

FAQs about Breast Enlargement Patrick Hudson MD, PA

1. How can I know if surgery is right for me?
2. Can I get the same results without surgery?
3. How much will the operation cost?
4. Will my insurance pay for this surgery?
5. Am I being vain to have this operation?
6. What do I do to get ready for surgery?
7. Do I take my regular medicines before surgery?
8. Are there any medicines I should not take before surgery?
9. What do I eat before surgery?
10. Is there anything I can do to reduce scarring or bruising?
11. Is there anything I need to tell the surgeon before surgery?
12. Do I need any special tests or X-rays?
13. How early do I need to be at the operating suite before surgery?
14. Where is the operation done?
15. How is the operation done?
16. Where is the scar going to be?
17. How long does the operation take?
18. When will I be able to go home after surgery?
19. Can I drive myself home after surgery?
20. What anesthetic is used for the operation?
21. What are the complications?
22. Will I need to take any special medicines?
23. How do I look after myself after surgery?
24. Do I need somebody with me after surgery?
25. Does it hurt after surgery?
26. What will I look like after surgery?
27. Will I like the results?
28. What happens if I do not like the results?
29. How long does it take to heal?
30. When can I return to work?
31. When can I exercise?
32. Do I have to eat a special diet?
33. Afterwards do I need to wear any special clothing or garment?
34. Will I need to change any bandages?
35. Will I have a drain?
36. How do I look after my stitches?
37. What kind of bra do I wear?
38. When can I bathe or shower?
39. Do I have to sleep in any special position?
40. Do I need to use ice on the surgical site?
41. When can I have sex?
42. Should I stop smoking around the time of surgery?
43. May I drink alcohol around the time of surgery?
44. Can I combine the operation with other procedures?
45. How will I feel emotionally after surgery?
46. How long will the results of surgery last?
47. Can I have the operation again?
48. Do I tell people I have had cosmetic surgery?
49. Can I breast feed after surgery?
50. How do I reach Dr. Hudson if I have an emergency?

FAQs about Breast Enlargement Patrick Hudson MD, PA

1. How can I know if surgery is right for me?

My job is to tell you what surgery can do for you and to help you understand the risks. Only you can decide whether the operation is right for you. I think it will help you achieve your aim. Although I cannot give you a guarantee, I believe you will like the result. The decision remains a personal one and you must make it.

2. Can I get the same results without surgery?

I only do surgery when no good alternative exists. Your need falls into this category. Without surgery, I cannot correct your problem as successfully. When I examine you in the office, I assess the possibility of other treatments. I balance the advantages and disadvantages of surgery in your case. If I recommend surgery then I think the advantages outweigh the disadvantages. If you have concerns or you are not clear about the operation, call me before the operation. Make certain your mind is clear long before the day of surgery. I want you to go into the operation with a clear and confident attitude.

3. How much will the operation cost?

My office manager will give you an estimate of the cost of your surgery. When calculating the cost remember there are several separate charges. First is the surgeon's fee. Second the cost of an operating room and supplies, including the cost of implants and so on. If you go to sleep you will have additional fees for an anesthesiologist. The operating room will bill laboratory and X-ray studies and some special supplies, separately. We accept several methods of payment, including checks, cash and credit cards. We participate in several local and national programs to help you finance the cost of surgery. You must make full payment for the surgeon's fee two weeks before surgery. If you cancel surgery without adequate notice, we charge a cancellation fee.

4. Will my insurance pay for this surgery?

Probably not. Insurance companies only pay for surgery if it is not considered cosmetic surgery. My office can give your insurance company documentation about your condition, such as the operative note. My office will neither complete insurance forms nor communicate with insurance companies. You must take full responsibility for any dealings with your insurance company.

