Primary breast augmentation with large volume Tumescent Local Anaesthesia: Review of a single surgeon’s practice experience/ Parkside cosmetic surgery, SA, Australia

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Introduction
Primary breast augmentation is among the most common cosmetic procedures today. Most are performed on an outpatient basis under general anaesthesia with significant degree of postoperative morbidity. However large volume tumescent anaesthesia is still not commonly used in primary breast augmentation. True tumescent anaesthesia technique involves large volume pressurized infiltration of local anaesthetic and adrenaline.

Patients and method
Four- hundreds consecutive patients underwent primary breast augmentation with silicone gel implants between April 2005 and September 2012. Preoperatively blood screen was done and urine culture was performed two days prior to surgery. Patient was marked while standing using Shiffman Breast Templates to delineate the outlines of the pocket based on the profile and volume of the patient.

During surgery small incision of 4 to 6 cm depending on the implant size was created at the proposed new inframammary fold. A volume of 400 – 500 ml of tumescent solution is infiltrated with a 12 gauge cannula fed via a peristaltic pump into the desired subglandular pocket submuscular space.

A subglandular or submuscular pocket was created by blunt dissection then irrigated with saline containing 160 mg gentamicin diluted in 500 ml of 0.9 % normal saline. After securing hemostasis silicone implants were inserted.

Results
Patients were reviewed postoperatively at one day, one week, one month, three months, 12 months and then annually for two years.. Twenty two patients complained of nausea but only nine reported vomiting within the first 24 hours. No postoperative infection was observed within the series. Thirteen patients were revised from those, four for capsular contracture, 3 for malposition, 3 for asymmetry, one for haematoma and one for continuous pain.

Conclusion
Tumescent anaesthesia was found to be very effective in achieving secure haemostasis and adequate anaesthesia for performance of primary breast augmentation in this series. Reducing tissue trauma, bleeding and inflammation decreases postoperative pain and complication.