

“Now it is Much More Fun to Shop for Clothes!”

Anyone who has visited the Western Harbour in Malmö has probably noticed the blue building immediately adjacent to the Turning Torso. It is here, at the Institute of Plastic Surgery, that I had the honour of accompanying Doctor Jan Wieslander and his team all the way through the process of a breast augmentation operation.

Early one morning I meet Hanna by the entrance. She is the patient who will be operated on by Doctor Wieslander. Today she has come for an initial consultation.

We enter the clinic, which does not look anything like an ordinary hospital. It is a warm and cosy environment.

The first person we meet is Maria, the Secretary. She greets us and we enter her office. Hanna is asked to fill in a few forms in preparation for seeing the Doctor.

Walking down the corridor to the Doctor's office, I ask Hanna if she was nervous. She is not. This is exciting and something she has wanted for a very long time.

Doctor Jan Wieslander greets us and we sit down. He looks at the forms that Hanna has filled in and explores her health carefully. They discuss why she wants her breasts enlarged and what her expectations are. Then she is asked to undress the upper part of her body so that the Doctor can have a look at her breasts and armpits. He takes measurements and checks that everything is in the right place and feels normal. In Hanna's case, the left breast is a little larger than the right. This is entirely normal. In four out of five women, the left breast is a little larger than the right.

The armpits are investigated for lymph-glands. Everything is fine and now it is time for photos in order to see the difference before and after the operation.

Then the size must be decided. Doctor Wieslander uses silicone implants filled by cohesive gel, which means that the implants hold together in a semi-firm consistency. If an implant is cut in half, the gel does not run. The implant has a 3-layer cover and an estimated life-time of 20–30 years. Silicone implants make for the most natural breasts and have been proven to bring the least risk of complications. Anatomical (drop-shaped) or round implants are available but feel unnatural.

There is always a risk of capsular formation. That means that, within 3 days, a thin fibrotic layer might develop around the implant, and this layer can become thick and hard and thus contract to form a capsule. Doctor Wieslander has about 1 in 500 patients who develop capsular formation. If that should happen, the clinic will bear the cost of any necessary treatment. The silicone implants are a little rough on the surface, which also counters capsular formation. And there is an insurance that covers the risk of capsular formation for the next 10–12 years.

DID YOU KNOW THAT...

Patients with silicone gel implants have about 30 % lower risk of breast cancer and discover tumours earlier than other groups of women.

Silicone exists in 2–3000 different products in our environment, for example in lipstick, mascara, medications, tablets, syringes sprays, ointments, creams etc.

Breast implants have been used since the 1960s.

In nine out of ten cases, the implants are inserted through the axillary skin. The axilla itself is never touched; the incision is only made through the skin and straight up below the breast muscles. A pocket is created in which the implants are placed. The pocket is created through so-called balloon technique, which means that the breast tissue is expanded by being blown up like a balloon, sufficient for the implant to be inserted. Doctor Wieslander is alone in using this technique. One of the advantages of placing the implants below the breast muscle is that it looks more natural. Breast-feeding is also less affected. A disadvantage is somewhat greater pain for the first few days after the operation.

Sensitivity in the nipple can be affected during the immediate post-operative period. It is usually hyper-sensitive, but gradually this returns to normal.

Doctor Wieslander has had only one case of infection over the years, but never when the incision has been through the armpit. In that event the implants are taken out and new ones can be inserted after 2–3 months.

Hanna and Doctor Wieslander try out the right size. For Hanna, it is very important to make it look natural. Then Doctor Wieslander checks the blood pressure and listens to the heart and the lungs.

This is a consultation, but Hanna has already made up her mind to have the operation. The Doctor tells her that she must be fasting for six hours, and she must avoid any medication that contains salicylic acid for 10 days prior to the operation. This is because of the increased

risk of bleeding. She is given a sponge to take home and use for washing on the day of the operation. The operation itself will last for about an hour, and she will stay at the clinic for four to six hours afterwards.

