Supporting Women In Regaining Their Confidence.

Discover information about your breast reconstruction options, and hear from other women about their healing journeys.
Providing Choices
For You.

GC Aesthetics® is a leading aesthetic medical device company with over three decades of experience manufacturing silicone implants through our brands Nagor® and Eurosilicone®. It’s our goal to continually develop high quality products and services that meet both surgeons’ and women’s needs. GC Aesthetics® not only provides over 1,100 products across our portfolio, but also delivers services to help you, the patient, make informed choices about your body. Over the following pages, you can learn about breast reconstruction surgery, what to expect and the risks to be aware of. Remember to discuss all options with your surgeon, who will be able to advise you on the choices available to you.

For more information about GC Aesthetics® and our implant range visit www.gcaesthetics.com

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Your Guide To Breast Reconstruction.

Deciding whether to have reconstructive surgery is a difficult decision, and an option that you may or may not decide to take. A lot of factors should be taken into consideration, such as how you feel at the moment, and how you feel about your body.

We want to provide you with information that is clear, easy to understand, and help you make the right choice. This leaflet will provide information regarding your options, answering some of the questions you may have regarding breast implants.

If you do decide that a reconstruction is the right choice for you there are several procedures available. Your decision does not have to be made immediately, as it is perfectly reasonable to delay the reconstruction part of your operation. There may even be a number of possibilities that you feel could be right for you, and these can be discussed in more detail with your surgeon or nurse.

Remember to discuss all aspects of your procedure with your surgeon during your consultation. It is your opportunity to ask lots of questions and understand fully what results you can expect based on your individual body type.

Breast Anatomy.

A woman’s breast consists of milk ducts and glands surrounded by fatty tissue and covered by skin. The fatty tissue gives the breast its soft feel and shape.

Women who have lost breast tissue due to cancer or trauma may undergo breast implantation to reconstruct the breast.

Silicone gel-filled implants consist of an outer shell constructed from several layers of silicone material. These are filled with medical grade gel silicone, which is clear and cohesive — meaning it’s designed to stick together.

Silicone is widely used in implantable medical devices. The surface of a breast implant may be smooth or textured (rough surface). The choice of implant surface has been shown to have various benefits and limitations depending on the individual and the surgery they require. These benefits and limitations will be discussed in more detail later in this booklet. Consult your surgeon who will be able to explain the advantages and disadvantages of both types of breast implant and advise which surface type is optimal for your individual surgery.
What is a Mastectomy?

A mastectomy is when breast tissue is fully removed due to the presence of a cancerous or pre-cancerous growth. The amount of tissue removed varies based on the size and stage of your cancer. More or less skin and/or the nipple may also need to be removed.

Under certain circumstances, women with breast cancer have the opportunity to choose between total removal of a breast (mastectomy) and breast-conserving surgery (lumpectomy) followed by radiation.

Although lumpectomy is the less invasive option and many women chose this route, deciding between lumpectomy and mastectomy depends on how you feel:

Do you want to keep your breast?
If it’s important to you to keep your breast, you may decide to have lumpectomy with radiation rather than mastectomy.

Do you want your breasts to match as much as possible in size?
In most cases, lumpectomy has a good aesthetic result. However, in rare cases when a larger area of tissue is removed, lumpectomy can cause the breast to look smaller or distorted.

How anxious will you be about breast cancer returning?
If removing the entire breast would help you worry less about the possibility of breast cancer recurring, you might consider mastectomy.

What is a Lumpectomy?

A lumpectomy is the removal of the breast tumour and some of the normal tissue that surrounds it. Technically, a lumpectomy is a partial mastectomy, as part of the breast tissue is removed. However, the amount of tissue removed can vary greatly.

Make sure you understand from your surgeon about how much of your breast may be removed and what kind of scar you will be left with.

What is a Prophylactic Mastectomy?

A prophylactic mastectomy is a surgery to remove one or both breasts to reduce the risk of developing breast cancer.

If you are at high risk of developing breast cancer (for example, there’s a strong family history), you might be exploring possible ways that you can reduce this risk. While a prophylactic mastectomy can significantly reduce risk of developing breast cancer, this surgery is also a serious decision that can have a considerable impact on your life. Take the time you need to talk to your surgeon and family members about the different ways you can lower your risk.
One-Stage Breast Reconstruction.

A One-Stage Breast Reconstruction is a procedure in which an implant only is inserted into the breast.

**Implant only**

An implant-only breast reconstruction is an operation in which a silicone implant is inserted under your chest muscle. It will take a few weeks to recover from this operation, and you will feel some soreness or tightness in your chest area.

Delayed Or Immediate Breast Reconstruction?

If you choose to opt for a breast reconstruction as part of your treatment, you may have the option of having your breast reconstruction start either during the mastectomy (immediate breast reconstruction), or in a separate operation after the mastectomy (delayed breast reconstruction), to allow recovery time and strength rebuilding after surgery.

This choice is a personal one, and also dependent on factors such as the type and stage of cancer, your personal preference and if you need any other treatment. Please remember to discuss all the different options with your surgeon, who will be able to advise on the best approach for you.

