

# MANCHESTER

— PRIVATE HOSPITAL —

## **COSMETIC SURGERY**

### PATIENT INFORMATION BOOKLET

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# TABLE OF CONTENTS

## **INTRODUCTION**

Introduction .....	01
Your Patientcare co ordinator.....	03
Your Virtual Consultation With Your Surgeon .....	06
Your Face To Face Consultation With The Surgeon .....	07
Preparing For Your Operation.....	13

## **BREAST SURGERY**

Breast Augmentation .....	19
Breast Reduction .....	29
Breast Uplift.....	37

## **BODY SURGERY**

Liposuction .....	47
Vaser Liposuction .....	49
Tummy Tuck / Abdominoplasty .....	55
Arm Lift .....	57
Thigh Lift .....	59
Labiaplasty .....	61



# TABLE OF CONTENTS

## **FACE SURGERY**

Brow Lift .....	62
Face Lift (Rhytidectomy) .....	64
Otoplasty .....	68
Rhinoplasty .....	72
Eyelid Surgery .....	78

## **COSMETIC GYNAECOLOGY SURGERY**

Labiaplasty .....	87
Vaginal tightening .....	87
Augmentation of the labia majora .....	87
Hitching and recontouring of the mons pubis .....	87

## **ADDITIONAL INFORMATION**

Abdominoplasty .....	94
Anaesthetic .....	97
Terms and Conditions .....	00

# INTRODUCTION

## **LOOKING GOOD HAS NEVER BEEN SO EASY!**

**No longer the preserve of the rich and famous, aesthetic medicine is now affordable to all. Today, an entire medical team of specialists, using the latest technology and state-of-the-art facilities, which include perfectly-equipped operating theatres – are at your disposal.**

Anyone wishing to improve their appearance can make their dreams come true with the safety and reassurance offered by Manchester Private Hospital - a company with more than 50 years' of team experience in the medical-aesthetic field.

Cosmetic Surgery can satisfy many needs and often provides that extra measure of inner confidence, which may otherwise be difficult to achieve. It is, however, not the answer to all of life's problems.

It is our policy to provide you with the facts to enable you to make an informed decision, which is best for you. It is therefore vital that you discuss your requirements realistically and honestly with the Surgeon so that he can establish whether your expectations are reasonable within the normal limitations of surgery.

This information booklet discusses the associations and complications for cosmetic surgical procedures.

## INTRODUCTION

It guides you through the whole procedure, with pre-operative, day of surgery and postoperative advice.

It is extremely important that you read this booklet thoroughly and clarify any points with your

Surgeon. You will be asked to sign consent forms for your proposed operation and the anaesthetic to be employed. By signing these forms, you acknowledge that you fully understand the associations, risks and complications for your operation and anaesthetic.

### **PLEASE NOTE:**

**Any operation carries with it the risk of complication. The fact that the procedure is a 'cosmetic procedure', undertaken voluntarily, does not mean that complications may not occur.**

**Your surgeon will discuss the main potential risks of surgery during your consultation.**

**The conditions and risks associated are detailed on the procedure pages.**

# YOUR PATIENT CARE CO ORDINATOR

## **YOUR PATIENT CARE CO ORDINATOR IS NOT A CLINICIAN.**

**Your Patient Care Co Ordinator will inform you of the range of services and treatments available and the applicable fees. They will offer you personal and compassionate advice throughout your association with Manchester Private Hospital.**

Some of our Patient Care Co-ordinators have had cosmetic surgery themselves and can therefore talk from experience, giving you the personal touch we feel each of our clients deserve.

Your Patient Care Co-ordinator is here to provide advice, guidance and support throughout the whole of your journey with us pre and post operatively. It is important to understand that your Patient Care Co-ordinator is not a clinician (e.g. a doctor, nurse, psychologist etc).

**At Manchester Private Hospital, our Patient Care Co-ordinators are NOT there to 'counsel' you or to provide you with 'medical advice'. Consequently, this initial meeting is entirely free. At Manchester Private Hospital, we consider it vital that prospective patients are given every opportunity to avail themselves of clear, objective information before they proceed any further.**

“AT MANCHESTER PRIVATE HOSPITAL,  
WE CONSIDER IT VITAL  
THAT PROSPECTIVE PATIENTS  
ARE GIVEN EVERY OPPORTUNITY  
TO AVAIL THEMSELVES OF CLEAR,  
OBJECTIVE INFORMATION  
BEFORE THEY PROCEED ANY FURTHER.”

## YOUR PATIENT CARE CO ORDINATOR

Whilst some of our Co-ordinators may also have a nursing or medical qualification or background, their role as far as you are concerned is NOT clinical.

At Manchester Private Hospital, our Patient Care Co-ordinators are NOT there to 'counsel' you or to provide you with 'medical advice'. Consequently, this initial meeting is entirely free.

At Manchester Private Hospital, we consider it vital that prospective patients are given every opportunity to avail themselves of clear, objective information before they proceed any further.

Your Co-ordinator will have helped many hundreds, if not thousands, of patients at this stage of investigating whether cosmetic surgery is the right choice for them. Indeed, they may have had the cosmetic surgery themselves. Take this valuable opportunity to use their experience to the full.

### **Your Patient Care Co-ordinator's role is as follows:**

1. to introduce you to Manchester Private Hospital;
  2. to find out, in broad terms, what you are trying to achieve from this surgery;
  3. to help you to complete our Medical Questionnaire;
  4. to discuss in general terms what cosmetic surgery might (and we stress 'might') have to offer you;
  5. to offer pre and post-operative photographs of previous patients and to put you in touch with previous patients for their views and opinion if you wish;
  6. to inform you how Manchester Private Hospital will help you achieve your goal;
  7. to help you to decide how best to proceed, if at all;
  8. to explain the whole process from now on, right through to your post-operative care and follow-up appointments;
  9. to send you a link for virtual consultation with the Surgeon and then should you decide to take the next step arrange a face to face consultation with Surgeon;
  10. to explain clearly any and all financial matters
- At the end of our initial consultation, you may well decide that cosmetic surgery is not for you. If so, we shall part on the best of terms and send you away with our best wishes.
11. if you proceed with treatment to provide advice, guidance and support throughout your entire journey with us.

# YOUR VIRTUAL CONSULTATION WITH YOUR SURGEON

All of our Surgeons are highly experienced in this field, and are extremely approachable. They fully understand that you may be nervous or embarrassed and they will do all they can to put you at ease.

The consultation is designed to ensure that you have every opportunity to discuss all aspects of your treatment with the Surgeon. You should be prepared to ask questions and expect honest answers and advice.

Our Surgeons pride themselves on the level of professional, honest and objective advice that they provide to our patients. We too take great pride in both their levels of expertise and high professional standards.

If your Surgeon feels that they can help, you may be confident that their advice is honourably and honestly given. Don't be surprised when they are equally frank about the potential risks and complications associated with surgery. We believe that it is imperative that you understand these also.

## WHAT EXPERIENCE & QUALIFICATIONS DOES YOUR SURGEON HAVE?

All Surgeons at Manchester Private Hospital comply with the requirements of the CQC. Surgeon's details of their registration with the General Medical Council, can be found on their individual profile. This also tells you the range of procedures they perform with Manchester Private Hospital and their experience in those procedures. Please ask your Patient Co-ordinator for a copy of this profile.

The Surgeons continue to develop professionally and have an annual appraisal. If you would like to check a Surgeon's registration with the General Medical Council, please telephone: The GMC - 0161 923 6602 or visit [www.gmc-uk.org](http://www.gmc-uk.org)

**To confirm that your Surgeon is a Fellow of the Royal College of Surgeons (FRCS) please contact the relevant College below:**

**England 0207 405 3474**  
**Edinburgh 0131 527 1600**  
**Glasgow 0141 221 6072**

# WHAT WILL HAPPEN DURING YOUR FACE TO FACE CONSULTATION WITH THE SURGEON?

**THE CONSULTATION WITH YOUR SURGEON IS DESIGNED TO ENSURE THAT YOU HAVE THE TIME TO DISCUSS ALL ASPECTS OF THE TREATMENT YOU ARE CONSIDERING AND OTHER OPTIONS IF APPROPRIATE.**

**In order to achieve this aim your Surgeon will:-**

- A. Discuss all aspects of your medical & family history in detail and request any pre-operative tests.
- B. Give you a thorough physical examination of the relevant area.
- C. Try to ascertain your expectations and then discuss realistically what can actually be achieved.
- D. They may Photograph the area to be operated on.
- E. The clinic nurse may take pre-operative photographs
- F. Explain the potential dangers of any form of surgery and anaesthesia.
- G. Explain the procedure/s in detail to you.
- H. Following this discussion and examination, the Surgeon may decide it is not in your best medical interest to proceed with surgery.
- I. Answer any questions you may have regarding the surgery.



# YOUR FACE TO FACE CONSULTATION WITH THE SURGEON

**For a few patients, the treatment plan might include such other important aspects as:-**

- any pre-operative preparations required of the patient (e.g. losing weight etc);
- what, if any, pre-operative investigations are necessary;
- whether any specialists that you may have seen previously need to be contacted prior to surgery;
- whether any additional specialists need to be consulted;
- the number of procedures required;
- lengths of time recommended between procedures;
- any other aspects that might affect the timing of the procedure(s);
- which, if any, medications must either be stopped or commenced prior to surgery, and from when.

**Once the treatment plan is finalised, the Surgeon should have discussed the proposed operation in some detail; including some or all of the following:-**

1. the number and position of the anticipated incisions. For some procedures (e.g. liposculpture) occasional incisions may have to be placed in other sites when necessary;
2. how the operation is actually performed, in general terms;
3. the variable nature of the process of healing;
4. risk of excessive scarring;
5. any necessary dressings; garments; sutures etc;
6. associated pain and discomfort;
7. duration of hospital stay;
8. recovery periods;
9. time off work etc;
10. associated conditions, risks and complications;
11. the role of your GP (General Practitioner);
12. any alternative surgical and non-surgical procedures where appropriate.

You should therefore, by now, have a very clear picture of what your proposed operation entails; and what it might achieve for you. However, if you are still unclear about **ANY** aspect, you **MUST** clarify this prior to surgery.

# YOUR FACE TO FACE CONSULTATION WITH THE SURGEON

## WHAT QUESTIONS SHOULD YOU ASK?

**Please read the following list carefully and ensure that you get to know the answers to all these important questions before going ahead with surgery.**

- A. What does the procedure entail?
- B. Will there be any scarring and where will it be?
- C. Will there be any pain or discomfort during or after the operation?
- D. What will the recovery time be?
- E. What must I do/not do to ensure a good recovery?
- F. Is there a follow up programme for me after the surgery?
- G. Should I inform my GP?
- H. The possible risks and conditions associated with VASER liposuction (see page 30). This list is not exhaustive. You may wish to list others you feel are relevant and take them with you to your consultation with the Surgeon.

If, for any reason, the Surgeon's discussion with you falls short of your expectations, your patient Co-ordinator will be happy to arrange a further Consultation or for you to meet another Surgeon for a second opinion.

## YOUR MEDICAL HISTORY

Your personal health and welfare is absolutely paramount in the minds of all of us at the Manchester Private Hospital.

Your Surgeon is only able to provide you with the very best of advice if you openly discuss all aspects of your previous medical history with them. Please rest assured that we shall respect your privacy and your right to confidentiality at all times.

However, if you choose to withhold information for any reason you may be compromising your own safety.

## IT'S OK TO CHANGE YOUR MIND

At Manchester Private Hospital we believe that nobody should ever be pressurised into surgery.

Consequently, we have adopted a policy of advising our patients to make full use of their cooling-off period. Whilst many of our patients are very keen to proceed with their surgery, we consider that a few days or even a week or so spent **reconsidering** their options and discussing their plans with a spouse, partner or friend is time well spent. Furthermore, should the patient require a second consultation with their Surgeon, or even a consultation with another Surgeon, we shall be **pleased** to arrange them. Please note that a period of 14 days from your initial e-Consultation is required before you proceed with Surgery.

# YOUR FACE TO FACE CONSULTATION WITH THE SURGEON

## **YOUR GENERAL PRACTITIONER (GP)**

Your GP is responsible for your day to day healthcare, and so Manchester Private Hospital strongly recommends that you keep them advised if you are going to proceed with cosmetic surgery. A member of the Manchester Private Hospital medical team will contact your GP for a summary of your medical history and/or contact any other relevant specialists that you may have seen previously. This is entirely for your own medical safety and to ensure that you meet our patient selection criteria. Your surgeon will complete the necessary paperwork to request relevant information from your GP.

**Many patients present for cosmetic surgery having never discussed it with their general practitioner. We find that there are several reasons for this:-**

1. The patient's embarrassment - they don't want anybody to know
2. The patient knows their general practitioner (perhaps socially) and would prefer to keep it private
3. The patient knows that their general practitioner disapproves of cosmetic surgery
4. The patient has previously discussed it with them, and s/he attempted to dissuade them

**We advise our patients in writing that it is very much in their best interests that their GP is informed about their surgery. We then outline the reasons why the GP should be informed:-**

1. It is professional courtesy for the Surgeon to inform the GP both before and after they operate upon one of their patients;
2. If anything does not go as planned following the procedure the GP may become involved, for example in an emergency situation;
3. Not informing the GP reaffirms the feeling that many GPs have, that cosmetic surgery is some form of clandestine practice that should be avoided at all costs;
4. The vast majority of patients are delighted with their expert surgery. It is important that GPs are exposed to this experience;
5. Through this experience, many GPs would be happier to refer patients for cosmetic surgery to Surgeons in whom they now have confidence;
6. The whole profile, status and reputation of cosmetic surgery is thus enhanced.

# YOUR FACE TO FACE CONSULTATION WITH THE SURGEON

## PRE-OPERATIVE SCREENING

In the interest of safety, all our patients are assessed against our patient selection criteria.

Following your consultation and the review of your past medical history, your Surgeon or clinic nurse will choose any pre-operative tests considered to be appropriate, most of which are routine blood tests. If necessary, the medical team may request further tests such as an ECG, various x-rays and scans or further anaesthetic assessment. These further tests may involve additional fees, although all routine tests and screening programmes are included in your inclusive fee package. Your Patient Care Co-ordinator will advise you of any such fees.

It is important to understand that providing medical information and undergoing tests will help to reduce any operative risk and encourage a smooth postoperative recovery. For some patients, the collation and review of all this information can take longer than expected, so it may be necessary to postpone or cancel planned surgery in some circumstances.

We will always try to give you as much notice as possible, but your surgery may be cancelled for medical reasons at any point in the pathway, up to and including the day of surgery.

Your Surgeon will take pre & post-operative photographs of the treatment areas and we will not provide surgery to patients who decline to have such photographs taken. Please rest assured that such photographs will remain part of your confidential medical record.

“PULLQUOTE POSITIONING”

# PREPARING FOR YOUR OPERATION

## LEADING UP TO YOUR OPERATION

**Usually 2-4 weeks before your operation you will be invited either into the clinic or by Video link for a series of medical questions, possible blood tests and/or swabs. These are routine and will be fully explained when we call you to make the appointment.**

### 4 WEEKS BEFORE YOUR OPERATION

You may need to stop smoking (this includes all forms of nicotine: gum, Vapes, patches etc). Your Surgeon may require you to undergo a Nicotine level test on the day of your admission or before this to determine whether you meet this criteria.

### 2 WEEKS BEFORE YOUR

You must not take any of the following at any time, within 2 weeks of your surgery: Aspirin, Alcohol (Surgeon preference), Omega 3, Fish oils, Ibuprofen and Vitamin E Tablets. Your current medication

regime will be reviewed and you will be specifically advised about this. If you have recently been prescribed a course of antibiotics, you will need to have finished the course at least 2 weeks before your date of admission.

### ANYTIME BEFORE YOUR PROCEDURE

Should you develop a cough, cold or flu symptoms prior to surgery, please contact your Patient Care Co-ordinator. If you are currently taking medication of any kind please advise your Patient Care Co-ordinator, you will also need to bring these with you on admission.

# PREPARING FOR YOUR OPERATION

## PREOPERATIVE PREPARATION

- Your GP will be contacted informing them that you have chosen to have surgery and we will speak to you ahead of this.
- You are advised to plan to take a minimum of 5 days off work following a procedure to rest, you may need more, remember you will need time for your post-operative appointments as well.
- Please do not apply fake tan 7 days prior to surgery and until fully healed
- Be sure to remove all false eyelashes, nails and piercings as these can interfere with the procedures in theatre and delay your admission at the hospital.
- If your hair is long, please tie it up with a bobble that does not have metal in it.
- Please wear loose fitting clothing, preferably nothing that goes over the head, something with buttons at the front is ideal as your movements may be restricted for the first few days post-surgery.
- Have a shower either the evening before or the morning of surgery and do not apply deodorant or products following this.
- Inform the Hospital if you are feeling unwell
- For female patients, please advise the clinic if you think that you may be pregnant or menstruating at the time of your procedure before you leave to attend your operation as this may affect your suitability.
- Ensure that you are an hour or less away from the Operating Hospital on the night following your surgery; you must not travel home alone, please avoid returning home using public transport.
- Do not have anything to eat (including chewing gum, boiled sweets etc. ) 6 hours prior to your admission. You can drink still clear water up to 2 hours prior to your admission. This may not apply if your surgery is under local anaesthetic so please speak with your Patient Co-ordinator or Pre-assessment Nurse for clear guidance.
- Your surgical journey is extremely important to us, the above is just some of the information that will help you prepare for your long-awaited surgery.

