or so).

* Sutures and scarring. Upon leaving hospital, an appointment will be made for you to visit Dr Turner’s office for removal of sutures. By the end of 7 to 10 days, all sutures or staples will be removed. Vasoline gently massaged into the scar lines should be commenced about one week following removal of all sutures. This helps to soften the scars and you should continue doing this for six to eight weeks. Remember to massage for five minutes as the friction of this action is important in scar maturation.
* Pain relief. Analgesia or pain relief is often required to manage the discomfort – Panadeine Forte or Digesic may be given initially, but as pain settles, Panadeine or Panadol is usually adequate. Codeine, which is found in Panadeine or Panadeine Forte, can cause constipation, so it is important to drink lots of fluids, maintain a high fibre diet, and if required a gentle laxative (eg. Nulax) may be used. Avoid aspirin as this can increase your bruising and bleeding into the tissues.
* Bruising. Generally, visible bruising is present for up to two weeks. The swelling increases over the first 48 to 72 hours following facelift surgery, stabilises, then generally subsides slowly, but it can take up to three to six weeks to fully settle. Often one side of the face is more bruised or swollen than the other. A facial support can be worn initially to help with this. You need to be patient and give yourself time to heal.
* Sleep. It is necessary to sleep elevated on a few pillows to help minimise swelling. However it is vital not to let the neck flex onto the chest at any time. Keep your chin up as far as possible. Occasionally this can be uncomfortable, so a folded towel under the upper back may be supportive and beneficial in keeping your neck extended.
* Emotions. Often in the weeks following facelift surgery, it can be a difficult time coming to terms with the “new you”. Some patients when looking in the mirror will say, “What have I done?” and experience guilt and low self-esteem. Now is good time to seek the advice of your beauty therapist and/or a hair stylist who can provide useful hints about camouflage of bruising and makeup. This can help boost your confidence and maintain a positive state of mind. Try and increase your daily activities and start going out a bit more.

Regular appointments are made for you to visit Dr Turner for a routine check up. Photographs are usually taken to chart your progress. As time passes you will begin to see the positive effects of your facelift and you will gradually resume most normal activities and start feeling more confident.

#### Facelift Treatment Costs

For facelift treatment fees, call Institute of Aesthetic Plastic Surgery at 02 xxxx or email us at info@sydneyplasticsurgery.org.

# Blepharoplasty

Your eyes make an incredible first impression. If you feel that the natural ageing process is making you look tired, you can enjoy a younger, more energised and confident appearance with eyelid surgery.

Blepharoplasty is an essential tool to maintain and enhance one’s facial natural beauty. It requires a delicate touch, an artistic approach and a full understanding of the local anatomy. For these reasons, blepharoplasty must be approached with care. The eyelids are complex structures that are very unforgiving. Therefore it is extremely important to seek out an expert who has experience with these types of procedures.

### Quick Facts

* Anesthesia: Local or General Anaesthesia
* In/Outpatient: In Rooms or Inpatient
* Length of surgery: 1-3 hours
* Recovery: Most patients are back to work in approximately 7-10 days when swelling and bruising resolves. We advise our patients to avoid strenuous activity for 1 month.
* Results: Final results are seen within 6 months, and the duration of those results vary from one person to another due to the quality of their skin and ageing.

### Your Treatment at Institute of Aesthetic Plastic Surgery

#### Blepharoplasty - Eyelid surgery

Ageing is an irreversible, relentless process of tissue degeneration resulting in loss of elasticity and stretching of skin. Whilst the eyes themselves are expressionless, the eyelids are very important indicators of our emotions.

Eyelid surgery or Blepharoplasty is a procedure to remove excess skin, muscle or fat from the upper and lower eyelids. Eyelid surgery can correct drooping upper lids and puffy bags below your eyes – features that make you look older and more tired than you feel, and may interfere with your vision. However, it will not remove crow’s feet or other wrinkles, eliminate dark circles under your eyes, or lift sagging eyebrows. Whilst it can add an upper eyelid crease to Asian eyes, it will not erase evidence of your ethnic or racial heritage. Blepharoplasty can be done alone, or in conjunction with other facial surgery procedures such as a facelift or brow lift.

#### The Eyelid Problem

When heavy and baggy the eyelids portray a tired look; if hooded with loose skin, an aged look; if elongated and almond shaped with a smooth contour, a fresh youthful look.

The eyes are the first facial feature people observe and unfortunately they are also one of the first to show the signs of ageing.The rate of this ageing process varies from individual to individual and depends on the person’s genetically determined constitutional clock. It is hastened by the effects of sun exposure, smoking and the stresses of daily life. Hooding of the upper eyelids is the combined effect of descent of the eyebrows into the lid area (brow ptosis) and an increase in the upper eyelid skin due to loss of elasticity and stretching of the skin (blepharochalasis).

Squinting into the sun with or without sunglass protection will, over the years, lead to fine lines which go on to form wrinkles and then furrows in the forehead and about the eyes. Loose skin in the upper eyelid will rest on the upper eyelashes giving a heavy tired look. It also makes it difficult to wear eye makeup.

Lower eyelid skin as it ages becomes loose, tends to wrinkle and eventually develops folds under the influence of gravity. The lower eyelid muscle weakens and underlying fat pads bulge forward producing bags.

Skin pigmentation occurs from the degenerating effects of the sun on the skin. It can also be a normal racial characteristic. This pigmentation can produce shadowing of the lower eyelid and contribute to the ageing non-youthful look.

#### What causes eyelid puffiness?

Puffiness or swelling about the eyelids is produced by any one or more of three possible factors:

* Weakened eyelid muscles (the orbicularis muscles) allow the orbital fat to billow forward under the influence of gravity. This produces puffiness of the eyelids which is constantly present, but can be made to disappear by standing in front of a mirror and contracting your eyelid muscles such as in squinting. The problem can be surgically corrected by tightening the muscle sling with resuspension in the outer aspect of the lower eyelid (a procedure known as canthoplasty).
* Excessive fatty deposits about the eyeball produce bulges or bagginess. These fatty deposits are compartmentalised and when present in excess, the fat pushes the overlying thin eyelid muscle and skin forward producing the baggy contour defect. Removing the excessive fat or strengthening the retaining membranes (skin and muscle) corrects this problem.
* Excessive fluid accumulation about the eyes. This occurs commonly as a result of allergy and is usually worse on getting up in the mornings and improves as the day goes on – with the redistribution of body fluids on rising from the recumbent to the erect posture. Fluid accumulation is not corrected by surgery and if present may lead to a more protracted post surgery recovery. Some morning swelling can be expected in all patients for some variable time after eyelid surgery.

#### The Upper Eyelid operation

Evaluation prior to surgery includes your medical history, especially in relation to underlying allergies, visual problems, current medications, and known history of scarring. Advise Dr Turner of your need to wear glasses and the date of your most recent eye examination.

Eyelid examination allows assessment of skin quality and looseness, muscle activity and any excess orbital fat and its distribution. It is best not to wear make up for this assessment. It also includes an assessment of the contribution any eyebrow ptosis is making to your eyelid problem and the possible need for eyebrow repositioning to achieve an optimal result.

Photographs are taken before and after blepharoplasty surgery to plan the procedure and record your results.

The blepharoplasty surgery can be performed in hospital or at Dr Turner’s clinic. You have the alternative of general anaesthesia in which you are profoundly asleep and ventilated by a machine or the more modern alternative of intravenous sedation and local anaesthesia from which recovery is much more rapid. The anaesthetist will talk to you prior to the operation to help you decide what is best. Advancement in anaesthesia over recent years has meant more comfort for patients – i.e. pain-free surgery, with minimal postoperative sedation and almost no nausea, leading to a quick recovery and "feeling normal". The anaesthetists in our team are highly skilled and experienced in modern techniques and devoted to keeping you comfortable.

Prior to the operation your eyelids will be marked out so that the incisions follow natural lines or creases and ultimately become "invisible", and to allow the determination of the correct amount of skin to be removed. During the procedure the excess skin is removed, muscle is tightened, and redundant orbital fat is excised or replaced in the orbit.

The surgical incisions are sutured meticulously leaving hairline scars that usually fade quickly, but probably never completely disappear. The upper eyelid scar lies in a natural crease line formed by the attachment of your eyelid muscle to the skin at the upper level of the tarsal plate (that structure that stiffens and supports the upper eyelid). This is usually 8mm to 12mm above the eyelash line, but may be higher as a normal variant, or non-existent as in Asians. This fold can be created by a procedure termed supratarsal fixation and can Europeanise the Asian eyelids. If eyelids are droopy (ptosis) this can also be corrected by shortening the muscle (known as the "levator muscles") that raises your upper eyelid.

#### The Lower Eyelid Operation

If lower eyelid fat bulging is the only problem, there may be no need for skin or muscle adjustment. It is then possible to perform this procedure without any external lower eyelid scar. An incision is made on the inner aspect of the lower eyelid and the excess fat removed. This is called a transconjunctival blepharoplasty. This has application in very selected cases and will be discussed with you by Dr Turner if it is an option for you.

#### After Blepharoplasty Surgery

The eyelids have a protective and lubricating role for your eyes. After blepharoplasty surgery, whilst the eyelids are swollen, this function is compromised and so for a few weeks it will be necessary for you to lubricate your eyes regularly with the ointment or drops. The nursing staff will instruct you about this.

#### Is it painful?

We all fear pain and have very different thresholds at which we perceive pain. Your eyelids may feel tight and sore as the anaesthesia wears off, but any associated pain is usually mild and should easily be relieved by mild analgesics such as Panadeine or Digesic. Your anaesthetist will ensure that you have prescriptions for postoperative pain relief before leaving the clinic or hospital.

#### How will I feel?

Eyelid surgery will enhance your appearance but it won’t necessarily change your looks to match your ideal or cause other people to treat you differently. Cosmetic blepharoplasty surgery performed in patients with realistic expectations can do wonders for self esteem and for self confidence.

#### How will I look?

Bruising and swelling obviously varies from person to person. It is maximal in the first three days and usually settles over seven to fourteen days.

#### Healing and scars

Healing is a gradual process and your scars may remain slightly pink for six months or more. Scars vary greatly from person to person, but all go through an initial red itchy stage to a pink nodular and ultimately to a leathery stage at about six to eight weeks, before fading to a thin, nearly invisible white line. This line may be visible in patients with dark upper eyelid skin, but in most patients with white skin it will not be seen. The ultimate quality of any scars is dependent on the thickness of the skin. The eyelids have the thinnest skin in the body and therefore the scars will mature more quickly and be less obvious than anywhere else.

The positive results of your eyelid surgery will last for years. Your eyes will look fresh and with a smoother improved eyelid contour, ladies will be better able to highlight their eyes with makeup. Everyone should look more alert and youthful.

#### Will everyone know I’ve had my eyelids done?

It is usual to feel apprehensive about undergoing a surgical procedure to improve appearance. The usual dilemma is that on the one hand you want to recapture youth and look better, but on the other hand you do not want people to think that you have had surgery to achieve it, fearing that you will be perceived as vain. The real situation is that in our society we all care about how we look. This is reflected in our hairstyles, clothes etc. It is interesting to note that one of the fastest growing industries is the cosmetic industry, where in the United States over 2 billion dollars a year is spent on makeup. The vast majority of people are not so discerning and surprisingly they will not notice even quite marked changes to facial appearance. The usual comments you can expect are that "you look well" or "have you been on a holiday?"

#### Timing of Blepharoplasty surgery

There is no particular age that is best for eyelid surgery. We all age differently according to a variety of factors: individual genetic makeup, and environmental influences such as sun exposure, skin care and smoking. In general a more youthful look is maintained when eyelid surgery is performed on a younger patient whereas in the older patient a more dramatic change is noted. Deep furrows and wrinkles that have become permanent, need to be accepted, as they cannot be totally eradicated by blepharoplasty surgery directed solely to the eyelids.

The best candidates for eyelid surgery are men and women who are physically healthy, psychologically stable and realistic about their expectations. Most are in their mid-thirties or older, but if droopy, baggy eyelids run in your family you may decide to have eyelid surgery at a younger age.

#### How long will it last?

Cosmetic blepharoplasty surgery will not stop the biological clock, but will reset it. Although there are many factors determining the overall individual result, on average you can expect from six to ten years of improvement. Unfortunately, the ageing process is progressive and after a period of years you will again develop ageing facial features including a recurrence of inelastic skin around the eyelids and perhaps weakened eyelid muscles. Usually further improvement can be obtained by a redo of your eyelid surgery which often needs to be less extensive than the original procedure, or alternatively a forehead repositioning or browlift may be indicated.

A misconception often heard is that one may age faster once you have had eyelid surgery. This is not true and although ageing continues post surgery, it is not at an increased rate.

#### What cannot be achieved by eyelid surgery?

Eyelid surgery will not stop the rate at which the skin ages, but certain lifestyles can hasten the ageing process such as excessive sun exposure, smoking and poor skin care. Attention to these areas can prolong the improvement achieved by blepharoplasty surgery. Whilst eyelid contours are markedly improved, all wrinkles are not removed. This applies especially in the crow’s feet area which is not addressed by a blepharoplasty. The crow’s feet are actually part of the cheek or temple. To improve this problem a brow lift or temporal lift must be considered.

Drooping of the brow produces low flattened eyebrows with a scowling look. This adds to heaviness in the upper eyelids and produces furrowing in the nasal bridge line. This problem is not improved by eyelid surgery, but is better corrected by a foreheadplasty or brow lift.

Skin pigmentation is common in the lower eyelids and is occasionally seen in the upper lids as well. It is most commonly a hereditary ethnic characteristic, but may also be sun induced. Eyelid surgery will not remove this, but rather may make it slightly more obvious by stretching wrinkled loose skin to an improved contour. A skin care program incorporating a light skin peel, either at the time of eyelid surgery or at a later date, may help this problem. Makeup will, of course, camouflage it. The scars from a blepharoplasty will not be as "invisible" in this type of skin.

Facial asymmetry is normal. We all have a strong and a weak side of our facial skeleton and hence left and right eyelids are never identical, nor is the position of the eyebrows. This is of course present prior to blepharoplasty surgery, but occasionally patients notice it more after blepharoplasty surgery as they study their improvements closely. This asymmetry is normal and in fact enhances beauty. It is never the result of blepharoplasty surgery.

#### Ancillary procedures

Although blepharoplasty is one of the most common cosmetic surgery procedures performed, it is frequently combined with other procedures, either at the same time or at a later stage, to achieve an enhanced result:

* Brow Lift. To correct the brow, bridge of nose and forehead furrows and to reposition eyebrows which have become lower and flatter with ageing.
* Face and Neck Lift. To produce fresh facial features with improved cheek, jawline and neck contouring.
* Lip Procedures. To rejuvenate the lip to the youthful look. A variety of injections are available to enhance this area.
* Rhinoplasty. To reshape and refine the nasal features.
* Skin Care Programs. To improve skin quality. These are considered worthwhile to maintain the tone and appearance of the facial skin.
* If you would like to know more details about how any of the above may help you, please ask Dr Turner or his staff.

#### Understanding The Risks And Complications

Before you make a decision to undergo plastic surgery, it is important that you be informed of the potential risks, complications and side effects of the blepharoplasty surgery you are contemplating. While all care is taken to minimise or to totally avoid these complications and side effects, it is recognised that complications may occur despite the best medical care. For this reason, and in order that you may be truly informed prior to making your decision about blepharoplasty surgery, it is important that you carefully read and understand the risk factors.

The side effects of eyelid surgery may occur on a relatively common basis. The complications of this surgery, although rare and unexpected, may occur despite any surgeon’s best efforts. When reading and carefully considering this list, please understand that many thousands of successful cosmetic procedures are performed and the occasional occurrence of these side effects may be a part of what is considered a successful cosmetic operation. Likewise, although limited statistically, the complications listed herein do occur, despite optimal care and patient co-operation. You must understand that all these complications have occurred to some patient sometimes and may, ultimately, be part of your own clinical experience. With care and patience many of them can be repaired or mitigated – but these problems do occur and you must consider them.

A few medical conditions make blepharoplasty more risky. They include thyroid problems such as hypothyroidism and Grave’s Disease, dry eye or lack of sufficient tears, high blood pressure or other circulatory disorders. A past history of detached retina or glaucoma are also reasons for caution – if you have any of the above, please bring it to the attention of Dr Turner prior to blepharoplasty surgery so that if necessary a further ophthalmology opinion can be obtained.

##### Possible Side Effects

* Swelling. Usually is worst in the first 72 hours and then gradually settles over one to two weeks. Some residual swelling may be present for up to six weeks and may be asymmetric depending on many factors such as your favourite side of sleeping. Rarely swelling may persist longer term and is usually intermittent and associated with underlying allergies. This should be noted prior to blepharoplasty surgery.
* Bruising. This is maximal in the first 72 hours and then usually resolves over the ensuing 7-10 days. If troublesome, it can be camouflaged with makeup which can be applied within 7 days during which time dark glasses will assist.
* Pigmentation. This is usually present prior to blepharoplasty surgery, but may be more noticeable following blepharoplasty surgery when the skin contour is improved by the elimination of wrinkles. It may be improved by a skin care program, but sometimes it is hereditary and the only effective treatment is cosmetic camouflage with makeup.
* Dry Eyes, Tearing, Burning or Itching. These symptoms commonly occur following eyelid surgery due to the changes in eyelid function, tear quality and tear gland function. They usually settle within a few weeks. Tearing may be related to obstruction of the lacrimal duct-the canal responsible for draining tears from the inner aspect of the eyelid into the nose. Occasionally this will need to be probed to clear it.
* Temporary Visual Changes. Sensitivity to light, blurring of vision and occasionally mild double vision (diplopia) occur within the first few weeks of blepharoplasty surgery. There may also be corneal irritation. These symptoms usually settle rapidly. Occasionally it is necessary to change your prescription for glasses or contact lenses. This change is part of the evolution of your optical function and is never caused by the blepharoplasty surgery which is only directed to your eyelids.
* Inclusion cysts. Not uncommon following eyelid surgery, small whitehead cysts are noted in the incision lines and these are easily corrected by removal with a fine needle in the office. They are of no consequence and are noticed because of the excessively fine eyelid skin.
* Scarring. Will occur whenever skin is incised. During healing it will pass through red, itchy, lumpy, white and leathery stage before settling to a final state as a fine white line. Incision lines occasionally may be visible and tend to thicken, requiring steroid injections and rarely additional revision blepharoplasty surgery. Although visible incision lines may result, fortunately the facial skin has excellent blood supply which allows for rapid healing. Occasionally scarring may distort the shape of the eyelids and lead to drooping of the lower eyelid, resulting in watering. This is called ectropion and usually settles as the scars mature. Ectropion is minimised by incorporating a lateral canthopexy into the blepharoplasty procedure and massaging the lower eyelids postoperatively in the prescribed manner. Occasionally a further surgical procedure may be required to correct this.
* Inability to close eyes. Occasionally it will be difficult to totally close your eyes whilst asleep and hence the importance of inserting lubricating ointments into the eye. When this occurs, it does so in the immediate postoperative phase and usually settles when the swelling subsides.

##### Possible complications

* Infection. This is exceedingly uncommon, but can occur following eyelid surgery. Antibiotic ointments will usually be used in the first few weeks post blepharoplasty surgery.
* Blood clots (Haematoma). Rarely blood clots may develop behind the eyeball or under the skin. These usually require evacuation.
* Eyelash loss. This is an extremely rare complication following eyelid surgery.
* Ptosis. This refers to drooping of the upper eyelid due to malfunction of the upper eyelid muscle. This is uncommon and can be corrected by a further surgical procedure.
* Eyelid skin loss. This is very rare and usually heals without the need for any further surgical intervention. Very occasionally a small skin graft may be required to replace the damaged area.
* Altered vision. Usually temporary but very rare cases of blindness have been reported in the medical literature. Dr Turner will discuss the mechanism of this complication with you and the procedures he uses to prevent its occurrence.
* Pain. Temporary or permanent is extremely rare.

#### Preparing for Blepharoplasty surgery

* Two weeks prior to your operation you should avoid Asprin or aspirin-containing medicine (Aspro, Nurofen, Voltaren, Alka-Seltzer or any medicine containing acetylsalicylic acid) as this can produce bleeding or bruising. Panadol is safe. Also suspend the use of herbal remedies such as St Johns Wort and Gingko Biloba.
* Avoid Vitamin E two weeks prior to blepharoplasty surgery as this may also increase a bleeding tendency. Vitamin B and C are safe to use.
* Stop smoking to avoid the chance of postoperative coughing which increases risks of bleeding and bruising. Smoking also decreases blood supply to the healing tissues, increasing the risks of delayed and poor healing.
* Do not drink alcohol for at least two days prior to blepharoplasty surgery as alcohol also increases the chances of bleeding and bruising.
* In the week prior to blepharoplasty surgery, if you develop any sign of infection such as cold, flu or pimples on your face-please notify our office so that we can treat this effectively. If you have a history of facial Herpes please let us know, as Acyclovir started before your blepharoplasty surgery should prevent an outbreak.
* On the night before or the day of blepharoplasty surgery, shampoo your hair as usual and cleanse your face thoroughly to remove all traces of makeup. Do not apply any moisturisers, makeup or hair products after cleansing.
* You should bring to hospital your normal toiletries and any regular normal medication that you use. Loose night clothes are recommended. Also bring a pair of sunglasses to wear home.

#### After Surgery

If your operation is performed in hospital the nursing staff will assist you by bathing the eyes with a saline wash and the application of ice packs to help reduce swelling. During the day, artificial tears will lubricate and soothe the eyes. A lubricating ointment should be inserted into the eyes every time you go to sleep.

You may not drive yourself or be unescorted home, as you will be under the influence of medication. Also for the same reason, you should not conduct business, sign any papers, or take any alcohol on the day of your operation. You will have recovered completely by the morning after blepharoplasty surgery.

By 48 hours after blepharoplasty surgery, the swelling usually reaches its maximum. The ice pack application may be discontinued unless you find it comforting. An extra pillow is recommended whilst sleeping, and keeping the head elevated as much as possible during the day is advisable. Where possible elevate the head of your bed on a couple of house bricks or telephone books.

Sunglasses will reduce the daylight glare and sun brightness, helping to reduce eye irritability or tear formation. In the first week following blepharoplasty surgery it is advisable to restrict your normal activities where possible. Avoid smoking, alcohol and stress as these factors hinder the healing process. Detailed work such as sewing or other handcrafts, excessive reading, writing or computer work should be avoided as your eyes can become very tired.

* Pain relief. Panadol or Panadeine are the desired analgesics for pain relief. No Aspirin or aspirin-containing drugs should be taken as these can increase your bruising and may cause bleeding into the tissues. Codeine found in Panadeine or Panadeine Forte can cause constipation. Therefore lots of fluids and a high fibre diet should be taken. A suitable laxative is Nulax if needed.
* Bruising. There may be minor bruising for up to a week and a cover makeup may be necessary to resume work or social activities. Our clinic staff will happily advise on these products. Eye makeup may be applied at one week, but gentle removal and cleansing is essential. A saline wash is a very soothing finish to your nightly skin care regime for the first few weeks.
* Emotions. Often the weeks following blepharoplasty surgery can be difficult as the patient comes to terms with the changes achieved by surgery. It is a transition period when some people have been known to experience guilt and feelings of low self esteem. This is a good time to seek the advice of a beauty therapist and learn the art of enhancing the eyes with eye makeup (colour, shade and light) which you may never have been able to apply before.

