PROCEDURE

Breast augmentation surgery

Breast augmentation is surgery that increases breast size or improves breast shape using implants or transferred body fat.

PURPOSE
Increase breast size, restore volume, or improve symmetry

PROCEDURE TYPE
Therapeutic surgery using implants or transferred fat

WHERE IT IS DONE
Operating theatre

ANAESTHESIA
General anaesthesia

HOW LONG IT TAKES
About 1 to 3 hours

PREPARATION
Fasting, medication review, nicotine avoidance, and arranged transport

RECOVERY
Home same day; no driving while using sedating medicines

MAIN RISKS
Infection, bleeding, capsular contracture, implant rupture, reoperation

RESULTS
Visible immediately; final shape develops over several months

Overview

Breast augmentation increases breast size or changes breast shape. It may be performed for cosmetic reasons, to correct uneven development, or as part of breast reconstruction.

Most procedures use saline- or silicone-filled implants placed under the breast tissue, chest muscle, or partly under both. The best position depends on your body, implant, and goals.

Another option is fat transfer. Fat is removed by liposuction, processed, and injected into the breasts. This usually produces a smaller increase, and some transferred fat is absorbed.

Implants are not lifetime devices. You may eventually need surgery to remove or replace them. Before consenting, you should receive information about the implant's surface, filling, size, benefits, and risks.

Why the procedure is performed

You may consider breast augmentation to:

The operation cannot guarantee a cup size or perfect symmetry. If sagging is the main concern, a breast lift may also be needed.

- Increase breast size
- Restore volume after pregnancy, breastfeeding, ageing, or weight loss
- Improve breast asymmetry
- Correct developmental differences
- Rebuild breast shape after surgery or injury

Who should and should not have it

Augmentation may be suitable if you are physically healthy, have realistic goals, and understand that future procedures may be needed. Breasts should usually be fully developed before cosmetic surgery.

The operation may be avoided or delayed if you:

Previous breast cancer does not always rule out surgery, but treatment and future imaging require careful planning. Surgery may also be inappropriate if the decision is driven by pressure from others or severe, untreated distress about appearance.

- Have an active infection
- Are pregnant or breastfeeding
- Have untreated breast cancer or a concerning breast finding
- Have a condition that makes anaesthesia or healing unsafe
- Cannot stop nicotine use around surgery
- Have an uncontrolled bleeding risk
- Have expectations surgery cannot meet

How to prepare

Follow your treating facility's instructions because fasting, medicine, and arrival requirements vary.

Tell the team about all medicines, supplements, allergies, previous operations, and reactions to anaesthesia. Do not stop blood thinners or prescribed medicines unless the responsible clinician gives you a plan.

Nicotine reduces blood flow and can impair healing. You may need to stop smoking, vaping, and other nicotine products before and after surgery.

Breast imaging may be recommended based on your age, symptoms, history, and local screening guidance.

Before surgery:

Ask which implant and surface are planned. Make sure you understand incision placement, scarring, implant position, and reasons another operation might be needed.

- Follow fasting instructions
- Arrange for an adult to take you home
- Plan for help during the first day or two
- Prepare loose, front-opening clothing
- Obtain the recommended support bra

What happens during the procedure

Under general anaesthesia, the surgeon makes an incision, commonly beneath the breast, around the areola, or in the armpit.

For implant augmentation, the surgeon creates a pocket under the breast tissue or chest muscle, inserts the implant, checks its position, and closes the incision. Dressings and a support bra are usually applied.

For fat transfer, fat is removed from areas such as the abdomen, hips, or thighs, then processed and injected into the breasts. More than one session may be needed.

Temporary drains are sometimes used.

Recovery and what to expect afterward

Pain, tightness, swelling, and bruising are common for several days, especially when implants are under the muscle. Take pain relief as directed. Contact your team if pain is severe, suddenly worsens, or mainly affects one side.

Gentle walking is encouraged. Avoid heavy lifting, forceful pushing or pulling, and strenuous

upper-body exercise until your surgeon says they are safe. Follow instructions about your support bra, sleeping, bathing, dressings, and incision care.