5. Am I being vain to have this operation?

Most people at some time before surgery have fears and doubts. A common concern is that they are being vain. My experience has been that most patients who have cosmetic surgery are no more vain than anyone else. What does distinguish them is a desire to get the most out of life. Looking after our appearance is not a fault. After all, would you leave your house with broken gutters or peeling paint? Why do less for your body? I think you should feel proud of yourself for having the courage to want to change something which you find unacceptable. I do emphasize that you should only have the surgery if it is for you. It is a big mistake to have surgery for somebody else.

6. What do I do to get ready for surgery?

Begin by thinking about what you will need in the house in the days after surgery. Do your shopping ahead of time and relax for a few days afterwards. You might consider getting gas in the car and cash from the bank. Make certain you have filled all your prescriptions and know how to take them. For a few days before surgery you may want to take extra vitamin C, many people feel this can reduce bruising and encourage healing. Make certain you do not take any aspirin or aspirin containing medicine for two weeks before surgery. This can increase your risk of bleeding. Antihistamines, Advil and vitamin E may also increase bleeding so you should avoid them. There are many herbal remedies that may interfere with healing. Take a look at the list we have provided for you and stop any herbal remedies two weeks before surgery. The night before surgery, set an alarm so you know you will not oversleep. This is especially important if you take a sleeping tablet the night before surgery. Usually you should not eat or drink anything after midnight the night before surgery. One exception to this is if you have regular medicines which you take in the morning. You can take these with a small sip of water. If your surgery is later in the day, you may be given instructions about a light, liquid breakfast. Most important, call if you have any questions. The best time to ask questions is a few days before surgery. The worst time is right before your operation when you may be sleepy and confused.

FAQs about Breast Enlargement **Patrick Hudson MD, PA**

7. Do I take my regular medicines before surgery?

Yes. I recommend that you take your regular medicines, such as those to control blood pressure, at your usual time. If you use a small sip of water to swallow the pill there is usually no problem. Some medications not to miss around the time of surgery include those for blood pressure, diabetes, heart disease, psychiatric problems and birth control pills. Let me know what medicines you take so I can advise you. If you have a general anesthetic, it is important that you tell the anesthesiologist about the medicines you take. Also mention if you have taken them with a sip of water the morning of surgery. If you use insulin, do not take it the morning of surgery. If you take blood thinners, such as Coumadin or aspirin, you must stop taking them for several days before surgery. You should discuss this with the doctor who prescribes them for you.

8. Are there any medicines I should not take before surgery?

Yes. Do not take aspirin for two weeks before surgery. It may increase the risk of bleeding. Remember, many over the counter medicines contain aspirin. So, check the label carefully. Other medicines that may increase your risk of bleeding include vitamin E, Advil and antihistamines. Many cold remedies contain antihistamines. My office will provide you with a list of herbal remedies that can interfere with surgery. You should read this list carefully.

9. What do I eat before surgery?

Do not eat anything for eight hours before surgery. A common rule is if your surgery is in the morning do not eat after midnight the night before surgery. This rule applies even if you have a local anesthetic. If you eat or drink even small amounts, I may cancel your surgery. This is for your own safety. If you have food in your stomach and you vomit, some of that food may enter your lungs. This is a very serious complication. No matter how tempted you are, do not eat or drink before surgery. It is a good idea to eat a nourishing diet for a week or two before surgery and consider increasing your vitamin C intake. Do not go on a strict diet in the weeks before your operation.

10. Is there anything I can do to reduce scarring or bruising?

For the first day or two after surgery I recommend that you rest a lot. All surgery is tiring. You can reduce swelling by elevating the site of surgery. Ice will also reduce swelling and pain. Apply it carefully so you do not damage the area. After twenty-four hours it will make little difference. You can sometimes speed up the resolution of bruising by applying mild heat. Remember that the area around your incision is numb and burning yourself is easy. So be very careful. I do not know any consistent way to reduce scarring. Some patients feel that applying vitamin E or Aloe Vera may help. If you apply these creams do not rub the scar for about six weeks because you can damage the fragile new tissue. If you have tapes or stitches in place, do not use any cream or lotion unless instructed. Scar reducing patches, such as Mederma™, may help and I will tell you if I recommend them for you. Some patients find Arnica, by mouth and topically, may help bruising and promote healing.