# PREPARING FOR YOUR OPERATION

## WHAT DO YOU PACK FOR A DAY CASE?

- ! Form of photographic ID
- ! Pre-and post-op information including relevant contact details
- ! Hospital/Clinic address
- ! Slippers
- ! Dressing gown (some patients get cold or like the comfort of personal items)
- ! Reading material, book or magazines
- ! iPad/Mobile phone
- ! Chargers
- ! Front Fastening Surgical Bra (if applicable)
- ! Pillow (personal choice for comfort for patients travelling home)
- ! Loose comfortable clothing. If you're having Breast Augmentation or any type of breast surgery, bring a zip up or button up jacket or top as you won't be able to lift your arms over your head
- ! Front Fastening Surgical Bra (if applicable)
- ! Pillow (personal choice for comfort for patients travelling home)

## WHAT DO YOU PACK FOR AN OVERNIGHT STAY?

- ! Form of photographic ID
- ! Nightwear but must be loose. Button up pyjamas are best
- ! Comfortable Cotton underwear
- ! Pre-and post-op information including relevant contact details
- ! Hospital/Clinic address
- ! Slippers
- ! Dressing gown (some patients get cold or like the comfort of personal items)
- ! Reading material, book or magazines
- ! iPad/Mobile phone
- ! Chargers

## POST OPERATIVE CARE AND CONDUCT

Please read the following carefully. It is important information and may prevent unnecessary concern or problems at a later stage. Together with your preoperative counselling information most of the questions you are likely to have following your discharge are dealt with in this booklet.

The first point to deal with is the arrangement of your first post-operative appointment, this is an important appointment, your surgeon will have instructed that your sutures and/or stitches are removed, wound check etc on this date and you will be aware from your initial counselling information that if it is missed there is a potential that we cannot manage your post-operative care and surgical outcome due to patient non-compliance. If you do need to re-schedule this appointment it may have an effect on the healing process, you should make every effort to attend. If you are unavailable for the scheduled appointment, please contact us as soon as is possible to reschedule.



## PREPARING FOR YOUR OPERATION

When you attend your post-operative appointment, the treatment you need will determine who you see. For a simple plaster, suture removal or routine wound care your surgeon may request that you see one of the hospital's nurses, or a colleague.

Occasionally, you may be examined by several people. This does not mean that there is anything wrong—it's simply the system we use. You may, of course, see your surgeon post-operatively at any convenient time if you wish to discuss anything about your treatment.

If post-operatively you have any concerns or doubts about any aspect of your treatment you should telephone the hospital. Following your discharge, we expect no problems associated with your surgery and would only allow you to be discharged if we were reasonably certain that you are fit to leave. However, in the unlikely event of a problem arising, or you believe you have one, you should telephone the hospital immediately.

**24 HOUR CLINICAL EMERGENCY  
NUMBER**

**07889 598148**

### **TAKING THESE MEASURES WILL ASSIST IN YOUR RECOVERY:**

- Not smoking for at least 4 weeks after your surgery
- Following the discharge instructions
- Avoiding excessive exercise including swimming for 6 weeks
- Gentle exercise such as walking is beneficial

### **WOUND CARE**

It is extremely important that your wound is checked after surgery by a nurse. This is to monitor wound healing and ensure where necessary any sutures are removed. Smoking, alcohol consumption and poor diet can affect wound healing.

### **KEEPING YOUR WOUND DRY**

Please do not get the wound dressings wet, if the area does get wet, please contact the Hospital. We will advise you on bathing/showering at your first postoperative appointment.

### **FLYING / TRAVEL ABROAD**

Normally it is advised that you can fly short haul 2 weeks following the procedure and you can fly long haul 6 weeks post-operatively, but please always check with the clinical team before making any arrangements.

## SICK NOTES

Sick notes for time-off work are only required after the seventh day. For the first 7 days self-certification is all that is legally required by your employer. If a sick note is needed please ask when you are admitted, so that the surgeon has time to complete it. A sick note is a legal document and carries serious consequences for signatories that misuse them. Accordingly, the hospital cannot issue notes for periods of time that exceed that required for normal healing or for reasons that are not absolutely in line with the surgery that has been carried out.

Confidentiality requires that we do not discuss our patients with their employers. If proof of your hospitalisation is required, please obtain a sick note.

## PAIN RELIEF MEDICATION

You may be prescribed more than one pain relief medication to take home with you.

Some patients may prefer to take the analgesia which they usually take (do not take both). All medications work in different ways to relieve pain.

**The following information will help you choose which painkiller to take, depending on how severe your pain.**

Please make sure you also have a supply of paracetamol and ibuprofen at home.

### MILD PAIN

Take paracetamol regularly, as prescribed on the prescription label. Do not take more than 8 tablets in 24 hours.

### MODERATE AND SEVERE PAIN

Take all your pain relief medication as described on the prescription labels.

## EFFECTS OF PAINKILLER

Analgesia can be any one of many drugs, from over-the-counter medications like Ibuprofen, aspirin and prescribed drugs. All pain relief medication carries risks but it's the narcotic pain relief medication that carry the highest risk of addiction. Consequently, pain relief medication can be harmful, especially when taken incorrectly.

Many medicines also can cause the following:-

- Constipation
- Dry mouth
- Insomnia and erratic sleeping patterns
- Drowsiness and dizziness

# PREPARING FOR YOUR OPERATION

- Muscle spasms
- Abdominal pain
- Low blood pressure
- Circulatory collapse
- Heart attack
- Confusion and anxiety
- Depression
- Hallucinations
- Coma
- Malnutrition
- Nausea
- Vomiting
- Liver disease
- Kidney disease

As you heal you will feel less pain. Once your pain is controlled and is mild, you should only take paracetamol, however, if your pain remains severe for more than a few days or is not relieved by your pain relief medication, you should contact the Hospital.

Never give prescribed tablets to other people, as they may not be safe for them to take. Any leftover medication should be taken to your local pharmacy for safe disposal.

Keep all medicines out of the reach of children.

## THE NEXT STEP

After you have had your consultation, deliberated over the information given to you by your Patient Care Coordinator and surgeon and explored all possibilities concerning our services, we hope that you will choose to go ahead with your procedure at Manchester Private Hospital. Every patient must complete and sign standard forms regarding their surgery prior to operation, these include:

- An Agreement to their surgeon's proposals for surgery
- Manchester Private Hospital's Terms and Conditions
- Medical Questionnaire

You must then decide what sort of package is most appropriate for you, as advised by the surgeon, however you make the final decision.

Once all the relevant paperwork has been completed and the package is finalised you must pay a deposit of £500 upon booking the operation. Your Patient Care Co Ordinator will then advise a date of operation. The final balance payment must be made at least 21 days prior to surgery date. When you have booked your surgery, you will receive a confirmation by email which will include your admission date/time, details of your post-operative appointment/s ANYTHING ELSE ????

# BREAST SURGERY

## BREAST AUGMENTATION

**There are lots of reasons why individuals choose to have a Breast Augmentation. They may have small breasts and struggle with their confidence or their breasts may have changed after giving birth. Breast implants can enhance the body contour of a patient who is unhappy with their breast size.**

Whatever the reason, having breast surgery can replenish self-esteem and make the patient feel great about themselves.

This section will provide many answers to the questions patients routinely ask regarding breast surgery. We've created this section to help decide if you think breast surgery is right for you and what you should expect after this procedure.

### WHAT IS INVOLVED?

During the consultation, your surgeon will assess the size and shape of your

breasts, as well as your skin's thickness and elasticity. They will also evaluate the position of your nipples, as well as the inframammary fold under each breast. Your surgeon will measure the distance between your breasts and may carry out the pinch test on your skin to see if they feel you have excess breast tissue to support an implant. These variables will help determine if you are a candidate for Breast Augmentation, and will help the surgeon make recommendations regarding the implant type, placement and size for your frame.

# BREAST AUGMENTATION

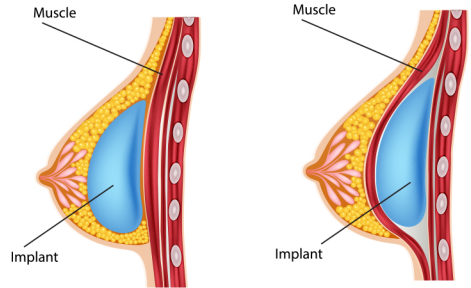
During a breast enlargement procedure, the surgeon places an implant made of soft silicone gel inside the breast to add more volume and enhance the shape. This is done by making an incision, generally under the breast creating a pocket for the implant to be inserted into. The surgeon will then customise the implant position based on the goals defined in your consultation. After the implant has been satisfactorily placed and positioned, the incision is closed and dressed.

Some patients may experience some pain with temporary discomfort after surgery and your breasts may feel tight, you should expect some swelling and each patient will vary on the level. Breasts may be sensitive to stimulation for some time after your surgery. Normally the procedure can be carried out as a day case, so provided you feel well enough you should be able to go home on the same day. You can usually return to work, dependent on your job, within a week based on your individual circumstances, your Surgeon will be able to offer you advice. Driving is not recommended for the first 7 days minimum and should always only be undertaken when you feel recovered sufficient to meet the requirements of your insurance. Scars should fade and flatten throughout the first year after surgery, depending upon how the individual patient heals.

## FREQUENTLY ASKED QUESTIONS

### How is the implant placed?

The implant can be placed either above or behind the muscle. Your surgeon will discuss the best option for you at your pre-operative consultation.



### What size can my breasts be increased to?

During your consultation, the surgeon will be able to assess the approximate implant size that they feel could be used. It is important to understand that implants are not manufactured in bra cup sizes and any attempt to place too large an implant is not advisable. Your surgeon will help you increase your breast size within what they feel are the safe guidelines for your body.

### Will my breasts look and feel natural?

The expectation is Yes, once the breasts have settled. During the initial period following your operation your breasts should feel very firm and swollen but as they settle the expectation is they should soften.

### **Will I need to take time off work?**

Most people take off about one week. However, if you have an extremely physical job, you may need to take off longer. Your clinical team can advise you about returning to work if you are unsure.

### **Will my breasts be painful afterwards?**

Some patients may experience some pain with temporary discomfort following surgery and your breasts may feel tight with some swelling. Breasts may be sensitive to stimulation for some time after surgery.

### **What type of aftercare is needed for my breast augmentation?**

You will need some time to recover after your surgery so please ask your surgeon for guidance. We will recommend a post-operative bra to purchase, you will normally need to wear this for 6 weeks following your procedure, only removing for showering as advised.

### **BREAST AUGMENTATION RISKS, COMPLICATIONS AND LIMITATIONS**

#### **ALCL (ANAPLASTIC LARGE CELL LYMPHOMA)**

BIA-ALCL appears to be related to textured breast implants and it appears to have occurred with textured implants made by every manufacturer. International collation of these cases should allow more information on these links in coming months and years. It should be noted that ALCL is extremely rare and should be treatable by excision of the capsule and adjunctive treatment.

#### **ALLERGIC REACTIONS**

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

#### **ANAESTHETICS**

A general anaesthetic is a drug that is used to put you to sleep during your procedure and is used alongside analgesia.

#### **ASYMMETRIC**

The risk of any surgery performed bilaterally (both sides) is that one is likely to look different to the other and perfection cannot be offered.

#### **BREAST CANCER SCREENING**

If you have breast implants, you should still have routine screening mammograms. However, if you have implants, you need to tell the radiographer before starting the mammogram and you should also be aware that it may be hard for the doctor to see certain parts of your breast. Women with implants have 4 extra images taken (2 on each breast), as well as the 4 standard images taken during a screening mammogram. In these extra images, called implant displacement views, the implant is pushed back against the chest wall and the breast is pulled forward over it. This allows better imaging of the front part of each breast.

#### **BREAST FEEDING**

Breast implant, uplift and reduction surgery may interfere with your ability to successfully breastfeed. It is possible that you will produce less milk or not be able to produce milk at all. Some women have also reported painful breastfeeding. If your surgeon uses an incision around the colored portion surrounding the nipple, it may further increase the chance of breastfeeding difficulties.

# BREAST AUGMENTATION

## **CALCIUM DEPOSITS**

Calcium deposits can form in the tissue capsule surrounding the implant. Symptoms may include pain and firmness. Deposits of calcium can be seen on mammograms and can be mistaken for possible cancer, resulting in additional surgery for biopsy and/or removal of the implant to distinguish calcium deposits from cancer. If additional surgery is necessary to examine and/or remove calcifications, this may cause damage to the implants. Calcium deposits also occur in women who undergo Female Breast Reduction procedures, in patients who have had haematoma formation, and even in patients who have not undergone any breast surgery. The occurrence of calcium deposits increases significantly with age.

## **CAPSULAR CONTRACTURE**

Capsular contracture is the tightening of scar tissue (also called a capsule) that normally forms around the implant. If the condition persists further surgery may be necessary (Hospital charges may apply).

## **DEEP VEIN THROMBOSIS**

These often occur in the legs and are more common in long surgeries and those done under general anaesthesia. A clot that blocks a blood vessel can cause tissue damage in the immediate area. If it breaks loose and travels to the lung or heart, it can be fatal.

## **DEPRESSION**

While depression is not directly caused by having surgery, the 2 have been known to be linked to health disorders, including body dysmorphic and eating disorders. If you have been diagnosed with or treated for depression, an anxiety disorder, or another mental health condition, you should wait until your condition has resolved or stabilised before having surgery. It is extremely important that you discuss any history of mental health disorders with your surgeon prior to the procedure.

## **RESULT & SAGGING BREASTS (PTOSIS)**

Following implant surgery, depending on the weight and size of the implant will depend on the strain placed on your breast tissue. Naturally, heavier implants will cause a gravitational pull which leads to a sagging effect in some cases. This does depend on tissue type and skin condition. In these cases, further surgery (at cost) will be required such as a Mastopexy (uplift).

## **HAEMATOMA (BLEEDING)**

It is possible to experience a bleeding episode during or after surgery. Should post-operative excessive bleeding occur, it may require emergency treatment to drain accumulated blood (haematoma).



A Haematoma may contribute to capsular contracture, infection or other problems. Do not take any aspirin and only take anti-inflammatory medications on the advice/instruction of your Surgeon, as this may increase the risk of bleeding. Non-prescription “herbs” and dietary supplements such as St John Warts can increase the risk of surgical bleeding. A Haematoma can occur at any time following an injury to the breast.

### **IMPLANT DETECTION**

Some patients will be able to feel their implant in the breast after surgery.

### **IMPLANT EXTRUSION AND TISSUE NECROSIS**

Lack of adequate tissue coverage or infection may result in the exposure and extrusion of the implant through the skin. The implant can be rejected, if this takes place normally it is because the implant is not given sufficient healing time to settle (like not wearing the bra for 6 weeks) or too much movement of the implant causing internal irritation. Tissue death (necrosis) has been reported in patients who use steroid drugs, or after chemotherapy/radiation to breast tissue, smokers, microwave diathermy, and excessive heat or cold therapy. In some cases, incision sites fail to heal normally. A breast implant may become visible at the surface of the breast because of the device

pushing through layers of skin. If tissue breakdown occurs and the implant becomes exposed, implant removal is normally necessary. Tissue necrosis can cause changes to the scar.

### **INFECTION**

Infection can occur with any surgery or implant, most infections resulting from surgery appear within a few days to weeks after the operation, however they are possible at any time after surgery. Infections in tissue with an implant are harder to treat than infections in tissue without an implant. If the infection does not respond to antibiotics, the implant may have to be removed, and another implant may be placed after the infection is successfully treated.

### **IRREVERSIBILITY**

Breast implants may permanently alter your breast tissue. If you decide to have the implants removed, your breasts may not return to their pre-surgery shape. Your breasts may stay dimpled or wrinkled.

### **ITCHING + BURNING SENSATION**

These symptoms are normally caused by nerve endings reconnecting after the surgery, the expectation is that this should subside between 14 to 28 days. This may also be a symptom of infection, so attending a post-op appointment is essential.

# BREAST AUGMENTATION

## **MALPOSITION AND/OR DISPLACEMENT**

The implant is not in the correct position in the breast. This can happen during surgery or afterwards if the implant moves or shifts from its original location. Shifting can be caused by factors such as gravity, trauma, capsular contracture and non-compliance to postoperative instructions, such as patients who return to work too soon, driving, physical activity and not wearing a bra as directed. It can be accompanied by discomfort and/or distortion in breast shape. Additional surgery may be necessary to correct this problem.

