



Your body, your decision.

Learn more about Nagor™ and
Eurosilicone™ breast implants.



Tel: +971 6 54 58 663
info@maria-trading.com
www.maria-trading.com
Sharjah - UAE

GC Aesthetics™

Providing choices for you.

GC Aesthetics™ is a leading aesthetic medical device company with over three decades of experience manufacturing silicone implants through our brands Nagor™ and Eurosilicone™.

It's our goal to continually develop high quality products and services that meet both surgeons' and women's needs. GC Aesthetics™ not only provide over 1,100 products across our portfolio, but also deliver services to help you, the patient, make informed choices about your body. Over the following pages, you can learn about breast surgery, what to expect and the risks to be aware of.

Remember to discuss all options with your surgeon, who will be able to advise you on the choices available to you.

For more information about GC Aesthetics™ and our implant range across Eurosilicone™ and Nagor™ visit www.gcaesthetics.com

Contents.

5. Your body, your decision.
6. What are breast implants?
8. Selecting an implant and type of surgery.
9. GC Aesthetics.™ Our implants.
10. About your surgery.
12. Anticipated benefits, risks and complications related to breast implants.
17. Possible risks & complications related to surgery.
19. Possible long-term issues.
20. Women like you share their experiences.
24. FAQ.



Your body, your decision.

There are many reasons why women, just like you, choose to have breast implants. Whether it's to get back to the shape you were before having children; to bring balance to uneven breasts; or simply to feel happy with the figure you've always wanted.

Whatever your circumstances, it's important you have as much information as possible to be able to make informed decisions on what's right for you.

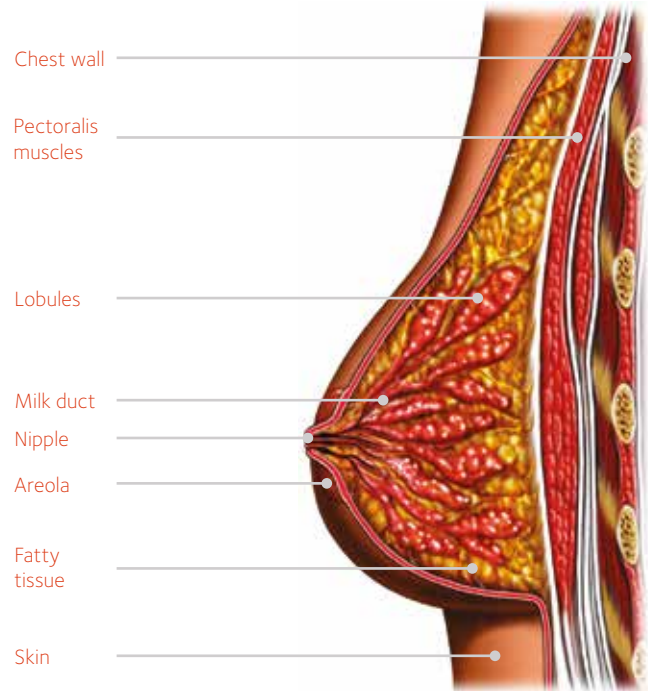
That's why we at GC Aesthetics™, have compiled this brochure to offer an overview of breast implants and breast enhancement procedures. You can learn all about what happens during surgery, what to expect and what risks you should be aware of.

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

For more information and a comprehensive list of FAQs, please visit www.gcaesthetics.com.

What are breast implants?

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



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

Silicone is widely used in implantable medical devices.

The surface of a breast implant may be smooth or textured (rough surface). There is some evidence that textured implants have a lower incidence of capsular contraction around them (that is tight scar formation when the body forms a tissue layer around the implant which starts to contract. See page 13). However, because a textured implant adheres to the surrounding tissue, it may cause visible rippling (wrinkling) in the skin. This can occur if there is not adequate coverage of soft tissue over the implant. Consult your surgeon, who will be able to explain this in more detail.



Selecting an implant and type of surgery.

Breast size and shape should be an important focus of discussion with your surgeon. You will also want to discuss whether to use round or anatomical (tear drop) shaped implants and review the many choices of size and weight available. Many women believe they will be too large after surgery and therefore direct their surgeon to choose a smaller size than they really desire. However, you will likely become more comfortable with your new breast shape after surgery. Some women have wished they had opted for a larger size. Some women desire a larger implant than fits their body proportions. These are all good topics for discussion with your surgeon, who can advise you on your specific concerns and the likely aesthetic improvement attainable.