Regular appointments are made for you to visit Dr Turner for a routine check up. Photographs are often taken to compare with your pre-op photos. At about six weeks you will have accepted the positive results of your eyelid reduction and will be enjoying the "new you".

#### Blepharoplasty Treatment Costs

For Blepharoplasty – eyelid surgery fees, call Institute of Aesthetic Plastic Surgery at 02 xxxx or email us at info@sydneyplasticsurgery.org.

# Brow Lift

Many patients consider a forehead and eyebrow lift to address the wrinkles in the forehead, drooping eyebrows, heavy eyelids and deep creases between the eyebrows. While it’s not uncommon for the eyebrows to sag as you age, some patients may consider a brow lift for non-age-related reasons. Many younger patients undergo the procedure to improve the “sad” or “angry” look that low-set eyebrows and deep lines can cause.

### Quick Facts

* Anesthesia: General Anaesthesia
* In/Outpatient: Inpatient
* Length of surgery: 2-3 hours
* Recovery: Most patients are back to work in approximately 10 - 14 days when swelling and bruising resolves. We advise our patients to avoid strenuous activity for 1 month.
* Results: Final results are seen within 6 months, and the duration of those results vary from one person to another due to the quality of their skin, ageing and weight changes.

### Your Treatment at Institute of Aesthetic Plastic Surgery

#### What is Foreheadplasty Brow Lift?

Foreheadplasty or brow lift can create a brighter friendlier appearance to the face by raising drooping eyebrows and eliminating frown lines from the face and forehead. The skin of the forehead is elevated and smoothed and the muscles that cause wrinkles are adjusted. This technique allows control of the crows feet adjacent to the eyes. A receding or high hairline does not necessarily preclude a patient from having this procedure.

It is more appropriate to describe the operation of brow lift as a foreheadplasty because the modern operation is more elaborate than simple brow lifting. Correction of the deep furrows between the eyes, reshaping of the outer eye and alteration of the muscle activity in the forehead are available in addition to simple elevation of the brow.

#### The Problem

The forehead-eyebrow area is probably the most important single feature in facial expression. When the brow is contracted and depressed medially, an angry threatening look results. When the lateral brow is depressed and fullness ensues in the upper eyelid, the eyes develop a tired, sad expression. The forehead can develop horizontal lines. Between the eyebrows vertical lines can also develop as a sign of ageing.

We live in a bright environment and every time we venture out into the sunlight we squint to help protect the eyes from the glare. This manoeuvre causes the eyebrows to contract medially. It may also cause the eyebrow to be depressed over the eye, thereby shading it from the sunlight. As time goes by, these changes can become permanent. In combination with the effects of ageing and gravity, the eyes can assume a worried, tired or angry expression.

These various features of eyebrow descent (brow ptosis) are often recognized by the patient as looseness and excess of the upper eyelid skin (blepharochalasis). In fact, in some cases, the looseness in the upper eyelid is the result of eyebrow descent and not simply due to excess eyelid skin. This diagnostic difference can be tested by standing in front of the mirror and elevating the brow to its ideal position immediately above the lower border of the orbital rim and comparing it to the opposite side.

It is important to recognize, that in these cases, mere removal of excess skin from the eyelid will not restore the desired youthful expression to the eyes and eyelids. Brow lifting is the appropriate treatment for eyebrow descent. Only when the eyebrows have been restored to the appropriate position can a decision be made about the amount of excess skin in the upper lid and the need for blepharoplasty.

#### Your Pre-operative Brow Lift Visit

Evaluation prior to brow lift surgery includes your medical history with special attention to any underlying eye problems such as dryness of the eye, visual problems, current medications and your known history of scarring. As well as examination of the status of the brow, the degree of elevation desired, the activity of the brow muscles and the status of your upper eyelids are assessed to arrive at a surgical goal which would most effectively correct your aesthetic problem. Dr Turner may order a routine examination of your eyes to exclude visual and any other problems

#### What is Done?

Brow lift surgery became popular in the mid 1980′s and the techniques have continually evolved since that time. There are two types of operation that are performed for correction of forehead and eyebrow problems and each has specific indications.

The classical operation involves an incision that runs across the top of the scalp behind the hairline from the top of one ear to the other. This is called a bicoronal or open foreheadplasty.

With this operation, the scalp is elevated from the underlying covering of the bone (periosteum) and mobilised down to the area above the eyebrows. The muscles that cause the lines and wrinkling previously described can then be visualised directly and can be modified in an appropriate way. The forehead and scalp skin are then redraped over the bone and any excess scalp removed, resulting in elevation of the eyebrows.

Placement of the incision within the hairline, the hairline is moved backwards a little with this procedure (usually 1-2 cm). Where the bicoronal foreheadplasty is the operation of choice – but a high forehead exists, the incision can sometimes be made at the hairline and when the excess skin is removed, it can be done in such a way that the hairline is in fact lowered. Where this option is considered appropriate, Dr Turner will discuss it with you.

#### When should I have foreheadplasty?

There is no specific age that is best for forehead surgery. We all age differently according to our individual genetic makeup and the environmental influences of sun exposure, skin care and smoking. In my experience, the more youthful look is maintained when foreheadplasty is performed on the younger patient. In the older patient where perhaps a more dramatic change is noted, deep furrows and wrinkles have already made their permanent mark and need to be accepted as they cannot totally be eradicated by surgery.

The best candidates for forehead surgery are women and men who are physically healthy, psychologically stable and realistic about their expectations. Most are in their mid 30′s or older, but if droopy, baggy upper eyelids run in your family or you have a tendency to have deep lines between your eyebrows as a result of frowning or squinting in the sun, you may decide to have your foreheadplasty at a younger age.

#### How long will it last?

Cosmetic surgery will not stop the biological clock, but it will reset it. Although there are many factors determining the overall individual result of a brow lift, on average you can expect six to ten years of improvement. Unfortunately, the ageing process is relentless. After a period of years you will again develop ageing forehead features with recurrence of some of the problems that you were concerned with at the initial consultation. Further improvement may be obtained by a redo of your foreheadplasty operation.

#### Realistic Expectations

Foreheadplasty surgery will not stop the ageing clock and certain lifestyles, particularly those involving excessive outdoor activity, can hasten the recurrence of the lines and wrinkles as well as drooping of the lateral brow. Whilst the forehead and eyebrow position are markedly improved, not all wrinkles are removed.

The foreheadplasty operation will not correct problems in your lower eyelid. In addition, removal or redraping of excess skin in the upper eyelid may be necessary once the brow has been repositioned Dr Turner will discuss this problem with you. On occasions Dr Turner may decide to correct the eyebrows at the same time as performing foreheadplasty although for reasons indicated earlier, a decision may be made to delay the removal of the upper eyelid skin until the brow has settled. If this is necessary, it is usual for the minor reduction of upper eyelid skin to be performed under a local anaesthetic on an outpatient basis.

#### Ancillary Procedures

* Blepharoplasty. Lower eyelid reduction may be necessary to improve the overall appearance of the eyes.
* Face and neck lift. These operations produce fresh facial features and improve the cheeks, jawline and neck contour.
* Rhinoplasty. Reshapes the nasal features.
* Skin care program. Improves skin quality.

#### Preparing for Brow Lift Surgery

A brow lift can be performed either as a day case, where hospital admission is not necessary, or as an inpatient. It can be performed under local anaesthesia with sedation ("twilight" technique) so that you have no memory or recall of the 1-2 hour procedure. If you prefer, the operation can be performed under general anaesthesia, the anaesthetist will discuss which option is best for you.

* Avoid Asprin or aspirin-containing medicine (Aspro, Disprin, Alka-Seltzer, or any medicine containing acetylsalicylic acid) for 2 weeks prior to your operation as this can produce bleeding or bruising. Panadol is safe.
* Avoid vitamin E two weeks prior to brow lift surgery as this may also increase bleeding tendency. Vitamin B and C are safe to use.
* Stop smoking for two weeks before brow lift surgery to avoid postoperative coughing which increases the risk of bleeding and bruising. Smoking also decreases blood supply to the healing tissues, increasing the risks of delayed and poor healing.
* Do not drink alcohol for at least two days prior to brow lift surgery as alcohol also increases the chances of bleeding and bruising.
* Hair colouring may be used up to the week of brow lift surgery, but must be avoided for approximately two weeks after brow lift surgery. At the end of your operation there is no hair loss. Despite there being sutures or metal clips in the scalp following any brow lift procedure these are rarely seen after the hair has been washed and dried.
* If you develop any sign of infection such as cold, flu, or pimples on your face during the week prior to brow lift surgery – please notify Dr Turner’s office so that we can treat this effectively.
* On the night before of the day of brow lift surgery, shampoo your hair and cleanse your face thoroughly with the provided wash. Do not apply any moisturiser, makeup or hair products after cleansing.
* Bring to hospital your normal toiletries and any regular normal medication that you use. Loose night clothes are recommended. Also bring a pair of sun-glasses and a scarf to wear home.
* If your operation is in the morning, you must have nothing to eat or drink from midnight. If your operation is in the afternoon, you must have nil by mouth from 8am on the day of brow lift surgery.

#### Postoperative Brow Lift Course

When you awake from brow lift surgery, you will usually be nursed in a semi-upright position. This is to minimise the amount of swelling. In combination with cold packs to the eyes, swelling and bruising of the eyelids following a brow lift can be reduced considerably. However, it is not uncommon for bruising to become evident on the second or even the third postoperative day. Circular head bandages are usually applied immediately after brow lift surgery and these remain in place for up to seven days.

You may not drive yourself or be unescorted home as you will be under the influence of medication. For the same reason, you should not conduct business, sign any papers, or take any alcohol on the day of your operation.

Panadol, Panadeine or Digesic are the desired analgesics for pain relief. No Asprin or aspirin-containing drugs should be taken as this can increase your bruising and may cause bleeding into the tissues. Codeine found in Panadeine or Panadeine Forte can cause constipation, therefore lots of fluids and a high fibre diet should be taken. A suitable laxative is Nulax if needed.

After removal of the bandages, the hair will be washed. The first hairwash should be with the same antiseptic soap that was used prior to brow lift surgery. After this, normal shampoo and conditioner can be applied. A tight conforming head band or bandage will be prescribed to be used as much as possible for some time. You will need to purchase a wide, tight headband to wear as directed for as long as one month after brow lift surgery.

The foreheadplasty operation is usually not excessively painful and mild to moderate pain relieving medication is all that is necessary. If extreme pain is felt after the brow lift operation, it may be due to bleeding under the forehead skin. This should be reported to Dr Turner.

Headache can be experienced post operatively. This may be due to stretching of the forehead nerves. If this becomes troublesome, a simple injection of local anaesthetic around the nerves will usually relieve the symptoms. This headache rarely lasts more than 24 hours.

Metal staples that are used to close the skin incisions are removed around the eighth day. The internal anchors are either permanent or dissolving and if so, need no special attention. A tight, wide headband will be needed – initially to be worn at all times – but after two weeks, only at night.

It is quite common for some numbness or itchiness to be present on the forehead and scalp following surgery. This could take some weeks to months for this to settle.

#### Understanding The Risks And Complications

Before you make a decision to undergo plastic surgery it is important that you be informed of the major risks and side effects of the brow lift surgery you are contemplating. While all care is taken to avoid or minimize these events, it must be recognized that complications may occur despite the best medical care. For this reason and in order that you may be properly informed prior to making your decision about brow lift surgery, it is important that you read and understand the relevant important risks.

Below is a list of side effects which accompany eyelid and forehead surgery on a relatively common basis. Dr Turner has set forth complications, which although rare and unexpected, may occur despite a surgeon’s best efforts. Please read this list carefully and understand that thousands of successful cosmetic procedures have been performed. The occasional occurrence of these side effects may be a part of what is considered a successful cosmetic operation.

Likewise, although limited statistically, the complications listed herein do at times occur despite optimal surgical care and patient cooperation.

The following pre-existing medical conditions make brow lifting slightly more risky. These include:

* Lack of sufficient tears (the dry-eye syndrome),
* High blood pressure or other circulatory disorders,
* Clotting deficiencies in the blood, and
* A past history of eye conditions such as glaucoma or detached retina.

If you have any of the above, please bring it to Dr Turner’s attention prior to brow lift surgery. If necessary a further opinion can be obtained and appropriate therapy instituted.

##### Possible Side Effects

* Swelling. This is usually worst in the first 72 hours following brow lift surgery and gradually settles over the following weeks. Some residual swelling may be present for up to six weeks and may be asymmetric depending on such factors as your favourite side of sleeping. In such cases, medical therapies such as ultrasound or lymphatic massage may be helpful. Swelling rarely persists in the longer term. It is usually intermittent and associated with your sleeping position.
* Bruising. This is maximal in the first 72 hours and initially may not even be apparent. However, as the forehead skin is relatively thick in comparison to eyelid skin, the bruising may drain downwards into the upper eyelids. This resolves over the ensuing ten days. If troublesome or persistent it can be camouflaged with makeup or dark glasses.
* Post-Operative Pain. As indicated earlier this is usually not severe. However it can be associated with headache. Oral medications are usually enough to control this pain, but if excessive, Dr Turner should be notified early as this may indicate a complication such as bleeding under the scalp flap.
* Scalp Numbness. Loss of sensation in the anterior scalp and behind the bicoronal incision is common after a brow lift procedure. While sensation usually returns over a period of months, occasionally a partial deficit of feeling in the scalp or forehead may be permanent. Numbness in the middle of the forehead is usually mild even when the surgeon has resected the frowning muscles between the eyebrows.
* Paraesthesia and Itching. For up to several months after brow lift surgery or occasionally even permanently, itching and abnormal sensations (paraesthesia) are common in the scalp and forehead. Persistent itching may cause problems in some patients who do not restrain themselves from scratching the scalp. Scratching can produce ulceration in the hair and hair loss. If the itching becomes severe, medication to reduce this may be necessary for a period of time.
* Scarring. Scars will result whenever an incision is made in the skin. This phenomenon is camouflaged by locating the bicoronal incision in the hairline. The great advantage of the endoscopic foreheadplasty is that the multiple incisions for surgical access are small, well orientated, heal rapidly and are barely visible. When the skin is incised, the healing process will pass through a red, itchy and sometimes lumpy stage to become pale and soft. Incision lines may be visible in the hair, particularly when the hair is parted, although this is rarely a problem. In some cases the scar in the hair stretches and is more visible. In these cases revisional brow lift surgery will usually correct the problem.

##### Possible Complications

* Infection. This is exceedingly uncommon, but can occur following a foreheadplasty operation. If he is concerned, Dr Turner will prescribe appropriate antibiotics and monitor your progress.
* Frontal Hairline Alteration. Conventional brow lift requires an incision which runs across the top of the skull. This incision is usually placed within the hairline – about one to two inches back. The resultant scar is hidden, but the hairline is elevated as the forehead is stretched. Where the patient has a high hairline preoperatively – an alternate incision can be made precisely at the hairline. This particular incision does not change the hairline (it may even be arranged to lower the hairline). But the scar may be obvious unless the hairstyle is designed to hide it.
* Hair Loss. Temporary or permanent hair loss can occur after a foreheadplasty. Some of the hair follicles in the flap may enter a resting phase presumably due to tension or suturing. This can produce temporary thinning of the hair. However, over the next two to three months in most cases the hair will return. Occasionally small areas of permanent hair loss can occur, particularly around the incision lines. In these cases a small corrective procedure may be useful in removing the non-hair bearing scalp.
* Forehead Lag. The nerves to the elevator muscles of the forehead are potentially at risk during forehead surgery. These fine nerves may be stretched as the forehead is elevated or moved. If this occurs, temporary paralysis of the forehead occurs. Although this removes the forehead wrinkles, it also removes animation of the forehead. This temporary paralysis (called "neuropraxia") will recover in weeks to months. Occasionally these filamentous nerve fibres may be severely damaged and paralysis of the forehead can be permanent. Although quite uncommon, this is a surgical complication that must be contemplated by any patient undergoing forehead surgery.
* Skin necrosis. Small areas of skin death have been reported following foreheadplasty surgery. If this complication were to occur, the area is usually within the hair bearing scalp and minor corrective surgery will usually eradicate the problem.
* Lagopthalmus. This term describes an inability to fully close the eyes. This problem has been reported following brow lifting, but is almost invariably confined to patients who have had their upper eyelid skin removed in a blepharoplasty prior to seeking advice about foreheadplasty. It is important to advise Dr Turner if you have had previous eyelid surgery, particularly where upper eyelid skin has been removed. The potential problem resulting from lagopthalmus is risk to the eye from corneal exposure, particularly whilst you sleep. By forewarning Dr Turner of previous eyelid surgery, the problem can be dealt with in a variety of ways.
* Changes of facial expression. Occasionally after elevation of the eyebrows and particularly where excessive swelling has occurred, the patient’s facial expression may change. As the swelling settles, the skin of the forehead gradually assumes a natural position. However it is very occasionally necessary to perform small adjustments three to six months after the original operation to achieve an optimal result.
* Asymmetry. Most faces are asymmetrical to a lesser or greater extent. Where asymmetry is identified adjustments can be attempted at the time of operation. Correction of these asymmetries may not be completely achievable. Rather than considering this as a complication, minor asymmetries should be considered as a variant of a normal interesting face.

#### Brow Lift Treatment Costs

For Foreheadplasty – brow lift surgery fees, call Institute of Aesthetic Plastic Surgery at 02 xxxx or email us at info@sydneyplasticsurgery.org.

# Rhinoplasty

Nose surgery (Rhinoplasty) is a procedure to reshape the nose in order to create a more pleasing look and, in some instances, to correct severe breathing problems.Rhinoplasty usually involves reducing the size of the nose by removing and sculpting the nasal tissues in order to enhance the facial appearance. The results are unique to each individual, and depend upon such factors as skin condition and thickness, nasal and facial structure, genetic contributions, and age. Traditionally, a “nose job” was performed only to correct major problems. However, recent surgical innovations allow for individuals to benefit from more moderate improvements from the procedure as well. In general, having nose surgery provides the patient with a better facial balance and overall appearance.

### Quick Facts

* Anesthesia: General Anaesthesia
* In/Outpatient: Inpatient
* Length of surgery: 3-4 hours
* Recovery: Most patients are back to work in approximately 10 - 14 days when swelling and bruising resolves. We advise our patients to avoid strenuous activity for 1 month.
* Results: Final results are seen within 12 months, and the duration of those results vary from one person to another.

### Your Treatment at Institute of Aesthetic Plastic Surgery

#### Rhinoplasty - Nose Job

Rhinoplasty also commonly know as a nose job or nose surgery, is an operation designed to reshape the nose. It is one of the most common of all plastic surgery procedures. Surgery can reduce or increase the size of your nose, change the shape of the tip or the bridge, narrow the span of the nostrils or change the angle between your nose and your upper lip. It may also correct a birth defect or help relieve some breathing difficulties caused by congenital or posttraumatic problems.

The goal is to produce a nose that appears natural, functions properly, and is in harmony with the rest of the face. Your wishes about the type of nose you want are always considered carefully, but it may not be possible to achieve the precise shape you have in mind because of the limiting factors such as tissue healing, skin thickness, previous injury and facial contours.

Nose surgery can enhance your appearance and self-confidence but it won’t necessarily change your looks to match your ideal, or cause other people to treat you differently. It is not possible to make a carbon copy of someone else’s nose.

#### Should I have rhinoplasty?

If you have an understandable, but not excessive concern about visible features of your nose, you will probably benefit from surgical rhinoplasty. It is important for Dr Turner to relate your undesirable feature to some underlying anatomy that can be surgically altered to achieve the desired result. Therefore you must strive to communicate those concerns to him during your consultation. Because of the limitations of nose surgery, you must accept that we are aiming for an improvement rather than perfection in the way you look. You should be physically healthy, psychologically stable and realistic in your expectations.

Many surgeons prefer not to operate on teenagers until their growth spurt is complete – around 15 for girls and a little later for boys. It is important to consider a teenager’s social and emotional adjustment, and to make sure it is what they themselves, and not their parents, really want.

#### Preoperative evaluation

During your first visit, your general health and medical history will be noted. Your expectations and concerns about your nose will also be documented. Dr Turner will analyse what you don’t like about the shape of your nose and your surgery preferences.

The inside of your nose may be examined and any obstructions to your airway noted. In some cases it may be necessary to get the opinion of an Ear, Nose and Throat Surgeon about any potential or existing problems inside your nose. If there are significant problems with nasal function, Dr Turner may recommend a combined operation, with an E.N.T. surgeon attending to the internal problems whilst Dr Turner reshapes the external features of your nose.

#### What is achievable?

In our practice, we use the latest 3D VECTRA computer-assisted imaging to help predict a new shape for your nose. You must accept that computer imaging provides a basis for discussion and is not a guarantee of the surgical rhinoplasty result.

The goal for the final shape of your nose is the combined decision of yourself and Dr Turner. Photographs of other patients and their results may assist in defining the goals of rhinoplasty surgery and give you more insight into what is achievable. When you and Dr Turner are happy with a shape that is surgically feasible, plans for nose surgery can progress.

#### The Rhinoplasty operation

Surgical rhinoplasty is performed either through small incisions just inside the nostril ("closed" technique) or by adding an incision across the vertical strip of skin between the nostrils (columella) to get a better view of the underlying structures ("open technique"). Each approach has its benefits and indications. Dr Turner will explain these to you when advising which approach is more suitable for your particular problem.

When the operation is complete, a small splint is applied to help maintain the new shape and a small pad is taped under the nostrils to collect any secretions. This external splint is kept in place for up to fourteen days. A tubular silicone splint is also inserted in each nostril to maintain the internal shape and assist breathing. This internal splint is maintained for up to seven days.

#### New Nasal Shape

The shape of the modified underlying skeleton of the nose determines the shape of the skin which shrinks to adhere to the altered nasal structure.

The overall appearance can be assessed after correction of all the above bony and cartilage parts of the nose. Occasionally, grafts of cartilage from the septum, the ear or even the ribs may be used to overcome irregularities or highlight the bridge line or nasal tip.

#### After your Rhinoplasty operation

After the operation, you will wake up with a splint on the outside of your nose which you must wear for 7-14 days. This splint is made of an adhesive-backed plastic which melts in hot water. When applied to your nose and held in place whilst it cools, it adapts to the shape of your nose and is held there by its adhesive backing. There will also be a splint inside your nose. This is a tubular splint of silastic, a smooth soft rubber. Because of its construction, it is comfortable to retain, and being tubular-allows you to breathe for the five to seven days it sits inside your nose.

#### Black eyes

About half the patients wake up with bruising around the eyes. This is an expected byproduct of nicking a small blood vessel (of which there are many) at the time of infracture. Black eyes do not indicate that you have a bleeding problem or that Dr Turner had to use excessive force to perform the operation. The surprising feature is that only half the patients develop black eyes. But, as we cannot predict which half, we promise black eyes to all our patients so that no-one will be disappointed after the operation.