## **NAUSEA AND VOMITING**

Post-operative nausea and vomiting (PONV) is a side effect that leads to almost half of patients feeling ill in the hours and days after surgery. Prevention is key. Make sure your anaesthesia provider is aware of any previous experiences and ask for a plan to prevent it from happening again. It is much easier to prevent this issue with medication than it is to treat it once you are feeling unwell.

## **PAIN**

You will probably have some discomfort after surgery. The intensity of the pain and the length of time it lasts vary from patient to patient, however this should be

controlled using analgesia. If the pain continues to persist long after you have healed from surgery you need to see your surgeon. In addition, improper implant size, placement, surgical technique, or capsular contracture may result in pain. Tell your surgeon if you have a lot of pain or if your pain does not subside.

## **PLEURA PERFORATION**

**This is a rare complication of surgery and will require a hospital stay.**

## **PROMINENT VEINS**

Prominent veins are often a sign of poor blood flow. After breast surgery veins may appear or become more prominent permanently. This risk must be understood and accepted by the patient.

## **RUPTURE OF THE IMPLANT**

This involves a split or hole in the shell of an implant, this is not necessarily an emergency but will require treatment. Further surgery will incur costs.

## **SCARS**

All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than the surrounding skin tone.

Scar appearance may also vary within the same scar. Scars can be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

### **SEROMA**

Fluid may accumulate around the breast implants following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain this. A seroma may contribute to infection, capsular contracture, or other problems.

### **RIPPLING**

Visible and palpable wrinkling of tissue can occur and is normal and expected. This may be more pronounced in patients who have implants with textured surfaces or thin tissue.

### **SHOCK**

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalisation and additional treatment would be necessary.

### **SKIN AND NIPPLE SENSITIVITY**

Feeling in the nipple and breast can increase or decrease after implant surgery. The range of changes varies from intense sensitivity to no feeling in the nipple or breast following surgery.

### **SMOKING**

Smoking provides us with unlimited risks, it can delay healing, promote complications during anaesthesia and restricts the flow of oxygen to the body's main organs.

### **STRETCH MARKS AND VEINS**

Stretch marks may develop, especially with larger implants, veins may become more prominent on the breast surface.

### **SUTURES**

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously erupt through the skin, become visible or produce irritation that requires suture removal.

### **SWELLING AND BRUISING**

Some bruising and swelling normally occurs. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

# BREAST AUGMENTATION

## **TOXIC SHOCK SYNDROME**

In rare instances, toxic shock syndrome has been noted in patients after breast implant surgery, and it is a life-threatening condition. Symptoms include sudden fever, vomiting, diarrhoea, fainting, dizziness, and/or a sunburn-like rash.

## **SUBJECTIVITY**

These procedures as with all cosmetic procedures, the assessment of aesthetic results involves a great deal of subjectivity. Therefore, it is important you must understand that while you have been advised of the probable results, this should in no way be interpreted as a guarantee.

**This lists of risks and conditions associated with your surgery is not exhaustive so if there are any other concerns they should be discussed with your surgeon before completing the consent form.**

“HAVING BREAST SURGERY  
CAN REPLENISH SELF-ESTEEM  
AND MAKE SOME WOMEN FEEL GREAT  
ABOUT THEMSELVES AGAIN.”

## FEMALE BREAST REDUCTION

**Large breasts can be a problem for many women and can cause neck, shoulder and back pain making normal activities uncomfortable to perform. In addition, some women with large breasts feel very self-conscious when wearing certain types of clothing.**

The independent surgeons with practising privileges at Manchester Private Hospital can help reshape the breast by extracting surplus glandular tissue, skin and breast fat to produce a size that is proportionate to a patient's body. During the surgery the surgeon can try to improve sagging and breast symmetry along with making the breasts feel lighter, firmer and smaller.

### WHAT IS INVOLVED?

Breast Reduction surgery is usually performed on an inpatient basis using general anaesthesia. After making the surgical incisions, the surgeon will remove fat, skin and breast tissue, finally repositioning the nipple. The surgeon will then reshape the remaining skin and breast tissue closing in most cases with dissolving sutures. You will wear a post-surgery bra for 6 weeks that lightly compresses and supports the breasts as they are healing.

You are expected to feel sore and bruised, discomfort is eased with prescribed pain relief medication. Patients can perform light activities normally after 1 week, and can return to more rigorous activity after 6 weeks. Swelling should start to diminish at around week 4-5.

Patients usually return to full activities after approximately 6 weeks and scars should begin to improve over the year. This is only a guide and so all patients should check with their surgeon what they recommend for you. Usually you should not shower until after their first post-operative appointment and the dressing should be kept dry always. If you have any queries please contact us for further advise.

Manchester Private Hospital strongly encourages patients to attend their scheduled post-operative appointments to make sure that the breasts are healing. You will have your own personal Patient Care Coordinator both before and after your procedure to support you and answer any questions you may have.

### Who is a good candidate for a Breast Reduction?

Any woman whose breasts are disproportionate to the rest of her frame may be a good candidate for Breast Reduction.

# BREAST REDUCTION

## Will there be any scarring?

Yes, the scarring along your vertical and horizontal incision lines should fade over time and should become less obvious.

## How much smaller can my breasts be reduced?

Each individual's surgery is different, your surgeon will examine you and discuss what they feel can be achieved from the surgery.

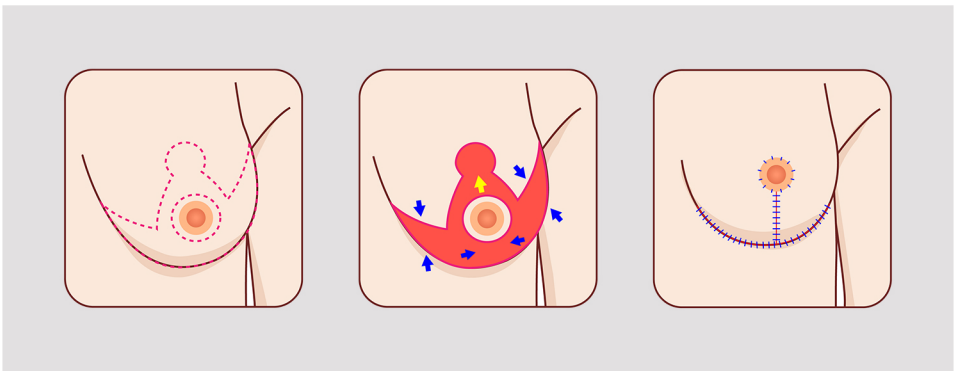
## What will I look like after this form of cosmetic surgery?

Once the breasts have settled after the operation, your breasts should feel firmer, lighter and smaller.

## What type of aftercare is needed for my breast reduction?

You will need some time to recover after your surgery so please ask your surgeon for guidance. We will recommend a post-operative bra to purchase to wear for 6 weeks following your procedure, only removing this for showering.

You will see a member of Manchester Private Hospital's Nursing team for wound care as requested by your surgeon and see a surgeon as needed.



**Above:**The illustration above shows the nipple is repositioned and typical position of scars.

### **BREAST REDUCTION RISKS, COMPLICATIONS AND LIMITATIONS**

#### **ALCL (ANAPLASTIC LARGE CELL LYMPHOMA)**

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#### **ANAESTHETICS**

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If you have breast implants, you should still have routine screening mammograms. However, if you have implants, you need to tell the radiographer before starting the mammogram and you should also be aware that it may be hard for the doctor to see certain parts of your breast. Women with implants have 4 extra images taken (2 on each breast), as well as the 4 standard images taken during a screening mammogram. In these extra images, called implant displacement views, the implant is pushed back against the chest wall and the breast is pulled forward over it. This allows better imaging of the front part of each breast.

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## BREAST UPLIFT

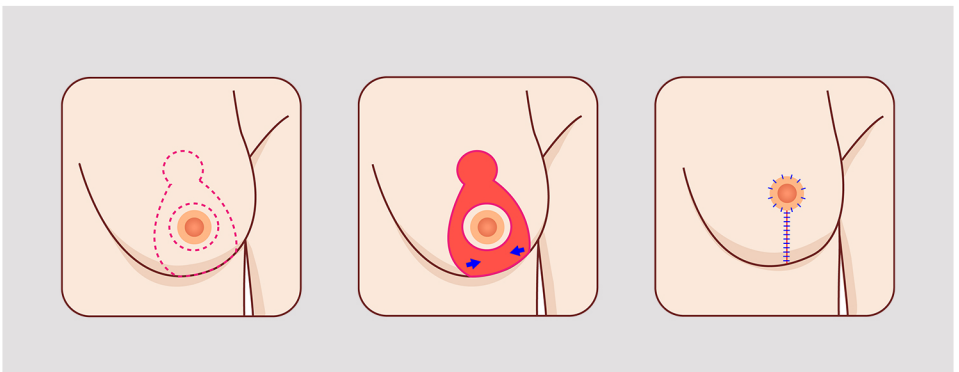
As the skin loses its elasticity over the years, the breast position changes, there can be potentially a loss of volume and they can begin to sag. A Breast Uplift can give your Breasts a more youthful appearance by rejuvenating the profile by lifting the breast higher on to the chest wall.

### WHAT IS INVOLVED?

Normally the procedure is performed as a bilateral procedure, but it can also be performed on one breast only to achieve symmetry with the other. Often for smaller breast uplift procedures, incisions can be made around the areola with the potential for reduced scarring. A modified uplift serves as an option if the breast is small and there is not excessive sagging. For complete breast uplifts, in patients who have significant loss of volume and "droopiness",

medically known as ptosis, incisions generally need to be made in the standard "anchor" shape and require an implant.

It's important to note the Breast Uplift procedure generally reduces the size of the areola. During the surgery, some patients may choose to have implants inserted to help give the breasts a fuller look. The size of the breasts should not change significantly after a Breast Uplift if implants are not inserted; however, the surgery should leave the breasts with a lifted and more youthful appearance.



**Above:** The illustration above shows the nipple is repositioned and typical position of scars.

# BREAST UPLIFT

## **How do I know if surgery is right for me?**

Ideal candidates for a Breast Uplift procedure are women who are unhappy with the shape and position of their breasts.

## **Where are the incisions?**

Because everyone's body ages differently, your surgeon will discuss with you the optimum location for the incisions during your consultations. The goal is to ensure they are located in the most discrete position possible.

## **What kind of pain should I expect following the procedure?**

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a mild to moderate discomfort, your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

## **What can I do to minimise my risk of bruising?**

Your surgeon will discuss and provide a list of post-operative best practices to minimise the risk of bruising following your procedure.

## **Will a Breast Lift without implants make breasts look smaller or larger?**

Volume doesn't significantly change but because of skin removal, the breasts should naturally appear smaller.

## **Can I combine Breast Lift and areola reduction in one surgery?**

A breast uplift includes a scar around the areola, so an areola reduction is part of the lift. You can discuss your goals for size with your surgeon.

## **What type of aftercare is needed for my breast uplift?**

You will need some time to recover after your surgery so please ask your surgeon for guidance. We will recommend a post-operative bra to purchase to wear for 6 weeks following your procedure, only removing this for showering after your first postoperative appointment. You will see a member of Manchester Private Hospital's Nursing team for wound care as requested by your surgeon and see your surgeon as needed.

## INFORMATION FOR PATIENTS ABOUT BREAST AND COSMETIC IMPLANT REGISTRY

**To monitor and improve patient safety, a breast and cosmetic implant register (BCIR) has been developed, recording implants that have been used for patients and the organisations and surgeons that have carried out the procedures.**

The main aim of the registry is to trace and inform affected patients in the event of any future recall of a failed implant. The registry will also allow identification of possible trends and complications relating to specific implants.

The registry has been established in response to the Keogh Review of the Regulation of Cosmetic Interventions, which was an independent report setting out recommendations to protect people who have had cosmetic surgery. This followed issues caused by faulty Poly Implant Prosthesis (PIP) breast implants in 2010.

**The breast and cosmetic implant registry is being managed by NHS digital, the trusted national provider of high quality information, data and IT systems for health and social care. NHS digital is supported by relevant cosmetic and surgical professional groups:**

- British Association of Aesthetic Plastic Surgeons (BAAPS)
- British Association of plastic, reconstructive and Aesthetic Surgeons (BAPRAS)
- Association of Breast Surgery (ABS)

The information that your surgical team will submit to NHS digital will include:

- Your NHS number
- Your family name
- Your first name
- Your current postcode
- Your date of birth
- Your surgeon
- Details of the surgical procedure
- Details of implants used

Your personal information (NHS number, name, postcode, date of birth) will be retained to allow you to be contacted in the event of a future implant recall. Your personal information will be held securely and will only be accessible to a limited number of staff at NHS digital whose role it is to maintain the registry.

NHS digital takes its responsibility for looking after care information very seriously, and follows the legal rules, guidance and practices known as Information Governance (IG) for both the collection of the registry data and the IT systems used. No aspects of the information will be sold or made available to commercial companies for other uses.



# BREAST UPLIFT

If for patient safety reasons, in the future, there is a need to contact you and recall you for assessment, your personal details will be used by NHS digital to attempt to trace your current address, using records held on a central NHS database. Manchester Private Hospital will be provided with your current address, where available, so they can contact you and arrange for the appropriate steps to be taken to assure your safety. If the NHS cannot reach Manchester Private Hospital you will be contacted by NHS digital.

This applies to patients residing in England. If you live elsewhere in the UK or are an overseas patient, an attempt will be made to contact you at the address you provided when you registered.

NHS digital will produce reports on the use of various implants, procedures and outcomes. These reports only contain anonymised, aggregated information (i.e. data that has been grouped or combined) so that patients cannot be identified.

Your surgeon will ask you to complete a consent form for your surgical procedure and in addition they will ask you to complete a consent form allowing your information to be shared with NHS digital for the purpose of the registry. Please complete and sign the relevant parts of the consent form if you would like your details to be included in the registry.

If you do not wish your details to be recorded in the registry, you can indicate this on the consent form. Please be aware that this will not affect your surgery or care, but may make it difficult or impossible to contact you in the event of future product failure or recall. Therefore, it is in your best interests to be included on the registry.

If you register and later decide that you do not wish your details to be included, you can withdraw your consent at any time by contacting Manchester Private Hospital and asking us to make a request to have you removed. Should you be unable to contact us, you can contact NHS digital so your records can be amended. Alternatively, if you do not register but change your mind in the future, you can talk to your surgeon / or us who can complete a new registry participant consent form and submit your information.

## Useful Links

**NHS Digital [www.digital.nhs.uk](http://www.digital.nhs.uk)  
Register <http://digital.nhs.uk/bcir>  
Central database  
<http://systems.hscic.gov.uk/ddc/spine>  
For queries about the registry please  
speak to your surgeon or email  
[enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk)**

## **BREAST UPLIFT RISKS, COMPLICATIONS AND LIMITATIONS**

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Calcium deposits can form in the tissue capsule surrounding the implant. Symptoms may include pain and firmness. Deposits of calcium can be seen on mammograms and can be mistaken for possible cancer, resulting in additional surgery for biopsy and/or removal of the implant to distinguish calcium deposits from cancer. If additional surgery is necessary to examine and/or remove calcifications, this may cause damage to the implants. Calcium deposits also occur in women who undergo Female Breast Reduction procedures, in patients who have had haematoma formation, and even in patients who have not undergone any breast surgery. The occurrence of calcium deposits increases significantly with age.

## **CAPSULAR CONTRACTURE**

Capsular contracture is the tightening of scar tissue (also called a capsule) that normally forms around the implant. If the condition persists further surgery may be necessary (Hospital charges may apply).

## **DEEP VEIN THROMBOSIS**

These often occur in the legs and are more common in long surgeries and those done under general anaesthesia. A clot that blocks a blood vessel can cause tissue damage in the immediate area. If it breaks loose and travels to the lung or heart, it can be fatal.

## **DEPRESSION**

While depression is not directly caused by having surgery, the 2 have been known to be linked to health disorders, including body dysmorphic and eating disorders. If you have been diagnosed with or treated for depression, an anxiety disorder, or another mental health condition, you should wait until your condition has resolved or stabilised before having surgery. It is extremely important that you discuss any history of mental health disorders with your surgeon prior to the procedure.

## **RESULT & SAGGING BREASTS (PTOSIS)**

Following implant surgery, depending on the weight and size of the implant will depend on the strain placed on your breast tissue. Naturally, heavier implants will cause a gravitational pull which leads to a sagging effect in some cases. This does depend on tissue type and skin condition. In these cases, further surgery (at cost) will be required such as a Mastopexy (uplift).

## **HAEMATOMA (BLEEDING)**

It is possible to experience a bleeding episode during or after surgery. Should post-operative excessive bleeding occur, it may require emergency treatment to drain accumulated blood (haematoma).