It may be difficult to visualize your ultimate breast size and shape before surgery. Breast implant manufacturers have improved the shape of implants so it is worthwhile to not only consider size but also the width of your chest and desired projection.

A wider implant may provide more cleavage, but less fullness of the breast. A higher profile implant will provide more projection and fullness but have less width and cleavage. Once you determine the shape and overall size that you are seeking, talk with your surgeon about which implants will get you as close to your desired shape as possible.

Your body's size and characteristics, along with your desire for a specific shape and size, will usually dictate what is possible. You should be aware that after implant surgery one woman's breasts will be different from another's even though the same implant size and shape were used. Also be aware that each woman's body is different, and before and after photos of women who have had breast implant surgery, often shown in the media, are not likely to apply to you.

GC Aesthetics™

Our implants.

Backed by years of continuous research and development, both of our brands: Nagor™ and Eurosilicone™ offer a comprehensive range that allows your surgeon to use the most appropriate implants for you.

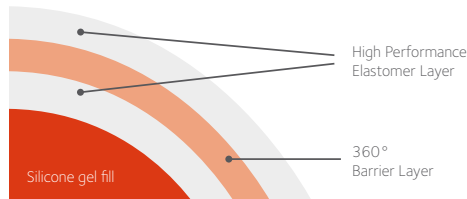
Choice of gel

The gel in your breast implants is important and will help to determine the look and feel of your breasts.

Choice of firmness

GC Aesthetics™ range of silicone gel filled breast implants offers a choice of different consistencies.

Your surgeon will have the opportunity to choose between softer or greater levels of firmness.



Choice of shape and profile

GC Aesthetics™ breast implants exist in two different shapes: round and anatomical. All of our breast implants are also available in different sizes and profiles to fit with your body characteristics and personal expectations.

Choice of surface

Our breast implants are available with a smooth or textured shell surface.

They are made with a silicone shell, which incorporates GC Aesthetics™ barrier layer technology to prevent gel diffusion, for strength and longevity.

Your surgeon will explain these options to you in detail. Rely on their knowledge and experience to select the most appropriate breast implant, but do remember that patients who are actively involved in choosing the implant size are more likely to be satisfied with the surgical results.

Other products may be available.



IMPLEO™



CoGel™



The Round Collection™



The Matrix™

About your surgery.

Placement of Implants

Talk to your surgeon about the precise placement of the breast implants in detail. You will want to know what choices you have available to you so that you are ultimately happier with the results. The placement of implants mostly depends on the thickness of your breast tissue.

- Implants may be placed either beneath the breast tissue and on top of the pectoralis muscle (subglandular) or beneath the pectoralis major muscle (submuscular).
- There are advantages and disadvantages of each placement. Generally, placement of an implant beneath the muscle gives an extra layer of tissue coverage and may be the choice for patients with minimum breast tissue.

Subglandular



Mammary gland
and milk ducts

Submuscular



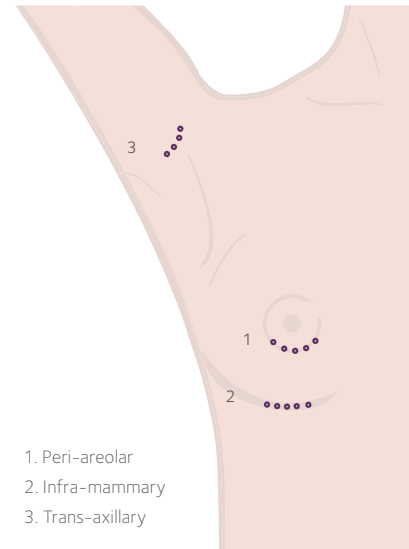
Pectoral
muscle

Incision Points

It's important to discuss the exact location of any scars resulting from the operation with your surgeon. During breast augmentation, the surgeon will use one of three possible incisions:

- With a **peri-areolar incision**, the scar will be around your areola. This incision is hidden to some extent by the colour change at the edge of the areola.
- With a **infra-mammary incision**, the scar will be located in the inframmary fold below your breast. This incision is hidden by the slight drop of the breast.
- With a **trans-axillary incision**, the implants are inserted through an incision in the armpit.