One-Stage Breast Reconstruction Procedure

*Discuss the option of nipple reconstruction with your surgeon.*
Autologous (Own Tissue) Breast Reconstruction.

An autologous operation is when skin, fat and/or muscle from another part of your body (donor site) are used to create your new breast.

An autologous reconstruction requires a little more recovery time than an implant or expander only, and may mean a few days in hospital.

There are several types of flap reconstruction but most surgeons choose either flaps from the back (latissimus dorsi) or flaps from the abdomen (TRAM and DIEP flaps). These procedures are explained in greater detail opposite.

**FLAPS FROM THE BACK: LATISSIMUS DORSI FLAP**

The latissimus dorsi is a muscle in your back, under your shoulder blade. During a latissimus dorsi reconstruction, the surgeon will use this muscle, along with the skin and fat covering it, to make your new breast. In case more volume is needed, the surgeon can also insert an implant.

**FLAPS FROM THE ABDOMEN: TRAM (TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS) AND DIEP (DEEP InferIOR EPigastrIC PerFORATOR) FLAPS**

This type of flap reconstruction requires taking skin and fat from your belly button to your pubic bone. It is only suitable in patients with enough extra skin and fat in this area and who actually remove the same piece of skin that is removed during a tummy tuck. If you are thin, this operation may not be suitable for you. A TRAM flap involves removing your rectus abdominis muscle - also known as 'the six pack', this is the muscle that runs from your breastbone to your pubic bone, along with skin, fat and blood vessels. By contrast, a DIEP flap involves removing the skin and fat below the muscle, without removing the muscle itself. There are two ways of moving the abdominal flap to your breast. It can either be removed completely, leaving the blood vessels attached, which can then be reconnected to the blood vessels in the breast using microsurgery - a so-called ‘free flap’. Or the flap can be tunnelled underneath the skin of your abdomen to the breast – a ‘pedicled flap’. You can discuss your options with your reconstructive surgeon prior to your operation.

During a Two-Stage Breast Reconstruction, an expander, an expandable device with a port, will be used to create space for the final implant, which will be placed during a subsequent procedure.

Through the port sterile saline will be gradually injected over a period of several weeks. This is usually done at your surgeon’s office with local anaesthesia. When the skin covering the breast area has expanded enough, the expander will be removed during a second operation, and a permanent implant placed into the expanded pocket. *Around 20% of the fill volume of the expander will be filled during the expander placement.

*Discuss the option of nipple reconstruction with your surgeon.

Two-Stage Breast Reconstruction Procedure

**Two-Stage Breast Reconstruction Procedure**

1. The tissue expander is placed in position.
2. The expander will be removed and an implant placed into the expanded pocket.

**FLAPS FROM THE ABDOMEN**

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**DISCUSS THE OPTION OF NIPPLE RECONSTRUCTION WITH YOUR SURGEON.**
After Breast Reconstruction.

Once breast reconstruction surgery has taken place, a follow-up appointment with a surgeon will be scheduled. This is routine and will be to check on your general health after the operation. Following this, contact with a surgeon should be limited if you continue to feel fit and healthy. However, you should always remember to consult a surgeon, physician or pharmacist before the use of topical medicines (e.g. steroids) in the breast area as well as informing them of the presence of implants should you require any surgery in the future.

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These benefits and limitations will be discussed in more detail later in this booklet. Consult your surgeon who will be able to explain the advantages and disadvantages of both types of breast implant and advise which surface type is optimal for your individual surgery.

One of several exercises designed to support recovery post-surgery.
Anticipated benefits of breast implants.

When opting for breast reconstruction surgery, many women anticipate a number of improvements in their wellbeing.

Breast reconstruction is psychologically beneficial as it restores a woman’s body image. Women often have an improved overall satisfaction with body image, self-esteem and feeling of attractiveness following breast reconstruction, particularly immediate reconstruction. Furthermore, many patients have reduced levels of anxiety and depression.

However, it should be noted that breast implant surgery, while it has been shown to achieve these aims for the vast majority of patients, cannot be guaranteed to improve quality of life for everyone.

Please discuss your expectations of undergoing breast reconstruction surgery with your surgeon, who will give you a professional, realistic view of all the potential benefits and risks associated with breast implant surgery.

“I wanted to give myself confidence.”
Possible risks and complications related to breast implants.

Silicone Breast and Implant Rupture

Some silicone gel may diffuse or “bleed” through the wall of an intact implant. Implant gel and silicone gel improvements have reduced this bleeding to a minimum. Breast implants may rupture over time and, if confirmed, would need to be removed or replaced. Due to the nature of silicone gel material (gel material stock together), some ruptures (“silent ruptures”) cannot be detected unless surgery occurs for another reason (e.g., size changes). Repair of gel rupture may also be related to force or trauma, such as a blow to the chest or a road accident. If an implant ruptures, the silicone gel may be contained within the capsule that has formed around the implant. In these cases removal or replacement of the implant is necessary.

Capsular Contracture - What is it and what causes it?

As your body heals after the placement of breast implants, it forms a capsule of tissue around the implant. In these cases removal or replacement of the implant is necessary.