#### Pain relief

Surgical rhinoplasty is rarely a painful procedure, but you may have a dull headache and discomfort in your nose. You will probably need only Panadol or Digesic for a day or two. Antibiotics sometimes are given intravenously during the operation and may be continued orally for a few days afterwardst.

#### Bruising and swelling

If the nasal bones have been moved, there will be bruising and swelling around the eyes and cheeks for a week or two. Cold compresses will help reduce this swelling. You will feel a lot better than you will look. It is best to stay in bed for the first day with your head elevated.

There may be a little bleeding from the nostrils for the first few days following rhinoplasty surgery. Do not blow your nose for a week or so while the tissues are healing. Your internal nasal splint will be removed after 5-7 days. The external splint and any stitches are usually removed at 7-14 days.

#### Resuming normal activities

You will be up and about in a day or so. Most surgical rhinoplasty patients return to school or work in a week or two depending on their activities and job. Please avoid strenuous activity (jogging, swimming, bending, sexual relations) or any activity that increases your blood pressure, for four weeks. Avoid excess alcohol and keep out of the hot sun and try not to bump your nose for eight weeks. Please do not sleep on your face during this time. Tape your glasses up off your nose and onto your forehead for one month.

Massage of the nose can hasten the resolution of the swelling. You will be shown where to massage, if this is desirable, after the splint is removed.

You will be seen post operatively as often as necessary until all swelling subsides. Although most of the swelling is gone by six weeks and the general result is apparent at that time, it may take up to twelve months for complete resolution to occur. This is the normal healing process and will not be noticeable to your friends and relations. You will not be fully able to assess the final result until then.

#### Possible Complications

Complications are uncommon in surgical rhinoplasty surgery, but unexpected events can follow any operation. You must understand that all these complications have occurred to some patient sometimes and may, ultimately, be part of your own clinical experience. With care and patience may of them can be repaired or mitigated – but these problems do occur and you must consider them. Dr Turner feels that you should be aware of things that may take place so that your decision to proceed with this operation is taken with all relevant information available to you.

* Bleeding – There is always some bleeding immediately after nose surgery. This is expected and will stop in some hours. It is the result of making incisions in the skin to perform the operation. In some cases, unexpected bleeding may occur in the first 48 hours or from the 10th to 14th day. The early bleeding is called "reactionary", and occurs when the drugs Dr Turner uses to constrict the blood vessels of the nose wear off. The late bleeding (so-called "secondary") is the result of a clot inside the nose becoming infected and causing an underlying blood vessel to bleed once more. This bleeding can be controlled by packing the nose. Sometimes, readmission to hospital may be necessary. Avoid Asprin and aspirin-containing products during this time. Also any activity which raises the blood pressure (see previous note) should be discouraged.
* Infection – This occurs in less than one percent of cases and can be treated with antibiotics. You may notice unusual redness and swelling. Again notify Dr Turner if you feel any concerns in this regard.
* Eye injury – This is avoided by careful protection of the eye during rhinoplasty surgery. The nasal bone fractures are sited well away from the eyes’ drainage system and damage to the tear drainage apparatus is rare.
* Skin Problems – Usually these are minor and transient. Most common are pustules with or without allergic dermatitis to the tape that is applied to the nose beneath the splint. If the tape is too tight it may cause skin excoriation. In cases of excessive pain, the tape and plaster are always removed and the skin checked for pressure problems or infections.
* Burst vessels in the skin. These occur in a few people and can be treated with a suitable laser. Avoiding alcohol and spicy food will make them less obvious and you will be instructed in the most effective use of camouflage make-up.
* Scars on the columella or at the nostril bases are rarely visible, but can occur. They are almost always imperceptible after one month.
* Bony Irregularities. These are more often felt than seen and are an inevitable result of reshaping the bone of the nose. If visible, they can usually be ‘rasped’ down in a minor procedure. Only visible irregularities warrant any treatment. Palpable irregularities are usually disregarded as being of no consequence. More obvious deformities may be corrected with cartilage or bone grafts. Although every effort is made to achieve a favourable result in one operation, some rhinoplasties may be improved by a fine adjustment. However, time must be allowed to pass before this can be adequately assessed. We usually wait until all swelling has settled and the nose has fully recovered from the first operation – usually after one year. This will involve you in further hospital and anaesthetic costs if it is needed. It is not reasonable to regard the need for adjustment surgery as an indication of a poorly performed original operation.
* Nasal Obstruction. There is usually a temporary reduction in the nasal airway due to postoperative swelling of the nasal lining. This subsides in some weeks to months.
* Allergic conditions, enlargement of a turbinate or a crooked septum may only begin to cause symptoms after a rhinoplasty and then require treatment. If there is an indication of such a problem before your operation, Dr Turner will order special investigations and may refer you to an E.N.T. surgeon for assessment. A joint procedure with both surgeons operating on you at the same time may then be recommended. However, these problems may not lead to symptoms before your rhinoplasty. If they become manifest after rhinoplasty surgery, they may then be dealt with in an appropriate manner.
* Decreased sense of smell is a theoretical possibility. You need to be aware of this as a potential source of irritation.
* Dark circles under the eyes can occasionally persist for many months. This is usually more common in olive-skinned people and is the result of the retention of the pigments of the blood in the skin around the eyes when the bruise resolves. Although this can be irritating to you cosmetically, there are creams which Dr Olbourne can prescribe which can help bleach the skin. You may benefit from the use of camouflage makeup whilst this darkness improves as it always will over time.

#### Rhinoplasty Treatment Costs

For Rhinoplasty surgery fees, call Institute of Aesthetic Plastic Surgery at 02 xxxx or email us at info@sydneyplasticsurgery.org.

# Otoplasty

The decision to proceed with any procedure is often difficult, especially when it involves your child. Is the surgery really necessary? For those undergoing otoplasty the effects on self-confidence and psychosocial development should not be understated and the results are often life changing.

During development, it is normal for children to have ears appear subtly larger in comparison to their head size, this improves with age. But a small percentage of children have a more exaggerated appearance. Their ears are cupped, prominently protrude from the head and lack normal definition. If the parents are considering corrective surgery, this should be completed around the time that primary school begins.

Parents are often surprised at how much the appearance of the ears can be improved with a simple operation. Utilizing a few technical maneuvers, the prominence is removed without drastically changing the natural shape of the ear. The scars are well hidden and the recovery is very short. Ultimately, the facial proportions are improved in a subtle and desirable manor. For children and adults alike, it is a great way to restore the natural balance to their face.

### Quick Facts

* Anesthesia: General Anaesthesia
* In/Outpatient: Inpatient
* Length of surgery: 2-3 hours
* Recovery: Most patients are back to work or school in approximately 7 days when swelling and bruising resolves. We advise our patients to avoid strenuous activity for 1 month, during this time they need to wear a headband.
* Results: Final results are seen within 6 months, and the duration of those results vary from one person to another.

### Your Treatment at Institute of Aesthetic Plastic Surgery

#### What is Otoplasty or Bat Ears?

The shape and prominence of our ear is a product of the size and shape of the cartilage within. If that cartilage is overdeveloped, or if the folds and creases normally present during development are absent or deficient, then a prominent or bat ear results. Children afflicted with this problem are often the object of ridicule from their peers. Even adults who suffer this problem are sometimes ridiculed by workmates or others in the community. Because of the psychological problems that can occur with children we are happy to correct the problem anytime after the age of five to six years. At this time the ear growth is nearly completed and we do not find that any further growth causes a recurrence of the problem. Even grown ups present with prominent ears which have troubled them forever, but for which they have never sought advice. Quite frequently adult men will not wear their hair short and women will avoid wearing their hair up because of the prominence of the ear.

#### Ear anatomy

Prominence of the ear can be caused by several problems, but there are two common causes. One is enlargement of the concha of the ear, this enlargement pushes the ear out from the skull. The second common problem is lack of folding along the antihelix which causes the upper portion of the ear to be abnormally tilted out from the side of the head.

#### Who is suitable for Otoplasty surgery?

Children above the age of five years are suitable for surgical correction of this problem and adults at any age can have a correction of their ears performed. With children the operation is generally performed under a general anaesthetic, but as patients become older reaching teenage years and adult life, correction can be performed under local anaesthetic with or without the assistance of intravenous sedation.

#### Preparing for Otoplasty surgery

Before otoplasty surgery, it is important to reduce the skin bacteria in the area of operation as much as possible. This is done by showering with antiseptic surgical soap at least twice and preferably three times prior to otoplasty surgery. One such shower should be performed the night before otoplasty surgery, another early on the morning of otoplasty surgery. This may not always be possible, but is ideal. The hair should be washed, as well as all the crevices around the ear, to obtain maximum effect.

There is no need for any hair to be shaved prior to otoplasty surgery. However if the hair is long, this should be pulled back in a ponytail to avoid the hair getting into the wound as much as possible. Asprin or aspirin type drugs (a list is appended) should be stopped prior to otoplasty surgery. These drugs can interfere with the normal blood clotting mechanism.

With any type of cosmetic facial surgery, smoking is contra-indicated. If you smoke, you should advise your doctor. Cessation of smoking is preferable for up to two weeks prior to otoplasty surgery. Smoking is not recommenced until the area is fully healed and your doctor has given you approval to again start smoking. Avoidance of vitamin drugs for the week prior to otoplasty surgery is a good idea as some vitamins, particularly in high doses, can again interfere with normal blood clotting.

If the operation is to be performed under general anaesthetic or intravenous sedation, separate instructions will be given for fasting prior to the operation. This procedure is most commonly performed as a day surgical procedure and you are not required to be admitted to hospital.

#### The Otoplasty operation

The incision is usually placed behind the ear in the fold either adjacent to the skull or on the back of the ear itself. Additional scars may be occasionally necessary on the front of the ear. However these will be discussed with you if they are necessary.

The correction is targeted to the problem cause. With an enlarged concha, part of the conchal cartilage is resected and the remaining ear cartilage is sutured back to the skull. The incision behind the ear is closed with a dissolving suture.

If the antihelical fold needs to be reshaped or refolded, the ear cartilage is then weakened by a series of carefully determined scratches on the front surface. This allows the new fold to form and to be maintained without the need for permanent sutures.

The incision behind the ear is closed with a dissolving suture. It should be remembered that normally shaped ears are not flat against the head, but protrude a little from the side of the head. The procedure usually takes approximately one hour.

#### Anaesthesia

In children up to the age of 6 or 7 the otoplasty surgery is done under general anaesthesia. In older patients local anaesthetic can be used. If the operation is performed in this way, a long acting local anaesthetic is used and this gives pain relief for up to eight hours after otoplasty surgery. Usually, but not always, intravenous sedation is used to augment the effects of local anaesthesia. Dr Turner will discuss anaesthetic alternatives with you.

#### Dressing

A thick pad is placed over each ear and a bandage is wrapped around the head. The care of the dressing will be explained, but usually will be removed after one week day at which time the ears are inspected to rule out the presence of haematoma or infection. With no bandages in place, you will be able to resume normal activities almost immediately.

#### After Otoplasty surgery

There is always some pain in the ears after otoplasty surgery. This is usually of a throbbing nature similar to an infected or traumatised finger. If there has been a general anaesthetic used, the soreness is usually felt soon after you wake. However, if a local anaesthetic has been used, there will be no soreness for approximately 4 to 6 hours. In order to minimise the soreness we ask you to lie with your head elevated or propped up in bed with at least three pillows so that the head is higher than the level of the chest. This will help to reduce the swelling and consequently the soreness after otoplasty surgery.

The residual suture under the skin will dissolve and does not need to be removed. Once the bandages are removed you can wash your hair normally using shampoo, although on the first occasion an antiseptic surgical soap is a good idea. The ears should not be pulled forward to wash behind them. Gently massage with the fingertips in the crease behind the ear. The hair should be dried with a hair dryer not too hot as the ear skin will be numb and easily burned.

We recommend wearing a head bandage loosely over the ears at night for the first six weeks after the dressings have been removed as this will help prevent any problems with rolling over and accidentally "flipping" out the new ear position. It is also advised that any contact sport be avoided for three month.

It will be noticed that the ears are a little swollen and a little bruised. This bruising usually settles quickly within 48 hours if it is present, but the swelling can take several weeks to fully settle. It will also be noticed that the ears are quite tender if bumped and that the rim of the ear is numb. This will begin to settle after four to six weeks but will not fully settle for twelve to sixteen weeks following otoplasty surgery. This is a normal consequence of the ear setback operation.

#### Pain relief

Painkillers can be taken if the pain is becoming more severe and a prescription will be provided for you. Do not take aspirin for the pain. Severe pain can sometimes occur and this may indicate a problem with bleeding and haematoma. This should be reported to Dr Turner urgently. Whilst the bandages are on it will be a little difficult to hear normal conversation. The pain and soreness usually settles in approximately 48 hours. After that time itching is common. Do not use anything (eg pencils) to scratch as this can cause problems with your otoplasty surgery.

#### Complications

* Haematoma. Bleeding between the skin and cartilage in the ear can create a haematoma. This is a rare complication, but it is easily recognised because of the severe pain that results. If severe pain is experienced in the postoperative period Dr Turner should be notified immediately. Haematoma if left untreated may develop into a deformity called a "cauliflower ear" where irregular cartilage is formed in the collection of blood. Haematoma can also predispose to an increased risk of infection.
* Infection. Infection can occur in any operation, but is a particular problem if it does occur after this otoplasty surgery. The ear cartilage can be destroyed by the bacteria causing a significant deformity of the ear. It is fortunately very rare and minimised by the washing of the hair with a antiseptic soap preoperatively. Dr Turner may prescribe a course of prophylactic antibiotics after otoplasty surgery to further minimise the chance of this rare complication. Again pain can be experienced if infection is to develop and Dr Turner should be notified if you are concerned.
* Scarring. The incision behind the ear usually heals without a significant scar although all scars are apparent if they are looked for. On rare occasions, the scar behind the ear can become keloid or enlarged, red and very thick and this type of scarring would be able to be felt in the area as shown in the following diagram and it can be quite itchy. There are small procedures which can be performed to help reduce thick keloid scars such as cortisone injections. These type of scars can develop many months after otoplasty surgery. However, sometimes keloid scars do not respond to treatment and recur.
* Asymmetry. All paired organs or parts of the body may not be totally symmetrical. After this type of operation the ears may still be slightly uneven. This is not usually noticeable on a casual glance as the ears are rarely seen together when looking directly at the head. A minor degree of asymmetry is acceptable, but if the ears are vastly different, then further otoplasty surgery may be necessary to correct this problem.

#### Otoplasty Treatment Costs

For otoplasty – ear surgery fees, call Institute of Aesthetic Plastic Surgery at 02 xxxx or email us at info@sydneyplasticsurgery.org.

# Breast

Dr Turner at the Institute for Aesthetic Plastic Surgery is known for, and committed to providing world-class care in cosmetic breast enhancement. We have extensive experience in surgical procedures such as breast augmentation, breast reduction, breast lift and breast asymmetry. Using the modern surgical techniques and the latest 3D imaging techniques to enable you to see your results before your surgery.

We are committed to giving you competent advice which allows you to select the treatment that is right for you. Dr Turner’s breast surgery patients have a wide variety of reasons for undergoing breast enhancement, but some of the most common goals include:

* Achieving a more flattering contour
* Reversing the negative effects of pregnancy, weight loss, or aging on breast shape
* Correcting hereditary traits that affect breast size or position
* Revising the disappointing effects of another surgeon’s procedure(s)
* Enhancing self-esteem and confidence

# Breast Augmentation

Breast augmentation is the most frequently performed plastic surgery procedure at the Institute of Aesthetic Plastic Surgery. Dr Turner has considerable experience and training in breast implant surgery, to help our patients achieve their specific desires and goals. There are many reasons for patients to pursue a breast augmentation, you may feel that your breasts seem disproportionately small in relation to the rest of your body, or that your breasts have changed shape after breastfeeding.

My approach is comprehensive and relies on an extensive preoperative evaluation, including advanced imaging. The end result is empowering, giving you the freedom to embrace your body contour with confidence and making you feel more beautiful.

### Quick Facts

* Anesthesia: General Anaesthesia
* In/Outpatient: Outpatient in private hospital
* Length of surgery: 1-2 hours
* Recovery: Most patients are back to work in approximately 7 days. They can resume light exercise at 4 weeks and strenuous exercise at 3 months.
* Results: Final results are seen within 3 - 6 months, and the duration of those results vary from one person to another.

### Your Treatment at Institute of Aesthetic Plastic Surgery

#### What is Breast Augmentation?

An artificial implant, made of silicone in some form, is introduced behind the breast to increase its projection and enlarge the breast size. It has been proven to be a safe procedure. Dr Olbourne, one the top breast augmentation surgeons in Sydney, prefers to introduce the implant through a small incision high in the armpit, thereby leaving no tell-tale scars on the breast at all.

There are no exercises, hormones or other medications which can produce breast enlargement of a permanent nature. During the past 20 years, surgical improvement of the bust has been made possible using a prosthetic implant inserted behind the breast or the muscle on the chest wall.

The breast augmentation operation is considered by patients who have either suffered shrinkage of their breast tissue during one or more pregnancies or by young women who are not naturally endowed with full breasts.

Consider Your Reasons for Breast Augmentation

Before you decide on breast augmentation operation you should have a clear understanding of your reasons for wanting to proceed. Take some time to think about what your expectations of the procedure are. Below are some questions you may want to ask yourself while considering breast augmentation.

* Do you want to have breast augmentation to please yourself or to please someone else?
* Is breast augmentation something you have considered for a while or have you made the decision during an emotional crisis, such as after a breakdown of a personal relationship?
* Are you pleased with your body weight or are you hoping to lose weight in the future?
* Have you lost breast volume from past pregnancies?
* Do you plan to have children at some time in the future?
* Do you have an image of how you would like your breasts to look?
* Are you in good physical condition or do you have a history of health problems?

Breast Structure

Attitudes about women’s breasts have always been influenced by fashion trends. In the Twenties, women bound their breasts; in the Forties, more volume was desirable; then, in the Sixties, a less restricted look was popular. Contemporary styles reflect a trend toward fuller, yet natural-looking lines. But regardless of your breast size, all healthy breasts have the same basic anatomy. When you’re considering breast augmentation, it helps to know your anatomy so you can make informed choices with Dr Olbourne’s guidance.

Your Breast Augmentation Consultation

Your first visit to Dr Olbourne’s office in Sydney is the perfect chance to get to know your surgeon, discuss your reasons for wanting breast augmentation, and learn more about the breast augmentation surgery. Often two or more consultations will be necessary to ensure a safe and successful procedure. During your first consultation with Dr Olbourne he will discuss your breast history, examine your breasts and discuss your options and the possible complications with you.

Your breast history – and the breast history of the women in your family help determine whether you are a good candidate for breast augmentation. Dr Olbourne will ask about results of any past mammograms (breast x-rays for early cancer detection), biopsies, and any personal or family history of cancer. You will also be asked about past pregnancies, the number of children you have, and whether you breast-fed them.

Your breast examination – will check for abnormalities or lumps. Dr Olbourne will make a note of your breast size and shape and any differences in symmetry of your breasts. Based on your history and this examination, Dr Olbourne will assess and advise on your options for breast augmentation.

A second consultation will deal with your operation choices and reiterate the possible problems and complications with reference to your specific case. You must not proceed to an operation until all questions have been answered and all your reservations answered to your satisfaction.

The breast implant device – its brand, style, size and type will also be considered.

Understanding Your Options

If you have chosen to have breast augmentation, you will need to understand all of your options. Ahead of you lie four significant decisions that you and Dr Olbourne make together. After considering all of the information gathered during your consultation, Dr Olbourne may recommend that you choose one procedure over another. Take the time you need to think about the procedure so that you can make informed choices. Clear up any further questions you may have before breast augmentation surgery is scheduled.

Choosing Breast Size and Shape

Dr Olbourne will suggest the most appropriate sized implant for your body by assessing your proportions, your height and weight, and your body type. However, it is you, the patient, who makes the final decision on the size of the breast enlargement. This process can be facilitated by the insertion of sizing implants into your brassiere and visualising the effect a particular sized device makes on your external shape. Dr Olbourne may also recommend that you have a mastopexy, a surgical procedure that may be performed at the same time as breast augmentation, but is often better undertaken prior to or instead of augmentation. Mastopexy uplifts drooping breasts by removing excess skin and lifting the nipple to a normal position. If this is recommended, further information will be provided by Dr Olbourne. In some cases of excessively drooping breasts, a desirable cosmetic result cannot be achieved if breast augmentation is performed without a concomitant mastopexy.

Incision Location

The location of your incision is based on your personal preference, your body type and Dr Olbourne’s recommendation. A periareolar incision (around the areola) means the scar may be concealed by the colour and shape of the areola. An Axillary incision (under the arm) means you will not have a visible scar on the breast itself, but there will be a fine, almost invisible scar under the arm which may be seen only when the arm is elevated. An incision placed in the inframammary fold may be hidden by the breast itself when standing, but can be seen when the patient is lying down.

Breast Implant Location

The implant may be located in front of the pectoral muscle (prepectoral) or behind it (postpectoral). If you have a moderate amount of breast tissue, over the muscle may be a good choice for you. If you have a small amount of breast tissue, under the muscle may be the better choice. Each location has different advantages for each woman. Dr Olbourne will help you make the decision as to which placement is best for your body. Prepectoral location is often more suitable if the breast is slightly droopy (or ptotic), or if you exercise with the upper body. Under the muscle can give a smoother line to the implant, but does have the disadvantage of movement and/or distortion with chest muscle compression. Dr Olbourne will discuss this alternative with you.

Types of Breast Implants

There are different types of implants available for breast enlargement. All implants are synthetic silicone rubber shells filled with a silicone gel or a saline (saltwater) solution. The outer wall of the implant may be smooth or textured (rough surfaced). Generally, rough surfaced implants do not need to be massaged post operatively. Smooth implants may need to be massaged to help prevent scar contracture (this is further explained in the section on capsular contracture). Dr Olbourne will recommend the particular type of implant that he feels is most appropriate for you. You should ask him about specific risks or complications related to the implant material and possible deflation of an inflatable saline implant. The following diagram illustrates the two positions of breast implants.

Understanding Breast Augmentation Risks

As with any surgery, breast augmentation involves some risks and potential complications. These are listed below and are separated into general risks which can occur with any surgical procedure, and risks specific to the breast augmentation operation. Although the vast majority of these operations are successful, you must accept that problems occur in some of these procedures and you must recognise that you may be one of the patients who experience one of these unfortunate outcomes.