You should discuss the advantages and disadvantages of the incision site you are considering with your surgeon.



Anticipated benefits of breast implants.

When opting for breast augmentation surgery, many patients anticipate a number of improvements in their wellbeing. Not surprisingly, these include an improvement in self-esteem and confidence in social settings; improved feelings of sexual attractiveness, both when dressed and undressed; plus a general feeling of physical wellbeing after finally achieving their desired breast shape and size.

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

For instance, in the case of physical wellbeing, there have been a few reports of symptoms of unexpected pain or tightness in the breast area, as well as difficulty with mobility and doing some physical activities, such as lifting and running.

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



Possible risks and complications related to breast implants.

Silicone Bleed and Implant Rupture

Some silicone gel may diffuse or “bleed” through the shell of an intact implant. Implant shell and silicone gel improvements have reduced this bleeding to a minimum.

Breast implants may rupture over time and would need to be removed or replaced.

Due to the nature of cohesive gel material (gel material stick together), some ruptures (“silent ruptures”) can go undetected unless surgery occurs for another reason (e.g. size change). Rupture may also be related to force or trauma, such as a blow to the chest in a road accident. If an implant ruptures, the silicone gel may be contained within the capsule that has formed around the implant. In these cases removal or replacement of the implant is necessary.

Capsular Contracture – What is it and what causes it?

As your body heals after the placement of breast implants, it forms a capsule of tissue around the implant. Over time, the capsule may contract or tighten excessively, causing a change in breast shape and/or discomfort. The appearance of the breast may appear artificially round and/or feel unnaturally firm to the touch. There are four grades of severity of Capsular Contracture, which your surgeon can determine using the Baker Grades I–IV scale. Baker Grade III and IV are the most severe. In severe cases (Baker Grade IV), revision surgery may be required and/or implant replacement. The severity and appearance associated with each Baker Grade is as follows:

Grade I the breast is normally soft and looks normal.

Grade II the breast is a little firm but looks normal.

Grade III the breast feels firmer than normal and looks somewhat abnormal (change in shape).

Grade IV the breast is hard, may be painful and clearly looks abnormal (greater distortion).

Capsular Contracture may occur on one side, both sides or not at all. The degree or severity of tightening may also be different on one side compared to the other. Although both breasts never match exactly, if any of these deformities occur, differences in the two breasts may be more noticeable.

Visible Skin Wrinkling and Rippling

Visible rippling can result when an implant pulls on the overlying tissues or when the natural folds in the implant are visible through the skin.

Additional surgery may be necessary to correct this situation.

Implant Extrusion

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

Change in Nipple and Skin Sensation

Some change in nipple sensation is not unusual immediately following surgery. After several months, most patients have normal sensation.

Occasionally, partial or permanent loss of nipple and skin sensation or hypersensitivity may occur in one or both breasts. Changes in sensation may affect sexual response or the ability to breastfeed a baby.

Malposition

A breast implant may rotate or shift position after initial placement. This may cause discomfort and/or distortion in breast shape, and additional surgery may be necessary to correct this condition. Excessive sagging or stretching of the lower breast tissue may result in an implant that appears too low or causes the nipple to point excessively upwards. The implants can also shift toward the side, widening the apparent gap between the breasts. Contracture or tightening of the lower implant pocket may cause an upward displacement of the implant. This is more common when the chest or breast has been treated with radiation as part of cancer treatment.

Asymmetry

Most women's breasts have at least some asymmetry. Breast implants may improve size differences but may make nipple-areola angle and position more accentuated.

Calcification

Calcium deposits can form in the capsule surrounding the implant and may cause pain and firmness. The calcifications may interfere with mammography. These deposits must be differentiated from calcium deposits that are a sign of breast cancer. Should this occur, additional surgery may be necessary to remove and examine calcifications which may cause damage to the implant.

Breast Tissue Atrophy

The pressure of the breast implant may cause the breast tissue to thin and shrink. This can occur while implants are still in place or following implant removal without replacement. In addition to these common complications, there have been concerns with rarer diseases, of which you should be aware.