The consultation is over and Doctor Wieslander asks Hanna if she has made a decision or if she wants to think about it. As we already know, she has made up her mind to go ahead, so she is given a piece of paper to hand to the Secretary to make a booking.

We thank Doctor Jan Wieslander and return to Maria.

“I’ll have the first appointment you can manage,” Hanna says.

“All right,” Maria answers, “we have had a cancellation for 8 o’clock tomorrow morning.”

Shame I didn’t have the camera ready that minute – you should have seen Hanna’s face!

Having pulled herself together, she accepted the appointment, saying “Now I am nervous!”

The Day of the Operation

Hanna is assigned a small cosy room of her own on the third floor of the blue building.

There are two nurses who will take care of the patients that will have operations today.

Doctor Wieslander comes in and prepares for the operation. He takes measurements and makes markings on her breast. The anaesthetist doctor also comes in and goes through everything to make sure that Hanna will feel as well as possible, both before and after the operation.

Now the moment has come! I, too, receive some nice green clothing for the theatre, since I have been given permission to take some photos during the operation itself. Hanna lies down on the operating table, where Doctor Wieslander, a theatre nurse and the anaesthetist doctor are waiting. Hanna soon falls asleep and I have promised to see her when she awakes.

Four hours later I am sitting with Hanna in her room. She has just woken up and feels a great deal of pain. At that moment she is wondering what she has let herself in for. The nurses come in at regular intervals to check that everything is all right. In a little while she will get something to eat and drink.

For the next few days she will take a lot of pain-killers. She has been taped in order to keep the breasts in the right place. Doctor Wieslander comes in and reports that everything went well during the operation. Since Hanna lives fairly close to the clinic, she is allowed to go home, but in any emergency it is possible to telephone the doctor at any time of day or night. She must come back in a week to have the stitches under the arm removed.

A Week Later

We are back at the clinic and the doctor will remove the stitches. The scars in the armpits

look very good and are healing well. Hanna tells me that she had great pain for the first three days. “Even though both the doctor and Maria in the reception did say that the pain will be extreme, it is impossible to imagine what it is like. I consumed lots of pain-killers. But the good thing is that they said it would normally last for three days and then it would get better. And that is how it really was – three days and then there is hardly any pain at all.”

“Now all that is forgotten and I would not have it undone. I am very happy with the result.” The doctor also checks that Hanna can move her arms properly. She was told to begin taking exercises four days after the operation. Three times a day she should lift both her arms straight up 10 times.

Then she is given a compression bra that will press down the breasts so that they do not move too high. She must wear this day and night for at least a week. After 2–3 months she must come back for another check-up.

Three Months Later

This is the final check-up. This time Doctor Wieslander checks that there is no capsular formation. He also looks at the scars and makes sure that the breasts are not too high up. For Hanna, everything looks good.

Again it is time for photos. Many patients have already forgotten what they used to look like. It is easy to forget and to adjust quickly.

When Hanna is shown her photos she exclaims: “Gosh, I didn’t have anything before!”

FACTS

Doctor Professor Jan B. Wieslander

The Institute of Plastic Surgery was founded in 1992 by the Plastic Surgeon, Professor Jan B Wieslander who is now, after 20 years professional experience as a medical doctor and plastic surgeon, one of Scandinavia's most respected specialists in cosmetic and reconstructive plastic surgery.

Professor Jan B. Wieslander holds a PhD in Medicine, is a Specialist in Plastic Surgery and an Assistant Professor at the University of Lund. He is intimately linked with the emergence of the new plastic surgery techniques, both as a scholar, a practicing clinician, an author and an internationally renowned lecturer.

Doctor Wieslander is an established member of

The Swedish Society of Plastic Surgery

The Swedish Society of Aesthetic Plastic Surgery

The Nordic Association of Plastic Surgeons

The American Society for Plastic and Reconstructive Surgeons

The Institute of Plastic Surgery

Lilla Varvsgatan 11,

S-211 17 Malmö, Sweden

www.plasticinstitute.com