Possible risks and complications related to breast implants.

Silicone Gel-filled Mammary Implants are assessed and have been determined to be in compliance with the applicable regulations and are sterilised prior to shipping to the physician.

Every care is taken to remove all manufacturing residues from the implant; however there is the possibility of a small level of residual material remaining on or in the implant. These levels have been determined to be at an acceptably low risk level. However, it is not possible to eliminate all risk associated with the use of medical devices, including breast implants. These ‘residual risks’ are discussed in this section.

Consult your health professional if concerned about any of the listed symptoms/complications.

Visible Skin Wrinkling and Rippling

Underfilled and/or low cohesive gel in certain breast implants may increase the risk of rippling. Additional surgery may be necessary to correct this situation.

Implant Extrusion

If the skin or soft tissue covering the implant is thin, or if there is a problem with wound healing, the implant may become exposed. This will require removal of the implant. Surgery is needed to correct this and can result in permanent scarring or breast loss.

Change in Nipple and Skin Sensation

Some change in nipple sensation is not unusual immediately following surgery. After several months, most patients have normal sensation. Occasionally, partial or permanent loss of nipple and skin sensation or hyperesthesia may occur in one or both breasts. This can affect sexual response or the ability to breastfeed a baby.

Malposition

An implant may rotate or shift position after initial placement. This may cause discomfort and/or distortion in breast shape, and additional surgery may be necessary to correct this condition.

Asymmetry

Most women’s breasts have at least some asymmetry. Breast implants may improve size differences but may not make one side look exactly like the other. The degree or severity of asymmetry may be different on one side compared to the other. Although both breast implants may shrink, if any of these deformities occur, differences in the two breasts may be more noticeable.

Pus Palpability

The edges or shell of the implant can sometimes be felt, especially in thin women, after weight loss or after breast reconstruction where there is limited tissue coverage of the implant.

BIA-ALCL

Breast implant-associated anaplastic large cell lymphoma (BIA-ALCL) is a rare form of cancer of the immune system called breast implant-associated anaplastic large cell lymphoma (BIA-ALCL). This cancer occurs more commonly in patients with breast implants. In some cases, BIA-ALCL can develop many years after breast implant surgery. At this time rates of BIA-ALCL are considered to be low. In most patients, BIA-ALCL is found within the fluid or scar tissue around the implant, in some cases persistent swelling or pain within the breast area can be a sign of BIA-ALCL. If you suffer from either of these symptoms, your physician may perform tests on your fluid or tissue for testing and if positive, the most common treatment is removal of the implant and the capsule surrounding the implant; however, some patients may require treatment with chemotherapy and/or radiation therapy. Although treatment is usually successful, some patients have died from BIA-ALCL; early intervention is essential.

Your surgeon will explain the possible risks and treatment options in the unlikely event that BIA-ALCL should occur.

Breast Implants and Nipple Piercing

Breast and Nipple Piercing

Women with breast implants seeking to undergo body-piercing procedures to the breast region must consider the possibility that an infection could develop anytime following this procedure. Treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary.

Breastfeeding

Breastfeeding may affect your ability to breastfeed. Be aware that the surgical approach may influence your ability to breastfeed and cause tissue scarring around the implant. Women with breast implants seeking to undergo body-piercing procedures to the breast region must consider the possibility that an infection could develop anytime following this procedure. Treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary.

Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL)

European-based and/or in the US FDA current scientific literature have identified an association between breast implants and the development of a cancer of the immune system called breast implant-associated anaplastic large cell lymphoma (BIA-ALCL). This cancer occurs more commonly in patients with breast implants. In some cases, BIA-ALCL can develop many years after breast implant surgery. At this time rates of BIA-ALCL are considered to be low. In most patients, BIA-ALCL is found within the fluid or scar tissue around the implant, in some cases persistent swelling or pain within the breast area can be a sign of BIA-ALCL. If you suffer from either of these symptoms, your physician may perform tests on your fluid or tissue for testing and if positive, the most common treatment is removal of the implant and the capsule surrounding the implant; however, some patients may require treatment with chemotherapy and/or radiation therapy. Although treatment is usually successful, some patients have died from BIA-ALCL; early intervention is essential.

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Disadvantages with Results

Having a full and honest discussion with your surgeon below your reconstruction surgery about your goals for breast size and shape is really important. Because once the procedure is done, all breast implants can’t be adjusted. So, for instance, if you’re unhappy with the size of the reconstructed breast in comparison to your natural breast, this could result in a second operation and added costs. It is therefore vitally important to talk with your surgeon before surgery and express any concerns you may have.

Granuloma

Over time it is possible to become sensitive to your implant. This is typically the result of an implant rupture. If silicone migrates out of the breast pocket, it can cause an inflammatory reaction known as the formation of nodules which may require implant removal.

Phlebitis Superficial

During surgery, damage to a vein wall may occur and a blood clot may form under the skin - this is known as phlebitis. This is typically the result of an implant rupture.