## BREAST UPLIFT

A Haematoma may contribute to capsular contracture, infection or other problems. Do not take any aspirin and only take anti-inflammatory medications on the advice/instruction of your Surgeon, as this may increase the risk of bleeding. Non-prescription “herbs” and dietary supplements such as St John Warts can increase the risk of surgical bleeding. A Haematoma can occur at any time following an injury to the breast.

### **IMPLANT DETECTION**

Some patients will be able to feel their implant in the breast after surgery.

### **IMPLANT EXTRUSION AND TISSUE NECROSIS**

Lack of adequate tissue coverage or infection may result in the exposure and extrusion of the implant through the skin. The implant can be rejected, if this takes place normally it is because the implant is not given sufficient healing time to settle (like not wearing the bra for 6 weeks) or too much movement of the implant causing internal irritation. Tissue death (necrosis) has been reported in patients who use steroid drugs, or after chemotherapy/radiation to breast tissue, smokers, microwave diathermy, and excessive heat or cold therapy. In some cases, incision sites fail to heal normally. A breast implant may become visible at the surface of the breast because of the device

pushing through layers of skin. If tissue breakdown occurs and the implant becomes exposed, implant removal is normally necessary. Tissue necrosis can cause changes to the scar.

### **INFECTION**

Infection can occur with any surgery or implant, most infections resulting from surgery appear within a few days to weeks after the operation, however they are possible at any time after surgery. Infections in tissue with an implant are harder to treat than infections in tissue without an implant. If the infection does not respond to antibiotics, the implant may have to be removed, and another implant may be placed after the infection is successfully treated.

### **IRREVERSIBILITY**

Breast implants may permanently alter your breast tissue. If you decide to have the implants removed, your breasts may not return to their pre-surgery shape. Your breasts may stay dimpled or wrinkled.

### **ITCHING + BURNING SENSATION**

These symptoms are normally caused by nerve endings reconnecting after the surgery, the expectation is that this should subside between 14 to 28 days. This may also be a symptom of infection, so attending a post-op appointment is essential.

# BREAST UPLIFT

## **MALPOSITION AND/OR DISPLACEMENT**

The implant is not in the correct position in the breast. This can happen during surgery or afterwards if the implant moves or shifts from its original location. Shifting can be caused by factors such as gravity, trauma, capsular contracture and non-compliance to postoperative instructions, such as patients who return to work too soon, driving, physical activity and not wearing a bra as directed. It can be accompanied by discomfort and/or distortion in breast shape. Additional surgery may be necessary to correct this problem.

## **NAUSEA AND VOMITING**

Post-operative nausea and vomiting (PONV) is a side effect that leads to almost half of patients feeling ill in the hours and days after surgery. Prevention is key. Make sure your anaesthesia provider is aware of any previous experiences and ask for a plan to prevent it from happening again. It is much easier to prevent this issue with medication than it is to treat it once you are feeling unwell.

## **PAIN**

You will probably have some discomfort after surgery. The intensity of the pain and the length of time it lasts vary from patient to patient, however this should be

controlled using analgesia. If the pain continues to persist long after you have healed from surgery you need to see your surgeon. In addition, improper implant size, placement, surgical technique, or capsular contracture may result in pain. Tell your surgeon if you have a lot of pain or if your pain does not subside.

## **PLEURA PERFORATION**

**This is a rare complication of surgery and will require a hospital stay.**

## **PROMINENT VEINS**

Prominent veins are often a sign of poor blood flow. After breast surgery veins may appear or become more prominent permanently. This risk must be understood and accepted by the patient.

## **RUPTURE OF THE IMPLANT**

This involves a split or hole in the shell of an implant, this is not necessarily an emergency but will require treatment. Further surgery will incur costs.

## **SCARS**

All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than the surrounding skin tone.

Scar appearance may also vary within the same scar. Scars can be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

### **SEROMA**

Fluid may accumulate around the breast implants following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain this. A seroma may contribute to infection, capsular contracture, or other problems.

### **RIPPLING**

Visible and palpable wrinkling of tissue can occur and is normal and expected. This may be more pronounced in patients who have implants with textured surfaces or thin tissue.

### **SHOCK**

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalisation and additional treatment would be necessary.

### **SKIN AND NIPPLE SENSITIVITY**

Feeling in the nipple and breast can increase or decrease after implant surgery. The range of changes varies from intense sensitivity to no feeling in the nipple or breast following surgery.

### **SMOKING**

Smoking provides us with unlimited risks, it can delay healing, promote complications during anaesthesia and restricts the flow of oxygen to the body's main organs.

### **STRETCH MARKS AND VEINS**

Stretch marks may develop, especially with larger implants, veins may become more prominent on the breast surface.

### **SUTURES**

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously erupt through the skin, become visible or produce irritation that requires suture removal.

### **SWELLING AND BRUISING**

Some bruising and swelling normally occurs. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

# BREAST UPLIFT

## **TOXIC SHOCK SYNDROME**

In rare instances, toxic shock syndrome has been noted in patients after breast implant surgery, and it is a life-threatening condition. Symptoms include sudden fever, vomiting, diarrhoea, fainting, dizziness, and/or a sunburn-like rash.

## **SUBJECTIVITY**

These procedures as with all cosmetic procedures, the assessment of aesthetic results involves a great deal of subjectivity. Therefore, it is important you must understand that while you have been advised of the probable results, this should in no way be interpreted as a guarantee.

**This lists of risks and conditions associated with your surgery is not exhaustive so if there are any other concerns they should be discussed with your surgeon before completing the consent form.**

# BODY SURGERY

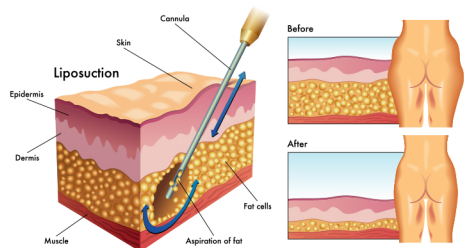
## LIPOSUCTION / LIPOSCULPTURE?

If you want to improve the contours of your body and achieve a more aesthetic and appealing curvature, Liposculpture is ideal. The process removes fat from targeted areas of the body, such as the abdomen, hips, thighs, back, arms, chest or chin—the choice is yours. Even years of exercise may not give you the results you desire. For you and many others, the answer can be Liposculpture.

### WHAT IS INVOLVED?

In rare instances, toxic shock syndrome has been noted in patients after breast implant surgery, and it is a life-threatening condition. Symptoms include sudden fever, vomiting, diarrhoea, fainting, dizziness, and/or a sunburn-like rash. During your consultation, the cosmetic surgeon will determine the best technique for your needs based on different factors, including the treatment area and the expected amount of fat to be removed. It is important to have realistic expectations about what Liposculpture can achieve.

Liposculpture can be performed using various methods depending on the amount of fat there is to remove. It can be safely performed using either general or local anaesthetic or light sedation.





The recovery process differs for everyone and you should expect some swelling, bruising and discomfort after your surgery. Swelling may linger for several months while it's normal to experience a temporary loss of sensation in the treated areas. Over the months following surgery scars should fade significantly and should be barely visible after a year or so.

### **Will I have any scars after**

After Liposculpture, you can expect scars which will be placed wherever possible in a body fold or crease. As with most scars, given time they should generally fade.

### **How is the fat removed?**

The fat is removed using a technique when the surgeon infiltrates a solution into the fat cells which breaks them down and allows them to be removed with a suction cannula (tube). The maximum amount of fat that can be removed safely is around 3 to 4 litres per surgery. The more fat removed on a single day the increased risk of serious complications. If a patient requires more than 3 to 4 litres of fat to be removed the safest practice is to perform the surgery in 2 or more stages.

### **Can men benefit from Liposculpture?**

Yes, this procedure is suitable for all, many men are also now taking advantage of Liposculpture for treating such areas as the stomach and love handles (fat that has accumulated on the sides of the waist). Excessive fat can now be removed from most problem areas, helping to restore the body to a more masculine physique.

### **What type of aftercare is needed for my Liposculpture?**

You will need time to recover. We will recommend a post-operative garment to wear for 6 weeks following your procedure, only removing this for showering (which is normally only after your first post-operative appointment). This helps define the shape of the body and control swelling. You will need to attend post-operative appointment for wound checks and outcome.

### **What kind of pain should I expect following the procedure?**

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a mild to moderate discomfort, your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

## VASER LIPOSUCTION

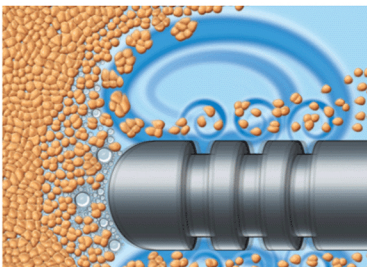
**Liposuction only by VASER is a procedural technique to remove unwanted deposits of fat from specific areas of the body, including the face and neck, upper arms, upper and lower back, abdomen, buttocks, hips, inner and outer thighs, knees, calves, and ankles. This is not a substitute for weight reduction, but a method for removing localized deposits of fatty tissue.**

Liposuction using VASER technology may be performed as a primary procedure for body contouring or may be combined with other surgical techniques.

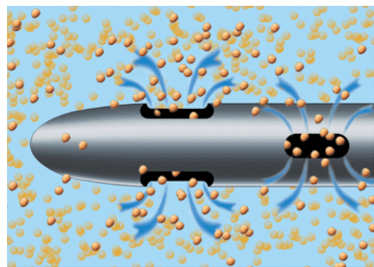
The best candidates for Liposuction only by VASER are individuals of relatively normal weight who have excess fat in particular body areas. Having firm, elastic skin will result in a better final contour after lipoplasty. Skin that has diminished tone due to stretch marks, weight loss, or natural ageing will not reshape itself to the new contours and may require additional surgical techniques to remove and tighten

excess skin. Body-contour irregularities due to structures other than fat cannot be improved by this technique. Lipoplasty itself will not improve areas of dimpled skin known as "cellulite".

The Liposuction procedure is performed utilising advanced proprietary technology. A patented grooved solid metal probe is first inserted through small skin incision(s). Ultrasonic energy emitted from sides and end of the probe as it is passed back and forth breaks down fatty deposits.



**ACOUSTIC STREAMING**



**FAT REMOVAL**

A hollow metal surgical instrument known as a cannula is then inserted and is directed through the area of emulsified fat cells. The cannula is attached to a vacuum source, which provides gentle suction to remove the emulsified fat. Because the Liposuction procedure is unique in that it first targets and dissolves fat cells and then draws off emulsified fat, leaving the collagen matrix intact, surgical trauma, complications and the potential for post-operative pain and bruising are minimized while skin retraction is optimal.

Direct removal of excess skin and fatty tissue may be necessary in addition to lipoplasty in some patients. Risks and potential complications are associated with alternative forms of treatment that involve surgery.

**There are a variety of different techniques used for lipoplasty and care following the procedure.**

Liposuction only by VASER may be performed under local or general anesthesia, and requires the infiltration of fluid containing dilute local anesthetic and epinephrine into areas of fatty deposits. This technique can reduce discomfort at the time of the procedure, as well as reduce post-operative bruising. Support garments and dressings are worn after the procedure to control potential swelling and promote healing, to provide comfort and support, and to help skin better fit new body contours. Alternative forms of management consist of not treating the areas of fatty deposits. Diet and exercise regimens may be of benefit in the overall reduction of excess body fat.

## RISKS AND SIDE EFFECTS OF LIPOSUCTION BY VASER

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved with Liposuction only by VASER. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your surgeon to make sure you understand the risks, potential complications, and consequences of Liposuction only by VASER.

### PATIENT SELECTION

Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be candidates for Liposuction only by VASER.

### ALLERGIC REACTIONS

Rarely, local allergies to tape, suture material, or topical preparations utilized in lipoplasty procedures have been reported. More serious systemic reactions due to drugs administered during surgery and prescription medicines may require additional treatment.

### ASYMMETRY

Due to factors such as skin tone, bony prominence, and muscle tone, which can contribute to normal asymmetry in body features, it may not be possible to achieve symmetrical body appearance through lipoplasty procedures.

### BLEEDING

While unusual, it is possible to have a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or require a blood transfusion. Non-prescription herbs and dietary supplements can increase the risk of surgical bleeding. Do not take any aspirin or anti-inflammatory medications for 2 weeks before surgery, as this may increase the risk of bleeding. Please review our Medication Alert for products and ingredients to be avoided for 2 weeks prior to and 2 weeks following your scheduled Liposuction procedure, and consult your doctor before taking anything.

### CHRONIC PAIN

Chronic pain and discomfort following Liposuction only by VASER is unusual.

## **CHANGE IN SKIN AND SKIN SENSATION**

A temporary decrease in skin sensation may occur following Liposuction only by VASER. This usually resolves over a period of time. Diminished or complete loss of skin sensation that does not totally resolve could potentially occur, as it infrequently has with various lipoplasty procedures.

## **INFECTION**

Infection is unusual following this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary. Although extremely rare, life-threatening infections such as toxic shock syndrome could occur after lipoplasty surgery, regardless of the technology utilized.

## **LONG-TERM EFFECTS**

Subsequent alterations in body contour may occur as a result of aging, weight loss or gain, pregnancy, or other circumstances not related to Liposuction only by VASER.

## **PULMONARY COMPLICATIONS**

In extremely rare cases, fat droplets could become trapped in the lungs to create a possibly fatal complication called fat embolism syndrome. Pulmonary complications may occur secondarily to blood clots (pulmonary emboli) or partial

collapse of the lungs after general anesthesia. Should either of these complications occur, you may require hospitalization and additional treatment. In some circumstances, pulmonary emboli can be life-threatening or fatal.

## **SCARRING**

Although the incisions created for Liposuction only by VASER are minimal and good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues in rare cases. Such scars may be unattractive and of a different colour than surrounding skin. Additional treatments, including surgery, may be necessary to treat abnormal scarring.

## **SEROMA**

While Liposuction only by VASER has reduced the incidence and severity of seromas associated with lipoplasty procedures, such fluid accumulation is possible and could require additional treatments or surgery to promote drainage.

## VASER® Liposuction Aftercare

- 1.** Try remain active, but take it easy in the initial postop period. Remaining upright will promote leakage of fluid.
- 2.** If steri-strips have been applied, try and keep these dry for 5 days. If they accidentally come off replace them with a band-aid plaster. Remove them after 5 days. Take pads off prior to showers and replace them once out of the shower with new dry pads and gauze. Don't have a bath until all incisions are fully healed and a Clinician has advised you to do so.
- 3.** Keep the surgical compression garment on for the advised period, usually 72 hours for treatments on the face and under the chin (do not go to sleep with garments on the face if they are uncomfortably tight) and 10-14 days in other areas (tummy, love handles, thighs etc.). Thereafter, you must wear your garment for a further 2-4 weeks 6-10 hours a day. DO NOT use hot or cold packs (hot water bottles etc) as these may scald you. If you wish to purchase additional compression garments you can do so at [www.lipoelastic.com](http://www.lipoelastic.com)
- 4.** Usually a short course of antibiotics is prescribed for 3-5 days. Do not take any medication containing Aspirin, Ibuprofen or other anti-inflammatory drugs as these may prolong bruising.

If you are prescribed Codeine or Co-codamol it may make you feel nauseous, drowsy or constipated. The access points may ooze fluid for the first 24-72 hours. This will be more than expected and you will require many absorbent pads. The clinic will supply a certain amount, but you will most likely require more. Please stock up on these beforehand. It is wise to sleep on a mattress protector or old towels. The leakage will gradually slow down. If you have drains inserted this will continue until the drains have been removed (usually 5-7 days). The colour of the fluid may vary from clear, pink to blood stained. When changing the dressings for the first time you may feel a little faint. Be sure to sit or lie down so as not to injure yourself.

**5.** Although this is a local anaesthetic procedure and there is no hospital stay required you should still take it easy and not overexert yourself in the first 1-2 days. Return to every day activity as normal avoiding vigorous activity (gym) or sport for a two week period. It is important to be very mobile and active. Do not wear tight belts or trousers/dresses as they may create creases around the midriff.

**6.** Manual Lymphatic Drainage or MLD is a process where the treated areas are massaged to encourage the healing process. MLD sessions can be started immediately after the procedure. Please note, in most cases MLD Treatments are chargeable, please speak to your Surgeon for further information.

## TUMMY TUCK / ABDOMINOPLASTY

**As every individual's problem areas may be different, an Abdominoplasty (Tummy Tuck) procedure is carefully tailored to your specific needs.**

During your initial consultation, the surgeon will thoroughly discuss your expectations for your surgery. They will conduct a thorough examination of the skin, soft tissue and muscles of the abdomen and flanks, carefully reviewing what combination of procedures best suits your needs. They can carefully customise the surgery limiting incisions areas. The surgeon will answer any questions that you have regarding the process.