Generally speaking any surgical procedure can be accompanied by the following three conditions:

* Infection Infection is a significant risk in that the presence of a foreign body (i.e. the breast implant) can cause prolongation of the infection. Infection is rare, but should it occur, it may be necessary for the prosthesis to be removed temporarily (up to about six weeks) until the infection is controlled. Once the implant is replaced however, the result should be indistinguishable from the opposite normal side. Special precautions are taken to limit the chances of infection and these include showering prior to surgery with antiseptic soap, intravenous antibiotics during the operation and a course of antibiotics following surgery. If pain and redness begins or increases after 24 – 48 hours this may indicate an infection and this should be immediately reported to Dr Olbourne.
* Bleeding and Haematoma Formation. Excessive post-operative bleeding can be caused by a variety of factors. One of these is the taking of blood thinning medications such as aspirin and like drugs or certain natural remedies such as Gingko Biloba, Garlic or St Johns Wort. We can give you a sheet listing the drugs that can cause this problem. You should not take such medications for at least 10 days prior to your operation. Some bleeding occurs after all surgery – it is natural. But excessive bleeding and haematoma formation are the problem. To deal with this, your chest will be bound firmly for 24 hours after surgery and a small drain will be inserted into each side. The drains remain in place until they stop draining. They are an important indicator of what is going on inside your chest. It is our experience that if bleeding does occur and a haematoma develops it can lead to abnormal thickening of the scar capsule around the implant (capsular contracture) or to an increased possibility of infection. It is therefore appropriate that if bleeding does occur in the first 24 to 48 hours, that the patient be returned to theatre with removal of the implant and cleaning out of the abnormal blood which has accumulated. The implant is replaced immediately after the bleeding has been controlled and this usually results in no further problems. If excessive bleeding does occur, increasing pain will be experienced and the breast on that side will be abnormally swollen compared to the opposite side. This is always in the early post-operative stage and should be reported immediately to Dr Olbourne.
* Scarring. The incisions for the insertion of the breast implants can be placed under the arm, around the nipple or in the crease under the breast. All incisions will leave a scar no matter how faint. The scar in the axilla (underarm) is well hidden when the arms are by the side or even at reasonable elevation. However, if the arm is lifted completely above the head during the early stages of healing a red scar may be seen. This can persist for up to six months or longer. When the scar eventually settles it usually looks like a crease in the skin. This area can on occasion be prone to scar thickening. However, this is rare. The scar around the nipple is, of course, not seen while the patient is clothed. However when the nipple is exposed the scar is sometimes seen as a white line on the lower border of the areola. The visibility of the scar depends on the colour of the areolar skin. Scars are always white, so the darker the areolar skin, the more obvious the white scar. Thickening of the scar in the area of the areola is extremely rare, but can occur. The scar in the crease of the breast is usually not seen when the patient is standing. However, when you lie down the scar is easily seen. While the scar is red (in the first 3-6 months) it can be quite noticeable. Scars in this position have a higher chance of thickening (hypertrophy) and on occasions can become quite thick (keloid) and take several years to settle. The scar in the crease under the breast is not actually in the crease but slightly above the crease on the under surface of the breast. The indications for using various incisions and the quality of the scar will be further explained to you by Dr Olbourne.

Specific Risk

* Capsular Contracture. Any foreign implant that is inserted into the body is ultimately surrounded by a scar formed by the body to wall it off from the other tissues. This occurs also with the breast prosthesis. All scars shrink or contract to a certain degree. If this occurs to excess in the breast, the shape of the implant may distort. It usually becomes round or globular. The breast may also feel hard to varying degrees. This hardening, caused by excessive contracture of the normal scarring phenomenon, can occur in between 5 and 35% of breast augmentation operations and can be influenced by the surgical technique as well as the type of implant used. Recently, rough surfaced implants have been noted to have a lower incidence of scar contracture, but there are other trade-offs as a result of using the rough surfaced implant. These include a wavy appearance of the skin around the margin of the implant and fuller projection of the implant. A smooth implant inserted into a large space will also have a low incidence of scar contracture, but it is necessary after the operation to manipulate the implant to maintain a large pocket and therefore a large scar surrounding the implant. If capsular contracture does occur, it can be accompanied by discomfort or pain and this may necessitate further operative treatment to release or remove the internal scar. If it is not causing problems then no further treatment may be necessary. The position of the incision usually has no bearing on the chance of scar contracture. Taking Vitamin E, 1000iu twice a day for 3 months after the operation, has been claimed to diminish the risk of capsular contracture.
* Loss of Nipple Sensation. This operation may be accompanied by an alteration of nipple sensation. Nipple sensation can be increased as well as decreased after surgery, but over a period of months the number of patients with permanent alteration of nipple sensation decreases to approximately 10%. This seems not to depend on the site of the incision that is used, but is mainly due to stretching or damage of a nerve at the outer part of the breast while the cavity is being made. There can also be a temporary loss of feeling of the breast skin particularly in the area beneath the nipple. It is usually found that this sensation returns over a six month period. Our experience is that nipple sensation is unaffected in 70% of patients. For 10%, sensation is enhanced. In 20% however, nipple sensation may be diminished or even rendered numb. Permanent numbness is however quite uncommon.
* Implant Deflation. The manufacturers of saline implants advise that there is a failure rate of the implant with subsequent deflation in the order of approximately 10% over 10 years. Although clinical experience to date has not confirmed a failure rate of this magnitude, the manufacturers have obviously taken a cautious line. It is unreasonable to expect that any mechanical device may not fail sometime. Breast implants are no exception. If the implant should fail either by valve failure or “cracking” of the wall of the prosthesis, the breast would deflate and the salty water would be absorbed into the body. Saline is not detrimental in any way to the patient. It is similar to the intravenous fluid given at operations and is eliminated from the body in the urine. The deflated implant would have to be replaced and this would require a further procedure, re-opening the previous incision line. In advising of this complication, the manufacturers warn patients that breast augmentation with saline filled devices should not be regarded as a final or permanent procedure.
* Asymmetry, Firmness and Discomfort. These complications are usually a result of asymmetrical or excessive contracture of the scar or capsule which forms around the prosthesis internally. The formation of the scar capsule is a normal biological response to the implantation of foreign material and excessive contracture can distort the shape of the breast. This can be in the order of 5-35% depending on the type of implant and procedure used.
* Minor Displacements or Asymmetry Minor displacements leading to asymmetry of the implants are generally not different from the variations of the breasts considered to be within normal limits. Quite frequently, minor asymmetries or even significant asymmetries of the breasts can be seen prior to surgery and Dr Olbourne will frequently make a note of these. Significant asymmetry can be noted after the operation and would mandate some revisional surgery to improve the cosmetic result.

Some Facts That You Should Be Aware Of

Breast Cancer

It is important that the patient understands that there is absolutely no connection between breast augmentation and breast cancer. The implant is not placed within the breast, but rather behind the breast or even behind the muscle on the chest wall. There are many studies that now show thatwomen who have breast augmentation are less likely to develop breast cancer than a similar group of women who do not have breast augmentation. The reason for this is obscure, but the statistic is real.

Breast cancer can still be detected in the augmented breast and routine clinical or physical examination will not be hindered by the presence of a breast prosthesis. Any lump in the breast gland is probably made more prominent by the breast implant. Mammograms are still possible with breast implants in place although a proportion of the breast gland is sometimes camouflaged by the breast implant on the mammogram. Newer techniques with mammography are now overcoming this problem. There have been several reports of implant rupture when compression of the breast is performed at mammography. Obviously a radiologist familiar with mammography of augmented breasts is desirable and Dr Olbourne can suggest a suitable specialist.

With older style silicone gel-filled implants where rupture has occurred, hard scar tissue develops around the free gel in the breast tissue. In this case the lumps palpable in the breasts may be mistaken for breast cancer. However, tests such as mammography and occasionally biopsy may be necessary to distinguish the true nature of the lumps. These lumps are in no way associated with breast cancer.

Collagen Disorders

There has been much speculation about the cause of arthritis, muscle disorders and various collagen disorders as a result of breast augmentation with silicone filled devices. Much of this information is anecdotal in nature and there is currently no conclusive proof that silicone based devices cause abnormal diseases. In fact, recent scientific studies strongly indicate that no relationship exists between breast augmentation and any “collagen disease”.

Silicone use is widespread in drugs and other medical devices. Even the syringes and needles that are used for injection purposes are lubricated with silicone. However, patients who frequently have injections (such as diabetics) do not have an increased incidence of the very diseases that are said to be caused by the implantation of breast prostheses. It has been calculated that women are exposed to more silicone from their lipstick than from their modern breast prostheses.

The implant will not interfere with future breast feeding if the patient becomes pregnant. This is because the implant is placed behind the breast gland or behind the muscle and not in the breast tissue. The incision around the nipple should not make a difference to the ability to breast feed. There is absolutely no foundation to the theory that silicone is secreted in the breast milk of augmented ladies and causes harm to their suckling infants.

Preparing For Breast Augmentation Surgery

Once you’ve decided to have breast augmentation, Dr Olbourne and his nursing staff will guide you as you prepare for breast augmentation surgery. You will be given instructions to help make your breast augmentation surgery and recovery go smoothly. And you may be ordered various tests so that your medical records are as up to date as possible.

Pre-op Evaluation

You may be given a baseline mammogram to evaluate your breasts’ health before breast augmentation surgery. As with other types of surgery, a urinalysis and blood tests may be necessary to assess your general health. Dr Olbourne may want photographs of your breasts in your medical record to compare with the results of your breast enlargement operation.

Pre-op Instruction

You should stop taking aspirin-containing products two weeks before breast augmentation surgery to minimise bleeding. You should also stop any herbal supplements such as Gingko Biloba, St Johns Wort or Ginger and Garlic. You should also stop smoking before breast augmentation surgery because it restricts the blood flow and increases the possibility of post-operative complications.

Your Surgical Experience

On the day of breast augmentation surgery, the proposed implant site, the creases under the breast and the incision sites will be marked on your skin either in your bedroom or the anteroom of the operating theatre.

At operation, an incision is made according to the preoperative plan. A pocket is then made depending on the type of implant being used and the breast size you have selected. The space in the pocket allows your breasts to feel soft. An implant is inserted in order to achieve the look you have chosen. Once the desired look is achieved, the pocket is closed.

The incision is closed and Dr Olbourne places either a surgical bra or bandage over the incision, depending on what seems best in your case. Drain tubes are frequently inserted into the pockets to eliminate any blood that may collect.

Healing Naturally

Your breasts heal over a period of time after breast augmentation surgery. A capsule of scar tissue forms around the implant and shrinks to some degree. Between the implant and breast there is an open pocket or space. Dr Olbourne or someone on his staff may give you instructions on self-care to maintain this space. This helps keep the scar tissue from shrinking too much around the implant that makes the breast feel firm. Excessive firmness is known as “capsular contracture” and this is explained earlier in the booklet.

Your Recovery Plan

After your breast augmentation surgery, you wake up in a recovery room. Dr Olbourne and the nursing staff monitor you, checking your blood pressure, temperature and pulse. Once you are alert, you may be discharged. However, if Dr Olbourne feels it is necessary, you may remain in recovery until later that day. In some cases, an overnight or even longer stay will be recommended. You may be given prescriptions to relieve pain and prophylactic antibiotics are commonly prescribed. Have someone fill the prescription, drive you home and take care of you as you recover. Follow any post-op instructions given to you.

Your First Visit

A few days after breast augmentation surgery you return to Dr Olbourne’s office in Sydney, your bandage or surgical bra is removed. Your wound is checked for bleeding and infection, and your sutures may be removed. Here, you begin to see the results of your augmentation, despite some initial swelling. Dr Olbourne will tell you how to care for your wound and dressing and when you’ll need to wear a bra.

Breast Massage

Depending on the type of implant you have and your surgeon’s preference, massaging your breasts may help decrease the risk of excessive firmness. You may be given instructions on the massage technique by Dr Olbourne or someone on staff. As soon as you’re comfortable doing so, follow your massage schedule as directed. Currently, Dr Olbourne’s practice is to massage only those implants where a smooth walled device has been inserted.

Breast Augmentation Follow-up

During your follow-up visits Dr Olbourne checks the shape of your breasts and watches for infection. Your sutures may dissolve or be removed during the first few weeks. Healing takes several weeks or longer, depending on how long swelling lasts. Swelling normally takes up to six weeks to settle.

With breast augmentation today, you are committing yourself to permanent follow-up. Initially, monthly visits will be scheduled, gradually lengthening to three or six monthly. We believe that you should ultimately commit yourself to annual visits so that Dr Olbourne can check your implants and advise you of the current state of knowledge in this area. If you move away, Dr Olbourne will, on request, transfer your follow up to one of his colleagues.

CALL DR OLBOURNE IF YOU EXPERIENCE THE FOLLOWING:

* Excessive pain or bleeding
* Abnormal swelling
* Fever during the first 24 hours

Returning To Your Daily Activities

You can return to your activities at a slow, gradual pace. You may be back to work as soon as five to seven days after breast augmentation surgery and may begin light exercise in a week or so. Lifting and strenuous moving may be restricted for several weeks or longer. Follow the golden rule – “If it hurts, don’t do it”.

Breast Health

After the breast augmentation procedure, new breast health baselines must be established by you and your doctor. Breasts with implants feel different during breast self-examinations and professional examinations and look different on a mammogram.

Breast Self-Examination

* The best time for your breast self-examination is a week after your menstrual cycle begins. Look in the mirror with your arms raised, then lowered, hands on your hips. Turn from side to side, checking for dimples, lumps and discharge from the nipple.
* Feel for lumps while lying down or standing up, using three degrees of pressure – light, medium, then firm – without lifting your fingers from the breast. Lotion makes breast examinations lying down easy, and soapy water helps when you’re showering.
* Mentally divide your breast into several sections, and use the same pattern for every examination.
* Using the soft pads of your middle fingers, feel your breasts in a circular motion.

Professional Examinations

In addition to your monthly breast self examinations you should have a professional breast examination by Dr Olbourne on a yearly basis. Inform any doctor who examines your breasts that you have had breast augmentation as the implants change the way the breast feels.

FAQs about Breast Augmentation

How long can I expect to be off work?

For the average woman doing non-strenuous clerical-type work, it is generally two to three days after breast augmentation surgery before you may be able to return to work. For other types of jobs, however, which may require heavy lifting, it may be longer. This is something you must discuss with Dr Olbourne, since each woman is different.

How long will my stitches be in?

Stitches used are usually dissolving, and thus will not have to be removed. In the event that sutures need removal, this is done within three weeks after breast augmentation surgery.

How much sensation will be left in my nipples after surgery?

There can be loss of nipple feeling after breast augmentation surgery. On occasions there may be some temporary blunting of feeling. Much more infrequently a permanent degree of loss of feeling can occur. In most cases, however, when there is some diminished feeling, this gradually returns, over a six to twelve month period. It should be anticipated that there will be some patches of skin numbness, particularly on the inner and lower portions of the breast, which is often a variable and transient phenomenon. This usually is not a major concern, and will mostly disappear by six months or so.

How long will it take for the swelling to go down after surgery?

Although swelling is minimal after breast augmentation, there will be some puffiness. You can expect all of this to be gone after one month.

How long must I wear a special bra after breast augmentation?

For the first week after breast augmentation surgery, you need not wear a bra unless you find the weight of your new bust uncomfortable. During the second week, you may use a stretch-type bra worn both day and night. After the second week, you may choose any style. You should remember, though, now that you have a breast of relatively normal volume, this will always require a good bra support to reduce the degree of sagging. Gravity over the years takes it toll, and any breast of reasonable volume will eventually show some degree of droop without good support, sometimes even with good support. We will be happy to advise you on the styles and brands of bras which we feel give the best support to the enlarged breast.

Is this breast operation dangerous?

Any surgery carries some risk. However, surgeons doing breast implants in a modern surgical facility do not consider it dangerous. You should check on doctor’s skill and the credentials of the anaesthetist and surgical facility to ensure the minimum of risk.

Can breast implants cause cancer?

In the hundreds of thousands of cases where breast implants have been used, there have been not been any reported cases where cancer could be attributed to the implant.

Does a breast implant leave unsightly scars?

Whenever the skin is cut, a scar line remains after healing. Normally, the small scar that remains is not easily seen. It is under the breast fold. Or in the areola (the brown ring area around the nipple). Or in the natural crease under the arm. A few patients will develop thickened scars and these can be unsightly. There is no foolproof way to avoid thickening of scar in these people.

How is the size of the implant determined?

By discussion with your surgeon and pretesting with sizing implants that Dr Olbourne keeps for just this purpose. Dr Olbourne wants your new breast to have a pleasing balanced appearance, in proportion to your shoulders, your rib cage and hips.

How long will the implants last?

Based on laboratory findings and human experiences to date, a modern gel-filled breast implant should last for a lifetime. However, since gel-filled breast implants have been implanted since 1962, there is only approximately 30 years of actual experience. Current figures indicate that approximately 10% of gel implants inserted since 1962 have ruptured. The modern saline filled implant does have a projected failure rate of approximately 10% over 10 years.

How will I feel?

Naturally you may feel “woozy” as the anaesthetic wears off. You may feel some soreness, swelling or discomfort, but this is quite natural. You may also feel tired and exhausted after breast augmentation surgery, but this and the soreness are normal and will last only a short while.

How long will it be before I can start normal activities?

Following breast augmentation surgery, Dr Olbourne will give you specific instructions regarding your participation in everyday activities, athletics and sexual relations. He may recommend a support brassiere, either permanently or when undertaking exercise.

How much will the entire procedure cost?

Fees will vary. You should ask Dr Olbourne. The fees relate to the breast augmentation surgery, the anaesthetic, the implant and the hospital.

Is a breast implant covered by medical insurance?

Usually not, although occasionally a benefit for the operation and the implant can be justified. Dr Olbourne will surely advise you if he thinks you may qualify for a benefit.

How is the operation performed?

There are three ways to place an implant:

* Through an inframammary incision (an opening made in or just above the hidden fold beneath the breast),
* Through a peri-areolar incision (an opening made within the areola), or
* Through a transaxillary incision (an opening made in the armpit)

The site of the incision is based on your surgeon’s experience, awareness of your specific needs and dedication to your welfare and personal satisfaction. Dr Olbourne will discuss with you which incision might be best for you.

When implanted according to surgical techniques and procedures widely accepted by surgeons, the breast implant has been well tolerated by hundreds of thousands of patients. Each surgeon must, of course, evaluate and use the right implant and right procedure for an individual patient based on the patient’s medical history and his own medical and surgical training and experience.

Does the implant prevent breast feeding?

No, the implant is usually placed between the breast gland and the pectoral muscle or under the muscle and does not interfere with the normal functioning of the milk ducts.

Will I still have feeling in my breasts and nipples?

There may be reduced feeling right after breast augmentation surgery. With few exceptions, experience shows sensation in both areas will improve within a few months.

What is the implant made of?

It is made of a soft silicone bag filled with either a soft silicone gel or a sterile saline solution. There has been some controversy as to the effects of silicone gel on the body, but recent scientific data does not support many of the claims made against silicone gel and in fact refutes all suggestion of systemic harm to the patient from silicon-gel filled prostheses.

Saline or salty water comprises 70% by weight of the human body and has a similar composition to the body fluids. If rupture of a saline implant occurs, the fluid is absorbed by the body and then dispelled as urine.

What holds the implants in place?

During the normal healing process, the body forms a tissue capsule around the implants. Once formed, this holds the implants in place.

Can I expect any problems with my breasts after implant surgery?

Although thousands of women have breast implant surgery each year, each person’s reaction to surgery and implantation can be different. Dr Olbourne is the best and most reliable authority on this question. Do not hesitate to review this with him.

# Breast Lift

Mastopexy Breast Lift helps you can feel more confident with breasts that are the right size, shape and position on your body. Pendulous or droopy breasts often arise with age, childbearing or weight fluctuations. If you wish your breasts were a better shape or rested in a higher position on your body, then **breast lift** can help.

### Quick Facts

* Anesthesia:
* In/Outpatient:
* Length of surgery:
* Recovery:
* Results:

### Your Treatment at Institute of Aesthetic Plastic Surgery

**What is Mastopexy (Breast repositioning)**

Pendulous or droopy breasts can be improved by Mastopexy, an operation designed to reposition and reshape the breasts on the chest. It is an operation for ladies who are happy with their breast size, but whose breasts fall to the floor when their brassiere is removed. Dr Olbourne uses the Lejour technique to reshape the breasts – a technique that delivers a permanent shape with minimal scars.

Mastopexy is an operation which aims to improve the shape of the breast and elevation of the nipples without alteration in the size of the bust. This procedure also inevitably results in an improvement in the position of the breast on the chest wall.

With age, child bearing and increased weight, the ligaments which maintain the youthful shape of the breast and the skin brassiere which contains the breast, stretch and elongate, leading to a drooping of the breast on the chest wall. This phenomenon is called ptosis and we aim to correst this by mastopexy.

**Anatomy Of The Breast**

If a very ptotic breast is reshaped and repositioned in the operation of mastopexy, it may still have too little volume. The possibility of increasing bust size (ie. breast augmentation) may need to be considered at the same time. Breast augmentation may be possible either concurrently or at a second operation.

**Lifetime Breast Changes**

Breasts develop in response to hormonal changes that occur between ages 13 and 18.

During pregnancy, breasts swell and prepare to produce milk. The suspensory ligaments and the skin brassiere are stretched. The fat may be dissolved away. After pregnancy, breasts may shrink or lose shape.

Throughout the natural ageing process, gravity causes the breasts to droop. Breasts may also lose some volume resulting in a smaller breast in a larger “bag” of skin.

**Breast Lift Points To Consider**

There are some factors which you need to consider (and perhaps discuss with Dr. Olbourne) before deciding on surgery.

* Are you happy with your body weight or do you intend to lose weight in the future?
* Do you plan to have children in the future?
* Do you have a preconceived idea of how you would like your breasts to look?
* Have you considered the effects of surgery on the sensation of the breasts and nipples?
* Have you considered the prospect of scarring on your breasts?

**Your Breast Lift Consultation**

Your visit to Dr Olbourne’s office is an opportunity to discuss your operation, your expectations and your concerns. Frequently you may not be able to absorb all the information the doctor feels you may need to have before making an informed decision to proceed with the operation. This is not uncommon, as research has shown that often only half of that information can be recalled at a future time. Do not be discouraged by this. We would encourage you to seek a second breast lift consultation if you are not entirely happy with the information you have retained. It is vital that you be relaxed and have the knowledge you feel you need before we proceed to an operation.

Your breast history and the history of other women in your family will help in the assessment of your suitability for breast surgery. Dr. Olbourne may recommend preoperative mammograms and would want to know about any family history of breast cancer. Any breast disease or biopsy you have experienced will influence his advice to you. A postoperative mamogram (say six months after surgery) may usefully serve as a baseline for future breast examinations.

At this breast lift consultation Dr. Olbourne will look for abnormalities, lumps, and asymmetries of the breast or nipple. It is usual for one breast (and nipple) to be larger than the other or to be lower than the other. Whilst all attempts to achieve symmetry post-operatively will be made, it is unreasonable to expect that both breasts will be symmetrical in all respects after the operation.

**Understanding Your Options**

If you have chosen to proceed with the breast lift operation there are various decisions that you and Dr. Olbourne must make. Dr Olbourne will discuss these with you and obviously will make recommendations based on his experience. and your particular needs. Take your time to consider the options before deciding on a procedure. Clear up any questions before surgery is scheduled.

**Choosing Breast Size**

The size that you will end up with depends on your current size and shape and your stature. It is important to realise that bust measurement is a number and a letter (eg 16DD). The number is the chest circumference at the level of the nipples. The letter is the breast size, and it is the breast we are altering. The breast size and volume remain the same with the uplift (breast lift) operation. Only the shape is altered. The aim of breast lift surgery is to make your breast appear without clothing as it does when contoured and positioned by your brassiere.