11. Is there anything I need to tell the surgeon before surgery?

The most important thing I need to know before surgery is what you want to achieve. Make certain that you tell me what it is you do not like and what you want corrected. Never hesitate to ask questions. Make certain I answer your questions before the day of surgery. Just before surgery is not a good time to ask questions. You may be sleepy and it is unlikely you will remember the answers. The plan for surgery needs to be clear before you come to the operating room. I need to know about your general health and medical history. When you first come to my office, we ask you questions about your medical history. Please tell me of any changes. I need to know if you have any allergies, especially to antibiotics and pain killers. It is important that you tell me about all medicines you take regularly, especially heart medicines, blood thinners, insulin, hormones, antidepressants or psychiatric medicines and birth control pills. If you have had surgery, I need to know when and what operations you had. It helps me to know if things went well or if you had complications, such as bleeding or anesthetic problems. Finally, tell me about any previous treatment for the problem we are treating now.

12. Do I need any special tests or X-rays?

If you are in good health and we plan a local anesthetic, you may not need any special tests or X-rays. If you suffer from a serious illness, such as diabetes or heart disease, I may order tests or suggest you see your treating physician. If you are going to have a general anesthetic, the anesthesiologist may order special tests to prepare for the anesthetic. Patients over 55 may need an EKG. If you are over 35 you may need a mammogram.

FAQs about Breast Enlargement Patrick Hudson MD, PA

13. How early do I need to be at the operating suite before surgery?

I recommend that you are at the operating suite one and a half hours before surgery. Although this seems early, it is necessary to get the best result for you. Often I prescribe medicines before surgery that make you feel comfortable during surgery. If you do not have these medicines on time, they are not as effective. If you need special tests, it often takes an hour for results to return. If you do not arrive at the recommended time, for your own safety, I may cancel or postpone your surgery.

14. Where is the operation done?

I will do your operation in a day surgery unit. This means you do not have to stay in a hospital and it is safer than most doctor's offices. Usually I do surgery in the early morning and you can often be home by early afternoon.

15. How is the operation done?

The principle of the operation is straight forward. A pocket is developed underneath the breast or underneath the breast and underlying muscle. The implant is then placed in the pocket. The implant is made of a silicone shell and filled with saline (salt water) or silicone gel. You can find more details on our website. It is important that you understand the method of surgery before you have your operation.

16. Where is the scar going to be?

The scar for a breast augmentation is usually placed in the crease lines in one of four locations, under the breast, around the nipple, in the umbilicus or in the armpit. It is usually about two inches long. All surgery requires a scar and all scars take time to soften and fade. You will not see the final appearance of your scar for a year after surgery. It is usually red and raised for the first month or two after your operation. About 1% of patients form a thick scar.

17. How long does the operation take?

Your operation usually takes about one hour. You should allow one to two hours to recover in the surgery unit.

18. When will I be able to go home after surgery?

After I finish your operation you will go to the recovery room for between one and two hours. When the nurses feel you are alert you can go home. On rare occasions, patients are slow to recover from an anesthetic or have complications. If this happens, you may need admission to a hospital overnight.

19. Can I drive myself home after surgery?

No. After surgery you will be under the influence of medications. It is dangerous to drive. If you do not have anyone to drive you home we can call a taxi. Tell the nurses in the surgery unit. If you use a taxi you may need to stay longer in the recovery room and the cost of your surgery may increase.

20. What anesthetic is used for the operation?

This operation is performed under either local or general anesthetic. I will help you decide which is best for you. Although small, there is a risk to all anesthetics.