Granuloma

If you decide after surgery that your implants are too large or too small, you may decide you want to have the implants replaced with a larger or smaller size. The cost of replacement is not the operating room fee and anesthesia, and often care. It’s important to be aware of the fact that the cost of treatment of complications might be higher than the initial breast surgery. Your surgeon should inform you about the cost of replacement implants. The size, weight and position of the breast implants can have an effect on the degree of drooping. If severe, this complication can lead to re-operation.

Upper Limb Lymphedema

Women who have previously undergone breast cancer treatment may be at higher risk of developing lymphedema, resulting in swelling of the arm, hand or breast. If you develop this complication, it may be the reason why you decided to undergo breast surgery. Typical problems include asymmetry and drooping of the breast skin.

Breast Implant Replacement

If breast implants are removed for any reason, the appearance of the breasts may not be desirable or pleasing. Older patients and those with large implants may have more cosmetic deformity if they choose not to replace the implants or to undergo additional surgery. Problems include asymmetry and drooping of the breast skin.

Post-operative Care

It is recommended that patients carry the details of the patient record label attached to the patient consent form or the patient warranty card to facilitate medical care in case of emergency (e.g. in case of a road accident). The presence of breast implants could delay the detection of breast cancer by self-examination. For appropriate medical monitoring, as well as regular mammography and post-operative care details.

Cost Involved with

Breast Implant Surgery

Your surgeon should inform you about the cost of implants, surgery, anesthesia and after care. It’s important to be aware of the fact that the cost of treatment of complications might be higher than the initial breast surgery. Ask your surgeon about whether they would charge for the use of topical medicines (e.g. steroids) in the breast area. If any surgery of the breast area is scheduled, you should inform the physician or the surgeon of the presence of implants.

Mammography

Women who have undergone breast reconstruction and who continue to undergo mammography may have fewer suspicious lesions detected on mammography than women who have not had a mastectomy. The implant can interfere with the detection of early breast cancer through mammography and by obstruction of underlying tissue and/or by compressing underlying tissue which can ‘hide’ suspicious lesions in the breast.

Please make sure you share all the information you know about your breast implant(s) to the personnel so that they can adapt the mammography pressure accordingly.

Ptosis

Breast, causing your breasts to sag (ptosis). This may be the reason why you decided to undergo breast augmentation surgery. However, it should be noted that this complication can also occur after placement of your implants. The size, weight and position of the breast implants can have an effect on the degree of drooping. If severe, this complication can lead to re-operation.

Women who have undergone breast reconstruction using the technique to reduce a physician to carry out normal checks in order to detect breast cancer (e.g. and/or recommend breast cancer screening). This is typically the result of an implant rupture.

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Post-operative Care

2 GC Aesthetics® are not best placed to provide patients with general medical advice. If you are concerned about your surgery, your surgeon will provide specific advice on how to take care of yourself after you have breast implant surgery.

These tips may include recommending that you wear a support bra 24 hours a day, while others may just advise you to change the adhesive bandages when necessary. Your surgeon may also prescribe prophylactic antibiotics. These and other measures are all at your surgeon’s discretion and are based on their personal experience and overall treatment plan. Not following the surgeon’s recommendations may lead to any of the complications mentioned in this brochure.

It’s recommended that adult women of all ages, perform a breast self-exam at least once a month. A regular breast self-exam will enable you to familiar with how your breasts look and feel so that you can contact a healthcare professional if you notice any changes.

One of the ways you can perform a breast self-exam is with your chest muscles. Look for any dimpling, puckering, or changes, particularly on one side.

Contact sports are not recommended. Tanning at salons or sun bathing can influence scar healing and direct scar exposure to the sun should be avoided for about six months after surgery. It is recommended that you consult a physician or pharmacist before the use of topical medicines (e.g. steroids) in the breast area. If any surgery of the breast area is scheduled, you should inform the physician or the surgeon of the presence of implants. It is recommended that patients carry the details of the patient record label attached to the patient consent form or the patient warranty card to facilitate medical care in case of emergency (e.g. in case of a road accident).

Self-Examination and Autopalpation

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Possible risks and complications related to surgery.

It is not possible to eliminate all risk associated with the use of medical devices, including breast implants. These ‘residual risks’ are discussed in this section.

Consult your health professional if concerned about any of the listed symptoms or complications.

Risks of Anaesthesia

There are three types of anaesthesia used during surgery, all of which carry some level of risk.

**Local Anaesthetic:**
The lowest level of risk is a local anaesthetic, which involves minimal I.V. sedation with injection of local anaesthetic in the area beneath the breasts.

Some patients may have an allergic reaction to the medications or medication overdose.

**Sedation:**
A second method of anaesthesia is I.V. sedation involving minimal I.V. sedation with injection of local anaesthetic or experience a rapid heart beat due to the epinephrine that is used to reduce bleeding.

There may be some discomfort intermittently throughout the procedure with a local anaesthetic.

**General Anaesthesia:**
A third method is general anaesthesia in which a professional trained in this area is asleep during the surgical procedure. The risks of general anaesthesia are the same as those of a general anaesthetic used for other operations and can include respiratory problems and/or blood clots in the legs. The expense of general anaesthesia is higher because of the anaesthesiologist needed and the equipment and medications used.

Infection

Infection may appear shortly after surgery or at any time following the insertion of a breast implant.