**Incisions and Scars**

It is not possible to have a breast breast lift without a scar. All incisions leave scars. This will be discussed later. However, there are different designs of breast mastopexy procedures which leave scars that are different in location and length. We, as surgeons, do all that is possible to achieve scars of superior quality and minimal length. You can be sure that we will discuss the various types of mastopexy with you and help you to choose the one most appropriate to your problem.

**Preparing For Breast Lift Surgery**

Once you have decided to have breast lift surgery, Dr. Olbourne and his nursing staff will guide you in your preparation. You will be given instructions to help make your surgery and recovery go smoothly. And you may be given various tests so that your medical records are as up to date as possible before proceeding to an operation.

**Pre-op Evaluation**

You may be ordered a baseline mammogram depending on your age and medical history to evaluate your breasts’ health before surgery. As with other types of surgery, a urinalysis and blood tests may be necessary to assess your general health. Dr Olbourne may want photographs of your breasts in your medical record to document your problem and to compare results.

**Pre-op Instruction**

Dr. Olbourne will ask that you to stop taking aspirin-containing products two weeks before surgery to minimise bleeding. You will also be asked to stop smoking before surgery because it restricts the blood flow and may affect healing, resulting in wound breakdown and less than optimal results.

**Will I need a Blood Transfusion?**

Transfusion is never needed in this type of surgery. However a blood count will be done preoperatively to ensure that you are not anaemic for some other reason .

**Wearing a Brassiere**

As your breast size will not be altered by breast mastopexy surgery, Dr Olbourne’s staff will advise you on the style and brand of brassiere to acquire. The brassiere is worn day and night for six weeks after surgery once the sutures are removed and is essential in the moulding of the reconstructed breast and the best possible result.

**Your Surgical Experience**

The mastopexy hospital, admission date and admission time will all be arranged preoperatively. If you are to be admitted on the day of surgery it is vital that you adhere to all the mastopexy instructions regarding smoking, tablets, eating and drinking, that may be given to you by the hospital or the doctor’s staff. If in any doubt, be sure to ask.

On the day of mastopexy surgery, after your preoperative shower, Dr Olbourne will draw on your breasts, marking the incision lines and making other relevant measurements decided on at the preoperative consultation.

Dr Olbourne will assess the degree of nipple sagging and estimate the ideal position of the nipple and the amount of excess skin to be removed.

Once you are asleep and lying down these are the “landmarks” Dr Olbourne uses to achieve the result.

The mastopexy operation is performed under general anaesthesia. At the end of the operation a firm dressing is placed on your chest.

**Understanding The Risks And Complications**

As with any surgery, breast mastopexy involves risks and potential complications. You need to understand and accept these in order to make an informed consent to the operation. Some risks are more likely to occur than others. Please ask Dr Olbourne for as much detail as you need to fully understand the procedure, its benefits and its risks.

1. **General Risks**
   * **Infection.** Infection can occur after any surgical procedure and does not indicate a breakdown in surgical or operating room technique. Should it occur, bacteriological identification of the infecting organism and appropriate antibiotic therapy should control the problem. The normal treatment of infection may involve drainage of any collection and packing as needed. Frequent dressings at the clinic, hospital or by a home nursing service may be required. The result of infection is a compromised shape to the breast which will often require further reshaping surgery to achieve a reasonable cosmetic result.
   * **Bleeding and Haematoma Formation.** Post-operative bleeding can be caused by a variety of factors. One of these is the taking of blood thinning medications such as Asprin and aspirin- containing compounds. We can give you a list of the drugs that can cause this problem. It is our experience that if bleeding does occur, and a haematoma develops, it can lead to abnormal thickening of the scar or to increased possibility of infection. It is therefore appropriate that if bleeding does occur in the first 24 to 48 hours, then the patient be returned to theatre for cleaning out of the abnormal blood which has accumulated. Breast mastopexy rarely requires drains, and the risk of bleeding requiring return to theatre is very rare. Several things are done to prevent abnormal bleeding. After the operation bandages are applied to the chest. If abnormal bleeding does occur, excessive pain will be experienced and the breast on that side will be swollen compared to the opposite side. This is always in the early post-operative stage and should be reported to Dr Olbourne for prompt attention.
   * **Scarring.** A sequel of any surgical procedure is scarring. Each and every time the skin is cut, either by scalpel or laser, a surgical scar is produced. The quality and appearance of scars vary widely with the individual’s healing process, the position of the scar on the body and degree of tension placed on the scar. The types of scars a patient acquires are influenced by personal, familial and racial factors and cannot be controlled by your surgeon. It is the plastic surgeon’s objective to try to hide these scars as far as possible, but with some operations, the scar will always be visible and with some areas in the body there is an unpredictable healing response. Some patients may form hard, red, thick hypertrophic scars which cannot be anticipated by any surgeon. The type of scarring which has been produced by previous surgery may give an indication to the type of scarring that might result from your breast mastopexy. Some types of surgery will usually produce reasonably good scars (such as the scar in front of the ear when face lift surgery is performed). Other operations such as breast maxtopexy or abdominal surgery produce scars which are frequently prone to stretching, thickening, redness and tenderness. In the worst cases, these scars will take one or two years to reduce in thickness and will never end up as thin lines. The degree of stretching depends on personal healing qualities and the area on the body where the incision is situated and can be quite wide on occasions. Scars will nearly always mature and flatten, but the time interval for this to occur varies, extending from several months to several years. In the worst instance a keloid scar may develop which will remain raised, red, thick, tender and itchy, and despite various treatments may recur. Surgical scars, when settled or mature, are always white, (they contain no pigment producing cells) but occasionally, with more superficial skin injury such as dermabrasion or chemical peel they can over-pigment. This is usually due to sun exposure, but can be exacerbated with certain skin types, oral contraceptive pill (and other hormone treatment) and certain drugs. It is always important in the early stages to protect a scar from sun exposure. Scarring also occurs in the deeper layers of skin, fat and muscle and is much more likely if fat necrosis or infection have occurred. It is also more frequent when the skin and other layers have been separated. These deep scars can behave in the same way as skin scars, becoming thick, lumpy, raised and tender. Distortion of breast shape is common and can on occasions be significant. As with skin scars, this type of scarring will settle and mature with time, but the process may take many months. The most noticeable areas where this deeper type of scarring can occur are the cheeks of face lifts and liposuction. Massage and other types of treatment can help with maturing and flattening the scar, but time is always necessary. **SCARS ARE ALWAYS VISIBLE, THEY ALWAYS TAKE TIME TO MATURE AND THE DEGREE AND QUALITY OF A SCAR CAN NEVER BE GUARANTEED.** There are many variations of the breast mastopexy procedure, each of which leaves a different scar. Dr Olbourne will explain the location of the scar and its likely development after advising you on the surgical procedure most applicable to your problem. Dr Olbourne has representative photographs of each operation and the usual type of scar. Please feel free to ask to see them. Should Dr Olbourne elect to drain the operative field there may be a small puncture wound at the exit of this drain. This will also leave a tiny scar which invariably heals well.
2. **Specific Risks**
   * **Nipple Necrosis.** Loss of nipple (partially or even completely) is an unusual complication of surgery and depends on the idiosyncrasies of the blood supply to your nipple. Should it occur (and it rarely does) some form of reconstruction would be indicated. This is extremely rare with a mastopexy operation.
   * **Nipple Sensation.** It is not uncommon for nipple sensation to be altered after breast surgery. Sometimes, the nipple becomes over sensitive and can be irritated by clothing. This occurs when the nerves supplying the nipple have been stretched by the surgical procedure. This phenomenon occurs in about 10% of cases and the sensation usually returns to normal. Sometimes (in about 20% of cases) nipple sensation is diminished post operatively. Some nerves are damaged or even divided in the course of the procedure depending on the design of the operation and the pattern of nerve supply to your nipple. Usually, but not inevitably, the nipple sensation will recover. Permanent diminution of sensation or numbness of a nipple can occur in any breast operation. This is something for you to consider if sensitive nipples are important to you.
   * **Asymmetry.** Although careful measurements and planning are undertaken preoperatively, the surgery is performed with you, the patient, lying down. It is not possible to achieve perfect symmetry in breast size and shape or nipple size and position in all cases. You should understand these limitations of surgery.
   * **Breast Feeding Potential.** What is surprising is that with many of the modern techniques of breast mastopexy, breast feeding may be possible post operatively. If this capability is important to you, discuss it with Dr Olbourne and he will choose a procedure that will maximise this possibility. However, no guarantee can be given that post operative breast feeding will be possible.
   * **Wound Breakdown.** The reasons for post operative wound breakdown are complex. They often relate to infection or fat necrosis. Sometimes it can be the result of an intolerance to a particular suture material by some patients so that small cysts or abscesses form. These heal rapidly and completely when the offending material is removed. In other patients, the nourishment of the skin is less than desirable and the wound, after healing initially, then seems to break down. Re-operation is rarely required unless the wound breakdown is the result of significant infection or fat necrosis when it becomes inevitable. Repeated dressings almost always lead to complete healing. At a later stage, a scar revision may be indicated to achieve a better result.

**Your Recovery Plan**

After your mastopexy surgery, you wake up in a recovery room. Dr Olbourne and the nursing staff monitor you, checking your blood pressure, temperature and pulse. Once you are alert, you may be discharged. However, if Dr Olbourne feels it is necessary, you may remain in recovery until later that day. In some cases, an overnight stay may be recommended. You may be given prescriptions to relieve pain and prophylactic antibiotics are commonly prescribed. Have someone fill the prescription, drive you home and take care of you as you recover. Follow any mastopexy post-op instructions given to you. Remember, a decision to keep you in hospital for a few days post operatively doesn’t indicate a problem. It may be deemed to be in your interests to do so or it may be Dr Olbourne’s preferred practice.

**Your First Postoperative Visit**

Some days after mastopexy surgery you return to Dr Olbourne’s office and your bandage is removed. Your wound is checked for bleeding and infection, and some of your sutures may be removed. Here, you begin to see the results of your mastopexy despite some initial swelling. Dr Olbourne will tell you how to care for your wound and dressing and whether you’ll need to wear a bra for an extended period of time. Sometimes, we will apply tape or silicone sheeting to the crease lines under the breasts in the initial healing period.

**Breast Lift Follow-up**

During your mastopexy follow-up visits Dr Olbourne will monitor the shape of your breasts and watch for infection. Your sutures may dissolve or be removed during the first few weeks. Healing takes several weeks or longer, depending on how long swelling lasts. Swelling normally takes up to six weeks to settle. The regime for wearing a brassiere and resumption of normal activities and exercise will be discussed at these visits.

**CALL DR OLBOURNE IF YOU EXPERIENCE THE FOLLOWING:**

* Excessive pain or bleeding
* Abnormal swelling
* Fever during the first 24 hours or especially during the first 7 days

**Returning To Your Daily Activities**

You can return to your activities at a slow, gradual pace. You may be back to work as soon as five to seven days after surgery and may begin light exercise in a week or so.

Lifting and strenuous moving may be restricted for several weeks or longer. Follow the golden rule – “If it hurts, don’t do it”.

**Breast Self-Examination**

You should resume normal breast examination at three months after mastopexy surgery. This is one suggested routine you may care to follow. The best time for your breast self-examination is a week after your menstrual cycle begins.

1. Look in the mirror with your arms raised, then lowered, hands on your hips. Turn from side to side, checking for dimples, lumps and discharge from the nipple.
2. Mentally divide your breast into several sections, and use the same pattern for every examination.
3. Using the soft pads of your middle fingers, feel your breasts in a circular motion.
4. Feel for lumps while lying down or standing up, using three degrees of pressure – light, medium, then firm – without lifting your fingers from the breast. Lotion makes breast examinations lying down easy, and soapy water helps when you’re showering.

**Professional Examinations**

In addition to your monthly breast self examinations you should have a professional breast examination by a surgeon or family practitioner on a yearly basis. Inform any doctor who examines your breasts that you have had a breast mastopexy. If you are in the habit of having regular mammograms, it is a sound idea to have a repeat examination about six months after your operation. Surgery will change the radiological architecture of your breasts. A mammogram taken after surgery will serve as a useful comparison for future radiological investigations

**FAQs about Breast Lift**

**How long can I expect to be off work?**

For the average woman doing non-strenuous clerical-type work, it is generally less than one week after mastopexy surgery before you may be able to return to work. For other types of jobs, however, which may require heavy lifting, it may be longer. This is something you must discuss with Dr Olbourne, since each woman is different.

**How long will my stitches be in?**

Some stitches used are dissolving and these will not have to be removed. In the event that sutures need removal, this is done between one and three weeks after surgery.

**How long will it take for the swelling to go down after surgery?**

Although swelling is minimal after breast mastopexy, there will be some puffiness. You can expect all of this to be gone after one month.

**How long must I wear a special bra after breast mastopexy?**

As the brassiere is an essential instrument of breast moulding, the bra we recommend should be worn day and night for up to eight weeks. You should remember, though, now that you have a breast of relatively normal volume, this will always require a good bra support to reduce the degree of sagging. Gravity over the years takes its toll, and any breast of reasonable volume will eventually show some degree of droop without good support.

**How is the size, shape and position determined?**

This is discussed at the preoperative visit. The more information you give to Dr Olbourne the more likely he is to achieve your mastopexy objective.

**How will I feel?**

Naturally you may feel “woozy” as the anaesthetic wears off. You may feel some soreness, swelling or discomfort, but this is quite natural. You may also feel tired and exhausted after surgery, but this and the soreness is normal and will last only a short while.

**How long will it be before I can start normal activities?**

Following surgery, Dr Olbourne will give you specific instructions regarding your participation in everyday activities, athletics and sexual relations.

**Will I be able to breast feed?**

This depends on your potential before the mastopexy operation and the style of operation you decide on after discussion with the doctor.

**Will I have feeling in my breasts and nipples?**

There may be reduced feeling right after mastopexy surgery. With few exceptions, experience shows sensation in both breasts and nipples will improve in a few months.

**Conclusion**

**Breast mastopexy** is an operation which can improve the shape of the breast and lift the nipples to give a more youthful appearance. Providing you understand the limitations of this procedure and abide by the pre-and post-operative instructions, you can look forward to enjoying a renewed personal confidence in your improved breast shape and position.

**Breast Lift Costs**

For Mastopexy surgery fees, call **Sydney Institute of Plastic Surgery at 02 9411 3177** or email us at info@sydneyplasticsurgery.org.

# Breast Lift with Implants - Augmentation Mastopexy

Breast Reconstruction is perfect for creating a larger bust from ptotic (droopy) breasts, or if your bust is droopy and needs to be reshaped and repositioned, then you should consider a breast augmentation and mastopexy as a combined operation.

### Quick Facts

* Anesthesia:
* In/Outpatient:
* Length of surgery:
* Recovery:
* Results:

### Your Treatment at Institute of Aesthetic Plastic Surgery

**What is Breast Reconstruction (Augmentation Mastopexy)**

After childbirth or following significant weight loss, the breasts often become deflated and droopy. In some ladies, those who are content with the size of their bust, but are unhappy with their appearance when not wearing a brassiere, a mastopexy or breast uplift alone will solve their problem.

However, if the lady feels that even with an attractive shape, the size of their bust is less than they would prefer, then a **cosmetic breast reconstruction**, combining a mastopexy with a breast augmentation should be considered.

**Anatomy of the Breast**

The female breast consists of varying proportions of glandular breast tissue and fat, covered by an envelope of skin. There are suspensory ligaments which connect the breast to the underlying chest muscles and which help to support the youthful breast and maintain its shape and position on the chest wall.

**Lifetime Breast Changes**

During pregnancy, under the influence of the oestrogengroup of hormones, the glandular breast tissue develops and enlarges. The supporting ligaments of the breast are stretched, the fatty component of the breast dissolves somewhat under the effects of pressure due to that enlargement and engorgement, and the skin envelope is stretched.

After the pregnancy and when lactation is complete, the breast glandular tissue involutes to the non-pregnant state and there is often less fat in the breast. The suspensory ligaments remain stretched and the skin retracts, but to a variable degree.

With further pregnancies, this process is repeated. Understandably the breast becomes smaller and droopier, and the overlying skin may develop stretch marks and appear less robust.

This same process occurs with significant weight loss and also with age under the effects of gravity. The final result is all too often a breast which is smaller which is contained in a “bag’ of skin which is more voluminous.

**Breast Reconstruction Points To Consider**

There are some factors which you need to consider (and perhaps discuss with Dr. Olbourne) before deciding on surgery.

* Are you happy with your body weight or do you intend to lose weight in the future?
* Do you plan to have children in the future?
* Do you have a preconceived idea of how you would like your breasts to look?
* Have you considered the effects of surgery on the sensation of the breasts and nipples?
* Have you considered the prospect of scarring on your breasts?
* How do you feel about the size of your bust?

**Your Breast Reconstruction Consultation**

Your visit to Dr Olbourne’s office is an opportunity to discuss your **Breast Reconstruction operation**, your expectations and your concerns. Frequently you may not be able to absorb all the information the doctor feels you may need to have before making an informed decision to proceed with the operation. This is not uncommon, as research has shown that often only half of that information can be recalled at a future time. Do not be discouraged by this. We would encourage you to seek a second breast reconstruction consultation if you are not entirely happy with the information you have retained. It is vital that you be relaxed and have the knowledge you feel you need before we proceed to an operation.

Your breast history and the history of other women in your family will help in the assessment of your suitability for breast surgery. Dr. Olbourne may recommend preoperative mammograms and would want to know about any family history of breast cancer. Any breast disease or biopsy you have experienced will influence his advice to you. A postoperative mamogram (say six months after surgery) may usefully serve as a baseline for future breast examinations.

At this breast reconstruction consultation Dr. Olbourne will look for abnormalities, lumps, and asymmetries of the breast or nipple. It is usual for one breast (and nipple) to be larger than the other or to be lower than the other. Whilst all attempts to achieve symmetry post-operatively will be made, it is unreasonable to expect that both breasts will be symmetrical in all respects after the operation.

**Understanding Your Options**

When you have made the decision to proceed with the breast reconstruction (combined operation of breast augmentation and mastopexy), there are a series of decisions that you must make. Dr Olbourne will guide you through the process and outline your options to help you make the decision that is best for you.

These decisions include such things as:

* The size, shape and style of the implant best suited for you
* Whether the reconstructive process can be achieved in one operation, or whether in your case a staged approach would be better
* Which surgical approach is ideal and
* Where the scars are best placed so that they will fade to be inconspicuous at the end of the day

Dr Olbourne will discuss your breast reconstruction options with you and make the recommendations that he feels will ultimately produce the best outcome in your individual case. Take your time to consider all options before deciding on the type of procedure. Clear up any questions before surgery is scheduled.

**Choosing Breast Size**

The size you will end up with depends on your current size, the shape of your chest, your stature and of course, the size and shape of the implant we jointly choose as best for you. There is no simple formula for choosing the ideal implant size. Leaving it to your doctor to choose will not always reliably produce the result you seek.

Dr Olbourne undertakes a rigorous preoperative sizing assessment with the patient, so that the correct implant is always selected before the breast reconstruction surgery takes place. He has found this to be the only way to ensure that all his patients are satisfied with the ultimate size of their bust after the surgery has been completed.

For convenience, brassiere size is measured as a number and a letter (e.g. 16DD). The number is a measure of the circumference of the chest at the level of the nipples. It depends mostly on the shape of the chest wall. The letter is a measure of the breast size and this is what we are seeking to improve. It is prudent to choose an implant size at the upper end of your expectations, as there is always some swelling to subside after the surgery.

**Incisions and Scars**

It is not possible to reshape and enlarge the breasts without a scar. All incisions leave scars. However, there are a range of different surgical approaches to cosmetic breast reconstruction, all of which leave different scars. Dr Olbourne will discuss this with you, explaining the different operations, where the scars will be, how they will mature with time, and what you might expect the final outcome to be.

Dr Olbourne has an extensive folio of patient photographs which he will use to demonstrate these important issues with you. There are also many [examples of breast reconstruction operations](http://www.sydneyplasticsurgery.org/cosmetic-breast-reconstruction/) and the position and evolution of the scars following augmentation/mastopexy on this website for your education.

**Preparing for Breast Surgery**

Once you have decided to have breast reconstruction surgery, Dr. Olbourne and his nursing staff will guide you in your preparation. You will be given instructions to help make your surgery and recovery go smoothly. And you may be given various tests so that your medical records are as up to date as possible before proceeding to an operation.

**Pre-Op Instruction**

Dr. Olbourne will ask that you to stop taking aspirin-containing products two weeks before surgery to minimise bleeding. You will also be asked to stop smoking before surgery because it restricts the blood flow and may affect healing, resulting in wound breakdown and less than optimal results.

**Will I need a Blood Transfusion?**

Transfusion is never needed in this type of surgery. However a blood count will be done preoperatively to ensure that you are not anaemic for some other reason.

**Wearing a Brassiere**

Your breast size will be enlarged by your combined mastopexy/augmentation. Until the swelling settles, Dr Olbourne will not be able to advise on brassiere size.

He will construct a temporary support using special tape, which you will wear for the first two weeks after the surgery, whilst the wounds heal and the swelling settles. In the second week after surgery, you will be give a list of readily available commercial brassieres, which you can purchase from almost any department store.

At the second week consultation, we will fit you with your new brassiere and ask you to wear this for six weeks, whilst you breasts heal and the new shape stabilizes.

After six weeks, you may wear any brassiere you like without restriction.

**Your Surgical Experience**

The breast reconstruction hospital, admission date and admission time will all be arranged preoperatively. If you are to be admitted on the day of breast reconstruction surgery it is vital that you adhere to all the breast reconstruction instructions regarding smoking, tablets, eating and drinking, that may be given to you by the hospital or the doctor’s staff. If in any doubt, be sure to ask.

On the day of breast reconstruction surgery, after your preoperative shower, Dr Olbourne will draw on your breasts, marking the incision lines and making other relevant measurements decided on at the preoperative consultation.

Dr Olbourne will assess the degree of nipple sagging and estimate the ideal position of the nipple and the amount of excess skin to be removed.

Once you are asleep and lying down these are the “landmarks” Dr Olbourne uses to achieve the result.

The breast reconstruction operation is performed under general anaesthesia. At the end of the operation a firm dressing is placed on your chest.

**Understanding the Risks and Complications or Surgery**

As with any surgery, breast reconstruction involves risks and potential complications. You need to understand and accept these in order to make an informed consent to the operation. Some risks are more likely to occur than others. Please ask Dr Olbourne for as much detail as you need to fully understand the procedure, its benefits and its risks.

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   * **Infection.** Infection can occur after any surgical procedure and does not indicate a breakdown in surgical or operating room technique. Should it occur, bacteriological identification of the infecting organism and appropriate antibiotic therapy should control the problem. The normal treatment of infection may involve drainage of any collection and packing as needed. Frequent dressings at the clinic, hospital or by a home nursing service may be required. The result of infection is a compromised shape to the breast which will often require further reshaping surgery to achieve a reasonable cosmetic result.
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After your breast reconstruction surgery, you wake up in a recovery room. Dr Olbourne and the nursing staff monitor you, checking your blood pressure, temperature and pulse. Once you are alert, you may be discharged. However, if Dr Olbourne feels it is necessary, you may remain in recovery until later that day. In some cases, an overnight stay may be recommended. You may be given prescriptions to relieve pain and prophylactic antibiotics are commonly prescribed. Have someone fill the prescription, drive you home and take care of you as you recover. Follow any breast reconstruction post-op instructions given to you. Remember, a decision to keep you in hospital for a few days post operatively doesn’t indicate a problem. It may be deemed to be in your interests to do so or it may be Dr Olbourne’s preferred practice.