21. What are the complications?

After all operations there is bruising and swelling. This lasts about two weeks but can continue for a month or more. Remember that the human body is asymmetrical and that even after surgery both sides of the body will look different. All surgery requires an incision and will leave a scar. In most patients the scar heals well, but in a small number of people the scar remains thick and heavy. At the time of surgery the small nerves that supply feeling to the skin are damaged. This may cause changes in sensation including numbness and pain. Although uncommon, bleeding and infection are risks and can be serious. You will have pain and discomfort after this surgery. Usually the pain only lasts for a few days. About one percent of all operations lead to major complications. You must weigh the pros and cons, it is for you to decide. This is a surgical procedure and as such potentially serious complications such as a blood clot or embolus or an unexpected response to drugs or anesthetics can occur. Beside the complications that can develop after any surgery, there are problems that are special for your surgery. These include: capsular contracture, leakage of saline and the need to replace the implant, and possible difficulty with mammography. Remember also that the implant is made of silicone and some people have suggested that silicone may be bad for your health. I know of no good evidence that shows a cause and effect relationship between silicone and any

FAQs about Breast Enlargement Patrick Hudson MD, PA

known illness. The implant is a plastic silicone bag which is filled with saline (salt water) or silicone gel and some patients dislike the feeling of this and the slight rippling that can occur.

22. Will I need to take any special medicines?

I usually prescribe a pain killer and a mild sleeping tablet for you to use after surgery. In most cases I will also prescribe an antibiotic and something in case you feel nauseated. If I prescribe an antibiotic it is important that you take it as prescribed on the bottle. The other medicines you can take at your discretion. If you think you may be allergic to any of the medicines, stop taking them and call my office immediately. Remember that all medicines have side effects. One of the most common is gastrointestinal upset. This means you can have an upset stomach or diarrhea. If this becomes severe call my office. Constipation is a common side effect of narcotic pain medications and you may want to take stool softeners around the time of surgery. As soon as possible stop taking the narcotics and sleeping tablets. Many patients are surprised that they can obtain good pain relief with simple over the counter medicines like Tylenol and Advil. Do not take aspirin for a few days because this can increase the risks of bleeding. Narcotics and sleeping tablets will interact with alcohol so do not drink at the same time as you take them. They will also make you drowsy so do not drive while you are taking narcotic pain killers.

23. How do I look after myself after surgery?

You can follow some simple rules to make your surgical experience more pleasant. First acknowledge that you have had surgery and it takes time to heal. Be patient. For the first twenty-four hours take it easy and rest a lot. This is a good time to read all those books, or watch the videos, that you have been promising yourself you would read over the last few months. After the first day or two you will start to feel more comfortable but you are still not ready to begin vigorous activity. Keep the area of surgery elevated and apply ice as directed. If needed I will give you specific instructions. Take plenty of fluids and eat a balanced nourishing diet. I suggest additional vitamin C for about six weeks. Do not take extra vitamin E at this point because it can increase bleeding. You should not drive yourself for about a week after surgery. It is important that if you have any questions you call the office.

24. Do I need somebody with me after surgery?

Most patients feel more comfortable if they have somebody with them for the first twenty-four hours after surgery. If this is impossible for you then I suggest you consider staying in a local bed and breakfast that can keep an eye on you. My office manager can help you find a facility.

25. Does it hurt after surgery?

All surgery is associated with pain and discomfort. For this reason I will give you a prescription for pain killers. Remember you can often get good pain relief with simple over the counter medicines like Tylenol and Advil. Do not take aspirin because this can increase the risks of bleeding. By the end of the first week the pain is usually much less.

26. What will I look like after surgery?

All surgery is associated with bruising and swelling, so you should expect this for one to two weeks after your operation. Some patients remain bruised for longer and in rare cases a month or more. You may start to see the results quickly but you will not see the final benefits of your surgery for many months. I do not consider you fully healed for a full year.