A low-grade infection may be difficult to diagnose.

**Hematoma:**
If an infection occurs, antibiotics are usually given, and if the infection does not respond, antibiotics, the implant may have to be removed. After the infection is treated, a new breast implant can usually be inserted a few months later.

Wound Healing Problems or Tissue Necrosis

Some patients experience delayed healing, and for others the incision site may not heal well. It may open from injury or infection. If the implant is exposed, further surgery will be required.

Tissue necrosis is the development of dead tissue around the implant. It will delay wound healing, may cause wound infection and may require repair or implant removal. Tissue necrosis has been reported following the use of steroids, chemotherapy, radiation to breast tissue, and smoking. In some cases it may occur without any known cause.

**Hematoma:**
Hematoma is a collection of blood that may occur around a breast implant following surgery. Each woman’s experience may be different. In some cases, this is a simple matter that can be handled in the surgeon’s office, but more frequently it will require a general anaesthetic and additional surgery to remove the hematoma and stop the bleeding. A hematoma may contribute to infection, Capsular Contracture, or other problems. If one or both breasts seem to increase in size over time or if it seems that there is fluid around the implant, this may indicate a seroma condition and require secondary treatment.

**Scars:**
All surgery results in scarring. It is nature’s way of controlling the occurrence of the complications related to surgery.

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All surgery results in scaring. It is nature’s way of controlling the occurrence of the complications related to surgery. The quality of a scar may vary significantly from person to person. Healing is an individual process and it is often not within the control of the surgeon. Scars such as this are called “hypertrophic.” They usually fade with time, but in some cases may remain noticeable throughout the patient’s life. A third type of scar, which occurs in some surgical patients, is called a keloid. This is an enlarged scar that does not fade or flatten with time. A surgical correction of the scar might be necessary.

**Pain:**
Pain may develop after breast implant surgery. Some women who did not have pain prior to surgery may experience persistent pain after surgery. Other pain symptoms are unpredictable and in some patients no cause can be found. Ask your surgeon what pain medication you can take.

Your surgeon will be able to confirm the likelihood of the occurrence of the complications related to surgery.

Sedation

It is recommended that a professional trained in this area be available to monitor and administer the medications used.

Sedation medication delivered without a tube in the throat). This carries risks of respiratory distress, reactions to the medications or medication overdose.

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**Toxic Shock Syndrome**
In extremely rare instances, life-threatening infections, including toxic shock syndrome can occur.

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All surgery results in scaring. It is nature’s way of controlling the occurrence of the complications related to surgery. The quality of a scar may vary significantly from person to person. Healing is an individual process and it is often not within the control of the surgeon. Scars such as this are called “hypertrophic.” They usually fade with time, but in some cases may remain noticeable throughout the patient’s life. A third type of scar, which occurs in some surgical patients, is called a keloid. This is an enlarged scar that does not fade or flatten with time. A surgical correction of the scar might be necessary.

**Pain**
Pain may develop after breast implant surgery. Some women who did not have pain prior to surgery may experience persistent pain after surgery. Other pain symptoms are unpredictable and in some patients no cause can be found. Ask your surgeon what pain medication you can take.

Your surgeon will be able to confirm the likelihood of the occurrence of the complications related to surgery.

Sedation

It is recommended that a professional trained in this area be available to monitor and administer the medications used.

Sedation medication delivered without a tube in the throat). This carries risks of respiratory distress, reactions to the medications or medication overdose.

**Risks of Anaesthesia**

There are three types of anaesthesia used during surgery, all of which carry some level of risk.

**Local Anaesthetic:**
The lowest level of risk is a local anaesthetic, which involves minimal I.V. sedation with injection of local anaesthetic in the area beneath the breasts.

Some patients may have an allergic reaction to the medications or medication overdose.

**Sedation:**
A second method of anaesthesia is I.V. sedation involving minimal I.V. sedation with injection of local anaesthetic or experience a rapid heart beat due to the epinephrine that is used to reduce bleeding.

There may be some discomfort intermittently throughout the procedure with a local anaesthetic.

**General Anaesthesia:**
A third method is general anaesthesia in which a professional trained in this area is asleep during the surgical procedure. The risks of general anaesthesia are the same as those of a general anaesthetic used for other operations and can include respiratory problems and/or blood clots in the legs. The expense of general anaesthesia is higher because of the anaesthesiologist needed and the equipment and medications used.

**Infection:**
Infection may appear shortly after surgery or at any time following the insertion of a breast implant.

A low-grade infection may be difficult to diagnose.

**Hematoma:**
Hematoma is a collection of blood that may occur around a breast implant following surgery. Each woman’s experience may be different. In some cases, this is a simple matter that can be handled in the surgeon’s office, but more frequently it will require a general anaesthetic and additional surgery to remove the hematoma and stop the bleeding. A hematoma may contribute to infection, Capsular Contracture, or other problems. If one or both breasts seem to increase in size over time or if it seems that there is fluid around the implant, this may indicate a seroma condition and require secondary treatment.

**Toxic Shock Syndrome**
In extremely rare instances, life-threatening infections, including toxic shock syndrome can occur.