**Your First Postoperative Visit**

Some days after breast reconstruction surgery you will return to DrOlbourne’s office for your first dressing. The bandages may be removed and replaced. You wound is checked to ensure there has been no excessive bleeding or signs of infection.

Some of the sutures, usually those around the nipple, are removed. There are very few sutures to remove, as DrOlbourne’s uses absorbable sutures as far as possible to make the experience as comfortable as possible for his patients. Here, you will see the early results from your breast reconstruction procedure. Dr Olbourne and his nurse will tell you how to care for your wounds and arrange further dressings if needed. Usually breast reconstruction patients can resume showering and even swimming before a week has passed following their procedure.

At this visit, you will be advised about the size and style of bra you should purchase to wear for some weeks following your next postoperative visit.

**Breast Reconstruction Follow-up**

During your breast reconstruction follow-up visits Dr Olbourne will monitor the shape of your breasts and watch for infection. Your sutures may dissolve or be removed during the first few weeks. Healing takes several weeks or longer, depending on how long swelling lasts. Swelling normally takes up to six weeks to settle. The regime for wearing a brassiere and resumption of normal activities and exercise will be discussed at these visits.

**CALL DR OLBOURNE IF YOU EXPERIENCE THE FOLLOWING:**

* Excessive pain or bleeding
* Abnormal swelling
* Fever during the first 24 hours or especially during the first 7 days

**Returning To Your Daily Activities**

You can return to your activities at a slow, gradual pace. You may be back to work as soon as five to seven days after surgery and may begin light exercise in a week or so. Lifting and strenuous moving may be restricted for several weeks or longer. Follow the golden rule – “If it hurts, don’t do it”.

**Breast Self-Examination**

You should resume normal breast examination at three months after breast reconstruction surgery. This is one suggested routine you may care to follow. The best time for your breast self-examination is a week after your menstrual cycle begins.

1. Look in the mirror with your arms raised, then lowered, hands on your hips. Turn from side to side, checking for dimples, lumps and discharge from the nipple.
2. Mentally divide your breast into several sections, and use the same pattern for every examination.
3. Using the soft pads of your middle fingers, feel your breasts in a circular motion.
4. Feel for lumps while lying down or standing up, using three degrees of pressure – light, medium, then firm – without lifting your fingers from the breast. Lotion makes breast examinations lying down easy, and soapy water helps when you’re showering.

**Professional Breast Examinations**

In addition to your monthly breast self examinations you should have a professional breast examination by a surgeon or family practitioner on a yearly basis. Inform any doctor who examines your breasts that you have had a breast reconstruction (mastopexy and prosthetic augmentation mammoplasty). If you are in the habit of having regular mammograms, it is a sound idea to have a repeat examination about six months after your operation. Surgery will change the radiological architecture of your breasts. A mammogram taken after surgery will serve as a useful comparison for future radiological investigations.

**FAQs about Breast Reconstruction**

**How long can I expect to be off work?**

For the average woman doing non-strenuous clerical-type work, it is generally less than one week after breast reconstruction surgery before you may be able to return to work. For other types of jobs, however, which may require heavy lifting, it may be longer. This is something you must discuss with Dr Olbourne, since each woman is different.

**How long will my stitches be in?**

Some stitches used are dissolving and these will not have to be removed. In the event that sutures need removal, this is done between one and three weeks after surgery.

**How long will it take for the swelling to go down after surgery?**

Although swelling is minimal after breast reconstruction, there will be some puffiness. You can expect all of this to be gone after one month.

**How long must I wear a special bra after breast augmentation mastopexy?**

As the brassiere is an essential instrument of breast moulding, the bra we recommend should be worn day and night for up to eight weeks. You should remember, though, now that you have a breast of relatively normal volume, this will always require a good bra support to reduce the degree of sagging. Gravity over the years takes its toll, and any breast of reasonable volume will eventually show some degree of droop without good support.

**How is the size, shape and position determined?**

This is discussed at the preoperative visit. The more information you give to Dr Olbourne the more likely he is to achieve your breast reconstruction objective.

**How will I feel?**

Naturally you may feel “woozy” as the anaesthetic wears off. You may feel some soreness, swelling or discomfort, but this is quite natural. You may also feel tired and exhausted after surgery, but this and the soreness is normal and will last only a short while.

**How long will it be before I can start normal activities?**

Following surgery, Dr Olbourne will give you specific instructions regarding your participation in everyday activities, athletics and sexual relations.

**Will I be able to breast feed?**

This depends on your potential before the breast reconstruction operation and the style of operation you decide on after discussion with the doctor.

**Will I have feeling in my breasts and nipples?**

There may be reduced feeling right after breast reconstruction surgery. With few exceptions, experience shows sensation in both breasts and nipples will improve in a few months.

**Conclusion**

**Cosmetic breast reconstruction**, also known as augmentation/mastopexy is an operation which can improve the shape of the breast, whilst at the same time enlarging the bust size by the insertion of a silicone filled breast implant. The result is a more desirable size to the bust and a shape, which is more youthful and attractive. Provided you understand the limitations of this breast reconstruction procedure and observe the pre-and post-operative advice given by Dr Olbourne and his team, you can look forward to enjoying a renewed personal confidence in an improved breast size, shape and position.

**Breast Reconstruction Costs**

For cosmetic breast reconstruction fees, call **Sydney Institute of Plastic Surgery at 02 9411 3177** or email us at info@sydneyplasticsurgery.org.

# Breast Reduction

Mammoplasty – Breast Reduction

Feel comfortable and enjoy an active lifestyle with breasts perfect for your body shape.

Breast Reduction Plastic Surgery Sydney

Breast reduction surgery let’s you be confident and comfortable with breasts that are in proportion with your body shape. If you are unhappy or uncomfortable with the large size, shape or weight of your breasts, then breast reduction surgery can help.

### Quick Facts

* Anesthesia:
* In/Outpatient:
* Length of surgery:
* Recovery:
* Results:

### Your Treatment at Institute of Aesthetic Plastic Surgery

What is Breast Reduction?

Breast reduction, also known as reduction mammoplasty, is designed for women with large, pendulous breasts which often cause medical or psychological problems. This procedure also results in an improvement of the position of the breast on the chest wall. Dr Olbourne, who is known as one the best surgeons in the Sydney area, prefers to use the breast reduction technique called Lejour reduction mammoplasty, which provides an excellent, long lasting shape with the absolute minimum of scars.

With age, child bearing and increased weight, the ligaments which maintain the youthful shape of the breast and the skin brassiere which contains the breast, stretch and elongate, leading to a drooping of the breast on the chest wall. This phenomenon is called ptosis and we aim to correct this at the time of breast reduction surgery.

Anatomy of the Breast

Attitudes about women’s breasts have always been influenced by fashion trends. In the Twenties, women bound their breasts; in the Forties, more volume was desirable; then, in the Sixties, a less restricted look was popular. Contemporary styles reflect a trend toward fuller, yet natural-looking lines. But regardless of your breast size, all healthy breasts have the same basic anatomy. When you’re considering breast reduction, it helps to know your anatomy so you can make informed choices with your surgeon’s guidance.

Lifetime Breast Changes

Points To Consider

There are some factors which you need to consider (and perhaps discuss with Dr Olbourne) before deciding on breast reduction surgery.

* Are you happy with your body weight or do you intend to lose weight in the future?
* Do you plan to have children in the future?
* Do you have a preconceived idea of how you would like your breasts to look?
* Have you considered the effects of surgery on the sensation of the breasts and nipples?
* Have you considered the prospect of scarring on your breasts?

Your Breast Reduction Consultation

Your visit to Dr Olbourne’s office in Sydney is an opportunity to discuss your breast reduction operation, your expectations and your concerns. At first, you may not be able to absorb all the information the doctor feels you may need to have before making an informed decision to proceed with the operation. This is not uncommon, as research has shown that often only half of that information can be recalled at a future time. Do not be discouraged by this. We would encourage you to seek a second consultation if you are not entirely happy with the information you have retained. It is vital that you be relaxed and have the knowledge you feel you need before we proceed to an operation.

Your breast history and the history of other women in your family will help in the assessment of your suitability for breast surgery. Dr Olbourne may recommend preoperative mammograms and would want to know about any family history of breast cancer. Any breast disease or biopsy you have experienced will influence your surgeon’s advice to you. A postoperative mammogram (say six months after breast reduction surgery) may usefully serve as a baseline for future breast examinations.

At this consultation Dr Olbourne will look for abnormalities, lumps, and asymmetries of the breast or nipple. It is usual for one breast (and nipple) to be larger than the other or to be lower than the other. Whilst all attempts to achieve symmetry post-operatively will be made, it is unreasonable to expect that both breasts will be symmetrical in all respects after the operation.

Understanding Your Options

If you have chosen to proceed with the operation of breast reduction there are various decisions that you and Dr Olbourne must make. Dr Olbourne will discuss these with you and obviously will make recommendations based on his experience and your particular needs. Take your time to consider the options before deciding on a procedure. Clear up any questions before breast reduction surgery is scheduled.

Choosing Breast Size

The size that you aim for depends on your current size and shape and your stature. It is important to realise that bust measurement is a number and a letter (e.g. 16DD). The number is the chest circumference at the level of the nipples. The letter is the breast, and it is the breast we are altering. Therefore, do not expect to go from say 16DD to 12B. We can make you a “B” cup, but the chest circumference will probably not change.

Incisions and Scars

It is not possible to have a breast reduction without a scar. All incisions leave scars. This will be discussed later in more detail. However, there are different designs of breast reduction procedures which leave scars which are different in location and length. We, as surgeons, do all that is possible to achieve scars of superior quality and minimal length. You can be sure that we will discuss the various types of breast reduction with you and help you to choose the one most appropriate to your problem.

Preparing For Breast Reduction Surgery

Once you have decided to have breast reduction surgery, Dr Olbourne and his nursing staff will guide you in your preparation. You will be given instructions to help make your breast reduction surgery and recovery go smoothly and you may be given various tests so that your medical records are as up to date as possible before proceeding to an operation.

Pre-op Evaluation

You may be ordered a baseline mammogram (depending on your age and medical history) to evaluate your breasts’ health before breast reduction surgery. As with other types of breast reduction surgery, a urinalysis and blood tests may be necessary to assess your general health. Dr Olbourne may want photographs of your breasts in your medical record to document the problem and to compare results.

Pre-op Instruction

Dr Olbourne will ask that you stop taking aspirin-containing products two weeks before the breast reduction surgery to minimise bleeding. You will also be asked to stop smoking before breast reduction surgery because it restricts the blood flow and may affect healing, resulting in wound breakdown due to infection or fat necrosis and less than optimal results.

Do I need a Blood Transfusion?

Transfusion is rarely, if ever, needed in this type of surgery. A decision on this will be taken in the light of your preoperative blood count. If you have any concerns about blood bank transfusion, feel free to discuss them preoperatively.

Wearing a Brassiere

After your operation a brassiere will be required for good support and to facilitate moulding of your breast to the desired shape. The style, size and brand of brassiere may be able to be predicted before operation. However, it is usually advisable to defer this decision until after operation or until the situation stabilises. Please ask our office for directions regarding this. Be prepared to wear your bra day and night for at least six weeks after the operation to support the healing breast and facilitate the best possible shape.

Your Surgical Experience

The hospital, admission date and admission time will all be arranged preoperatively. If you are to be admitted on the day of breast reduction surgery it is vital that you adhere to all the instructions regarding smoking, tablets, eating and drinking, that may be given to you by the hospital or the doctor’s staff. If in any doubt be sure to ask.

On the day of breast reduction surgery, after your preoperative shower, Dr Olbourne and his team of experts in Sydney will draw on your breasts, marking the incision lines and making other relevant measurements decided on at the preoperative consultation.

Once you are asleep and lying down the landmarks change as the breast assumes a different shape to that we observe when you are standing. The following diagram demonstrates the “landmarks” your surgeon uses to achieve the result.

The operation is performed under general anaesthesia. At the end of the operation a firm dressing or brassiere is placed around your chest. Drainage tubes may be in place to eliminate any blood that may accumulate. These drains are removed within 2-3 days of the operation.

Understanding The Risks And Complications

As with any surgery, breast reduction involve risks and potential complications. You need to understand and accept these in order to make an informed consent to the operation. Some risks are more likely to occur than others. Please ask Dr Olbourne for as much detail as you need to fully understand the procedure, its benefits and its risks.

General Risks

* Infection. Infection can occur after any surgical procedure and does not indicate a breakdown in surgical or operating room technique. Should it occur, bacteriological identification of the infecting organism and appropriate antibiotic therapy should control the problem. The normal treatment of infection may involve drainage of any collection and packing as needed. Frequent dressings at the clinic, hospital or by a home nursing service may be required. The result of infection is a compromised shape to the breast which will often require further reshaping surgery to achieve a reasonable cosmetic result.
* Bleeding and Haematoma Formation. Post-operative bleeding can be caused by a variety of factors. One of these is the taking of blood thinning medications such as Asprin and aspirin-containing compounds. We can give you a list of the drugs that can cause this problem. It is our experience that if bleeding does occur, and a haematoma develops, it can lead to abnormal thickening of the scar or to increased possibility of infection. It is therefore appropriate that if bleeding does occur in the first 24 to 48 hours, then the patient be returned to theatre for cleaning out of the abnormal blood which has accumulated. Several things are done to prevent abnormal bleeding. After the operation, bandages are applied to the chest and small drain tubes are inserted into the surgical space so that small amounts of blood will be drained away. There will be small scars left at the site of the drain insertion. These invariably heal well leaving unobtrusive marks on the skin. If abnormal bleeding does occur, excessive pain will be experienced and the breast on that side will be swollen compared to the opposite side. This is always in the early post-operative stage and should be reported to Dr Olbourne for prompt attention.
* Scarring. A sequel of any surgical procedure is scarring. Each and every time the skin is cut either by scalpel or laser, a surgical scar is produced. The quality and appearance of scars vary widely with the individual’s healing process, the position of the scar on the body and degree of tension placed on the scar. The types of scars a patient acquires are influenced by personal, familial and racial factors and cannot be controlled by your surgeon. It is the plastic surgeon’s objective to try to hide these scars as far as possible, but with some operations, the scar will always be visible and with some areas in the body there is an unpredictable healing response. Some patients may form hard, red, thick hypertrophic scars which cannot be anticipated by any surgeon. However, the type of scarring which has been produced by previous surgery may give an indication to the type of scarring that might result from your breast reduction. Some types of surgery will usually produce reasonably good scars (such as the scar in front of the ear when face lift surgery is performed). Other operations such as breast reduction or abdominal surgery produce scars which are frequently prone to stretching, thickening, redness and tenderness. In the worst cases, these scars will take one or two years to reduce in thickness and will never end up as thin lines. The degree of stretching depends on personal healing qualities and the area on the body where the incision is situated. This can be quite wide on occasions. Scars will nearly always mature and flatten, but the time interval for this to occur varies, extending from several months to several years. In the worst instance a keloid scar may develop which will remain raised, red, thick, tender and itchy, and despite various treatments, may recur after treatment. Surgical scars, when settled or mature, are always white, (they contain no pigment producing cells) but occasionally, with more superficial skin injury such as dermabrasion or chemical peel they can over-pigment. This is usually due to sun exposure, but can be exacerbated with certain skin types, oral contraceptive pill (and other hormone treatment) and certain drugs. It is always important in the early stages to protect a scar from sun exposure. Scarring also occurs in the deeper layers of skin, and muscle and is much more likely if fat necrosis or infection have occurred. It is also more frequent when the skin and other layers have been separated and these deep scars can behave in the same way as skin scars, becoming thick, lumpy, raised and tender. Distortion of breast shape is common and can on occasions be significant. As with skin scars, this type of scarring will settle and mature with time, but the process may take many months. The most noticeable areas where this deeper type of scarring can occur are the cheeks of face lifts and liposuction. Massage and other types of treatment can help with maturing and flattening the scar, but time is always necessary. SCARS ARE ALWAYS VISIBLE, THEY ALWAYS TAKE TIME TO MATURE AND THE DEGREE AND QUALITY OF A SCAR CAN NEVER BE GUARANTEED.
* There are many variations of the breast reduction procedure, each of which leaves a different scar. Dr Olbourne will explain the location of the scar and its likely development after advising you on the surgical procedure most applicable to your problem. Dr Olbourne has representative photographs of each operation and the usual type of scar. Please feel free to ask to see them. Should Dr Olbourne elect to drain the operative field there may be a small puncture wound at the exit of this drain. This will also leave a tiny scar which invariably heals well.

Specific Risks

Nipple Necrosis. Loss of nipple (partially or even completely) is an unusual complication of surgery and depends on the idiosyncrasies of the blood supply to your particular nipple. Should it occur (and it rarely does) some form of reconstruction would be indicated. Smoking can influence circulation to the nipple and Dr Olbourne should be notified if you smoke.

Nipple Sensation. It is not uncommon for nipple sensation to be altered after breast surgery. Sometimes, the nipple becomes over sensitive and can be irritated by clothing. This occurs when the nerves supplying the nipple have been stretched by the surgical procedure. This phenomenon occurs in about 10% of cases and the sensation usually returns to normal. Sometimes (in about 20% of cases) nipple sensation is diminished post operatively. Some nerves are damaged or even divided in the course of the procedure depending on the design of the operation and the pattern of nerve supply to your nipple. Usually, but not inevitably, the nipple sensation will recover. Permanent diminution of sensation or numbness of a nipple can occur in any breast operation. This is something for you to consider if sensitive nipples are important to you.

Asymmetry. Although careful measurements and planning are undertaken preoperatively, the surgery is performed with you, the patient, lying down. It is not possible to achieve perfect symmetry in breast size and shape or nipple size and position in all cases. You should understand these limitations of surgery.

Breast Feeding. Potential What is surprising is that with many of the modern techniques of breast reduction, breast feeding may be possible post operatively. If this capability is important to you, discuss it with Dr Olbourne and he will choose a procedure that will maximise this possibility. However, no guarantee can be given that post operative breast feeding will be possible.

Wound Breakdown. The reasons for post operative wound breakdown are complex. They often relate to infection or fat necrosis. Sometimes it can be the result of an intolerance to a particular suture material by some patients so that small cysts or abscesses form. These heal rapidly and completely when the offending material is removed. In other patients, the nourishment of the skin is less than desirable and the wound, after healing initially, then seems to break down. Re-operation is rarely required unless the wound breakdown is the result of significant infection or fat necrosis when it becomes inevitable. Repeated dressings almost always lead to complete healing. At a later stage, scar revision may be indicated to achieve a better result.

Your Recovery Plan

After your surgery, you wake up in a recovery room. Dr Olbourne and the nursing staff monitor you, checking your blood pressure, temperature and pulse. Once you are alert, you may be discharged. However, if Dr Olbourne feels it is necessary, you may remain in recovery until later that day. In most cases, an overnight stay may be recommended. You may be given prescriptions to relieve pain and prophylactic antibiotics are commonly prescribed. Have someone fill the prescription, drive you home and take care of you as you recover. Follow any post-op instructions given to you. Remember, a decision to keep you in hospital for a few days post operatively doesn’t indicate a problem. It may be deemed to be in your interests to do so, or it may be Dr Olboune’s preferred practice.

Your First Postoperative Visit

Some days after breast reduction surgery you return to Dr Olbourne’s office and your bandage is removed. Your wound is checked for bleeding and infection, and some of your sutures may be removed. Here, you begin to see the results of your reduction despite some initial swelling. Dr Olbourne will advise you how to care for your wound and dressing and whether you’ll need to wear a bra for an extended period of time. Sometimes, we will apply tape or silicone sheets to the scars on the breasts in the healing period. This may be required for some months. Your adherence to this routine may significantly impact upon the quality of the final result.

Breast Reduction Follow-up

During your follow-up visits Dr Olbourne will monitor the shape of your breasts and watch for infection. Your sutures may dissolve or be removed during the first few weeks. Healing takes several weeks or longer, depending on how long swelling lasts. Swelling normally takes up to six weeks to settle. The regime for wearing a brassiere and resumption of normal activities and exercise will be discussed at these visits.

CALL DR OLBOURNE IF YOU EXPERIENCE THE FOLLOWING:

* Excessive pain or bleeding
* Abnormal swelling
* Fever during the first 24 hours or especially during the first 7 days

Returning To Your Daily Activities

You can return to your activities at a slow, gradual pace. You may be back to work as soon as five to seven days after breast reduction surgery and may begin light exercise in a week or so. Lifting and strenuous moving may be restricted for several weeks or longer. Follow the golden rule – “If it hurts, don’t do it”.

Breast Self-Examination

You should resume normal breast examination at three months after breast reduction surgery. This is one suggested routine you may care to follow. The best time for your breast self-examination is a week after your menstrual cycle begins. Look in the mirror with your arms raised, then lowered, hands on your hips. Turn from side to side, checking for dimples, lumps and discharge from the nipple. Mentally divide your breast into several sections, and use the same pattern for every examination. Using the soft pads of your middle fingers, feel your breasts in a circular motion. Feel for lumps while lying down or standing up, using three degrees of pressure – light, medium, then firm – without lifting your fingers from the breast. Lotion makes breast examinations lying down easy, and soapy water helps when you’re showering.

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FAQs about Breast Reduction

How long can I expect to be off work?

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How long must I wear a special bra after breast reduction?

As the brassiere is an essential instrument of breast moulding, the bra we recommend should be worn day and night for up to eight weeks. You should remember, though, now that you have a breast of relatively normal volume, this will always require a good bra support to reduce the degree of sagging. Gravity over the years takes its toll, and any breast of reasonable volume will eventually show some degree of droop without good support.

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Naturally you may feel “woozy” as the anaesthetic wears off. You may feel some soreness, swelling or discomfort, but this is quite natural. You may also feel tired and exhausted after breast reduction surgery, but this and the soreness is normal and will last only a short while.

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Following breast reduction surgery, Dr Olbourne will give you specific instructions regarding your participation in everyday activities, athletics and sexual relations.

Will I be able to breast feed?

This depends on your potential before the operation and the style of operation you decide on after discussion with the doctor. Will I have feeling in my breasts and nipples? There may be reduced feeling right after breast reduction surgery. With few exceptions, experience shows sensation in both breasts and nipples will improve in a few months.

Conclusion

Breast reduction is an operation designed to improve the shape and size of your breast to give a more aesthetic appearance. Providing you understand the limitations of this procedure and abide by the pre and post-operative instructions, you can look forward to enjoying a renewed personal confidence in your improved breast size and shape.

Breast Reduction Costs

For breast reduction surgery fees, call Sydney Institute of Plastic Surgery at 02 9411 3177 or email us at info@sydneyplasticsurgery.org.