### WHAT IS INVOLVED?

The Abdominoplasty or Tummy Tuck procedure is performed with a mostly horizontal incision in the lower abdomen normally within the bikini line. Most Tummy Tuck incisions are kept just above the pubic area, and within the confines of the hip bones, so it should be easily camouflaged in most bikinis, thongs, and low-rise jeans. Excess fat is removed directly, and the abdominal muscles and fascia (connective tissues) are tightened and repaired, the excess skin is trimmed away. In the Tummy Tuck procedure where there is moderate or considerable laxity or excess of skin and fat, the navel is maintained in its natural position, but is "re-inset" with very fine sutures. In the modified or "mini" Tummy Tuck,

fat removal, skin tightening, and lower abdominal muscle tightening is performed through a horizontal bikini incision only. The surgeon may use Liposculpture techniques in conjunction with most Tummy Tuck procedures to produce the most natural and beautifully sculpted results. The Tummy Tuck procedure takes between 3-4 hours. Some patients will have a vertical scar for their procedure based on the recommendation of your surgeon as to which technic is the most suitable for you. Some vertical scar will be visible with a bikini and the procedure may be different to the one described above so it is important that you agree with your surgeon which procedure meets your needs.

### FREQUENTLY ASKED QUESTIONS

#### **Will I have any scars after my tummy tuck?**

Yes you will have a scar after the procedure.

#### **Is it okay to have Tummy Tuck surgery before having kids?**

Typically, there aren't major risks associated with becoming pregnant after Tummy Tuck surgery.



It is, however generally recommended that patients wait until they have completed having children before undergoing the procedure. Waiting until after having children can help ensure the results achieved are not lost by the bodily changes that often occur during pregnancy.

### **What's the difference between a full and mini tummy tuck?**

Both full and mini-Tummy Tucks involve the tightening of abdominal muscles and the removal of excess skin. The major difference is the full Tummy Tuck is generally performed to rejuvenate the areas both, above and below the belly button. Where the mini-Tummy Tuck is generally confined to the lower abdomen below the belly button.

### **Can men benefit from tummy tuck?**

Yes, this procedure is suitable for all, there are now many men that are also taking advantage of a Tummy Tuck to improve the contour of their body, remove stubborn excess fat, loose skin and tighten abdominal muscles.

### **What type of aftercare is needed for my Tummy Tuck?**

You will need time to recover. We will recommend a post-operative garment to wear for 6 weeks following your procedure, only removing this for showering, which should only be done after your first post-operative appointment. This helps define the shape of the body and control swelling. You will need to attend post-operative appointment for wound checks and outcome.

### **What kind of pain should I expect following the procedure?**

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a mild to moderate discomfort, your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

## ARM LIFT

**An Arm Lift is a surgical procedure performed to remove excess fat and skin from the upper arms to give them a more toned, slimmer appearance.**

Over time, the soft tissue in the upper arm becomes lax and may begin to droop and sag, resulting in upper arm skin that appears to hang. Many people are embarrassed by the appearance of sagging upper arms, and seek treatment to restore a slimmer, more youthful appearance. The Arm Lift procedure is ideal for a patient who has a significant amount of hanging skin or fat in the upper-arm area, maintains a stable weight and has realistic expectations for surgery. It is also important that the patient be healthy overall, with no major medical conditions that may be affected by surgery.

### WHAT IS INVOLVED?

The surgeon will determine which procedure is best for you after a physical examination and a discussion of your goals for surgery. During the Arm Lift procedure, the surgeon will make an incision, often spanning from the underarm to the elbow, along the inside of the upper arm. Next, they will remove excess fat using Liposculpture, trim and tighten the excess skin and suture it into place. For patients with only a small amount of excess skin, a minimal-incision Arm Lift procedure can be chosen, in which a few small incisions are made near the underarm.

Once fat is removed and skin is tightened, the incision will be closed with sutures that will be absorbed by the body normally within a week or two. This procedure is performed under general anaesthesia with sedation and usually takes 1-3 hours, depending on the extent of removal required. Patients should be able to return home the same day as the surgery dependent on location and your Surgeon's advice.

### FREQUENTLY ASKED QUESTIONS

#### **How will I know if an arm lift is right for me?**

The best candidates for an Arm Lift are often patients that have experienced weight loss and now have loose skin to remove in the under-arm area.

#### **When are the arm lift sutures removed?**

Non-dissolvable sutures will be removed between 1-2 weeks depending on the healing of the area. However, if dissolvable sutures are used, these do not need to be removed.

**What other important information should I take note of?**

It's important to know you should refrain from lifting anything greater than 7kgs (15 pounds) for 6 weeks after surgery. Ask your Surgeon for any advice you feel you may need.

**How long will it take for my scars to begin to fade?**

There is one long scar extending from the armpit to the inside aspect of the elbow region connected to a short scar placed horizontally in the armpit. The scars will not disappear completely though they will begin to fade normally in 2-3 months. An optimum outcome may take 1-2 years.

**What type of aftercare is needed for my arm lift?**

You will need time to recover. We will recommend a post-operative garment to wear for 6 weeks following your procedure, only removing this for showering (This is normally only after your first post-operative appointment). This helps define the shape of the arms and control swelling. You will need to attend your postoperative appointments.

**What kind of pain should I expect following the procedure?**

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as 'a mild to moderate discomfort', your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

## A THIGH LIFT?

**A Thigh Lift is performed to tighten the skin around the inner thigh to form a more aesthetically pleasing frame.**

The surgeon's goal is to produce slimmer, more contoured thighs that are proportionate to the buttocks, stomach and legs. The outer thigh is generally not targeted in a Thigh Lift because Liposculpture and a Buttock Lift tend to produce better results in that area. The Thigh Lift procedure is ideal for patients who are in good general health but have excess skin and tissue within the thigh area because of the natural aging process, pregnancy or significant weight loss. A Thigh Lift should not be considered an easy weight-loss solution and is most effective on patients who are close to their ideal weights but unhappy with the appearance of their thighs. It is important for patients to maintain realistic expectations to be satisfied with the results of this procedure.

## WHAT IS INVOLVED?

The Thigh Lift procedure is performed under general anaesthesia. It requires an incision in the groin area that sometimes extends downward around the back of the thigh, depending on the results desired by the patient. These incisions are placed so that they should be hidden even by swimsuits. An inner (medial) Thigh Lift may require an incision only in the groin area, and is ideal for patients with a moderate

amount of skin and fat in the inner thigh area. An outer (lateral) Thigh Lift involves an incision stretching from the groin, and can often lift the buttocks in addition to the thigh. After the incision is made, the surgeon will tighten the tissues in the area to create a smoother and more toned contour. The incisions are closed with sutures, and the patient is asked to wear a compression garment to minimise swelling and promote healing.

## FREQUENTLY ASKED QUESTIONS

### Where is the incision and how big?

The incision is placed around the upper thigh and buttock, usually in a transverse direction. The length of the incision depends on the amount of excess skin. It is not unusual to be in the region of 25cm in length.

### Is there an ideal weight I should be before having this procedure?

You should be within twenty pounds of your ideal weight. If you were to lose more than 13 or 18 kg after surgery, the skin would again loosen the repair and partially detract from the surgical correction.

## **Will the sagging recur over time?**

With normal healthy habits, the risk of recurrence is low. However, dramatic weight gains and losses following the surgery can result in some recurrence by increasing the laxity of the skin. Aging will continue and so over time the results may be affected.

## **Will my swimsuit hide the scars?**

The surgeon will aim to make the incision lines as discreet as possible and you should be able to contently choose the swimsuit you want to wear.

## **Will this problem return if I have children?**

The surgeon will aim to make the incision lines as discreet as possible and you should be able to contently choose the swimsuit you want to wear.

## **What type of aftercare is needed for my thigh lift?**

You will need time to recover. We will recommend a post-operative garment to wear for 6 weeks following your procedure, only removing this for showering, which normally should be done after your first post-operative appointment. The garment helps define the shape of the thigh and helps to control swelling.

You will need to attend your postoperative appointments for wound checks and outcome

## **What kind of pain should I expect following the procedure?**

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a 'mild to moderate discomfort', your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

## **LABIAPLASTY?**

**It's natural and normal for a woman to have noticeable skin folds around her vaginal opening and in most cases, this shouldn't cause any problems.**

However, in some patients they will decide to have a labiaplasty procedure because they do not like the appearance of their labia or the labia causes them discomfort.

The procedure will aim to reduce the labia minora which are the flaps of skin at each side of the vagina opening. This surgery is performed mainly for aesthetic reasons but here at Manchester Private Hospital, we will always try to understand patients concerns and needs.

## **WHAT IS INVOLVED?**

Cosmetic Labiaplasty patients can have the procedure either under a general anaesthetic or a local anaesthetic with sedation. Your surgeon will advise you at consultation.

The surgery is designed to shorten and or reshape the vaginal lips. During the operation, any excess tissue is removed, the resultant edge is normally sutured with fine, dissolvable stitches. Most patients can go home the same day as the surgery. Ask your Surgeon for any advice you feel you may need.

# FACIAL SURGERY

## **BROW LIFT**

**If you have expression lines or other signs of ageing in the forehead and brow region which you find bothersome, a Brow Lift may be right for you.**

A Brow Lift can minimise the creases that develop across the forehead or those that occur high on the bridge of the nose between the eyes. It can also improve what are commonly referred to as frown lines, reposition a low or sagging brow that is hooding the upper eyelid and raise the eyebrows to a more alert and youthful position. A Brow Lift is designed to help with these ageing features, restoring a more youthful, rested appearance with uplifted contours and improved tone in facial skin and underlying muscle.

## **WHAT IS INVOLVED?**

Eyebrow Lift, also known as Browplasty, is a procedure that targets loose skin and wrinkles on the forehead caused by age or inherited conditions to restore a more youthful and refreshed look above the eyes. The eyebrow lift is an outpatient procedure usually performed under general anaesthesia. The duration of the operation could take 1-2 hours depending on the type of Brow Lift.

Some cosmetic surgeons prefer using an endoscope which is a thin tube with a light and camera at the end, making small incisions through the hairline on the scalp.

The forehead skin is lifted allowing the muscle and tissue to be adjusted while correcting visible creases and furrows in the forehead. The resulting scar from the incision within the hairline is normally concealed. Other surgeons prefer using the open brow method by making an incision across the forehead lifting the skin then loosening the muscles and removing fat. The surgeon then removes any extra skin, pulls the remaining skin and stitches the brow into its new position. Typically, after 1 week of surgery stitches are removed. Patients can expect to feel sore and bruised following the surgery and the head might be loosely wrapped with a bandage, to minimise swelling, the head should be kept elevated. Patients may experience pain and tenderness throughout the forehead. Bruising and swelling normally occurs in the first 10 days after surgery and normally decreases after about 2 weeks.

## **FREQUENTLY ASKED QUESTIONS**

### **Who is a good candidate for a brow lift?**

Candidates that look angry, tired or worried much of the time due to a low and heavy eyebrow.

### **How long does the procedure take?**

The duration of the operation could take 1-2 hours depending on the type of Brow Lift.

### **Will a Brow Lift give me a 'surprised' look?**

When done correctly, elevating the brows does not generate a surprised look. You should just look more refreshed and relaxed.

### **Can I have other procedures done at the same time as a brow lift?**

You can, and often patients decide to have a Brow Lift at the same time if they have excess upper eyelid skin as well. Doing multiple procedures on the same day does not lengthen the recovery time and should allow the patient to accomplish many goals with one surgery.

### **What type of aftercare is needed for my brow lift?**

You will need time to recover. You will need to attend for followup appointments for wound and outcome checks.

### **What kind of pain should I expect following the procedure?**

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a 'mild to moderate' discomfort, your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.



## FACE LIFT (RHYTIDECTOMY)

**A Face Lift is one of the most commonly performed cosmetic procedures for both men and women.**

Many people feel unhappy about ageing on the outside when they still feel young at heart on the inside. However, it is important to realise that a Face Lift will not change your life.

The best patient for this type of surgery is someone with jowls, loose neck skin and a general saggy appearance to the skin on the face and neck. If you also have wrinkles, non-surgical facial rejuvenation can be combined with a Face Lift for an improved overall result. During your consultation, the surgeon will evaluate if you are a suitable candidate and will develop an individual surgical plan designed to suit your own particular needs.

### WHAT IS INVOLVED?

The exact technique a surgeon uses during a Face Lift depends on several factors, including a patient's anatomy, personal goals, the extent of the Face Lift, and whether another procedure is being performed at the same time. Face Lifts are typically performed using general anaesthesia, although local anaesthesia with sedation may be used in certain less extensive procedures. Typical incisions begin within the hairline,

above the temple and continue along or just inside the ear, ending behind the ear. This allows access to tighten underlying tissue, remove excess fat and reduce sagging skin. A second incision under the chin is sometimes necessary. If skin tone is good and only mid-face ageing or excess fat in the neck will be corrected, abbreviated techniques with shorter incisions may be used. Liposculpture techniques may assist with removal of fat deposits.

### FREQUENTLY ASKED QUESTIONS

#### **How old do I need to be to have a Face Lift?**

There isn't a rule when it comes to Face Lift surgery, however most patients are between the age of 40-70 years old. Candidacy is dependent on a few factors, including extreme ageing and your current state of health. During your consultation, your surgeon will help you determine whether Face Lift surgery is a viable option for you or whether you'd be better served by a different procedure.

**Will I need another Face Lift in the future?**

Although the results of Face Lift surgery are not forever, they should last for many years with maintaining a healthy lifestyle and a daily facial regimen. The decision to have a second Face Lift at a later age depends on your own personal preferences. Some patients will choose to take advantage of non-surgical treatments in assisting with maintenance.

**How long will it take for my scars to begin to fade?**

Scars from Face Lift surgery are normally barely visible and should fade within 12 months.

**How much younger will I look?**

Unfortunately, there is not a science or maths equation to answer this. Every patient's genetic makeup is different as are their results. The great news is most patients notice results immediately after swelling and bruising has subsided. Your surgeon will walk you through realistic expectations on your personal results.

**Can I have other procedures done at the same time as a Face Lift?**

You can, and often patients decide to have their eyes improved at the same time.

**What type of aftercare is needed for my Face Lift?**

You will need time to recover. We will recommend a post-operative garment to wear for 2-4 weeks following your procedure, only removing this for showering, which is normally only after your first post-operative appointment. The garment helps define the shape of the face and helps to control swelling.

**What kind of pain should I expect following the procedure?**

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a 'mild to moderate discomfort', your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

**ALTERNATIVE TREATMENT**

Alternative forms of managing or not treating the laxness in the face and neck region with a face lift (rhytidectomy) / neck lift may be attempted by other treatments or surgery, such as chemical face peels or liposuction. Risks and potential complications are associated with alternative forms of treatment.

## RISKS OF FACIAL SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with face lift (rhytidectomy) / neck lift. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of face lift (rhytidectomy) / neck lift.

**1. Bleeding** - It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain any accumulated blood or you may require a blood transfusion.

Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this contributes to a greater risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hypertension (high blood pressure) that is **not** under good medical control may cause bleeding during or after surgery.

Accumulations of blood under the skin may delay healing and cause scarring.

**2. Infection** - Infection is unusual after this surgery. Should an infection occur, additional treatment including antibiotics or surgery may be necessary.

**3. Scarring** - Although normal wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than the surrounding skin. There is the possibility of visible marks from sutures. Additional treatments may be needed to treat scarring.

**4. Damage to deeper structures** - Deeper structures such as blood vessels, muscles, and particularly nerves may be damaged during the course of surgery. The potential for this to occur varies with the type of face lift / neck lift procedure performed. Injury to deeper structures may be temporary or permanent.

**5. Asymmetry** - The human face is normally asymmetrical; there may be variation from one side to the other in the results from a face lift / neck lift procedure.

**6. Surgical anaesthesia** - Both local and general anaesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anaesthesia or sedation.

**7. Nerve injury** - Motor and sensory nerves may be injured during a face lift / neck lift operation. Weakness or loss of facial movements may occur after face lift / neck lift surgery. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck, and ear regions may cause temporary or more rarely permanent numbness. Painful nerve scarring is rare.

**8. Chronic pain** - Chronic pain is a very rare complication after a face lift / neck lift.

**9. Skin disorders/skin cancer** - A face lift / neck lift is a surgical procedure for the tightening of skin and deeper structures of the face. Skin disorders and skin cancer may occur independently of a face lift / neck lift.

**10. Unsatisfactory result** - There is the possibility of a poor result from the face lift / neck lift surgery. This would include risks such as unacceptable visible deformities, loss of facial movement, wound disruption, and loss of sensation. You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

**11. Allergic reactions** - In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions that are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**12. Hair loss** - Hair loss may occur in areas of the face where the skin was elevated during surgery. The occurrence of this is not predictable.

**13. Delayed healing** - Wound disruption or delayed wound healing is possible. Some areas of the face may not heal normally or may take a long time to heal. Areas of skin may die. Frequent dressing changes or further surgery may be required to remove the non-healed tissue. Smokers have a greater risk of skin loss and wound healing complications.