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Possible long-term issues.

Connective Tissue Disease: Immune System Diseases

A small number of women with breast implants have reported symptoms similar to those of connective tissue diseases of the immune system, such as systemic lupus erythematosus, rheumatoid arthritis, scleroderma, and other arthritis-like conditions. The effect of breast implants in individuals with pre-existing immune system and connective tissue disorders is an area of ongoing clinical research, but there is currently no scientific link associated with these diseases and the presence of breast implants.

Breast Implant Illness (BII)

More recently, a very small number of women with breast implants have indicated that there is no scientific evidence that silicone gel-filled breast implants have increased the risk of breast cancer. However, this possibility cannot be completely ruled out. You should continue to consult a surgeon, physician or pharmacist before the use of topical medicines (e.g. steroids) in the breast area.

After Surgery

Once breast augmentation surgery has taken place, a follow-up appointment with a surgeon will be scheduled. This is routine and will be to check on your general health after the operation.

Breast Cancer

There is no scientific evidence that silicone gel-filled breast implants increase the risk of breast cancer in women. However, this possibility cannot be completely ruled out. You should continue to consult a surgeon, physician or pharmacist before the use of topical medicines (e.g. steroids) in the breast area as well as informing them of the presence of implants should you require any surgery in the future.

Possible long-term issues.

Biopsy

You should inform your surgeon of the presence of your implants if you require a biopsy, as care must be taken to avoid implant damage.

Radiation therapy

Radiation therapy may increase the likelihood of certain complications and these complications should be discussed with your treating physician.

Dermal fillers

Both general x-rays and those used in mammograms do not sufficiently penetrate silicone gel-filled breast implants, therefore, it is important that your treating physician is made aware of the presence of breast implants in the event of any surgical intervention in the breast area.

As there is currently no data concerning the conscientious use of these devices with dermal fillers, such use of dermal fillers in the proximity of the device is contraindicated.

Mammography

Women who have breast implants should continue to consult a physician to carry out normal checkups in order to detect breast cancer.

The implant can interfere with the detection of early breast cancer through mammography by obscuring some underlying breast tissue and/or by compressing underlying tissue which can lead to “false” suspicious lesions in the breast.

Please make sure you share all information you know about your own procedures and equipment so that the radiologist can adapt the mammography pressure procedure accordingly.

You should request radiologists who are experienced in the most current radiological techniques and equipment for imaging breasts with implants.

The presence of a breast implant may make screening mammography more difficult and may lead to additional mammography views.

Warnings and interactions with other devices.

Product Lifetime

Mammary implants shouldn’t be considered as lifetime devices, and you should be aware that they may need to be replaced or replaced at some future date. Many surgeons suggest replacement after 10-20 years, but unless there is a problem, this may not be necessary.

Evidence that women with silicone gel breast implants have an increased risk of these diseases. These symptoms which include fatigue, hair loss and brain fog have attributed their symptoms to the presence of breast implants.

Breast Cancer:

Connective Tissue Disease:

Possible long-term issues.

Biopsy

Possible long-term issues.

Biopsy

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Breast implants are not lifetime devices, and you are more likely to have complications the longer you have your implants. It is recommended that patients undergo regular (every 2 years) mammograms to monitor the integrity of their implants. This is particularly important the longer the implants have been in place. SCG’s breast implants are manufactured from medical grade silicone materials which are compatible with MRI scans.

You should inform any other treating physicians of the presence of your breast implants to minimise the risk of damage to the implants due to interactions with other devices. In particular, your treating physician must be informed about the presence of breast implants in the event of any surgical intervention in the breast area.

It is important to alert other treating physicians to the presence of your breast implants as the use of sharp instruments such as scalpels, needles, forceps and scissors during subsequent surgical procedures may contribute to the weakening of the implant shell which may lead to a reduced lifespan of the implant and may require further surgery.

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Four Incredible Healing Journeys.

Four survivors of breast cancer share their stories and explain their own reasons for choosing, or not choosing, breast reconstruction following their mastectomies.

Julia, 58.
“My sister had breast cancer five years before me, and with a history of the disease in the family I was somewhat expecting it. When I was diagnosed – and thankfully the cancer was just in the left breast, with no lymph node involvement – the doctor offered a lumpectomy, but I decided to go for a mastectomy with reconstruction. Seeing as my sister had a mastectomy and reconstruction five years ago and is fit, happy and healthy today, it just seemed like the more sensible option.

When the cancer was successfully removed, I had an expander fitted with the expectation of having it replaced with an implant within six months. However, because I’m a smoker, the initial wound didn’t heal well, and two years later I haven’t yet managed to have the second operation. I suppose, because of the smoking, I’m a little scared of the surgery – though many women I know have undergone similar, totally successful procedures.

To be honest, I’m mostly just relieved that the cancer is gone, that I can enjoy life and be here for my grandchildren. I’m sure I will complete the reconstruction at some point, but at 58 I don’t really care about having a ‘bikini body’ anymore.”

Paula, 61.
“Cancer had already hit my family – my husband had been living with a brain tumour for six years when I was diagnosed, and I was terrified my daughters were going to be left without parents.