27. Will I like the results?

Your satisfaction with the results is very important to me. Most patients are happy with the outcome and serious complications are unusual. You are more likely to be happy if you have realistic expectations of what this surgery can do for you.

FAQs about Breast Enlargement **Patrick Hudson MD, PA**

28. What happens if I do not like the results?

No surgeon can give a guarantee about the outcome but I can say that I will work with you to achieve the result you want. If this means additional surgery I will usually do this for you without a surgical fee, if I think it is medically safe and likely to be effective. You would be responsible for any charges for an operating room, anesthesia or supplies.

29. How long does it take to heal?

Healing is a slow process and varies dramatically from person to person, and side to side. It takes six weeks for any scar to begin to soften and at least a year to be complete. I do not consider you healed until about a year after your surgery.

30. When can I return to work?

This depends on your job. After any operation it is necessary to rest completely for a day or two. During the first week you will begin to feel more like yourself. By the end of a week you may be able to perform light duties such as using a telephone or computer. You should not do any heavy lifting for at least a month.

31. When can I exercise?

I encourage you to begin gentle short walks by the end of the first few days after surgery. A serious complication of any surgery is the development of blood clots in the legs as a result of inactivity. The risk of this is reduced by early movement. After two weeks you can begin more vigorous activity but you should not do any heavy lifting or vigorous jogging for at least a month. Sometimes there are exceptions to these rules. So if you have any special needs please ask me.

32. Do I have to eat a special diet?

No. I recommend that you eat a balanced diet and drink plenty of fluids. I like my patients to have additional vitamin C for about six weeks after surgery. Do not take extra vitamin E at this point because it can increase bleeding. After two weeks additional vitamin E by mouth may reduce the risks of thickening of the scar.

33. Afterwards do I need to wear any special clothing or garment?

Possibly. If you need to wear a special garment I will either put it on at surgery or give you instructions about getting one.

34. Will I need to change any bandages?

At surgery I will apply a tight elastic bandage to compress the breast area. This reduces the risk of bleeding and holds the implant in good position. Do not remove this bandage for 48 hours after surgery. If it becomes too tight loosen the outer layers of the wrap only.

35. Will I have a drain?

Probably not. Drains are small tubes used to remove fluid such as blood or serum from the site of surgery. I use drains for two reasons. One is to remove fluid such as serum or blood which would otherwise collect under the skin. The other reason is to pull the skin against the underlying tissue to allow it to stick in place. If drains are needed for your operation I will usually tell you before surgery. Sometimes unusual circumstances arise and I will use a drain in a situation in which I was not expecting to use one. This is usually because of excessive bleeding in surgery. If you have drains which you need to look after you will be given instructions on their care before you go home.

36. How do I look after my stitches?

You do not need to do anything special with your stitches. If I need you to clean the area I will tell you. You may have paper tapes or Steristrips over the stitches. Do not remove these tapes, they are an important part of the repair. You may get them wet but do not rub soap into them. I almost always use stitches which dissolve. This means your stitches do not have to be removed.

FAQs about Breast Enlargement Patrick Hudson MD, PA

37. What kind of bra do I wear?

For the first week after surgery reapply the elastic bandage. Then for a month after the bandage is removed use a soft jogging bra with no underwires. Six weeks after surgery you can use any kind of bra you wish. If you jog or do aerobics you may be more comfortable wrapping the elastic bandage over your jogging bra for extra support.

38. When can I bathe or shower?

You can bathe forty-eight hours after surgery. If during your operation I used drains you cannot get these areas wet until twenty-four hours after the drains are removed. If stitches are exposed or you have paper tapes it is fine to get them wet, but do not massage the area of the incision or rub soap into the tapes.

39. Do I have to sleep in any special position?

You may sleep in any comfortable position. Try to avoid pressure on the area of surgery and follow any special instructions you may have been given after surgery.

