AESTHETIC SURGERY

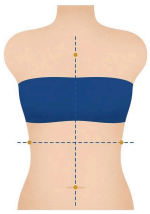
Breast Augmentation: The Points That Matter

Who it is considered for, how implant size, shape and placement are decided, and how recovery goes



Augmentation adds volume. It does not, on its own, change where the breast sits – which is why the first thing an assessment separates is volume from position.

WHAT IS BEING CHANGED



Volume, projection and symmetry, judged against the chest and the rest of the body.

WHO TENDS TO CONSIDER IT

- ✓ **Loss of volume.** Breasts that have always been smaller than the patient would like.
- ✓ **Asymmetry.** A visible difference in size or shape between the two sides.
- ✓ **Change after pregnancy or weight loss.** Volume lost from the upper pole in particular.

THE TWO ROUTES TO ADDED VOLUME

MOST COMMON

Implants

A measurable increase in volume, with size, shape and placement chosen in advance.

SUPPORTING ROLE

Fat transfer

Used in selected cases, often alongside an implant to soften edges or correct a small asymmetry.

VOLUME, POSITION, OR BOTH?

What would you change if you could change only one thing?

FULLNESS

Volume alone points towards augmentation.

POSITION

A breast sitting lower than you want points towards a lift.

BOTH

The two usually arrive together, and are often addressed in one operation.

Ask for an expert assessment of what would suit your proportions.

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Size, shape and placement

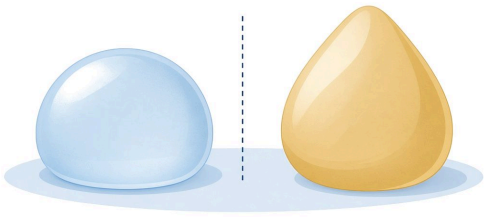
An implant is chosen to fit a chest, not a wish. Width, existing tissue and skin quality narrow the options long before a volume is named.

FIVE THINGS PLANNING IS BUILT ON

What sets the options

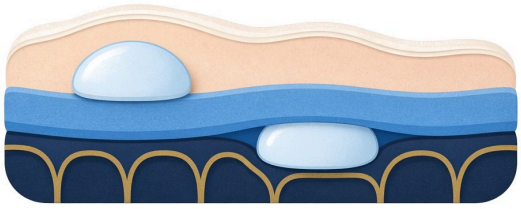
1. **Chest dimensions** — Width largely determines implant width.
2. **Existing tissue** — How much natural cover there is.
3. **Skin quality** — Elasticity affects what it can carry.
4. **Your expectation** — The look you are describing.
5. **Symmetry** — Most bodies are not symmetrical.

SHAPE AND PROFILE



Round and anatomical shapes; profile sets how far an implant projects for a given width.

PLACEMENT



Above or partly beneath the chest muscle. Tissue cover usually decides it.

THE FOUR IMPLANT DECISIONS

- ✓ **Volume.** Chosen to fit the width that already exists.
- ✓ **Profile.** How much projection for that width.
- ✓ **Shape.** Round or anatomical, per case.
- ✓ **Placement.** Above or partly under the muscle.

INCISIONS, AND HOW THIS DIFFERS FROM A LIFT

- ✓ **Incision site.** Varies with the plan and the implant; discussed in advance.
- ✓ **Augmentation** adds volume where the breast already sits.
- ✓ **A lift** repositions the breast and removes excess skin.
- ✓ **Sometimes both.** Volume loss and sagging often occur together.

Ask which implant options would be appropriate for your measurements.

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The words you will hear, and the limits that apply

A consultation uses a handful of technical terms. Understanding them in advance turns the conversation from a sales pitch into a planning session you take part in.

THE WORDS YOU WILL HEAR IN THE CONSULTATION

TERM	WHAT IT MEANS	WHY IT MATTERS
Base width	How wide the implant is at its base	It has to fit your chest, which caps the volume
Profile	How far it projects for that width	Two women with the same volume can look very different
Submuscular	Placed partly beneath the chest muscle	More tissue cover where natural cover is thin
Rippling	Edges visible through thin skin	A reason cover and implant choice are planned together

Terms are explained again at your consultation; nothing is decided from a brochure.

Why your chest sets the ceiling, not your preference

An implant wider than your own breast base has nowhere to sit: it pushes towards the armpit or the midline and the edges become visible through the skin. This is the most common reason a surgeon will decline a requested size – a structural limit rather than a matter of taste.

WORTH SETTLING BEFORE THE CONSULTATION

- ✓ **What bothers you, in your own words.** Describing what you see is more useful than naming a cup size.
- ✓ **Whether you are planning a pregnancy.** It rules nothing out, but it changes the conversation about timing.
- ✓ **Photographs of the look you have in mind.** Useful for the conversation, as long as the frame in them is similar to yours.

What the goal should be

- ✓ Proportion with your frame, rather than a target cup size
- ✓ A plan you have understood and agreed, not one you were sold
- ✓ A result that still looks right in ten years, not only in the first photograph

Bring this page to your consultation and ask about any term you are unsure of.

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Recovery and expectations

The first days are about pressure and rest; the first months are about letting implants settle into their final position.

RECOVERY TIMELINE

DAY 1

Pressure and rest

Tightness across the chest is expected.

WEEK 1

Back on your feet

Light activity; a support bra worn as instructed.

WEEK 4

Most of daily life

Swelling much reduced; exercise still restricted.

MONTH 3

Settled

Implants have usually taken their final position.

WHAT THE FIRST WEEKS INVOLVE

- Rest, with sleeping position as advised.
- A support bra, worn for as long as instructed.
- No upper-body exercise until cleared.
- Follow-up appointments, even when all feels well.

THE RESULT OVER TIME

- **Implants settle.** They sit high at first and drop into position over weeks.
- **Swelling hides the shape.** Judging the result in the first month is judging swelling.
- **Scars mature slowly.** They fade over a year or more.

Implants are not a one-off decision

They are medical devices with a long but finite life, and they are reviewed rather than forgotten. Follow-ups continue after the first year, and at some point a revision or exchange may be discussed. Knowing that in advance is part of deciding properly.

YOUR NEXT STEP

Talk to us before you decide anything

Free Consultation
A conversation with a coordinator, with no commitment.

Send Your Photos
Our medical team reviews them and replies with an assessment.

WhatsApp Us
Questions answered in your own language, usually the same day.

✓ Free consultation · Free medical evaluation

WHATSAPP US

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WHY ESTECENTER?

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This guide is for informational purposes.
Treatment suitability is determined after medical evaluation.