**14. Long term effects** - Subsequent alterations in facial appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to face lift / neck lift surgery. Face lift / neck lift surgery does not arrest the ageing process or produce permanent tightening of the face and neck. Future surgery or other treatments may be necessary to maintain the results of a face lift / neck lift operation.

## OTOPLASTY

**Otoplasty is a procedure which makes it possible to “pin back”, reshape or reduce the ears in size.**

This procedure is also performed to make the ears more symmetrical. Otoplasty surgery is a straightforward procedure which involves the surgeon making normally small and discreet surgical incisions behind the ears and within the ears to ensure that there is normally minimal scarring. The procedure usually takes between 1-2 hours to complete while the patient is under a local or general anaesthetic. During the consultation, the surgeon will examine the structure of the ears and discuss possibilities for correcting the problems. Even if only one ear needs “pinning back,” surgery will probably be recommended on both ears to achieve the most natural, symmetrical appearance.

### WHAT IS INVOLVED?

An Otoplasty is surprisingly complex. The appearance and prominence of the ear is governed by a delicate balance among the curvatures in the cartilage of the ear. Changing the shape of one area, therefore, causes changes in the shape of surrounding areas. To be successful, each manoeuvre must compliment the other. These include such things as cartilage scoring, excision, and cartilage stitches. A careful interplay of these techniques should produce the desired result.

Since everyone is unique, the exact surgical plan cannot be determined until a full examination of the ear is undertaken.

Otoplasty surgery begins with an incision just behind the ear, close to where the ear joins the head. The surgeon will then remove cartilage and skin and sculpt the ear to the desired look. Cartilage is then pinned back with sutures. In other instances, the surgeon will not remove any cartilage, but use stitches to hold the cartilage permanently in place. After sculpting the cartilage to the right shape, the surgeon will apply sutures.

### FREQUENTLY ASKED QUESTIONS

#### What should I expect after surgery?

Large dressings are applied to the ears normally until after your first post-operative appointment. Most patients experience some mild discomfort. If you are accustomed to sleeping on your side, your sleep patterns may be disrupted because you cannot put any pressure on the ear areas. Headbands are sometimes recommended to hold the ears in the desired position following surgery.

**What is the best age for an Otoplasty?**

Otoplasty can be performed on patients of all ages, but Manchester Private Hospital can only operate on patients who are 18 years old and over.

**Will the surgery alter my hearing?**

No. Otoplasty does not alter hearing.

**Is there a scar after Otoplasty?**

The incision is right behind the ear and should normally be hidden well. A dressing will be applied and will require being worn for some days following Otoplasty. The skin will be bruised generally lasting in the region of 2 weeks.

**When will I be able to see the results?**

After the dressings are removed, you should see an immediate difference in the ear, although some residual swelling may remain. Removing the dressings too early could increase the chance of infection or alter the final results.

**What type of aftercare is needed for my Otoplasty?**

You will need time to recover. Your surgeon may recommend a post-operative garment to wear for 2 weeks following your procedure, only removing this for showering normally after your first post-operative appointment.

The garment helps control swelling and keep the ears in position. Follow on appointments are necessary for wound and outcome checks.

**What kind of pain should I expect following the procedure?**

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a 'mild to moderate discomfort', your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

**RISKS AND COMPLICATIONS OF OTOPLASTY****1. Pain and discomfort**

Pain and discomfort decrease within two/three days post-operatively but may persist for several days/months, sometimes pain may be permanent (10-15%).

**2. Bleeding /Haematoma**

After surgery bleeding may occur. The skin is separated from the cartilage so the risk of bleeding is quite high. Severe pain in the ear after the surgery may be a warning of this. If a haematoma occurs (collection of blood) a further surgical procedure may be required.(5%)

### 3. Infection

All surgeries carry a risk of post-operative infection. The risk is lower (5%) but increased in people who smoke/vape. Abscesses and granulomas, can respond to antibiotics. Cartilage may be affected by infection and further surgical procedures may be requested after one 1 year.

### 4. Wound Healing/Hypertrophic

Surgical scars are permanent. Healing of wounds varies from patient to patient and even from one part of the body to another and is a gradual process. Smoking, nicotine patches, e-cigarette for the period leading up to your surgery and afterwards can seriously hinder the healing process. Patients with certain pre-existing medical conditions are also more likely to experience problems with wound healing. Very rarely, a scar does not heal in the normal way and may result in a red broad elevated scar extending further beyond the boundary of the initial scar. Excess scarring, usually behind the ear, is more common in Younger people and those genetically prone to heavy scars. It may not be treatable.

### 5. Bruising/Swelling

This is quite common in the early postoperative period. Swelling is quite normal and settles in 8/9 months and the full result may be obscured . Sometimes the ears may still not look right for the patient and a second procedure to improve the outcome has to be done but this ideally, is not before 1 year post the procedure having been done. Further surgery is required in approximately 15/20 % of patients.

### 6. Change in Sensitivity

It is typical to observe alteration following surgery which usually subsides when the ears are fully recovered. Very rarely (5%) changes in sensation remain either more or less in the long term or even permanent.

### 7. Asymmetry /Irregularities

It is important to understand that it is normal for patients to have asymmetry. Asymmetry can sometimes occur following surgery, healing is not a symmetrical process . Once settled slight imperfections may be apparent . If these are significant, a further procedure to improve may be necessary.

**8. Recurrence of the problem**

The results are usually permanent, but if stitches break in the early stages the problem may recur and need more intervention/surgery.

**9. Distortion of the auditory or ear**

A disturbance of the ear canal is unusual unless chjor change in the concha (outer ear) is made at surgery; if it does occur, it may affect hearing.

**10. Deep vein Thrombosis and Pulmonary Embolism (Blood Clot)**

These are a rare but serious complication of surgery and anaesthesia, where a blood clot forms in the leg veins and may move to the lungs interfering with their normal function . This will require a hospital stay. Please note the Department of Health recommend you do not fly for at least two weeks following minor surgery and you should not take a long haul flight for at least six weeks.

**11. Revision**

Please note that as with any type of surgery, cosmetic surgery may require some revisions to improve the final result and remember that even your body-healing can interfere with results.

**12. Subjectivity**

This procedure as with all other cosmetic procedures, the assessment of the results involve a great deal of subjectivity. Therefore, it is important to understand that while you may have been advised of probable results, this should in no way be interpreted as a guarantee.



## RHINOPLASTY

**The nose is the most defining characteristic of the face, and unhappiness with its size or shape can lead to reduced self-esteem.**

. Some people are unhappy with the nose they were born with, while for others an injury may have caused it to be distorted. The most common aspects of concern are deviations of the nose to one side, a nasal hump, a nose depression, too wide or too narrow a nose, and under or over projection of the soft nasal tip.

Rhinoplasty surgery employs reduction, refinement or augmentation of the nose. The latter involves use of a graft which may be synthetic or alternatively may be cartilage. Any alteration needs to fit and suit the rest of the face.

Unless only a minor alteration is required, e.g. to the tip of the nose only, surgery is usually performed under general anaesthetic, in which case a hospital overnight stay may be required. Surgery usually takes 1 to 2 hours. Incisions are made inside the nose and occasionally there will be external incisions at the nostrils. A hairline fracture may be made in the nasal bone to allow the surgeon to change the shape. Bone and cartilage are removed, redesigned or added too.

Your surgeon will advise specifically on the surgery indicated in your own case.

Patients who have undergone rhinoplasty surgery at Manchester Private Hospital have commented that :

- They no longer feel self-conscious about their nose
- They feel able to style their hair and/or make up without trying to disguise their nose
- They feel confident in front of a camera
- However, it may take some time to adjust to the new image after rhinoplasty surgery.

## FREQUENTLY ASKED QUESTIONS

### **What type of aftercare is needed for my Rhinoplasty?**

You will need time to recover. We would recommend post-operatively that extra care is taken to avoid any face trauma as Rhinoplasty surgery is not easily corrected. Attending followup appointments is necessary to remove any dressings/nasal splint and check on the outcome. It is important to follow all the postop instructions pertaining to the dressings.

### **What kind of pain should I expect following the procedure?**

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a 'mild to moderate discomfort', your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

### **Am I a good candidate for Rhinoplasty?**

The best Rhinoplasty patients are usually in good health, over the age of 18 and non-smokers. They have complaints with nasal appearance and/or breathing, and have realistic expectations of the result. They are able to understand the basic aspects of Rhinoplasty so they can easily participate in their own care.

### **What is Rhinoplasty or nose reshaping?**

Rhinoplasty is a procedure that is done by a surgeon to enhance the appearance of the nose by changing the height, length and width and improving the aesthetic appearance of the face.

### **How long is the surgical time for Rhinoplasty?**

Rhinoplasty takes 2-4 hours to complete under general anaesthesia depending on the technique used.

### **Where are the incisions made for Rhinoplasty?**

Most incisions are made inside the nose and in some situations, an incision is made between the nostrils. The incisions should heal quickly and any scars should fade.

### **RHINOPLASTY: ASSOCIATED RISKS & CONDITIONS**

Please note that as part of your treatment plan whilst in hospital it may be necessary to provide you with intravenous fluids, antibiotics or even a blood transfusion.

Patients undergoing surgery affecting the bridge of the nose will be discharged with an external splint. Do not remove this yourself - you will be given an appointment with the clinic nurse for this. You may also have packing in your nose, which is usually removed prior to discharge or in some cases may dissolve with time.

#### **1. Pain and discomfort**

Most patients will feel sore for several days after the operation and pain killers may be prescribed for this period. Pain thresholds do vary from patient to patient, although it is exceptionally rare for patients to experience extreme pain or discomfort. If you experience severe or increasing pain, please contact the hospital for further guidance or advice.

## **2. Bruising/Swelling/Skin pigmentation**

Patients must anticipate noticeable and often severe bruising around the eyes which may persist for a number of weeks before disappearing (5% permanent). This is entirely normal and should settle down naturally, but this can take up to 8/9 months. The results of the operation may be obscured by the swelling for up to 6 to 9 months and the initial swelling may cause nasal stuffiness. The process of healing cannot be hurried, and the surgeon will not normally consider further surgery, if deemed appropriate, until the healing process is complete. Further surgery is required in approximately 15-20% of patients.

## **3. Bleeding (haematoma)**

Post-operative bleeding may occur in or around the area of surgery for up to four weeks after your operation. It is important to resist any urge to blow the nose to minimise bleeding. Occasionally, a septal haematoma (collection of blood) may require drainage. If you experience any bleeding after surgery, the hospital immediately, using the contact numbers provided on discharge. In this instance it may be necessary to return to the hospital and further medical intervention may be required.

## **4. Burst blood vessels**

After surgery, small burst blood vessels may appear as tiny red spots on the surface of the skin. These are usually small, but rarely may be permanent.

## **5. Infection**

All surgery carries a risk of post-operative infection. A surgical incision contributes to a risk of the introduction of bacteria from the patient's own skin. Such infection may be associated with tiredness, weakness, fever, muscle aches and pains and generally feeling unwell. Your nose may become more blocked and sore, you may notice a smell or some discharge. Rarely, a patient may require readmission to hospital.

## **6. Wound healing**

Healing of wounds varies from patient to patient and even from one part of the body to another and is a gradual process. Smoking, including all nicotine-based products such as e-cigarettes, gums and patches, during the period leading up to your surgery as well as afterwards, can seriously hinder the healing process. If your surgeon recommends you stop smoking, you must follow his advice. If you fail to follow the surgeon's advice and consequently your surgery has to be cancelled, fees will be payable as per the terms and conditions of your contract.

### **7. Nasal splint irritation**

Unusually, patients may experience some irritation to the skin under the nasal splint, and rarely this may lead to a permanent mark.

### **8. Changes in sensitivity**

It is fairly common for patients to experience numbness, increased sensitivity or some unusual sensations following surgery. Any changes in sensitivity almost always pass in time. Very rarely (5%) sensation remains either more or less sensitive in the long term or even permanently. In a very low percentage a diminished sense of smell may also occur but usually gets better with time. Following surgery, the skin of the nose is very sensitive to the sun. You should apply sunblock to this area for six months.

### **9. Location and variable nature of scar**

Cosmetic surgery aims to minimise visible scarring, but any surgery runs the risk of scarring which can sometimes be noticeable, particularly following complications such as infection. Such scars usually improve with time and if still they are unsightly, may need to be treated. If the procedure is a closed rhinoplasty, scars will be hidden inside the nose, while in an open rhinoplasty there will be external scarring.

Keloid scars and hypertrophic scars are raised, sometimes uncomfortable scars which can follow on post surgery. They are rare and if you are somebody who is susceptible to this type of scarring, you may already have experienced this complication following surgery or trauma to your skin. You must tell your surgeon of any any undesirable scarring you have already experienced so that they can advise you accordingly.

### **10. Asymmetry/irregularities**

Healing is not a symmetrical process and so, once healed slight imperfections may be apparent. If these are significant, then your surgeon may recommend a further procedure to improve these if necessary. Pre-existing skin blemishes, like thread veins, may be exaggerated, and if bones have to be broken and reset, they may shift again and require realignment. No person has perfect symmetry of their body or facial features, and so perfect symmetry of the nose is not an achievable goal. No guarantee of total perfection and symmetry is offered.

### **11. Rejection/movement of grafts**

Whilst rare, the introduction of any foreign material, such as a graft, into the body carries with it the risk of rejection. Although unlikely, it is possible for the graft to move, and if this should occur a further procedure may be required. It is also possible for the graft to be visible under the skin.

### **12. Narrowing of nasal passage**

Following surgery, you may experience narrowing of the nasal passage which could have an effect on your breathing for which a specialist referral may be required.

It is quite common for there to be some difficulty with breathing through the nose during the first weeks after the operation and this should reduce/disappear as the swelling settles. Occasionally can be permanent (5%).

### **13. Blowing the nose/sneezing**

Please try to avoid blowing your nose or sneezing for the first 7-10 days after surgery. You should also not put anything into your nose during this period.

### **14. Allergic reaction/retained sutures**

Rarely, local allergies to tape, suture material or other preparations used in surgery have been reported,

so it is important to inform your surgeon of any known allergies you may have. Occasionally, dissolvable sutures do not dissolve as intended and may require removal in the future. Rarely, the wound healing process can mask the presence of sutures at the time of your postoperative appointment and you may need to return for further suture removal.

### **15. Deep vein thrombosis and pulmonary embolism (Blood Clots)**

This is a rare but serious complication of surgery and anaesthesia, where a blood clot forms in the veins (usually the legs) and then moves to the lungs, interfering with their normal function.

Manchester Private Hospital's medical and nursing staff take active measures to reduce the chance of this happening. You may be asked to wear special stockings during your admission, and you will be actively encouraged to mobilise early following surgery. You can further reduce the risks after surgery by avoiding dehydration and remaining mobile. If you experience sudden chest pain or breathlessness you should seek medical help immediately.

Following such surgery, it is not recommended that you take a short haul flight for 2 weeks or a long haul flight for 6 weeks.

### **16. Toxic shock syndrome**

This is very rare, occurring in only 0.016% (1 in ten thousand) of rhinoplasty surgeries. However, if it does occur, the mortality rate is about 11%. Symptoms include fever, vomiting, diarrhoea, and a sunburn like rash.

### **17. Revision (15-20% OF ALL CASES)**

As with any type of surgery, there is always a possibility that your surgeon believes that you could benefit from some form of revision operation after your original surgery. **For Rhinoplasty procedures, you should expect that any revision procedure cannot be carried out for at least 12 months following your original surgery.**

### **18. Subjectivity**

It is important to understand that whilst you will be advised of the probable results, this should in no way be interpreted as a guarantee.

## EYELID SURGERY?

**Eyelid Surgery is one of the most popular cosmetic procedures for both men and women because it should give a subtle effect in restoring a more youthful and rested appearance.**

This surgery can be a great place to start for a surgical rejuvenation of your face as these features can make you look older and more tired than you feel. The independent surgeons and Patient Care Coordinators will guide you through the decision-making process and will be here to answer any questions.

## WHAT IS INVOLVED?

Eyelid Surgery, also known as eye bag removal or Blepharoplasty is a cosmetic eye surgery performed to restore a more youthful appearance and correct issues with vision caused by drooping Eyelids. Eyelid surgery is done by tightening saggy or hooded eyelids, and removing fatty pouches from beneath the eyes. When loose folds in the Eyelid and under eye bags are reduced, the eyes usually appear brighter and more alert. Eyelid Surgery can be performed on either the upper or lower eyelids, or both. Your surgeon will advise on the technique for your surgery during your consultation.

During Eyelid Surgery, incisions are usually made in the creases of your upper eyelids and right below the lashes in your lower eyelids (making scars seem almost invisible). After the fat under the eye is

repositioned and excess skin is removed, the incisions are closed with tiny sutures designed to be almost unnoticeable. Most Eyelid Surgery takes between 1 to 3 hours.

## FREQUENTLY ASKED QUESTIONS

### What should I expect after surgery?

After Eyelid Surgery, you will most likely have swelling and bruising which can be minimised by keeping your head elevated by sleeping at a 45-degree angle as much as possible for the first few days.