# Gynaecomastia

*An embarrassing condition also known as ‘man boobs’ in men which is treatable.*

### **Gynecomastia** as a phrase comes from the Greek definition Gynae means female, and mastia means breast. It describes a “woman-like” breast shape in males. It is a term used to describe an embarrassing enlargement of breast tissue in men. It is often a normal occurrence in newborns and young boys, and commonly disappears with the pubertal growth spurt. If it persists, it can be a source of embarrassment and discomfort. It is successfully treated by surgery. Gynecomastia is colloquially referred to as “moobs” a neologism derived from the common description of “man boobs.”

### Quick Facts

* Anesthesia:
* In/Outpatient:
* Length of surgery:
* Recovery:
* Results:

### Your Treatment at Institute of Aesthetic Plastic Surgery

**What is Gynecomastia?**

All mammals have breast tissue, even males. Under the influence of hormones, the breast usually enlarges. This is why women develop breasts as they mature.

Men, who take oestrogens or chemically similar hormones, will certainly develop breasts. However, other natural hormones are chemically similar to the oestrogen group, and patients who have such hormone therapy, may experience enlargement of the breasts.

**Gynecomastia Causes**

Men who take hormone supplements or anabolic steroids in the course of a bodybuilding programme, often develop gynecomastia. This is because those steroids, which chemically resemble the oestrogen group, can overstimulate the normal breast to enlarge. When the steroids are stopped, the enlargement often does not subside, leaving the patient with gynecomastia.

Many young boys grow up being overweight and chubby. They develop a thick layer of subcutaneous fat and an element of gynecomastia in their childhood. When puberty approaches, and the growth spurt occurs, the puppy fat dissolves away. However, the enlarged breast may remain and gynecomastia becomes evident.

Tumours of the brain, testicle or adrenal gland can sometimes produce excessive amounts of oestrogens, androgens (male sex hormones) or other hormones that are chemically similar to oestrogens. This excessive production of hormones can overstimulate a normal breast to produce gynecomastia.

Idiopathic gynecomastiais a condition for which no obvious cause can be determined, no matter how deeply the patient is investigated. It is assumed that the patient has normal amounts of oestrogen and like hormones circulating through their system, but that the target organ, the breast, is unusually sensitive and enlarges as a result of this stimulation.

Pseudogynecomastia is a condition of an breast enlargement due almost exclusively to an excess deposition of adipose tissue. If it does not respond to exercise and diet, then surgical relief by liposuction alone is very likely to be successful.

**Clinical Evaluation**

The normal “breast” consists of various combinations of breast glandular tissue, fat and an overlying envelope of skin.

As part of the preoperative assessment, Dr Olbourne will conduct a physical examination to excess fatty tissue, with skin that is relatively elastic, then liposuction alone can be an excellent approach to the problem

Through a small stab incision in the chest away from the breast, the excess fat can be vaccuumed away using liposculpture techniques.

Standard liposuction often produces a less than perfect result. The aspirating cannula is rigid and does not easily follow the contour of the chest wall. The suction radiates out from the puncture access and irregularities in the surface sometimes can result. Any breast tissue at all in the condition cannot be removed by liposuction alone, thereby leaving the potential for a less than ideal result.

Dr Olbourne has two revolutionary modalities available to improve the results in this group of patients.

Using Ultrasonic assisted liposuction (UAL), the energy to dissolve the fat is generated by ultrasound. This treatment method can also shave modest amounts of breast tissue at the same time as dissolving the fat , thereby extending the range of patients who can be treated without the need for any formal incision.

Dr Olbourne also has the revolutionary SlimLipo laser liposuction platform. This revolutionary technique makes use of laser energy to dissolve the fat and breast tissue. It has the advantages of having a flexible probe that can be manipulated around corners and can effectively follow the contours of the chest wall. It also uses laser energy of a different wavelength to tighten the skin, producing a smoother surface than is achievable by standard liposuction alone. Dr Olbourne is the only surgeon to have available this revolutionary treatment modality to offer to his patients seeking gynecomastia surgery in Sydney.

**Gynecomastia Treatment - Surgical Excision**

In patients where the predominant cause of their gynecomastia is glandular excess, then surgical excision is required. Often liposuction is performed at the start of the procedure to deal with the associated fat. This has he advantage of reducing the amount of tissue that needs to be excised. The area of dissection is reduced and the junction between the gynecomastia and the surrounding chest is better feathered, making for a smoother, more natural result.

The incision for the removal of the tissue is in the lower hemisphere of the pigmented areola, where the nipple meets the paler skin of the chest. Through this small incision, the breast tissue is removed, leaving behind just enough tissue to prevent a hollow appearance to the surface which can result if there is some subcutaneous fat adjacent to the breast.

**Gynecomastia Treatment - Skin reduction**

In some patients, usually those who have lost large amounts of weight through diet, exercise or bariatric surgery there can be more redundant skin than can be relied upon to shrink naturally after removal of the breast and fat as required. In this small subset of patients, an operation is designed to remove the excess skin as well.

Dr Olbourne has adopted a surgical procedure that eliminated this excess skin and leaves a scar low down on the chest wall. This scar follows the contour of the pectoralis muscle and as it fades with time, highlights the pectoral shape in an advantageous way. This procedure is seen in [Dr Olbourne’s photo gallery](http://www.sydneyplasticsurgery.org/gynaecomastia/) as the last example of the condition.

**Postoperative Course**

Gynecomastia can often be treated as a day surgery procedure. If liposuction alone is used for the condition, then the patient is usually discharged with a dressing on the access port and a compressive corset which he should wear for 7-14 days.

If excision through a hemispherical approach has been performed, the operation is less likely to be done on a day-only basis, and a stay overnight is sometimes recommended. For patient safety, Dr Olbourne may use a drain, which exits the wound through a small opening in the armpit. The drain is left in place for 24 hours or so, and protects against the development of a haematoma, which is an uncommon, but troublesome complication of the procedure.

Where skin reduction has been necessary, an overnight stay in hospital is recommended. The patient will then attend the surgery for removal of the drain and sutures are removed at about 7-10 days

**Pain Relief**

Discomfort is common after any surgical procedure. Your attending anaesthetist will prescribe appropriate pain relief. However, potent painkillers are rarely required and the discomfort from surgery usually settles within a few days.

**Returning to Normal Activity**

It is uncommon for significant restriction in normal daily activities following gynecomastia surgery. Dr Olbourne places no limits on driving a car or normal activities. Once the drains have been removed and the sutures trimmed, a gradual return to all normal pursuits is planned on a graduated basis. Exercises, sport and gym activities are gradually reintroduced, with unrestricted enjoyment of all exercise within 4-6 weeks.

**Understanding the Risks and Complications**

As with any surgery, gynecomastia carries risks about which you must be advised.

Serious risks are infrequent and are usually minor in nature. However, even with the most careful approach to your problem and despite taking every conceivable precaution, same adverse occurrence may occur. Dr Olbourne states that if such an unforseen problem should occur, then you can be assured that he will do all within his power to redress the problem to ensure the best possible outcome for you, his patient.

The list of problems mentioned below, are meant to inform rather than alarm you. In consultation with you, Dr Olbourne will discuss the risks, their relative frequency of occurrence, and what we can do to manage them in the unlikely event that they arise. You should feel free to make Olbourne aware of any concerns you may have and he will ensure that they are addressed to your satisfaction.

**General Risks of Surgery**

1. **Infection –** Infection can occur after any surgical procedure and does not indicate a breakdown in surgical or operating room technique. Should it occur, bacteriological identification of the infecting organism and appropriate antibiotic therapy should control the problem.
2. **Bleeding and Haematoma Formation**- Post-operative bleeding can be caused by a variety of factors. One of these is the ingestion of blood thinning medications such as Asprin and aspirin containing compounds. We can give you a list of the drugs that can cause this problem. It is our experience that if bleeding does occur, and a haematoma develops, it can lead to abnormal thickening of the scar or to increased possibility of infection. It is therefore appropriate that if bleeding does occur in the first 24 to 48 hours, then the patient be returned to theatre for cleaning out of the abnormal blood, which has accumulated. Dr Olbourne often uses drains after gynecomastia surgery, so the risk of bleeding requiring return to theatre is very rare.Several things are done to prevent abnormal bleeding. After the operation bandages are applied to the chest. If abnormal bleeding does occur, excessive pain will be experienced and the chest on that side will be swollen compared to the opposite side. This is always in the early post-operative stage and should be reported to Dr Olbourne for prompt attention.
3. **Scarring –** A sequel of any surgical procedure is scarring. Each and every time the skin is cut, either by scalpel or laser, a surgical scar is produced. The quality and appearance of scars vary widely with the individual’s healing process, the position of the scar on the body and degree of tension placed on the scar. The types of scars a patient acquires are influenced by personal, familial and racial factors and **cannot be controlled** by your surgeon. Because the scars in the routine gynaecomatia operations are situated at the junction of the pigmented areola and the paler chest skin, the scar is rarely a source of concern.

**SCARS ARE ALWAYS VISIBLE, THEY ALWAYS TAKE TIME TO MATURE AND THE DEGREE AND QUALITY OF A SCAR CAN NEVER BE GUARANTEED**

**Specific Risks**

1. **Asymmetry** – Despite the adherence to the best surgical technique, it is not always possible to match the two sides exactly. There are many reasons for this, including preoperative asymmetries, swelling during or after the surgery, postoperative seroma or haematoma formation and differential swelling.
2. Usually, Dr Olbourne advises a period of a few months for the chest to settle. If necessary, a minor liposuction procedure can correct the problem.
3. **Numbness** – Where excision is the treatment of choice, the nipple is raised on a stalk of tissue so that the excess breast tissue can be shaved off the space between the nipple and the underlying pectoral muscle. This obviously involves the tiny cutaneous nerves that supply the sensation to the nipple, which can be numb or numbish after the surgery. However, this is rarely a permanent problem and the sensation returns to normal within a reasonable time frame.
4. **Depression or Hollowness –** When the entire breast platform is excised, there may be a difference in thickness of the remaining chest tissue when compared to the surrounding chest wall. This can leave a saucer-like depression where the breast tissue has been removed. Dr Olbourne pays extra attention to the prevention of this problem. He feathers the thickness of the surrounding tissue with liposuction. He also, leaves a nubbin of breast tissue behind the nipple to prevent this unsightly depression. He chooses to be conservative in this respect. He believes that one can always shave an extra sliver of breast tissue from behind the nipple at a further minor operation if necessary. It is almost impossible to add projection to a nipple that is depressed where insufficient projection has been left at the initial procedure, but relatively easy to remove a tiny bit more if desired
5. **Inverted Nipple –** If insufficient tissue is left behind the nipple during the excision process, the nipple can become inverted after to surgery. Better to leave excess and perform a minor secondary shave of the nipple projection than try to revise a depressed nipple at some later time.
6. **Recurrence of Gynecomastia –** Rarely, a patient will return sometime after the operation with a recurrence of his gynecomastia. This is extremely unusual, but indicates that whatever the process that caused the problem in the first place may still be active. Further exhaustive investigation of the possible causes for the gynecomastia is undertaken. If necessary, once all other avenues have been exhausted, further surgery can be preformed with the anticipation of an excellent result.

**Gynecomastia Surgery Cost**

For Gynecomastia surgery fees, call **Sydney Institute of Plastic Surgery on 02 9411 3177** or email us at info@sydneyplasticsurgery.org.

# Mummy Makeover

### Quick Facts

* Anesthesia:
* In/Outpatient:
* Length of surgery:
* Recovery:
* Results:

### Your Treatment at Institute of Aesthetic Plastic Surgery

# Body

# Abdominoplasty

Restoration of a healthy, natural shape will improve your confidence and physical appearance after weight loss or pregnancy.

### Quick Facts

* Anesthesia:
* In/Outpatient:
* Length of surgery:
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* Results:

### Your Treatment at Institute of Aesthetic Plastic Surgery

**What is Abdominoplasty Tummy Tuck Surgery**

Abdominoplasty is an operation designed to improve the shape and contour of the abdomen. Each of the relevant layers requires attention. The muscle layer, stretched by obesity or pregnancy, is tightened. The fat is removed by excision or liposuction and the excess skin is excised in a manner that hides the scar beneath the underwear.

Protrusion of the abdomen results from various life changes including pregnancy, increase in weight

and occasionally from surgical procedures on the abdominal wall. Some people are born with laxity of the muscle layer of the abdominal wall or an increase in fatty tissue of the abdomen, particularly below the umbilicus. This accounts for the “pot tummy” sometimes seen in younger people.

**The Problem**

In considering improvement of the shape of the abdomen, each layer of the abdominal wall affected has to be considered. There are three relevant layers, the skin, the fatty tissue and the underlying muscle. The skin can be stretched with pregnancy, the fatty layer can increase with weight gain and the muscle layer may also be stretched or weakened with pregnancy and tummy tuck surgery.

**Who Is Suitable For This Procedure?**

A suitable candidate for the correction of the abdominal wall laxity will have stretching of the skin and muscle, or accumulation of fatty tissue. Generally this is considered a cosmetic improvement but, occasionally, functional problems due to the laxity of the muscle layer can increase strain on the lower back causing backache. This usually occurs in older people. In addition, rashes can develop in the groin area beneath lax abdominal skin.

**Pre-operative Tummy Tuck Evaluation**

Doctor Olbourne will examine the layers mentioned above, noting the areas of skin looseness, areas of increased fatty tissue and whether there has been stretching of the abdominal muscles. Other abdominal surgery and scarring may modify the plan for the procedure and any areas of scarring will be noted.

From this evaluation, a surgical plan will be formulated. This may be a traditional “tummy tuck” operation involving correction of all layers, or there may be a combination of fat removal by liposuction together with tightening of the lower abdominal muscles and skin removal.

Occasionally, the fatty layer may be so thick, that extensive liposuction at the same time as a full lipectomy may be hazardous and increase the chance of complications such as postoperative wound breakdown. In these rare cases, Dr Olbourne will offer the alternative of a modification of the lipectomy procedure, or a two stage operation with extensive liposuction followed some months later by a full lipectomy and muscle repair.

The degree of scarring will depend on the amount of skin removed from the lower abdomen. It is a matter of simple geometry that the more loose skin that is present, the longer must be the final scar. There is simply no escape from this proposition. This usually necessitates a long scar running from hip to hip across the top of the pubic hairline. With the advent of endoscopic plastic surgery, significant improvement can now be achieved with minimal incisions and tiny scars. However, there are strict limitations to the type of deformity able to be treated with this “keyhole” surgery. Dr Olbourne will assess your problem and advise you accordingly.

**Pre-operative Tummy Tuck preparation**

Prior to tummy tuck surgery any routine examinations such as X-rays and laboratory tests that are considered necessary will be organised. Pre-operative photographs of your abdomen will be taken. It is advisable to shower with antiseptic soap at least twice and preferably three times prior to tummy tuck surgery. This decreases the level of skin bacteria and as such will decrease the possibility of infection which is always a potential risk in this group of operations. This type of surgery usually involves at least an overnight stay in hospital although if liposuction is performed with a small skin removal on the lower abdomen, it may be possible for you to go home the same day. Most of Dr Olbourne’s patients stay in hospital for longer periods, even up to three or four days.

It will also usually be necessary to organise assistance at home for the first few days after tummy tuck surgery as there will be some tenderness of the abdominal muscles and you may find difficulty with normal mobility. It may also be necessary to cease hormonal therapy prior to your tummy tuck surgery, but Dr Olbourne will advise you regarding this.

After admission to hospital, the areas of excision and fat removal are usually marked on your abdomen in an upright position before going to theatre. Dr Olbourne will require that you wear a girdle for some weeks after operation. Initially, a corset will be provided at the hospital. However, it is bulky, and when the swelling settles you should purchase an inexpensive corset or girdle to wear for up to six weeks. Our office will advise you on this.

Smoking is not advised prior to any tummy tuck surgery, but is particularly ill-advised prior to abdominal tummy tuck surgery. This can cause problems with the circulation of the skin as well as increasing the chance of post-operative chest infections. Smoking should be ceased at least two weeks prior to tummy tuck surgery. You must assume the responsibility that problems arise after tummy tuck surgery that are regarded as nicotine related if you do not desist from smoking as advised.

**Types of Abdominoplasty Scars**

Every patient needs to know about the position and length of the scar following their abdominoplasty.

This will, of course depend on the severity of the problem. The position of the scar can always be low down and is designed to be well hidden by your underwear or swimmers. Many patients are able to wear G-string underwear or bikinis after abdominoplasty surgery.

The length of the scar is determined by amount of skin that has to be removed. If there is a prior scar low down, from a Caesarian Section or hysterectomy, then the first incision is below that line. We try to remove all the skin and fat up as far as the umbilicus so that the belly button can be resited in the loose upper abdominal skin below the rib cage. The width of this excision usually results in a scar the runs from hip to hip.However, the length of the scar is less important than its quality.

A carefully sutured abdominoplasty scar will almost always fade to a fine whit line within six to twelve months.

**The Tummy Tuck Operation**

This type of procedure is performed under a general anaesthetic and requires at least one night’s hospitalisation and often three to four days in hospital.

The length of skin incision and therefore the type and position of the final scar will be determined by the deformity you have and the need to tighten the abdominal muscles to achieve a flat abdomen.

The looser the abdominal skin and the more pendulous the fatty tissue apron of the lower abdomen, the longer must be the scar across the abdomen. This is so because of the geometry of the operation and has to do with the relative lengths of the base and hypotenuse of a right-angled triangle. Dr Olbourne will explain this because you need to appreciate why the transverse scar may need to be as long as it is. All efforts are made to keep this scar as short as possible and to locate it low on the abdomen beneath your bather’s line or underwear.

**Removal of skin**

With recent developments in abdominal tummy tuck surgery, DrOlburne is now confident of thinning the tissue in the upper abdomen with liposuction at the same time as performing the abdominoplasty . By doing this, not only is the thickness of the abdominal wall modified to produce the definition of the “six Pack” muscle mass, but the tissues become more mobile and flexible, so that more unwanted skin is removed and a flatter tummy is achieved.

It is necessary to insert a drain tube into the wound at the time of tummy tuck surgery so that blood or fluid do not accumulate beneath the skin. This drain is usually left in place for approximately 48 hours, but does not necessarily prevent discharge from hospital. Dr Olbourne uses suction drains which accumulate blood in a closed bottle or bag. These bags are emptied every twelve hours and the discharge recorded. Once drainage is less than 15mls in each drain over 12 hours the drains are removed and you will be discharged. Where only a small incision is made on the lower abdomen it may not be necessary for you to remain overnight in hospital.

The wounds on the abdomen and around the umbilicus are sutured and often only dissolving sutures are used. Our preference where possible is to use dissolving sutures as this eliminates the need for suture removal and often gives a better scar. This wound is supported with adhesive tape for up to six weeks to give it every chance to develop a fine scar.

A supporting girdle is applied in the operating theatre to support the internal surgical repair.

**Position after surgery**

Movement of the feet and toes is important post-operatively and mobilisation out of bed is encouraged as soon as possible in order to limit the chance of clotting in the deep veins. I.V. fluids are usually given for the first 24 hours and this would require attachment to an intravenous drip. Where indicated, injections are given to thin the blood and minimise the risk of deep venous thrombosis.

Post-operative antibiotics are sometimes given as an additional prophylactic measure against wound infection. Infection or latnecrosis is more common when operating on fatty tissue which has a poor blood supply and as previously mentioned in patients who smoke.

**Post Operative Course**

The legs are usually kept bent for approximately 48 hours after the procedure although in this time you will be encouraged to mobilise and walk around the room and go to the toilet. It usually takes approximately four to five days for full mobilisation and for you to be able to leave bed comfortably without assistance. During the early stages, pain relieving medication may be prescribed. An indwelling bladder catheter may also be advised for your comfort.

The drain tubes are removed approximately two to three days after tummy tuck surgery and if hospitalisation has been recommended during this time you will then be allowed to return home. Sutures are left in place for approximately eight to ten days, but once the drains have been removed you will be allowed to shower and wash normally. A support garment or girdle will be necessary. It may have to be worn for up to six weeks after tummy tuck surgery.

**Understanding The Risks And Complications**

* **Scarring**. Tightening of the skin of the abdomen and reduction of fatty tissue together with tightening of the abdominal muscles is achieved at the cost of an abdominal scar which can be quite long. The degree of tightening will govern the type, length and the site of scar and this will be discussed in your pre-operative assessment. However, it should be noted that abdominal scars are always red for a considerable length of time (some months) and even after the redness fades the scar is usually wider than a corresponding scar where no tension is applied to it. In some people and on some occasions, thickening of the scar can occur and this is called keloid or hypertrophic scar. Dr Olbourne has little control over this scar healing tendency in your body.
* Treatments can now be applied to improve scar hypertrophy if this were to occur, but occasionally it does require additional revisional surgery. Generally speaking the scars take six to twelve months to become flat and pale. Postoperative support of the scar with adhesive tape can often improve the quality of the final scar. You will be given advice on this after your operation. Dr Olbourne will do all he can to help you achieve an optimal result.
* Numbness. Areas of skin numbness will be present after surgery and these are most frequent below the level of the umbilicus. Over a period of months, the degree of numbness and the total area involved will reduce, but occasionally a small area on the lower abdomen will remain permanently numb. This does not usually influence normal activity and if it does occur should not be regarded as a complication of the procedure.
* **Bleeding**. As with any operation bleeding can occur in the post-operative period. The drain tubes will cope with any small to moderate bleeding and this will usually settle within 24 to 48 hours. Occasionally however, the drain tubes will not cope if the degree of bleeding is excessive and swelling under the skin will be seen. If this were to occur it would be necessary to return to theatre for drainage of the blood collection (haematoma) and to find the vessel that is causing the problem. In the long term however, there are no substantial side effects from this. It is usually not necessary to transfuse patients undergoing an abdominoplasty procedure, except on the odd occasion where haemorrhage or bleeding is excessive.
* **Swelling**. It is common in the early stages to find swelling of the lower abdominal tissues to be prominent and in some ways to detract from the initial results. This swelling is usually due to tissue fluid (oedema) and can be marked if liposuction is performed at the same time as skin excision. It will normally settle over a period of months. A tight girdle or surgical garment can be used to reduce the degree of swelling and Dr Olbourne will advise if this is necessary. Other treatments such as ultrasound can be used to improve irregular swelling or lumpiness under the abdominal skin.
* If large amounts of fat have been removed from the lower abdomen the fatty tissue remaining in the upper abdomen can cause the appearance of the swelling in this area. This cannot usually be removed at the time of surgery as interference with the blood supply to the skin can occur causing lower abdominal skin death or necrosis. At a later date liposuction in the area of the upper abdomen adjacent to the rib margin can be performed to reduce the fatty tissue in this area.
* Swellings at the outer end of the lower abdominal scar can be prominent and this may also require additional surgery either by excision or liposuction to reduce these prominences called “dog ears”.
* **Necrosis (skin death)**. If the skin is pulled too tightly or lifted too widely on the lower abdomen the blood supply to that skin can be decreased to the point where the skin can die. This is particularly the case if the fatty tissue in the upper abdomen is reduced too much or if liposuction is performed at the same time as a full abdominoplasty is performed. If this occurs it sometimes requires excision and skin grafting. Fortunately this is a rare complication. It is more likely to occur in patients who are or have been smokers. However, in all cosmetic procedures, your surgeon is attempting to achieve the maxiumum improvement with the minimal risk of complications. The situation is different in every patient and how far to go to push the envelope is always a difficult decision to take.
* **Wound dehiscence**. This means that the skin has not healed fully along the lower abdominal wall and may separate. Occasionally, it is possible to re-suture this area, but again it may require a skin graft to the raw area, in the short term and after healing is established the graft can be re-excised to improve the ultimate scar.
* **Vein Thrombosis**. With any large abdominal or pelvic operation there is a chance of thrombosis developing in the veins of the calf and extending up to the large pelvic veins. If these clots break off and lodge in the lung the condition may become extremely serious. It is known as “Pulmonary Embolism”. Various prophylactic techniques are employed to reduce this small risk and cessation of hormone treatment may be necessary. In addition early mobilisation, the prophylactic use of anti-coagulant medication, and calf pumps all further reduce the risk of vein thrombosis.
* **Seroma**. A seroma is a collection of fluid beneath the skin somewhat akin to a large blister. Seroma is usually the result of friction of the skin flap over the underlying muscle layer. This friction causes fluid to form which is drained away by the post-operative drains. Occasionally seroma formation may continue after the drains are removed and the patient has resumed normal activity. This causes a swelling in the lower abdomen that must be aspirated – often more than once or twice. Occasionally a seroma is not obvious and remains undetected. It may then discharge through the wound (usually at night) and soil the bed linen. If this occurs, do not panic. You are in no danger. Notify Dr Olbourne as soon as practicable to have the problem managed until it settles.