I chose a mastectomy because I wanted to give myself every chance of survival, and after getting advice and support from my breast nurse and doctor, decided on a reconstruction at the same time. The operation went well, and the implant looked great. The only thing was that I had one natural breast and one reconstructed one – which I felt didn’t quite look right.

Five years later I had my other breast removed and reconstructed (partially for cosmetic reasons, partially to ensure the cancer wouldn’t return). I think, looking back, a bilateral reconstruction would have suited me better, but I’m very happy to be healthy. I can be there for my daughters, and that’s what matters most.”

Sue, 52.
“I was 48 when I was diagnosed – I didn’t find a lump, I just noticed that one breast was suddenly bigger than the other, and thought it was a little strange.

The possibility of cancer didn’t really occur to me, and when my doctor informed me that not only did I have breast cancer, but that I needed to have surgery right away, I was totally floored. It was my son’s 12th birthday the next week. I thought I was happy and healthy, and this stopped everything in its tracks.

I decided to have a mastectomy without reconstruction, because for me, the only thing that mattered was getting rid of the disease. Though my doctor and nurse talked me through every possibility, I just didn’t care how I looked – I wanted to be there for my child, and nothing else felt important.

It’s been four years since surgery, I’m recovering well and all signs point towards the cancer being gone. But I’m still not interested in a reconstruction – I don’t want any more medical procedures. I want to get on with enjoying life again. Maybe at some point a reconstruction would be right for me, but for now, I’m just relieved and happy to be here for my son.”

Sara, 53.
“I was diagnosed when I was 46 – the first of my generation to have breast cancer. I put on a brave face for my husband and daughter, but basically I thought the diagnosis was a death sentence.

I had stage 1 cancer, and initially opted for a lumpectomy. Retaining my femininity was very important to me, and wanted to avoid breast removal if possible. However, after my lab results came back it was obvious there was no clear margin around the tumour, and I was offered a mastectomy.

I decided to go for it, and had an expander inserted at the time of the mastectomy, which once I had healed, was slowly inflated with saline for six months. I then had an operation to replace the expander with an implant. Reconstruction was a natural part of the surgery for me – it was the final step of the journey.

The surgery was a great success, and now I appreciate life more than ever before. Dressed, you’d never know about the surgery, though undressed it’s a different story. However, it’s just me, and to be honest I now have a better set of boobs than I ever did!

I used to worry about getting older, but that certainly no longer bothers me. Every day I am proud and pleased to be alive – I lay, bring it on!”
What is breast reconstruction?

Breast reconstruction is the creation of a new breast shape using surgery. It may be performed following, for example, removal of the whole breast (mastectomy) or part of the breast (lumpectomy). The aim is to reconstruct a breast of similar size and shape to your original breast. However, they won’t be identical.

What is silicone?

It is important to understand the differences between silicon and silicone. Silicone is a common mineral element and the second most abundant element in the earth’s crust. Silicone is a man-made polymer containing chains of silicon and silicone. Silicon is a common mineral in the earth, a component of many gemstones, and a major component of the second most abundant element in the earth’s crust.

Silicone is a polymer made from silicon and oxygen. It is a very important material and is used in a wide range of products, from food packaging to medical devices. It is a soft, flexible material that can be molded into different shapes. It is also a very safe material, as it does not react with the body in any harmful way.

Silicone breast implants are composed of medical grade silicone gel and elastomer. GC Aesthetics® implants are composed of medical grade silicone gel and elastomer. GC Aesthetics® breast implants are made from high-quality medical grade silicone gel and elastomer. GC Aesthetics® breast implants are made from high-quality medical grade silicone gel and elastomer.

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Do breast implants interfere with mammograms?

Silicone breast implants may interfere with the detection of cancer and that breast compression during mammography may cause implant rupture. Interference with mammography by breast implants may delay or hinder detection of breast cancer either by hiding suspicious lesions or by making it more difficult to rule them in (in particular in very dense breasts). Implants increase the difficulty of both mammography and ultrasound. You should tell the radiologist about the presence of implants before mammography is performed.

What is Breast Implant Illness?

A small proportion of women who have breast implants (for both aesthetic and reconstructive purposes) self-identify as having a number of symptoms they believe arise from the presence of their implants (Wiki). Whilst not recognised medically, they refer to their symptoms as Breast Implant Illness (BII). Breast implant illness is not a medical diagnosis, but rather a term developed by those who have a variety of symptoms they believe arise from the presence of their implants. These include ‘breathlessness’, ‘fatigue’, joint pain and neurological symptoms (for example, chronic fatigue, depression, hormonal issues, headaches, hair loss, restless legs, sleep disturbance and neurological issues, amongst others). Rather than a term defined medically, it refers to a collection of symptoms women believe arise from the presence of their implants (for both aesthetic and reconstructive purposes) self-identify as having a number of symptoms they believe arise from the presence of their implants. Women who have received textured surface breast implants.

What is BIA-ALCL and what signs and symptoms of BIA-ALCL should you be looking for?