Do not drive on the day of surgery, while taking sedating medicine, or while pain or limited arm movement prevents safe control of a vehicle.

Many people return to desk work within one or two weeks. Physical work may require longer. Swelling can last several weeks, and the breasts may initially look high or feel firm. Shape and softness usually settle over several months.

Risks and possible complications

General surgical risks include bleeding, infection, blood clots, poor wound healing, scarring, and anaesthetic complications. Augmentation-specific risks include:

Breast implant-associated anaplastic large cell lymphoma, or BIA-ALCL, is a rare lymphoma that develops around an implant, mainly textured implants. Persistent swelling, a new lump, pain, or shape change-particularly years later-needs prompt assessment.

Other rare cancers have been reported in implant capsules. Some people report symptoms called "breast implant illness," but no single cause has been established and improvement after removal is unpredictable.

- Capsular contracture: scar tissue tightens around an implant, causing firmness, pain, or distortion
- Implant rupture or leakage: saline is absorbed; silicone rupture may be less noticeable
- Sensation changes: nipple or breast sensation may increase, decrease, or be lost
- Implant movement or visibility: shifting, rippling, unevenness, or a palpable implant
- Asymmetry: differences in breast or nipple size and position may remain
- Fluid collection: blood or clear fluid may collect around the implant
- Further surgery: removal, replacement, or repositioning may be needed

Results and follow up

Added volume is visible immediately, but swelling and implant position affect the early result. Final shape may take several months. Fat-transfer results also change as swelling settles and some fat is absorbed.

Attend all wound checks and follow-up visits. Keep your implant identification card and

manufacturer, model, size, and surface details.

Continue routine breast screening and tell imaging staff about your implants. Silicone implants may require ultrasound or MRI checks for rupture, depending on local guidance and your clinical situation.

Alternatives

You do not have to undergo augmentation. Non-surgical options include padded bras or external breast forms.

A breast lift raises sagging breasts but adds little volume. Combining it with implants creates more scars and implant-related risks.

Fat transfer avoids implants but gives a smaller increase, and repeat sessions may be needed. For asymmetry, reducing or lifting the larger breast may be an option.

After mastectomy, alternatives include an external prosthesis or reconstruction using tissue from another part of the body. Tissue reconstruction avoids a permanent implant but involves more complex surgery and recovery.

When to call your healthcare team

Attend routine follow-up for wound, drain, scar, shape, sensation, and implant checks.

Contact your surgical team urgently if you develop:

Call emergency services for difficulty breathing, chest pain, fainting, confusion, or coughing up blood.

- Increasing redness, warmth, drainage, or fever
- Rapid swelling or sudden enlargement of one breast
- Severe or worsening pain
- An opening incision or pale, dark, or blistered skin
- New calf pain or swelling
- Persistent breast swelling, a lump, or a major shape change months or years later

Common questions

Will I be asleep?

Most procedures use general anaesthesia, so you are unconscious and do not feel the operation.

Can I drive myself home?

No. Arrange for an adult to take you home. Do not drive until you are off sedating medicine and can control the vehicle safely.

How painful is breast augmentation?

Tightness and soreness are expected, especially with implants under the muscle. Severe or suddenly worsening pain needs assessment.

When will I know the final result?

Volume is visible immediately, but swelling, implant position, scars, and shape can change for several months.

Can I still breastfeed?

Many people can, but it is not guaranteed. Incision location, technique, and previous breast development can affect milk production.

Can I still have mammograms?

Yes. Tell imaging staff about your implants. Extra views may be needed.

Sources

- US Food and Drug Administration. Risks and Complications of Breast Implants
- US Food and Drug Administration. Breast Implants: Certain Labeling Recommendations to Improve Patient Communication-Guidance for Industry and Food and Drug Administration Staff . 2020
- National Health Service. Breast Enlargement (Implants)
- American Society of Plastic Surgeons. Breast Augmentation
- British Association of Plastic, Reconstructive and Aesthetic Surgeons. Breast Augmentation Patient Information
- US Food and Drug Administration. Medical Device Reports of Breast Implant-Associated Anaplastic Large Cell Lymphoma