### Who is a good candidate for Eyelid Surgery?

The best candidates for Eyelid Surgery are physically and emotionally healthy non-smokers who have excess skin and fat, or "bags," that affect their eyelids and or vision. Patients with diabetes, glaucoma, high blood pressure, thyroid or heart problems should discuss these medical conditions with their surgeon.

### How do I know if I need an Eyelid lift or a Brow Lift?

Patients who are considering an upper Eyelid Surgery will need to have the eyebrow position thoroughly assessed during consultation with the surgeon.

Upper eyelid heaviness can be a result of excess eyelid skin, in which case an upper eyelid lift is appropriate. Heaviness caused by drooping of the brow will usually require a Brow lift.

## **How long is an Eyelid Surgery?**

Upper Eyelid Surgery takes about 1 ½ to 2 hours to complete. A lower Eyelid Surgery takes approximately 1 ½ to 2 hours.

## **What type of aftercare is needed for my Eyelid Surgery?**

You will need time to recover. Some surgeons recommend the use of eye ointment or drops to help keep the eyes lubricated, these will be prescribed if needed. Protecting the eyes and wearing sunglasses is recommended. You will need to attend post-operative appointments for wound checks and outcome.

## **What kind of pain should I expect following the procedure?**

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a 'mild to moderate' discomfort, your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

## **RISKS AND COMPLICATIONS OF EYELID SURGERY**

### **1. PAIN AND DISCOMFORT**

After surgery the eyes may feel tight with minor discomfort that lasts for a day or two but may persist for several days.

### **2. BRUISING AND SWELLING**

There is likely to be bruising and swelling which may be severe and noticeable; it should disappear within 1-2 weeks depending on the extent of surgery. The eyes may appear watery after surgery, partly because of swelling and partly because the tear ducts are swollen and do not drain as readily.

### **3. BLEEDING (HAEMATOMA)**

Occasionally a pool of blood can collect under the skin (haematoma) after the operation. This usually disperses spontaneously over 2 or 3 weeks, but it may need to be drained surgically if it is large.

### **4. SEROMA/OEDEMA**

Occasionally a localised swelling of fluid called a seroma may occur. This is comparatively rare and may require a minor surgical drainage procedure.



## 5. INFECTION

All surgery carries a risk of post-operative infection. The risk is low but increased in smokers.

## 6. MILIA

Tiny skin cysts (called Milia) can form on the scar line. This is normally temporary, but in some cases requires surgical removal.

## 7. CHANGES IN SENSITIVITY/VISION

During recovery the eyes may be sensitive to light and there may be some blurry or double vision for the first few days. Your eyes may also experience burning, itching, tearing or dryness. Around the operative site there may be some numbness, increased sensitivity or some 'strange sensations'. Changes in sensitivity are common and almost always pass in time.

## 8. ASYMMETRY

Healing is not always a symmetrical process; a slight difference between the right and left side is not uncommon and usually evens out with time. Absolute symmetry cannot be guaranteed.

## 9. DIFFICULTY CLOSING EYES

This condition is usually temporary but, in rare cases, corrective surgery is required.

## 10. DRY EYE SYNDROME

This is a rare complication of eyelid surgery. Dry eye syndrome is potentially dangerous. In rare cases it leads to damage to the cornea of the eye and vision loss.

## 11. LOCATION AND VARIABLE NATURE OF SCAR /KELOID

Surgical scars are permanent. However, the incisions are placed so that they are not normally noticeable except on very close observation. The scars run in the natural contours of the skin below the eye and in the upper eyelid. If only fat is removed, the incision may be inside the lower eyelid along the lower lash line, which is completely hidden. The scars should be almost invisible in 2 weeks. Scar location will depend on the incision site. The rate and extent to which scars heal and fade are variable and differ from individual to individual. Very rarely, a scar does not heal in the normal way and results in a red broad elevated scar extending further beyond the boundary of the initial scar; this is known as hypertrophic scarring.

## 12. BLINDNESS

The risk of permanent blindness is less than 1 out of 10,000. Vision loss is usually related to bleeding following eyelid fat removal. A retro bulbar haematoma is a

rare complication in which a pocket of blood forms behind the eyeball. It requires urgent treatment as it may lead to blindness.

### **13. CHANGES IN THE EYELID**

'Pulling down' of the lower eyelid can sometimes occur leading to increased exposure of the white of the eye. This condition is known as lid retraction or sclera show. It usually improves with time but may be permanent. This is an uncommon complication of eyelid surgery.

### **14. DEEP VEIN THROMBOSIS AND PULMONARY EMBOLISM**

This is a rare but serious complication of surgery and anaesthesia, where a blood clot forms in the veins, usually the legs, and then moves to the lungs interfering with their normal function. You may be asked to wear special stockings during your admission, and you will be actively encouraged to mobilise early following surgery. You can further reduce the risks after surgery by avoiding dehydration and remaining mobile. If you experience sudden chest pain or breathlessness you should seek medical help immediately.

Following such surgery, it is not recommended that you take a short haul flight for 2 weeks or a long haul flight for 6 weeks.

### **15. SUBJECTIVITY**

Assessment of the results involves a great deal of subjectivity. Therefore, it is important to understand that while you have been advised as to the probable result, this should in no way be interpreted as a guarantee.

### **16. REVISION**

Please note that as any type of surgery, cosmetic surgery may require some revisions to improve the final result and please note that even your body healing can interfere with results.

## **RISKS & CONDITIONS**

### **ANAESTHESIA COMPLICATIONS**

Anaesthesia is the practice that allows patients to undergo surgery without feeling the procedure. General anaesthesia, where medication is used to make you unconscious, can sometimes lead to complications. These include lung infections, stroke, heart attacks, and death. More common anaesthesia risks include waking up confused and disoriented, and shivering. A less common complication is anaesthesia awareness or waking up in the middle of surgery.

## **ALLERGIC REACTIONS**

In rare cases, local allergies to tape, suture material glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

## **ALTERED SENSATION AND NUMBNESS DAMAGE**

Superficial nerves in the fat may cause numbness or altered sensation including painful sensations such as shooting pains, burning sensations and pins and needles.

## **ASYMMETRIC AREAS**

Temporary lumpy areas and ridges may appear afterwards, and these may require massaging. It is not possible to promise symmetry after the operation as the body is naturally asymmetrical.

## **BLEEDING**

Slow bleeding may collect under the skin forming a haematoma or seroma.

## **BRUISING**

Bruising is a side effect that is often associated with surgery. The degree of

bruising that follows surgery will vary depending on patient sensitivity and the extent of the surgery itself. While bruising is not a sign of any more serious complications, you should monitor your condition during your recovery.

## **CONTOUR DEFORMITIES**

Some patients may experience small puckers or folds in the incision line. Many of these differences flatten out over time and with gentle massage occasionally revision surgery is required.

## **DEEP VEIN THROMBOSIS + PULMONARY EMBOLISM (BLOOD CLOTS)**

Deep vein thrombosis (dvt) is a condition where blood clots form in deep veins, usually in the leg. When these clots break off and travel to the lungs, it's known as pulmonary embolism (pe). Though relatively uncommon, these complications can be fatal

## **DELAYED HEALING**

In a small percentage of patients' complications of delayed healing can occur. All wounds heal at different rates, smokers are more likely to suffer from delayed healing. The wound initially appears to be healing well, but then the wound becomes red and a small hole appears. This is not a disaster, and with

wound management it should heal spontaneously with regular dressings. However delayed healing can produce a wider heavier and sometimes stretched scar.

### **DEPRESSION**

While depression is not directly caused by having surgery, the 2 have been known to be linked to health disorders, including body dysmorphic and eating disorders. If you have been diagnosed with or treated for depression, an anxiety disorder, or another mental health condition, you should wait until your condition has resolved or stabilised before having surgery. It is extremely important that you discuss any history of mental health disorders with your surgeon prior to the procedure.

### **DRESSINGS**

Patients must not disturb their dressings, some incision sites ooze diluted blood, this is nothing to worry about, place a pad of gauze over the initial dressing and apply a little pressure, contact the hospital if you have any concerns. If you experience any reaction to the dressing such as blisters / redness please ring the hospital for advice.

### **FACIAL PALSY**

Facial palsy is a risk associated with some of the procedures in this section, this is an extremely rare complication caused by nerve damage and would require the patient to undergo a supplementary treatment plan.

### **HAEMATOMA (BLEEDING)**

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (haematoma). Haematoma may contribute to, infection or other problems. Do not take any aspirin or anti-inflammatory medications for ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Haematoma can occur at any time following injury to the area.

### **HAIR LOSS**

Patients may experience some hair loss in the temporal region, this is usual a temporary situation with the expectation that the hair will regrow.

### **INFECTION**

Infection can occur with any surgery. Most infections resulting from surgery appear within a few days to weeks after the operation. However, infection is possible at any time after surgery. Symptoms include sudden fever, vomiting, diarrhoea, fainting, dizziness, and/or sunburn like rash. In this first instance you should contact us immediately for diagnosis and treatment if you have these symptoms.

### **ITCHING AND BURNING SENSATION**

These symptoms are caused by nerve damage and should usually subside at 14 to 28 days.

### **NAUSEA AND VOMITING**

Post-operative nausea and vomiting (PONV) is a side effect that leads to almost half of surgery patients feeling ill in the hours and days after surgery. Prevention is key. Make sure your anaesthesia provider is aware of any previous experience and ask for a plan to prevent it from happening again. It is much easier to prevent this issue with medication than it is to treat it once you are feeling unwell. Vomiting is also very painful after surgery.

### **NECROSIS**

Some tissue death is normal with surgery, and the body can clean up the dead cells by itself.

If too large an area of tissue dies, you may need surgery to remove it. This can affect the final appearance of a cosmetic procedure.

### **NERVE DAMAGE**

The potential for nerve damage is present in many different types of surgical procedures. Numbness and tingling are common after plastic surgery and can be signs of nerve damage.

### **OEDEMA**

A build-up of fluid in the body which causes the affected tissue to become swollen, normally it should subside within much intervention.

### **ORBITAL HAEMATOMA (BLEEDING)**

Orbital haematoma following eyelid surgery is a collection of blood. The risk is higher during the first 24 hours following any surgical procedure, but it can still occur at a later stage. In case of a major collection of blood it may be necessary for patients to return to theatre for a second operation to remove this collection, although extremely rare. The risk of bleeding slowly fades in 3-4 weeks as the healing continues. We recommend that you refrain from any heavy lifting and strenuous activity during this period.

### **PAIN**

Patients will probably have some discomfort after surgery. The intensity of the pain and the length of time it lasts vary from patient to patient. The pain may persist long after you have healed from surgery. In addition, surgical technique may result in pain. Tell us or your surgeon if you have a lot of pain or if your pain does not go away.

### **SCARS**

All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases, scars may require surgical revision or treatment.

### **SEROMA**

Fluid may accumulate following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain fluid which may contribute to infection or other problems.

### **SMOKING**

Smoking provides us with unlimited risks, it can delay healing, promote complications during anaesthesia and restricts the flow of oxygen to the body's main organs.

### **SUTURES**

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously erupt through the skin, become visible or produce irritation that requires suture removal.

### **SWELLING**

Some bruising and swelling normally occur after surgery. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

# COSMETIC GYNAECOLOGY SURGERY

## **COSMETIC PROCEDURES**

**Cosmetic surgery is also available to reduce, enlarge and tighten certain parts of the vagina.**

While these operations are often requested on purely aesthetic grounds, they may also relate to sexual dysfunction and general discomfort and can, on this basis, be requested on the NHS. However, vaginal surgery carried out for no other reason than to enhance appearance is only available privately.

## LABIAPLASTY

**A labiaplasty is a surgical procedure to reduce the size of the inner lips of the vagina, known as the labia minora.**

This operation is often requested on cosmetic grounds, but also for functional reasons. Some women find that oversized or elongated labia can prolapse into the vagina during sexual intercourse, while others report discomfort in certain articles of clothing.

During the operation, a surgeon will remove a wedge from the labia minora and use a local tissue flap to repair the wound that is created. It is a relatively straightforward procedure that usually yields good results. Most patients find that the area is well healed after two weeks, and is fully back to normal after six weeks.

## VAGINAL TIGHTENING

**Following childbirth some women find that their vagina has loosened, in some cases becoming so lax and splayed as to cause major sexual dysfunction.**

Women may request vaginal tightening with the aim of restoring their genital area to functional and visual normality. In such cases, surgeons carry out a procedure known as posterior repair,

whereby the vagina is separated from the rectum and the muscles pulled together to tighten the vaginal structures.

## AUGMENTATION OF THE LABIA MAJORA

**In cases where the outer lips of the vagina (labia majora) are considered to be too small,** surgeons can augment this area using fat transfers, grafts and injections into the labia.

## HITCHING AND RECONTOURING OF THE MONS PUBIS

**In women of a certain age, the mons pubis (the mound about the vagina) can drop,** causing what some patients find to be an aesthetically unappealing bulge. This can be treated by a surgical hitching up of the loose abdominal skin around the mons pubis.



## **FREQUENTLY ASKED QUESTIONS**

### **How long is the procedure?**

The surgery can last between 1-2 hours.

### **When can I resume sexual activity?**

As with any type of surgical procedure, there is usually a period needed for the body to heal. Generally, you should refrain from any type of sexual intercourse (vaginal penetration) for a period of 4-6 weeks. You will need to speak with your surgeon for specific guidance.

### **Will there be scars?**

Your surgeon will make every effort to keep incisions as minimal as possible and try to disguise them in the natural lines and creases of your skin or internally, but as with any incision there will be a scar.

### **How long will it be before I can expect a final result?**

This varies with the type of operation being performed. It also depends on the individual. Some people bruise easily, while others don't. Generally, there will be swelling and some bruising after surgery. Both will usually disappear during the first few weeks following the procedure. The final optimal result can usually be appreciated a few months after surgery.

### **What type of aftercare is needed for my Cosmetic Gynaecology ?**

You will need time to recover. We would recommend you use panty liners for the first 2 weeks following surgery, changing these regularly. It is advised that you purchase underwear one size larger than your normal size. You will need to use sanitary towels rather than tampons for a few weeks after the surgery if your period starts. You will need to attend post-operative appointment for wound checks and outcome.

### **What kind of pain should I expect following the procedure?**

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a 'mild to moderate discomfort', your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

## **RISKS AND COMPLICATIONS OF COSMETIC GYNAECOLOGY**

### **ALLERGIC REACTIONS**

In rare cases, local allergies to tape, suture material, glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional

### **ALTERED SENSATION AND NUMBNESS DAMAGE**

Superficial nerves in the fat of the body may cause numbness or altered sensation including painful sensations such as shooting pains, burning sensations and pins and needles.

### **ASYMMETRY**

Temporary lumpy areas and ridges may appear after surgery these may require massaging . It is not possible to promise symmetry after any operation as the body is naturally asymmetrical.

### **BLEEDING**

Slow bleeding may collect under the skin forming a haematoma or seroma. You can also actively bleed from an incision.

### **BLOOD LOSS**

As with any surgery, some blood loss is expected. However, uncontrolled blood loss can lead to a drop in blood pressure with potentially deadly outcomes. Blood loss can happen while on the operating table, but also internally, after surgery.

### **BRUISING**

Bruising is a side effect that is often associated with plastic surgery. The degree of bruising that follows surgery will vary depending on patient sensitivity and the extent of the surgery itself. While bruising is not a sign of any more serious complications, you should monitor your condition during your recovery.

### **CONTOUR DEFORMITIES**

Some patients may experience small puckers or folds in the incision line. Many of these differences flatten out over time and with gentle massaging. Occasionally revision surgery is required to remove any excess puckering or folds that may develop.

### **DEEP VEIN THROMBOSIS (BLOOD CLOTS)**

These often occur in the legs and are more common in long surgeries and those done under general anaesthesia. A clot that blocks a blood vessel can cause tissue damage in the immediate area. If it breaks loose and travels to the lung or heart, it can be fatal.

## **DEPRESSION**

While depression is not directly caused by having surgery, the 2 have been known to be linked to health disorders, including body dysmorphic and eating disorders. If you have been diagnosed with or treated for depression, an anxiety disorder, or another mental health condition, you should wait until your condition has resolved or stabilised before having surgery. It is extremely important that you discuss any history of mental health disorders with your surgeon prior to the procedure.

## **DELAYED HEALING**

In a small percentage of patients' complications of delayed healing can occur. All wounds heal at different rates, smokers are more likely to suffer from delayed healing. The wound initially appears to be healing well, but then the wound becomes red and a small hole appears. This is not a disaster, and with wound management it should heal spontaneously with regular dressings. However delayed healing can produce a wider heavier and sometimes stretched scar.

## **DRESSINGS**

Patients must not disturb their dressings, some incision sites ooze diluted blood, this is nothing to worry about, place a pad of gauze over the initial dressing and apply a little pressure, call the hospital if you

have any concerns. If you experience any reaction to the dressing such as blisters / redness please ring the hospital for advice.