40. Do I need to use ice on the surgical site?

If you apply ice carefully for the first twenty-four hours you may have less pain and swelling. I recommend that while you are awake you apply the ice for about fifteen minutes every hour. There should always be something between the ice and the skin so that you do not damage the skin. After the first day or two, ice will probably make no difference but if you find it makes you feel more comfortable then continue for a few more days.

41. When can I have sex?

You can resume sexual activity as soon as you feel comfortable. For two weeks avoid pressure at the site of surgery and do not massage the area.

42. Should I stop smoking around the time of surgery?

Yes. Smoking delays healing and can cause your skin to die leaving bad scars. I like my patients to stop smoking for two weeks before and after their operation. If you need help to stop, contact the American Lung Association (505/265 0732).

43. May I drink alcohol around the time of surgery?

Narcotics and sleeping tablets will interact with alcohol so do not drink at the same time as you take them. They will also make you drowsy so do not drive while you are taking them. After the first few days when you are not taking pain killers you may drink a small amount of alcohol.

44. Can I combine the operation with other procedures?

A major trend in the last few years is for patients to have more than one operation at the same time. This reduces cost and means you only have one period of recovery and pain. In my experience, if the operation does not last more than four hours, combining most surgeries does not significantly increase the risks of surgery.

45. How will I feel emotionally after surgery?

Many people feel emotional after surgery. Some even become depressed. If this happens to you do not feel you are alone or frightened. It will almost certainly pass. Talk to me about it. If it becomes persistent or serious I can help you find a counselor.

46. How long will the results of surgery last?

The results are permanent but the breast will show signs of aging appropriate for a breast of the new size. In other words a larger breast will have a tendency to droop more than a small breast. Fortunately, if this becomes a problem for you we have operations to tighten the breast skin.

47. Can I have the operation again?

Almost all surgery can be repeated. For most patients this is not needed. As time passes you may find that you need to modify or update something which was done several years ago. This is usually not a problem. If you experience saline leakage from the implant you would need to replace the implant.

FAQs about Breast Enlargement Patrick Hudson MD, PA

48. Do I tell people I have had cosmetic surgery?

Cosmetic surgery is a very personal matter. Only you can decide who should and should not know you have had surgery. I recommend that you talk about surgery with at least one other person you know well. Your spouse or a good friend are obvious examples. You could also discuss surgery with a therapist or your family doctor. Unfortunately, even today many professional people are not well informed about cosmetic surgery. If you let those close to you know about the operation then you can ask for help afterwards without being embarrassed or shy.

49. Can I breast feed after surgery?

It is unlikely that breast enlargement surgery will prevent you from breast feeding. If you lose some sensation in the nipple you may not be able to breast feed. However, some women cannot breast feed and you may be in this group. Remember that even if you were able to breast feed after one pregnancy you may not be successful after another pregnancy.

50. How do I reach Dr. Hudson if I have an emergency?

Serious emergencies are rare after this surgery. If your emergency is life threatening go to your nearest emergency room or dial 911. They will begin treatment and contact me for you. The quickest way to reach me is through my office number. The office is open between 9:00 AM. and 5:00 P.M. Monday through Friday. During these hours call 505 242 0070. The office staff will call me for you. Please stay by your telephone and I will either call or relay a message to you. When the office is closed, you can reach me by calling the same office number, 505 242 0070. You will hear a recorded message telling you where I can be reached. Do not try to leave a message. This is not an answering machine. Dial the number that you hear on the message. Stay by the phone so I can reach you. If you do not hear from me within a few minutes, then please call again. If you still cannot reach me go to the emergency room of your nearest hospital.

Patrick Hudson MD PA, FACS, Plastic Surgery
1101 Medical arts NE #3, Albuquerque NM 87102 USA
Telephone: 505/242 0070
FAX: 505/242 0060
eMail: doctor@phudson.com
WEB: <http://www.phudson.com>

For more information check our website at <http://www.phudson.com>
Unauthorized copying is not permitted
page 8 of 8