Palpability

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

Pregnancy

The presence of a breast implant will have no effect on your ability to become pregnant, or deliver a baby. Breast implants have not been shown to have an effect on children or future offspring.

Breastfeeding

Breast implant surgery may affect your ability to breastfeed. Be aware that the surgical approach may influence your ability to breastfeed as scar tissue may interfere with the milk ducts. While this is unlikely, discuss options with your surgeon and be sure to indicate any interest you may have in breastfeeding in the future.

Breast and Nipple Piercing Procedures

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

Dissatisfaction with Results

Having a full and honest discussion with your surgeon before your surgery about your goals for breast size and shape is really important. Because once the procedure is done, silicone breast implants can't be adjusted. So, for instance, if you're unhappy with the size of the implants you and your surgeon decided on together, this could result in a second operation and additional costs.

Besides dissatisfaction with implant size, other complications that may contribute to dissatisfaction include misplaced scar location and hypertrophic scarring – these issues are usually related to surgical technique and are therefore the surgeons' responsibility. It's therefore vitally important to talk about these issues with your surgeon before surgery.

You should understand that the female breast will change over time, and your breasts will sag and droop with age and lose some volume over time. Pregnancy and breastfeeding may influence this as well as weight gain or loss.

Additionally, you should understand that the breast size that you desire and the implants that you choose today may not be the same as what you desire at a different stage of your life. So, in the future, you may opt for a change of implant and breast shape to achieve your desired result at that time.

Breast Deformity After Implant Removal

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

Implant Replacement

If you decide after surgery that your implants are too large or too small, you may decide you want to have the implants replaced with a larger or smaller size. The cost of replacement, including the operating room fee and anaesthesia, will be similar to that of the original surgery.

Cost Involved with Breast Implant Surgery

Your surgeon should inform you about the cost of implants, surgery, anaesthesia and after care. Be aware of the fact that the cost of treatment of complications might be higher than the initial breast surgery. Ask your surgeon what he would charge for additional surgery. Check with your health insurance company if complication costs are covered before undergoing surgery.

Postoperative Care

GC Aesthetics™ are not best placed to provide patients with postoperative care details, however your surgeon will provide specific advice on how to take care of yourself after you have breast implant surgery. These may include recommending that you wear a supportive bra 24 hours a day, while others may just advise you to change the adhesive bandages when necessary. Your surgeon may also prescribe prophylactic antibiotics. These and other measures are at your surgeons discretion and are based on their personal experience and overall treatment plan. Not following the surgeon's recommendations may lead to any of the complications mentioned in this brochure. You should consult your surgeon if you suspect any complications, in particular in the case of trauma or compression caused, for example by extreme massaging of the breast regions, by some sporting activity or by using seat belts. Contact sports are not recommended.

Tanning at salons or sun bathing can influence scar healing and direct scar exposure to the sun should be avoided for about six months after surgery. It is recommended that you consult a physician or pharmacist before the use of topical medicines (e.g. steroids) in the breast area. If any surgery of the breast area is scheduled, you should inform the physician or the surgeon of the presence of an implant. It is recommended that patients carry the details of the patient record label either attached to the patient consent form or the patient warranty card to facilitate medical care in case of emergency (e.g. in case of a road accident). The presence of breast implants could delay the detection of breast cancer by self-examination. For this reason, please

consult a surgeon and/or doctor for appropriate medical monitoring, as well as regular breast cancer screening.

The postoperative care recommendations presented within this section of the patient brochure is not an exhaustive list and your surgeon should provide postoperative care details.

After Surgery

Once breast augmentation surgery has taken place, a follow-up appointment with a surgeon will be scheduled. This is routine and will be to check on your general health after the operation. Following this, contact with a surgeon should be limited if you continue to feel fit and healthy.

However, you should always remember to consult a surgeon, physician or pharmacist before the use of topical medicines (e.g. steroids) in the breast area as well as informing them of the presence of implants should you require any surgery in the future.