**Returning to normal activity**

Dr Olbourne may recommend approximately two to four weeks off work to recover from this operation, although with more minor degrees of abdominal fat removal by liposuction and smaller skin excisions, lesser times may be acceptable. It is usually recommended to cease sporting activities and exercise for four to six weeks and during this time no heavy lifting should be undertaken. However specific instructions will depend on you, your operation and the activities you wish to pursue.

**The outcome**

As with all tummy tuck surgery there is no guarantee that a specific result will be achieved. It is also not uncommon for minor degrees of asymmetry to be present on the lower abdominal scar and with the amount of fat present in either side of the lower abdomen. The umbilicus may on occasions be not completely central, but this is not uncommonly the case on patients who have had no previous operation and should thus not be regarded as abnormal. At any time in the post-operative period, if you feel that there may be problems arising or if you are concerned about any aspect of your tummy tuck surgery, please contact Dr Olbourne or the nurse to discuss this or arrange for an appointment for review.

# Liposuction

Liposuction can give you a better body contour with relatively little scarring. For removing stubborn fat from the bottom, thigh, hip, stomach and upper arm areas, liposuction has made a positive difference for hundreds of thousands of people across the world.

### Quick Facts

* Anesthesia:
* In/Outpatient:
* Length of surgery:
* Recovery:
* Results:

### Your Treatment at Institute of Aesthetic Plastic Surgery

**Liposuction (Suction Assisted Lipectomy and Liposculpture)**

There are two basic types of fat. There is a dense or fibrous fat which is difficult to remove by this technique and there is a more loose padding fat which is softer in consistency and this is suitable for treatment by Liposuction. The proportion of these two types of fat varies from area to area and consequently some areas in the body are more amenable to Liposuction. The ability to suction the fat varies from individual to individual and generally it is easier to suction the fat from women than from men as the fat is softer and less fibrous.

**Suitability for operation**

The best liposuction candidates tend to get the best results. During your consultation Dr Olbourne will discuss with you the areas of concern and those factors that will influence the outcome of liposuction surgery. It is important to have realistic expectations as to the outcome of your liposuction surgery.

* Good health
* The deformity or fatty bulge is localised
* The deformity has not responded to a strict regime of diet, exercise and weight loss
* Good skin tone, with little or no tendency to sagginess
* Generally patients under forty years of age (not absolute)
* Little or no cellulite
* Few or no stretch marks
* Realistic expectations about result
* Wants to have liposuction for themself, not to please someone else
* Understands that liposuction is not a cure for obesity or a substitute for weight loss
* Don’t expect liposuction to change their personal or professional lives dramatically

**What areas are suitable for liposuction?**

Please remember liposuction is not a substitute for weight loss or a cure of obesity. Liposuction will reduce excessively stubborn localised fatty areas where dieting and exercise have failed. These areas are usually genetically determined areas of accumulated fat cells.

Liposuction can also be used in combination with other procedures such as abdominoplasty (tummy tuck) where specific fatty areas can also be contoured. Facelift can also be improved by liposuction by removing fat from under the chin and neck and to enhance the jawline.

**How is liposuction performed?**

A small incision is made in the skin for each area to be treated. A narrow metal tube (cannula) is inserted through the incision into the fatty area and by working the tube back and forth, the fat is shaved off in tunnels and evacuated through attached tubing to a suction machine or suction syringe. The suctioned tunnels and spaces are then collapsed by the use of a compression garment to create the new contour.

**Tumescent Techniques**

The Tumescent technique (or wet method) involves the injection into the tissues prior to commencing liposuction. A solution of saline, local anaesthetic and vasoconstrictor agents has been found to increase the amount of fat removed and decrease the amount of post-operative bruising.

**Ultrasonic Assisted Liposculpture**

This technique uses ultrasonic waves produced by a generator and introduced into the tissues by a small incision to disrupt the fat cells (Lipocytes) and release the fat. The free fat is then removed from the tissues by use of an aspiration cannula in much the same way as regular liposuction (known as Suction Assisted Liposculpture or SAL). Ultrosonic Assisted Liposculpture (UAL) facilitates removal of fat from areas previously inaccessible by SAL and by making the procedure less physically strenuous for the surgeon. It allows greater volumes of fat to be removed than was previously the case. UAL has specific indications and the relative merits of the two techniques will be covered in your consultation with Dr Olbourne.

Liposuction is used to resculpture localized collections of fatty tissue. A mechanical treatment, it often causes discomfort and bruising. ***Ultrasound energy can be harvested to rupture the wall of the fat cell and release the contained fat which is then vacuumed away with an aspirator. This technique is less traumatic and painful than regular liposuction and results in less bruising and a more rapid return to normal activities.***

**How much scarring?**

This procedure has been such an advance in liposuction surgery because it can alter the body contour significantly with minimal scarring. Generally there are few incisions less than 1cm long for each area treated. Given time the scars will fade. As far as possible, the skin incisions are placed in the natural body creases and folds.

**How long will it last?**

The effects of liposuction are permanent. This procedure sculpts away a number of fat cells from a particular region and the remaining fat cells do not multiply to take their place. Consequently, once the operation has been performed to change the body shape, the proportions remain the same even if there is weight gain subsequently.

Gaining weight after liposuction surgery may adversely affect the result. If you do gain weight, you will tend to gain it more uniformly, and not just at the former bulges. With weight gain, the remaining fat cells swell, but no new fat cells are created. With weight loss, those remaining fat cells shrink.

**Cellulite**

This uneven skin texture appears to be due to bands of fibrous tissue pulling on the skin so that fat accumulation is not even. This surface irregularity can not be camouflaged when the overlying skin is thin as is the case in many women. Liposuction alone cannot improve this, although there are additional techniques which are sometimes used with limited success – please ask Dr Olbourne for additional information. In short, “cellulite” is a name given to what is nothing more than the normal female appearance of the subcutaneous fat. Cellulite is not a disease entity in itself.

**How many areas can be treated at one time?**

A number of areas can be treated at the same time. Between two and three litres of fat can be aspirated without a need for a blood transfusion. If more than this volume needs to be aspirated, then the suction of fat is undertaken in two separate procedures. It is best to avoid transfusion in any cosmetic procedure. A routine blood check is normally undertaken to assess what volume of fat can be removed without transfusion.

**Before your Liposuction operation**

Dr Olbourne will discuss carefully with you the suitability of the procedure for the various areas of concern to you. Dr Olbourne will normally take “before” photos of the areas to be treated to help judge the final results. Prior to liposuction surgery you should not participate in any strenuous activity or consume alcohol. On the day prior to liposuction surgery you should eat a light diet and increase fluid intake. Showering with antiseptic soap is necessary the evening prior to liposuction surgery and again on the morning of the operation.

If a girdle is considered necessary, we will arrange its purchase for you and will ensure its delivery to the hospital. Two girdles will be necessary as they must be worn continuously for up to six weeks after the operation.

Prior to the anaesthetic the areas to be treated will be “marked” with the patient in a standing position to more accurately locate where the liposuction is to be applied. Occasionally some shaving of the upper pubic hair may be necessary for liposuction to the abdomen. A careful contour diagram is developed on the areas to be treated as the shape and position of the troublesome fatty deposits changes when the patient is asleep and lying down.

**The Liposuction Operation**

The operation is performed either under a local anaesthetic (for smaller areas) or under general anaesthetic in a hospital or day surgery centre. The liposuction surgery is performed through a tiny incision as previously described. The suction cannula is worked evenly under the skin over the area to be sculpted. Care is taken to make sure that the suction is as smooth as possible to avoid uneven contours. The operation can take from 30 minutes to several hours.

For each area treated the patient has to be specifically positioned and the operative site prepared. Therefore, when multiple areas are treated, it involves a series of procedures and repositionings. The length of time of the operation is therefore proportional to the number of areas treated.

**After The Liposuction Operation**

When fat tissue is suctioned from under the skin, it leaves small tunnels and empty pockets. The purpose of a compressive dressing or girdle is to collapse these spaces to allow healing to take place.

The area treated with liposuction may be strapped with elastic tape or a girdle will be applied. This will minimise bruising and swelling and provide a degree of support for the skin which will be relatively loose after the operation, particularly when the swelling settles down. The elasticised material of the girdle helps to keep even pressure on the areas treated, minimise bruising and swelling and “even out the skin”. This process will help the skin to redistribute itself more evenly and minimises the risk of skin sagging and irregularities.

**Bruising and Swelling**

Following liposuction surgery you may be quite bruised and the areas can be discoloured and even purple. Dr Olbourne can show you representative photographs of the healing process and the time taken for the result to develop.

There can be swelling of the ankles, particularly if liposuction has been carried out in the abdomen or legs and a girdle is worn. This can be aggravated by hot weather. Minimise standing if there is swelling of the ankles and elevate your legs on a foot stool when sitting. The bruising tends to track down the leg or the abdomen and in some cases the patient can experience some swelling of the labia or scrotum.

The bruising usually starts to settle after a week and is usually well faded by two weeks. It may, however, take six weeks for all the bruising to resolve. When a figure fault is sculpted away, the fullness in the area is temporarily replaced by swelling which resolves slowly. It is understandable, therefore, that the patient may underestimate the improvement in the first few weeks and wonder if the operation has been successful.

The fat cells that are suctioned away are gone forever and when the swelling settles the result will be noticeable particularly in previously tight clothing.

**Will it hurt?**

The amount of pain felt varies from individual to individual, depending on one’s pain threshold. Generally, areas treated with liposuction are tender to pressure, but there is usually no excruciating pain when resting or in bed.

There may be a feeling of stiffness when moving about, but most of the pain subsides after a few days. It is not a particularly painful operation as the muscles are not disturbed except when suction is performed on large areas of the abdomen. It is then sometimes painful to sit up for the first few days.

***It is our impression that ultra sound assisted liposculpture (UAL) is attended by more pain and discomfort in the postoperative period than is suction assisted lipectomy (SAL). There is no scientific basis for this observation, but it appears to be so. It is our impression that the results obtained from UAL (where indicated) justify this increased discomfort.***

**CALL DR OLBOURNE IF YOU EXPERIENCE THE FOLLOWING:**

* Excessive pain or bleeding
* Abnormal swelling
* Fever during the first 24 hours following discharge from hospital
* Concerns about your post-operative recovery

**Wearing the girdle**

The girdle is normally worn continuously for one week. You should then attend Dr Olbourne’s clinic for follow up where his staff will give you specific instructions regarding further use. The incisions for this operation are usually small and there are not many sutures to be removed. The girdle is reapplied after the first visit and then worn as much as possible to help the skin “even out” when it is settling for the next five to six weeks. It can be removed to shower after the first week. You can usually wear normal clothing over this elasticised garment.

**How much time off work?**

This varies with the number of areas treated and the nature of your work. If a single area is treated, you may be allowed to return to sedentary work within a few days. However, liposuction of specific areas such as the ankles might need more bed rest and if your occupation involves a lot of standing, it may be two or three weeks before you can return to all normal duties.

**How long before exercise?**

Again this depends on the areas treated and the type of exercise. However, we encourage immediate mobilisation following liposuction surgery as we believe this speeds up the resolution of the postoperative swelling. Return to exercise will be a gradual process, beginning with slow walks to encourage circulation and aid healing, progressing to normal activities over a relatively short time.

**Understanding The Risks And Complications**

Like any surgical procedure, there is a small risk attached to the anaesthetic.

Specific complications include:

* **Lumpiness**. For one week or two following the operation the areas treated may feel a bit lumpy as the tissues under the skin are starting to heal. This should be of no concern as it always resolves by six weeks. Dr Olbourne may suggest that gentle massage with a body lotion will help expedite the resolution of the lumpiness and occasionally ultrasound treatment which gently massages the deeper tissues may be prescribed.
* **Skin Laxity, Waviness or Dimpling**. If the skin elasticity is not good or if a large volume of fat is removed from one area there may be some laxity or waviness of the skin. This is more common in older patients.
* **Depressions**. Depressions or hollows can occur. These are different to dimpling found with skin laxity. Occasionally small areas can be over treated, but it is possible to reinject fat into these areas after adequate time has been allowed for settling. This will improve the result, but residual unevenness may persist.
* **Numbness**. The area treated may feel “numb” when the initial tenderness has settled down. This is because the fine nerve endings of the skin are temporarily bruised, but the feeling usually returns to normal within a few weeks.
* **Asymmetries**. People are rarely symmetrical from side to side. Frequently more fat will need to be removed from one side compared with the other. However, a degree of asymmetry can remain after surgery, even with careful pre-operative planning and marking.
* **Infection**. Is a rare complication of liposuction. Antiseptic showers prior to surgery along with operative and post-operative antibiotics will help to minimise this problem. However, if redness, increasing tenderness or fever develops report this immediately to Dr Olbourne.
* **Skin Loss**. Can very rarely occur, but it’s more commonly associated with infection. It is also more likely to occur where the area suction is quite thin.
* **Scarring**. The small incisions are hidden as far as possible in the skin creases and fade quickly. However, areas in the groin and lower limb where it is not possible to “hide” the scars easily will remain blue-purple in colour and noticeable for many months. These will eventually fade.
* **Pigmentation of the Skin**. After the bruising has resolved, slight “staining” or pigmentation of the skin can remain on rare occasions. The main area affected is the inner thighs but occasionally other areas can be affected. It takes many months for this to fade but very occasionally it can remain as a permanent problem.
* **DVT and PE**. Deep vein thrombosis means clotting of blood in the large veins of the leg. This is a very rare complication of any operation, but is more common after procedures where there is lengthy immobilisation. Although this is extremely rare, it is important to report related symptoms to Dr Olbourne. These include swelling of the leg, tenderness of the calf with redness and local heat. If this problem is left untreated clots can break off in the large veins and lodge in the lung (pulmonary embolus – PE). Please report any suspicious symptoms to your doctor.

**Liposuction Follow Up Treatment**

Follow up visits allow Dr Olbourne to continue to monitor your progress. “After” photos may be taken. In some cases, doctor may discuss with you the advisability of a touch up procedure to refine the final result.

**Liposuction & Liposculpture Treatment Costs**

For SlimLipo – Laser Liposuction surgery fees, call Sydney Institute of Plastic Surgery at 02 9411 3177 or email us at info@sydneyplasticsurgery.org.

# Labiaplasty

### Quick Facts

* Anesthesia:
* In/Outpatient:
* Length of surgery:
* Recovery:
* Results:

### Your Treatment at Institute of Aesthetic Plastic Surgery

# Brazilian Butt Lift

### Quick Facts

* Anesthesia:
* In/Outpatient:
* Length of surgery:
* Recovery:
* Results:

### Your Treatment at Institute of Aesthetic Plastic Surgery

# Your First Consultation

**Before your consultation**

Most of our consulting sessions are scheduled for the afternoon. We take every care to ensure that you are seen at the time appointed. Occasionally, emergencies or other unplanned events disrupt our schedule. If this occurs, we will contact you to minimise any disruption to your schedule.

To avoid waiting, why not pre-fill our [patient acquaintance form](http://www.sydneyplasticsurgery.org/wp-content/themes/drnorman/pdf/patient-acquaintance-form.pdf) and [statutory Privacy Act document](http://www.sydneyplasticsurgery.org/wp-content/themes/drnorman/pdf/privacy-act.pdf)? Click to download the PDFs, print, fill them in and bring along to your consultation.

**During your consultation**

Please allow 45 minutes for your first consultation. Dr Olbourne will assess your situation, provide detailed information and carefully explain the techniques, benefits and risks of surgical procedures available.

You will be shown photographs of patients who have undergone similar surgeries, to demonstrate the range of outcomes that can be achieved. Once you have all the information, you will be able to make an informed judgement on which procedure will best achieve your goals.

**After your consultation**

Our team will help you select a date for your operation and provide information about cost, pre-operative care and additional services to enhance your results. We are available to answer any questions in the days leading up to your operation.

**Computerised Imaging**

To help visualise the likely outcome from your surgery, we use the Mirror® Imaging System designed by Canfield Scientific. Most effectively used with rhinoplasty (nose surgery), this imaging lets you explore variations in nasal shape and size, to see which outcome most suits you. It also assists in communicating the technical aspects of the procedure. Photographs are taken before your procedure and at regular intervals after the operation, to document the improvements achieved.

# Preparing for Surgery

[Home](http://www.sydneyplasticsurgery.org/) **»** [Patient Preparation](http://www.sydneyplasticsurgery.org/patient-preparation/) **» Preparing for Surgery**

# Preparing for Surgery

Once you decide that surgery is for you, we will develop an individual treatment plan for your procedure and post-operative recovery. Physical and mental preparation is important to help you recover quickly and enjoy better results.

Before surgery, Dr Olbourne will order relevant investigations such as blood tests or X-Rays. Please advise of previous illnesses, operations and any medications you are taking.

**A list of drugs to avoid or suspend before your operation is available here.**

**Smoking** is always a problem in plastic surgery. You must advise Dr Olbourne of your smoking history and agree on a period of abstinence before your surgery.

**Hospital Admission**

If your procedure is to be performed in hospital, we will discuss the duration of your admission, and the post-operative recovery period before you may resume normal activities. This may entail stocking up on provisions, arranging for transport home and organising assistance for the first few days. Our experienced staff will ensure that you are fully prepared with information before, during and after your procedure.

**Day Surgery**

If your procedure is to be performed at the [Carswell Clinic Day Surgery Centre](http://www.sydneyplasticsurgery.org/patient-preparation/preparing-for-surgery/?p=28), you will be having some form of anaesthesia or twilight sedation. You must not drive or travel home unattended. Ensure that you discuss this with our head nurse [Liz Brand](http://www.sydneyplasticsurgery.org/patient-preparation/preparing-for-surgery/?p=26) and make necessary arrangements beforehand.

# After Your Surgery

[Home](http://www.sydneyplasticsurgery.org/) **»** [Patient Preparation](http://www.sydneyplasticsurgery.org/patient-preparation/) **» After Your Surgery**

# After Your Surgery

**Going Home**

Prior to your operation, a plan will be developed to deal with your discharge from the hospital or clinic. The details will depend on several factors, including the procedure you have undergone, what support there is at home, and how far from DrOlbourne’s practice you may be staying. At all times, our concern is for your safety and comfort.

The necessary medications that you will need for the early postoperative phase of your treatment will be provided or prescribed. These are almost always painkillers and antibiotics if required.

Arrangements will be made for your early follow-up and for regular postoperative visits.

**Accessibility**

Dr Olbourne strongly believes that most problems that might possibly occur after an operation can be avoided if they are identified and treated early.Therefore, he provides all his patients with his mobile telephone number and is available to them at all times.

Furthermore, in the first days after surgery, you will be contacted daily, either by Dr Olbourne himself, or Sr Brand, the practice nurse.You are encouraged to make contact with the doctor at any time and about any little problem you may have. Reassurance and availability are we believe, essentialelements in the caring management of our patients.

**Drains**

If, as part of your operation, it is deemed advisable for you to go home with a suction drain in place, you will need to contact Dr Olbourne twice each day to report the level of the drainage and arrange for the removal of the drains when the time is right. We will give you a detailed protocol on the care of these drains if we need to use them. This approach to treatment of certain conditions has reduced the time you night need to stay in hospital, and allow you to convalesce in the comfort of your home much earlier would otherwise be the case.

**First Postoperative Visit**

Your first postoperative visit is usually a week after your surgery. Wounds are checked, splints or dressings removed and sutures are taken out.Dr Olbourne will often take photographs of your appearance, so that at subsequent visits you will be able to see the improvement in bruising, swelling and shape.

**Subsequent Visits**

Depending on your operation, further follow-up visits are scheduled. Dr Olbourne sees patients at various surgeries. Your subsequent follow-up appointments can be arranged at the location most convenient for you. Once again photographs might be taken to document your progress.

Depending on your operation, the rate of healing and your needs, follow-up appointments will be arranged for some weeks or months after your procedure. In most cases, there is no charge for these visits, but this depends ultimately on how long they go on for, and whether any unforeseen complication arises which is out of the ordinary.

# A Word About Scars

# A Word about Scars

**Scarring**

There is a popular misconception that plastic surgeons are ‘surgical magicians’ and deliver invisible scars. Unfortunately, this is not the case. Each time the skin is cut by a scalpel or laser, a surgical scar is produced. Scars are always visible, and the nature of a scar can never be predicted with complete accuracy. The appearance of a scar varies according to its location on the body, tension on the scar, and the individual’s healing process.

Skilled plastic surgeons can produce less visible scars with advanced suturing techniques, and by locating incisions inconspicuously. Some forms of surgery tend to produce good scars, such as the scar in front of the ear with facelift surgery. Other operations, such as breast reduction or abdominal surgery, produce scars which are prone to stretching, thickening, redness and tenderness. In the worst cases, these scars take one to two years to reduce and never end up as thin line scars.

Although scarring from previous surgery may give an indication of likely future scarring, some areas on the body produce an unpredictable healing response. Some patients form hard, red, thick hypertrophic scars which cannot be anticipated by the surgeon before the operation.

**Scars over time**

When settled or mature, surgical scars are always white, as they contain no pigment producing cells. Occasionally, a scar can over-pigment. This is usually due to sun exposure but can be exacerbated by the use of oral contraceptives, hormone treatments, dermabrasion, chemical peels or certain drugs. It is always important to protect a fresh scar from sun exposure. Scars nearly always mature and flatten, but the time interval can range from months to years. In the worst instance, a keloid scar will remain raised, red, thick, tender and itchy.

**Deeper scars**

Scarring also occurs in the deeper layers of skin, fat and muscle. This is more prominent when the skin or other layers have been separated. These scars can behave in the same manner as skin scars, becoming thick, lumpy, raised and tender. Deeper scarring can be noticeable in the cheeks after a face-lift or after liposuction. Massage and other treatments can help, and these scars do settle with time, but the process may take many months.

If you are concerned about scarring, speak with Dr Olbourne and our friendly team to learn more about your chosen procedure.