## **INFECTION**

Infection can occur with any surgery. Most infections resulting from surgery appear within a few days to weeks after the operation. However, infection is possible at any time after surgery. Symptoms include sudden fever, vomiting, diarrhoea, fainting, dizziness, and/or sunburn-like rash. You should contact us immediately in the first instance, if you have these symptoms or report accordingly to your local gp/trust for potential treatment.

## **ITCHING AND BURNING SENSATION**

These symptoms are normally caused by nerve endings that have been damaged during the procedure reconnecting, they will usually subside at 14-28 days.

## **NAUSEA AND VOMITING**

Post-operative nausea and vomiting (ponv) is a side effect that leads to almost half of surgery patients feeling ill in the hours and days after surgery. Prevention is key. Make sure your anaesthesia provider is aware of any previous experience and ask for a plan to prevent it from happening again. It is much easier to prevent this issue with medication than it is to treat it once you are unwell . Vomiting is also very painful after surgery, especially if the surgery required an abdominal incision.

## **NECROSIS**

Some tissue death is normal with surgery, and the body can clean up the dead cells by itself. If too large an area of tissue dies, you may need surgery to remove it. This can affect the final appearance of a cosmetic procedure.

## **PAIN**

Patients will probably have some discomfort after surgery. The intensity of the pain and the length of time it lasts varies from patient to patient and will be managed using analgesia. The pain may persist after you have healed from surgery.

## **SCARS**

All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases, scars may require surgical revision or treatment.

## **SEROMA**

Fluid may accumulate following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain fluid accumulation. This may contribute to infection or other problems.

## **SMOKING**

Smoking provides us with unlimited risks, it can delay healing, promote complications during anaesthesia and restricts the flow of oxygen to the body's main organs.

## **SUTURES**

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously erupt through the skin, become visible or produce irritation that requires suture removal.

## **SWELLING AND BRUISING**

Some bruising and swelling normally occurs. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

## **THICK, WIDE, OR DEPRESSED SCARS**

Abnormal scars may occur even though the surgeon takes extra care to close all incisions as carefully as possible.

Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct scars is occasionally necessary. Some areas on the body scar more than others, and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect. Massage may also help but seek guidance from your surgeon before starting massage.

### **WOUND SEPARATION OR DELAYED HEALING**

Any incision, during the healing phase, may separate or heal unusually slowly for several reasons. These include inflammation, infection, excessive wound tension, decreased circulation, smoking, protein depletion and nutritional status or excessive external pressure. If delayed healing occurs, the outcome is usually not significantly affected, but secondary revision of the scar may be necessary.

### **PAIN AND DISCOMFORT**

Pain and discomfort decreases within two/three days post operatively but tingling and pain may continue for few weeks following surgery, sometimes pain is permanent and this is in about(10-15%).

### **BLEEDING (HAEMATOMA/SEROMA)**

After surgery bleeding or accumulation of fluid may happen. If this happens the

operated area may be swollen and painful. Larger haematomas and seromas may require further surgical procedures to resolve them. (5%)

### **INFECTION**

All surgeries carry a risk of post-operative infection. The risk is low but increased in smokers. Infection is uncommon (5%). It can respond to antibiotics but may require hospital stay, revision of scar and delayed time to normal life.

### **WOUND HEALING/HYPERTROPHIC SCAR/KELOID**

Surgical scars are permanent. Healing of wounds varies from patient to patient and even from one part of the body to another and is a gradual process. Smoking, nicotine patches, e-cigarette for the period leading up to your surgery and afterwards can seriously hinder the healing process (6weeks before and after the procedure). Patient who are overweight or/and with certain pre-existing medical conditions are also more likely to experience problems with wound healing. Very rarely, a scar does not heal in the normal way and result in a red broad elevated scar extending further beyond the boundary of the initial scar.(10%)Fat necrosis (2-3%) This is a rare complication that may occur a few days after the surgery, a clear liquid with a yellow or brownish colour may drain from the wound; this may be due to fat necrosis.

The inadequate blood supply (blood supply to fat is always poor) can cause some cells to die and drain to the surface. The remaining tissue may become hard or calcified. Scars/Dog ears Surgical scars are permanent and the length/straight line of the scars is unpredictable . Dog ears is a quite common complication (10%) and may take 6 months or more to settle and may need a further procedure to correct this.

## **ABDOMINOPLASTY (TUMMY TUCK) PROCEDURES**

### **How long is the procedure?**

The surgery can last between 1 ½ Hours & 4 Hours

### **When can I resume sexual activity?**

As with any type of surgical procedure, there is usually a period needed for the body to heal. Generally, you should refrain from any type of sexual intercourse (vaginal penetration) for a period of 4-6 weeks. You will need to speak with your surgeon for specific guidance.

### **Will there be scars?**

Your surgeon will make every effort to keep incisions as minimal as possible and try to disguise them in the natural lines and creases of your skin or internally, but as with any incision there will be a scar.

### **How long will it be before I can expect a final result?**

This varies with the type of operation being performed. It also depends on the individual. Some people bruise easily, while others don't. Generally, there will be swelling and some bruising after surgery. Both will usually disappear during the first few weeks following the procedure. The final optimal result can usually be appreciated some months after surgery.

### **What type of aftercare is needed for my Abdominoplasty procedure ?**

You will need time to recover. You may need to wear a compression garment supplied at the Hospital for a period designated by your Surgeon which can be up to 6 week following your surgery. You may also be discharged with drain in situ which will be removed normally within 1 week following your surgery.

### **What kind of pain should I expect following the procedure?**

While everyone's pain tolerance is different, most patients describe the pain during the recovery process as a 'mild to moderate discomfort', your prescribed pain-relief medication and your surgeon will advise you on your specific recovery expectations.

### **Contour irregularities /Unevenness**

It is important to understand that is normal for patients to have some irregularities due the individual healing process

### **Change in Abdomen sensation /Numbness**

It is typical to observe an alteration in skin sensation following surgery, it usually subsides when the you are fully recovered from the surgery. Very rarely skin sensation remains either more or less sensitive in the long term even permanent (5%).

## **Increase or weight loss**

The aesthetic appearance of the final result may also adversely be affected by weight fluctuation after the procedure.

## **Pregnancy**

Pregnancy itself may effect the outcome of the procedure .

## **Asymmetry**

It is important to understand that is normal for patients to have an asymmetry of the body. This asymmetry can sometimes be more pronounced following abdominoplasty. Asymmetry of two halves sometimes is due to intrinsic asymmetry, mechanical forces on abdominal scars and the wound healing process and it will be difficult to correct. Asymmetry can sometimes be more noticeable following surgery, if you are affected by scoliosis .

## **Stretch marks**

Stretch marks may develop, may become more noticeable.

## **Smoking**

Smoking provides us with unlimited risks, it can delay healing, promote complications during anaesthesia and restricts the flow of oxygen to the body's main organs.

## **Sutures**

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously erupt through the skin, become visible or produce irritation that requires suture removal.

## **Swelling and bruising**

Some bruising and swelling normally occurs. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

## **Thick, wide, or depressed scars**

Abnormal scars may occur even though the surgeon takes extra care to close all incisions as carefully as possible. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct scars is occasionally necessary. Some areas on the body scar more than others, and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect. Massage may also help but seek guidance from your surgeon before starting massage.



## **Wound separation or delayed healing**

Any incision, during the healing phase, may separate or heal unusually slowly for several reasons. These include inflammation, infection, excessive wound tension, decreased circulation, smoking, protein depletion and nutritional status or excessive external pressure. If delayed healing occurs, the outcome is usually not significantly affected, but secondary revision of the scar may be necessary.

## **Deep vein Thrombosis and Pulmonary Embolism (Blood Clots)**

These are a rare but serious complication of surgery and anaesthesia, where a blood clot forms in the leg veins and may move to the lungs interfering with their normal function. This will require a hospital stay. Please note the Department of Health recommend you do not fly for at least two weeks following minor surgery and you should not take a long haul flights for at least six weeks.

## **Nerve damage**

The potential for nerve damage is present in many different types of surgical procedures. Numbness and tingling are common after plastic surgery and can be signs of nerve damage.

## **Oedema**

This is a build-up of fluid in the body which causes the affected tissue to become swollen, normally it should subside

naturally by being reabsorbed back into the body. If it persists you will need to discuss this with your clinical team.

## **Bowel perforation**

This is a rare but very serious complication of surgery and will require undergoing an A&E admission, long hospital stay with further procedures, extra scars and could lead to fatality.

### **REVISION**

Please note that as any type of surgery, cosmetic surgery may require some revisions to improve the final result, your body healing can interfere with results.

### **SUBJECTIVITY**

With all cosmetic procedures the assessment of the results involve a great deal of subjectivity.

**It is important to understand that while you have been advised as to the probable results, this should in no way be interpreted as a guarantee.**

# ANAESTHETIC

## **SIDE EFFECTS AND COMPLICATIONS OF GENERAL ANAESTHESIA**

**Anaesthetic risks can be described as side effects or complications. These words are somewhat interchangeable, but are generally used in different circumstances, as shown below.**

**Side effects** are the effects of drugs or treatments which are unwanted but are generally predictable and expected. For example, sickness is a side effect of a general anaesthetic, although steps are taken to prevent it.

**Complications** are unwanted and unexpected events due to a treatment. However, they are recognised as events that can happen. An example is a severe allergic reaction to a drug, or damage to your teeth when inserting a breathing tube.

### **How soon after discharge can I resume driving?**

You must not drive for a minimum of 24 hours after surgery as, due to the effects of the anaesthetic, you would technically be driving under the influence of drugs and so your insurance would be null and void. Please note that, should you choose to ignore this advice and drive yourself to the hospital intending to drive yourself home after your surgery, we will have no choice but to cancel your operation. In such circumstances, no refund of fees will be due.

Limitations to driving after surgery may also be dependent on the nature of surgery for which your surgeon will give you further advice on driving restrictions. Anaesthetists are trained to prevent complications and to treat them if they happen.

## Index of side effects and complications

This index lists possible side effects and complications and how likely they are to happen. The chart shows what words describing risk in this booklet mean.

<b>Very Common:</b> 1 in 10
<hr/>
<b>Common:</b> 1 in 100
<hr/>
<b>Uncommon:</b> 1 in 1000
<hr/>
<b>Rare:</b> 1 in 10,000
<hr/>
<b>Very Rare:</b> 1 in 100,000

For example, if something is 'very common' it means that about 1 in 10 people will experience it. It also means it will not happen to about 9 out of 10 people.

## Using this index

The following index starts with 'very common' and 'common' side effects and finishes with 'rare' or 'very rare' complications.

**RA**= risk relevant to regional anaesthesia

**GA**= risk relevant to general anaesthesia.

## VERY COMMON SIDE EFFECTS AND COMMON RISKS

### 1. Feeling sick and vomiting | RA GA

Some operations, anaesthetics and pain-relieving drugs are more likely to cause sickness than others. Anti-sickness drugs are routinely given with most anaesthetics and extra doses can be given to treat feeling sick (nausea) or vomiting.

### 2. Sore throat | GA

For most general anaesthetics, the anaesthetist will place a tube in your airway to help you breathe. This can give you a sore throat. The discomfort or pain may last from a few hours to a few days. It is treated with pain-relieving drugs.

### 3. Dizziness and feeling faint | RA GA

Anaesthetics can cause low blood pressure. If this happens, your anaesthetist will treat it with drugs and intravenous fluid (drip), both during your operation and in the recovery room. You will only go from the recovery room back to the ward when your blood pressure is considered to be stable.

## **4. Shivering | RA GA**

You may shiver if you get cold during your operation. We take care to keep you warm and to warm you afterwards if you are cold. A hot-air blanket may be used. Shivering can also happen even when you are not cold, this is as a side effect of anaesthetic drugs.

## **5. Headache | RA GA**

There are many causes of headache after an anaesthetic. These include the operation, dehydration, and feeling anxious. Most headaches get better within a few hours and can be treated with pain-relief medicines.

Severe headaches can happen after a spinal or epidural anaesthetic. However, the clinic team and anaesthetist will monitor you accordingly and encourage you to voice any concerns.

## **6. Chest infection | RA GA**

A chest infection is more likely to happen after major surgery on the chest or abdomen, after emergency surgery and after surgery in people who smoke. It is treated with antibiotics and physiotherapy. In some circumstances, having an RA, rather than a GA, can reduce the risk of a chest infection. Occasionally, severe chest infections can develop which may need treatment in the intensive-care unit as they can be life-threatening.

## **7. Itching | RA GA**

Itching is a side effect of opiate pain-relief medicines, although it can also be caused by an allergy to anything you have been in contact with including drugs, sterilising fluids, stitch material, latex and dressings. Drugs can be used to treat it.

## **8. Aches, pains and backache | RA GA**

During your operation, you may lie in the same position on a firm operating table for a long time. You will be positioned with care, but some people still feel uncomfortable afterwards. Muscle pains can also occur if you receive a drug called suxamethonium. Your anaesthetist will tell you if you need this drug.

## **9. Pain when drugs are injected | RA GA**

Some drugs used for general anaesthesia, or for sedation given with regional anaesthesia, can cause pain when being injected.

## **10. Bruising and soreness | RA GA**

This can occur around injection and drip sites and may also be caused by a vein leaking blood around the cannula or by an infection developing. Bruising and soreness usually settles without treatment eg. other than removing the cannula.

**11. Confusion or memory loss | GA**

This is common among older people who have had a general anaesthetic, or it may be due to an illness developing such as chest or urine infection. There are other causes, which the clinical team looking after you will take care to treat. Confusion or memory loss normally resolves, but this can take some days, weeks or in some cases months.

**12. Bladder problems | RA GA**

Difficulty passing urine, or leaking urine (incontinence), can occur after most kinds of moderate or major surgery. If this happens, the clinical team looking after you will consider whether you need a urinary catheter (soft tube) placed in the bladder, which drains the urine into a bag. If the difficulty is expected to get better very soon, it is best to avoid putting in a catheter if possible, because urine infection is more likely if you have a catheter. Your clinical team will make sure that your dignity is maintained. Most bladder problems resolve prior to discharge.

**UNCOMMON RISKS****1. Breathing difficulty | GA**

Some people wake up after a general anaesthetic with slow or slight breathing difficulty. If this happens to you, you will be cared for and monitored in the recovery room until your breathing is considered to be satisfactory.

**2. Damage to teeth, lips and tongue | GA**

Damage to teeth happens in 1 in 4,500 people undergoing general anaesthetic. Your anaesthetist will place a breathing tube in your throat at the beginning of the anaesthetic application. It is at this point that damage can occur, and is more likely if you have fragile teeth, a small mouth, or a stiff neck. Minor bruising or small splits in the lips or tongue are common but heal quickly. Whilst it is uncommon, veneers may be damaged.

**3. Awareness | GA**

'Awareness' describes the rare occasions when a patient has become conscious during some part of a general anaesthetic procedure. This happens because not enough anaesthetic is being received to keep the patient unconscious. During your procedure, the anaesthetist uses monitors which gauge how much anaesthetic is being given and how your body is responding to it.

These should allow your anaesthetist to judge how much anaesthetic you need.

If you think you may have been conscious during your operation, you should tell any member of the team looking after you. Your anaesthetist will want to know so they can help you at this time and with any future anaesthetic you may have.

#### **4. Damage to the eyes | GA**

It is possible that surgical drapes or other equipment can rub the cornea (clear surface of the eye) and cause a graze. This is uncomfortable for a few days but normally heals completely with eye-drop treatment. Anaesthetists take care to prevent this. Small pieces of sticky tape are often used to keep the eyelids together, or ointment is used to protect the surface of the eye. Although serious and permanent loss of vision can happen, it is very rare.

#### **5. Nerve damage | RA GA**

Nerve damage (paralysis or numbness) can result from a number of causes during local, regional or general anaesthetic. Temporary nerve damage can be common with some types of anaesthetic, but full recovery often follows and permanent damage to nerves outside the spinal column is uncommon.

#### **6. Existing medical conditions getting worse | RA GA**

Your anaesthetist will make sure that any existing medical condition you have is evaluated before your surgery. If you have previously had a heart attack or a stroke, the risk that you will have another one is slightly increased during and after your operation. Other conditions such as diabetes, high blood pressure and asthma will be closely monitored and treated as necessary.

#### **RARE OR VERY RARE COMPLICATIONS**

##### **1. Serious allergy to drugs | RA GA**

Allergic reactions can occur with almost any drug. Your anaesthetist uses continuous monitoring which helps ensure that any reaction is noticed and treated before it becomes serious. Very rarely, people can die of an allergic reaction during an anaesthetic, and so it is extremely important to advise your anaesthetist/clinical team of any allergies you know you have.

##### **2. Damage to nerves in the spine | RA GA**

Permanent damage to the nerves in your spine is very rare after either a general anaesthetic, spinal or epidural anaesthetics.