Mammography

Women who have breast implants should continue to consult a physician to carry out normal checks in order to detect breast cancer. The implant can interfere with the detection of early breast cancer through mammography by obscuring some underlying breast tissue and/or by compressing overlying tissue which can 'hide' suspicious lesions in the breast. Please make sure you share all information you know about your breast implants to the personnel so that they can adapt the mammography pressure accordingly. You should request radiologists who are experienced with the most current radiological techniques and equipment for imaging breasts with implants. The presence of a breast implant may make screening mammography more difficult and may lead to additional mammography views.

Please note, the presence of a breast implant may make screening mammography a little more difficult. For instance, additional mammographic views of the breast may be required during the screening.

Self-Examination and Autopalpation

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

One of the ways you can perform a breast self-exam is in front of a mirror by visually inspecting any changes in contour, any swelling, or dimpling of the skin, or changes in the nipples. You should do this with your arms at your sides and your arms high overhead. Next, rest your palms on your hips and press firmly to flex your chest muscles. Look for any dimpling, puckering, or changes, particularly on one side.

Possible risks and complications related to surgery.

Risks of Anaesthesia

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

Local Anaesthetic:

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

Some patients may have an allergic reaction to the local anaesthetic or experience a rapid heart beat due to the epinephrine that is used to reduce bleeding.

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

Sedation:

A second method of anaesthesia is I.V. sedation (intravenous medications delivered without a tube in the throat). This carries risks of respiratory distress, reactions to the medications or medication overdose. It is recommended that a professional trained in the use of I.V. sedation be available to monitor and administer the medications. The cost for this type of anaesthesia is generally higher due to the cost of the medication and personnel to administer them.

General Anaesthesia:

A third method is general anaesthesia in which a patient is asleep during the surgical procedure. The risks of general anaesthesia are the same as those of a general anaesthetic used for other operations and can involve respiratory problems, blood clots in the legs. The expense of general anaesthesia is higher because of the anaesthetist needed and the equipment and medications used.

Infection

Infection may appear shortly after surgery or at any time following the insertion of a breast implant. A low-level infection may be difficult to diagnose.

Infection around a breast implant is more difficult to treat than an infection in normal body tissues. If an infection occurs, antibiotics are usually given, and if the infection does not respond to antibiotics, the implant may have to be removed.

After the infection is treated, a new breast implant can usually be inserted a few months later.

Wound Healing Problems or Tissue Necrosis

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

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

Hematoma

A hematoma is a collection of blood that may occur around a breast implant following surgery. Each woman's experience may be different. In some cases, this is a simple matter that can be handled in the plastic surgeon's office, but more frequently it will require a general anaesthetic and additional surgery to remove the hematoma and stop the bleeding. A hematoma may contribute to Capsular Contracture, infection or other problems.

Aspirin, other medications that contain aspirin, and anti-inflammatory medications should not be taken for ten days before or after surgery, as their use may increase the risk of bleeding. After a few weeks, the risk of an early problem with bleeding is low. However, a hematoma can occur at any time following an injury to the breast. Follow your surgeons advice for pre-operative care.

Seroma

Fluid may accumulate around the implant following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain the fluid accumulation. A seroma may contribute to infection, Capsular Contracture, or other problems. If one or both breasts seem to increase in size over time or if it seems that there is fluid around the implant, this may indicate a seroma condition and require secondary treatment.

Scars

All surgery results in scarring – it is nature's way of healing – and the quality of a scar may vary significantly from one person to another. Healing is an individual patient's response to surgery and it is often not within the control of the surgeon. Most scars following breast augmentation are pale thin lines. They may, however, become red, firm and elevated. Scars such as this are called "hypertrophic." They usually fade with time, but may leave more visible permanent scarring. Another type of scar, which occurs in some surgical patients, is called a keloid. This is an enlarged scar that does not fade or flatten with time. A surgical correction of the scar might be necessary.

Toxic Shock Syndrome

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

Pain

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

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

Possible long-term issues.

Connective Tissue Disease: Immune System Diseases and Unknown Risks

A small number of women with breast implants have reported symptoms similar to those of known diseases of the immune system, such as systemic lupus erythematosus, rheumatoid arthritis, scleroderma, and other arthritis-like conditions.

Several large epidemiological studies of women with and without implants have indicated that there is no scientific evidence that women with silicone gel breast implants have an increased risk of these diseases. These diseases appear no more common in women with implants than in women without implants. The effect of breast implants in individuals with pre-existing immune system and connective-tissue disorders is unknown.

