

Drain tubes, invasive catheters (tubes going into your breasts) or pain pumps after breast augmentation? Not in the world of 24 Hour Recovery™!

By John B. Tebbetts, MD

Subplots: 1)History repeats itself, 2)why would any patient want to have tubes coming out of her breasts following a breast augmentation when she could go to dinner the same evening without the tubes, and 3) why would surgeons want to burden patients with unnecessary tubes if better alternatives exist?

If you're considering breast augmentation, at some point you'll probably wonder, "How painful is it? How long does it take to recover?" And if you're normal, anything that sounds as if it could decrease the pain and shorten recovery should sound pretty good....until you know (thank you [Paul Harvey](#))...the rest of the story.

A colleague forwarded me a link to a recent news release about a surgeon who just completed a 12-year study (read the release [here](#)) advocating the use of tubes left in the breasts following augmentation for pain control. The study concluded that by leaving tubes in the breast following surgery and injecting local anesthetic for control of pain following breast augmentation, the method was "as effective as narcotics". As I read the news release, I couldn't help wondering, "Am I living on the same planet, in the same millennium?" Tubes following augmentation? Narcotics? Not in our world.

The idea of putting local anesthetic into the body or the pocket that contains the implant is not "new" news. These techniques were in use in 1977, 32 years ago, when I began my plastic surgery residency. But we discontinued those practices more than 25 years ago in our practice for 4 simple reasons:

1) Every tube going into or coming out of the breast following augmentation a) is *uncomfortable and disconcerting* to every patient, 2) tubes into the body create a continuous tract or connection from the outside skin which harbors bacteria to the inside of the pocket containing the implant, thereby *increasing risks of contamination or infection around the implant*--a very large foreign body; 3) whether or not a pain pump is connected or the patient performs self-injections, tubes exiting the body *increase costs, increase risks, make patients feel sick, are unsightly, require bandaging and special dress, and inevitably slow a patient's recovery*, and 4) there are scientifically proved methods that make tubes *totally unnecessary in first time breast augmentation* while allowing patients to be *out to dinner the evening of augmentation*.

But what about the pain? What about the recovery? Wouldn't any patient want less pain and a faster recovery? Of course they would, and they can--without tubes. Therein lies the rest of the story.

What if every patient could have a 96% chance of returning to full normal activity within 24 hours (read the technical, scientific proof [here](#) and [here](#), and much more comprehensive, straight talk explanation [here](#))--without any tubes--and even without any bandages, *no narcotic pain pills*, no pain pumps, no special bras, no increased risks of infection, *and NO TUBES COMING OUT OF*

THE BREASTS? With a 96% chance of returning to full, normal activities within 24 hours, what if every patient could have an 85% chance of going out to dinner, shopping, or a movie *on the same evening that she had her breast augmentation--again- WITHOUT ANY TUBES, BANDAGES, OR NARCOTICS?*

Fairy tale? Not at all. Instead, this type of recovery, all without tubes or other burdensome, costly, and risky adjuncts, has been available to surgeons and patients worldwide since 2002--all techniques and processes peer reviewed and published in the most respected professional [journal](#) in plastic surgery. For the past decade in our practice and in other surgeons' practices, this level of recovery is routine and predictable-- without the necessity of tubes of any kind coming out of the body.

The obvious questions are:

- 1) With these scientifically proved techniques readily [available](#), why would any patient want tubes coming out of her body?
- 2) With these scientifically proved techniques readily available, why would any surgeon want to burden patients with the increased costs, potential risks, hassles, and prolonged recovery associated with unnecessary drains and tubes?

We ask ourselves these same questions every day, and marvel (not) at how three decade old techniques and methods somehow resurface as something "new." Indwelling tubes for drainage or pain relief? State-of-the-art breast augmentation has advanced far past those unnecessary adjuncts that impede patient recovery, increase costs, and increase potential risks.

"What is, is." Any type of tube or catheter exiting the body after a routine, first time breast augmentation *IS disconcerting to the patient, a nuisance, a distraction, an additional cost, can present additional risks of implant infection, and it IS unnecessary in first time breast augmentations if surgeons implement state-of-the art, scientifically proved processes.*

An improved, redefined patient experience and recovery *IS having an 85% chance of going out to dinner the evening of her augmentation, a 96% chance of returning to full normal activities within 24 hours, and a 3% or less chance of having a reoperation within 3-7 years- without the necessity of any types of tubes coming out of her body.*

The peer reviewed and published scientific data that supports these comments is available [here](#).

A postscript for perspective: All of the comments above apply to *primary or first time breast augmentations*. Drainage tubes or other adjuncts may be reasonable and indicated in reoperations following augmentation, and in breast reconstruction procedures.