BIA-ALCL is a very rare type of lymphoma and there is a small but increased risk of developing in women who have received textured surface breast implants. You should regularly check for redness, itching or any swelling or painful lumps around the implant. However please note we have not performed any testing on our products to confirm that they are latex-free. However please note we have not performed any testing on our products to confirm that they are latex-free. However please note we have not performed any testing on our products to confirm that they are latex-free.

What is the risk of developing BIA-ALCL?

The risk of developing BIA-ALCL is extremely low and it is important that you look after your breast health and discuss the options of breastfeeding with your surgeon prior to your operation. It is important to discuss the options of breastfeeding with your surgeon prior to your operation. It is important to discuss the options of breastfeeding with your surgeon prior to your operation.

Should you do if I think I might have symptoms I identify with BBI?

There are no known tests to confirm the presence of BII and research is ongoing in this area. If you experience symptoms you feel might be related to your implants it is important you see a doctor. It is important to bear in mind that your symptoms might not be related to the implants, and that other medical investigations should not be overlooked or ignored. Therefore, you should visit your GP as a first instance to exclude any underlying disease processes, such as autoimmune conditions, neurological conditions or psychiatric disease processes.

What should you do if you are concerned about BIA-ALCL?

It is important to have an annual breast check-up with your doctor. In addition to this, you should regularly check for any redness or itching on the breast, or any swelling or painful lumps around your implant.
How do I decide the size and shape that’s right for me?

Breast size and shape should be something to talk about with your surgeon. You’ll also want to discuss whether to use round or anatomical shaped implants and review the many choices of size and weight available.

You’ll need to think before your consultation about the shape and overall size that you are seeking, then talk with your surgeon about which will get you as close to your desired shape as possible.

You should be aware that if you undergo reconstruction to one breast, it will not be identical to your natural breast.

What if they’re too big?

Many women believe they will be too large after surgery and ask their surgeon to choose a smaller size than they actually want. However, you will likely become more comfortable with your new breast shape after surgery—i.e., many of them will have a larger size after all.

What if I don’t like them?

If you’ve carefully researched, checked your surgeon’s credentials and taken the time to be really confident about your decision, it’s unlikely you’ll be unhappy with the result.

What will they look fake?

This is the ‘projection’ of the implant—so how far it will stick out. There are two primary types of implants:

2. **Anatomical** implants give a more discreet look more representive of what a woman feels like. If you want natural-looking results, make it clear to your surgeon from the outset, and they’ll advise what’s possible. If you want to achieve different looks, whether you're considering a curvy silhouette, would like to create small-but-perfectly-formed breasts, or restore fullness after weight loss; each requires different shapes and sizes?

How long will my new breasts last?

Implants are not lifetime devices. Implants can rupture over time. In most cases, the silicone can spread outside the implant but will still remain within the breast. However, the chance of this spreading can depend on the type of breast and implant.

Seroma

A collection of the watery portion of the interstitial tissue in the breast. Seromas usually form weeks to months after breast surgery, and can persist for months and can cause symptoms.

Swell

This type of implant is the exterior surface of which is variable.

Subglandular

Under the breast tissue or gland. One of the locations for breast implant placement. Also known as above the muscle because the implant is placed under the breast muscle but above the pectoralis major muscle.

Submuscular

Under the muscle. Another location for placement of the implant, i.e. under the pectoralis muscle. Also called subpectoral.

Textured

Type of breast implant in which the outer surface, or shell, is rough and/or irregular instead of smooth.

References


10. References and Glossary.
There are a number of risks associated with breast implants and these will have been discussed with your surgeon to ensure that you are fully informed before consenting to the surgical procedure.

There are certain risks particularly associated with breast implants, including (but not restricted to) capsular contracture and implant rupture, as well as the risks involved in any surgical procedure. It is also important to be aware that some of the risks are longer term, as they may arise some time after the implantation procedure.

The Patient Information Booklet that you were given contains information about the risks and may have formed the basis of your discussion with your surgeon. This document is available in PDF format from our website www.gcaesthetics.com.

Having considered the risks and discussed these with your surgeon, the purpose of this form is for you to indicate your understanding of the risks and to provide your consent to proceed with the breast implant surgery.

You should only provide your consent if you accept ALL of the following statements:

- I have read the Patient Information Booklet, discussed it with my surgeon and fully understand all the information contained in the text.
- I accept and fully understand that the risks associated with breast implants and surgery cannot be completely predicted.
- It is my choice to proceed with breast implant surgery as I have concluded that the expected benefits outweigh any potential risks.
- Furthermore, I commit that I have fully informed my surgeon of all details of my past and present medical history including all conditions that could possibly contra-indicate this type of surgery so as not to increase the risks of operative, post-operative or long-term complications.
- My breast implants are not lifetime devices and reoperation will be required at some point.

Patient Name (in capitals) & Patient Signature

Date (dd/mm/yyyy)

Surgeon Name (in capitals) & Surgeon Signature

Date (dd/mm/yyyy)
Whether you choose GC Aesthetics® for your breast implant surgery or not, we hope that this information has given you more understanding and knowledge about the subject.

For more information please visit www.gcaesthetics.com

THE BREAST EXPERTS
Parent company of Nagor™ and Eurosilicone™.