Future Risks of Silicone

There is the possibility of risks, yet unknown, which could be associated with breast implants.

Product Lifetime

Mammary implants shouldn't be considered as lifetime devices, and you should be aware that they may need to be removed or replaced at some future date which may imply revision surgery. Many surgeons suggest replacement after 10-15 years, but unless there is a problem, this may not be necessary. GC Aesthetics™ stands behind the quality of our implants, and offers a lifetime warranty for rupture and Capsular Contracture.

Cancer and breast implants

There is no scientific evidence that silicone gel-filled breast implants increase the risk of breast cancer in women, however, this possibility cannot be completely ruled out. You should continue to consult with your physician to carry out routine checks to detect breast cancer.

European safety information, the US FDA and current scientific literature have identified a possible association between breast implants and the rare development of anaplastic large cell lymphoma (ALCL), a type of non-Hodgkin's lymphoma. Women with breast implants may have a low but higher risk of developing ALCL in an area adjacent to the implant. This specific entity is included in the WHO 2016 classification under the terminology "ALCL – AIM". ALCL is not breast cancer as it does not develop within the breast tissue; it has commonly been found within the fluid or scar tissue next to the implant. Although extremely rare, medical advice should be obtained if you observe persistent swelling or pain within the breast area. Your physician will collect fresh fluid from the breast area for testing and if positive, the most common treatment is removal of the implant. In some extreme cases, chemotherapy and/or radiation may be required. Your surgeon will explain the possible risks and treatment options in the unlikely event that ALCL should occur.

Immediate Breast Reconstruction Surgery

Patients who choose immediate breast reconstruction at the time of mastectomy must consider the risks and uncertain outcomes from the mastectomy operation. These include the surgical complications related to the mastectomy, possible need for additional surgery to remove residual breast cancer discovered at the time of the mastectomy, possible need for additional breast cancer treatments (radiation and chemotherapy), and local recurrence of breast cancer. In breast reconstructive surgery the use of a permanent or temporary tissue expander in combination with a silicone gel-filled breast implant has become a normal procedure but also increases the risk of complications due to additional surgery. All of these could adversely affect the outcome of immediate breast reconstruction procedures.

Delayed Breast Reconstruction Surgery

Patients who wish to opt for reconstruction at a later stage (i.e. after radiation therapy) instead of immediate breast reconstruction, are exposed to the same risks as with the immediate breast reconstruction procedure.

Women like
you share their
experiences...



Why did you decide to have breast implants?

"After my first baby I managed to lose the baby weight, but after breast feeding my boobs were much smaller – I'd lost a lot of fullness, my clothes didn't fit and I didn't feel like me.

I did lots of online research and read testimonials from people who had surgery. I got obsessed with looking at before and after pictures!

When I went along for my consultation, I took a bra I used to wear before having my son and was clear to the surgeon that I just wanted to be same size as before so that I could fill the bra – I was very nervous not to go too big as for me it was not about size but more about getting the shape and fullness back."

Hayley, 27.

"I wanted to give myself confidence."

How did you find your surgeon?

"I was out with some friends and one of the girls had recently had a boob job. She was very proud of her new shape and was happy to tell me all about it. They looked great and she gave me the name of her surgeon.

A personal recommendation was really important to me and being able to actually see a surgeon's work in real life was fantastic."

Katie, 20.

How did you decide on the right size and look?

"I knew I wanted a natural look that suited my figure. I didn't want to be too obvious but still give myself confidence. The surgeon gave me implants to wear in a sports bra to try their weight, size and fullness.

If you're thinking about it, I'd say choose implants that give a natural look, suit your body shape and size, and that you would be happy with in several years time. And choose a surgeon who you click with and have seen their work or have been personally recommended to."

Sally, 21.

What advice would you give to women considering breast implants?

"If there's one thing I'd say, it's research, research, research! That goes for both your implants and your surgeon. Don't go with an implant because it's the only one a particular physician uses. Research the different implants yourself, so you know you're happy with it and the aftercare or guarantees offered.

Personally speaking, when it came to deciding the size and shape, I went online and found as many images as I could and picked out the look that I liked, then took all the pictures to my surgeon who advised what was possible for me.

I think providing your surgeon with visuals is very important as perception of size, shape and look can differ dramatically from person to person. Don't rush into it, take your time and make sure you are 100% confident with your decision before committing."

Amber, 35.

How do you feel about yourself now you've had the operation?

"After pregnancy, breast feeding and turning 30, I wanted to do something for 'me' that would make me feel sexy and give me a new lease of life. Now, I kick myself that I didn't do it 10 years ago! I absolutely love my results and I'm so glad I did it, I definitely feel sexier and it has given me a huge confidence boost. I also feel that I got exactly the look I had hoped for.

I think it's down to my surgeon – his reputation and work speaks for itself, he's amazing at what he does. He was very honest and set realistic expectations which I was very appreciative of."

Mimi, 38.

"I wanted to do something for 'me' that would make me feel sexy."



Frequently Asked Questions.

What is breast augmentation?

Breast augmentation is an aesthetic surgical procedure performed to increase the size and alter the shape of breasts using breast implants.

What is silicone?

It is important to understand the differences between silicon and silicone. Silicon is a common mineral chemical element and the second most abundant element in the earth's crust.

Silicone is a man-made polymer containing chains of Silicon-Oxygen-Carbon compounds. The most frequent is Poly-Dimethylsiloxane (PDMS). Depending on their structure, silicones can be liquid, gel or solid.

Is silicone safe?

Since 1992 the Institute of Medicine of the Academy of Sciences has declared the implantation of 'silicone' breast implants to be safe.

Do GC Aesthetics™ implants contain latex?

GC Aesthetics™ implants are composed of medical grade silicone gel and elastomer. GC Aesthetics™ does not use latex or natural rubber in the manufacturing or primary packaging of its implantable products.

However please note we have not performed any testing on our products to confirm that they are latex-free.

Is breast implant surgery painful?

The pain associated with breast implant surgery depends upon which specific surgery you choose to undertake, whether you choose submuscular or subglandular placement and your individual reaction to the surgery. Generally, post surgical swelling is to be expected, as well as some pain and discomfort, which can be managed with pain relief medicine.

How long will the procedure take?

The procedure is routinely performed under general anesthesia and will last 1 to 2 hours depending on the extent of the breast augmentation surgery.

To ensure the highest standard of personalised patient care, you will be required to spend the appropriate time before and after the surgery within the clinic/hospital, allowing time for pre-operative procedures and post-operative care.

How long will I spend in hospital?

The extent of the surgery will determine the length of stay in the hospital, but you are likely to be discharged the same day as the surgery is performed, depending on your general health and your surgeon's preferences. It is recommended that you arrange for someone to drive you to the clinic/hospital and collect you upon discharge.

Do breast implants interfere with mammograms?

You should be aware that breast implants may interfere with the detection of cancer and that breast compression during mammography may cause implant rupture.

Interference with mammography by breast implants may delay or hinder detection of breast cancer either by hiding suspicious lesions or by making it more difficult to include them in the image (x-ray, ultrasounds). Implants increase the difficulty of both taking and reading mammograms.

You should tell the radiological technologist about the presence of implants before mammography is performed.¹

What about breastfeeding?

Women of childbearing age should know that they may not be able to breastfeed after breast augmentation. Some women who undergo breast augmentation can successfully breastfeed and some cannot. It is important to discuss the options of breastfeeding with your surgeon prior to your operation.²

What's the difference between round and anatomical (tear drop shaped) implants?

Round implants add volume to the upper part of the breast giving a lifted look, while contoured (anatomical) implants give a more discreet look more in-keeping with the natural shape of the breast.

What is 'profile'?

This is the 'projection' of the implant – so how far it will stand out. We make a variety of different profiles to fit different women and the looks they want to achieve. High and extra high are the largest, while medium and low are more subtle.

Why are there so many different shapes and sizes?

Because women are different shapes and sizes, and want to achieve different looks. Whether you're considering curvy silhouette, would like to create small-but-perfectly-formed breasts, or restore fullness after losing weight. All will need a different shape, size and profile implant, so we offer physicians and expansive range to choose from to find your perfect fit.

How do I decide the size and shape that's right for me?

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

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

Your body's size and characteristics, along with your desire for a specific shape and size, will usually dictate what is possible. You should be aware that after implant surgery one woman's breasts will be different to another's even though the same implant size and shape were used – your natural breast tissue, amongst other things, affects the results.

What if they're too big?

Many women believe they will be too large after surgery and ask their surgeon to choose a smaller size than they actually want. However, you will likely become more comfortable with your new breast shape after surgery... in fact, many wish they had opted for a larger size after all!

A good way to really to show you feel is to collect photos of breasts you admire to discuss.

What if I want to go really big?

It's your body and it's your choice! Some women desire a larger implant than fits their natural body proportions. You'll need to talk about what's practical and possible with your surgeon and trust their judgement – after all, they have performed many procedures, and are true experts in beautiful results.

Will they look fake?

It depends if you want them to! Each woman's body is different, and before and after photos of women who have had breast implant surgery aren't always representative of what you'll look like. If you want natural-looking results, make it clear to your surgeon from the outset, and they'll advise what's possible.

What if I don't like them?

If you've carefully researched, checked your surgeon's credentials and taken the time to feel really confident about your decision, it's unlikely you'll be unhappy with the results of your surgery.

How long will my new breasts last?

Your breast implants will need to be replaced during the course of your life. Implants are not lifetime devices and are subject to wear and tear like any other implant device e.g. Tooth fillings, heart valves, hip joints.³

What about the PIP scandal?

Are GC Aesthetics™ implants safe?

PIP implants were made of non-medical grade silicone. Our implants are a premium product, and have always been made to the very highest standards. In fact, we have one of the lowest rupture rates⁴ on the market, and you're fully protected with our GCA Comfort Guarantee.

References & Glossary.

References

1. Brown S.L., J.F. TODD, H.M. LUU. 2004. Breast implant adverse events during mammography: reports to the FDA. J. Womens Health (Larchmt). 13(4):371-8; discussion 379-80 PMID:15195650™
2. Hurst N.M. 1996. Lactation after augmentation mammoplasty. Obstet. Gynecol. 87:30-4 PMID:8532261™
3. Cohen BE, Biggs TM, Cronin ED, Collins DR Jr. Assessment and longevity of the silicone gel breast implant. Plast. Reconstr. Surg. 1997 May;99(6):1597-601 PMID:9145128®
4. Internal safety and performance data, 2013.

Glossary

Areola

The dark skin that surrounds the nipple.

Axillary

Indicates the location of one of the possible incisions for breast augmentation, namely, under the arm.

Capsular Contracture

A hardening of the tissue surrounding the breast after breast augmentation.

Cohesive

The state of uniting or sticking together. As in cohesive silicone of a thick consistency which does not leak in the event of a rupture. Cohesive gel implants are breast implants that have a silicone rubber shell and are filled with cohesive silicone gel material. GC Aesthetics™ offers two types of gel: the more cohesive called "Natural" and a softer gel called "Soft Cohesive".

Hematoma

A mass of usually clotted blood that forms in a tissue, organ, or body space as a result of a broken blood vessel.

Inframammary

Also called the "crease" or "fold"; Underneath the breast. Indicates the location of one of the possible incisions for breast augmentation, namely, under the breast.

Mammography

X-ray of the breast.

Pectoralis Major

The major muscle of the chest or "pecs."

Peri-areolar

Around the areola, this is the dark area around the nipple on the breast. Indicates the location of one of the possible incisions for breast augmentation, namely, around the lower one-third to one-half of the areola.

Pocket

A cavity made in the body by dissection and tissue expansion to make way for implant placement.

Rippling

The appearance of waves or wrinkles in the breast.

Seroma

A collection of the watery portion of the blood in the tissues due to trauma, surgery, injury or disease. Looks like a swollen area, with no blood, can persist for months and can cause scar tissue.

Smooth

Type of breast implant, the exterior surface of which is smooth.

Subglandular

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

Submuscular:

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

Textured

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

Patient Informed Consent Form.

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

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

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

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

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

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

I intend to have Nagor Implants

I intend to have Eurosilicone Implants

(Tick as appropriate)

Name of patient (in capitals)

Name of surgeon (in capitals)

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Date and signature (patient)

Date and signature (surgeon)

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