



*The following is a transcription of Dr. Michael Edwards live question and answer session on ImplantInfo.com on October 22<sup>nd</sup>, 2008. Dr. Edwards is a plastic surgeon specializing in breast surgery. He is renowned for his expertise at both primary breast augmentation and breast augmentation revision surgery. Many women from around the country joined Dr. Edwards to ask him questions about breast augmentation and breast implants. Read on and enjoy the discussion. (Please note that all visitor names have been deleted to protect their privacy.)*

**Nicole:**

Ladies, Dr. Edwards of Las Vegas, NV, will be joining us in a few minutes to answer your questions. He is one of the most experienced breast surgeons in the country so please welcome him with lots of questions!

**Q: Can a muscle separation occur with partial unders?**

Can a muscle separation occur with partial unders? If yes how would one diagnose it, and could it be repaired? Also how common is it to still have periodic pain and general aches after 6 months post op. Also if after BA where equal size implants were placed and one breast feels firmer than the other and capsular contracture has been ruled out could it be a pocket problem, or just one breast was larger than the other in the first place. Or maybe the one that is still firmer has not fully settled yet. Thank you.

**Dr. Edwards:**

I'm not sure what you mean by a muscle separation. I assume your implants are partially under the muscle so I guess one could be released more than the other yielding a different look. I would have to see your before and after photos to give an opinion of two different sized breasts which would benefit from different sized implants. Also, a firm breast is by and large due to a capsular contracture unless the implant is saline and way over-filled. How is it that capsular contracture is ruled out? Dr. Edwards

**Visitor Follow-up Question:**

I was checked today and no capsular contracture. I guess "firm" was the wrong term and meant that one seems to be a lot softer and feels looser when I move it around (it is the one that's causing some discomfort) and the other feels a little tighter fit but it's still soft. Could you explain what you mean and what would be the signs of one breast being more released than the other? And is it uncommon to have some discomfort at 6months post op? Thank you for your time.

**Dr. Edwards:**

If one implant pocket is larger than the other, it will be more mobile and may feel softer. When you lay down do they look the same or fall to the side the same? This is due to the pocket around the implant called the capsule. It is possible to still have occasional pains 6 months after surgery but that pain is typically transient. Dr. Edwards

**Visitor Follow-up Question:**

The pain is transient and when I lay down they are both the same. If the pocket is larger on one side could that be a surgical error?



**Dr. Edwards:**

Not so much a surgical error but I treat a number of breast revision patients for pockets that are too large. It requires sewing up the pockets inside. A number of factors can come into play as well such as a larger implant, your tissue quality, being too active too soon after surgery, etc. Dr Edwards

**Visitor Follow-up Question:**

Is revision a major surgery and should it be done by someone who specializes in it? And can the pocket being larger cause the discomfort and if so does it ever get better on its own or is surgery the thing to do.

**Dr. Edwards:**

If you end up having to have some form of revision, I think it is best to have someone perform it who has done it before. I have chosen to focus my practice on breast and body surgery and I have a number of patients visit for revision surgery. I don't mean to imply that you need it by my previous statements. If you are happy with your breasts, this is the most important thing. Dr Edwards

**Visitor Follow-up Question:**

I have been thinking I might need revision so it's not a thought you put in my mind. But is it a complicated surgery? And if it's not taken care of will it always be uncomfortable?

**Dr. Edwards:**

It is not too complicated if your surgeon is comfortable with the procedure. Every case is a little different in its own right. The best thing to do is to compare the left and right breast while standing, laying, arms up, arms down, etc. This is how you will see differences if they exist and how significant they are. The uncomfortable part is a different question. If the pocket has dropped out I have some patients who complain of an odd or unusual discomfort. I never promise a pain will go away with surgery though. Dr Edwards

**Visitor Response:**

Of all the different positions you mentioned everything seems fine. I am planning on giving it more time to see if the discomfort diminishes before doing anything. Thank you so much for your time and expertise.

**Dr. Edwards:**

That sounds like a wise choice. Best of luck. There most certainly is no rush to do anything. Dr Edwards

**Q: Bottoming Out Question:**

Dr. Edwards, I have bottomed out twice and am considering explanting. I have been to two plastic surgeons. One says explant and then decide if I want implants. The other says not to explant but to go back under the muscle with smaller implants. Presently the side that I have bottomed out is really sore. Also the other side according to a plastic surgeon has scar tissue connected to the capsule so when I flex that side my implant moves like it would move with distortion from unders. It is also sore. I have overs now. I have one more consult. I don't know what to do. I am afraid of



explanting. I am afraid of how I will look if I do. I also don't want any more complications. My implants now are not overly large sil 350 mod+. I also have had two lifts. So my question is do you have very many patients that want to explant and are they happy that they did or did they regret it. Thank you very much. I look forward to your answer.

**Dr. Edwards:**

Yours is a complicated question and to give you my best answer I would need to see you in consultation. On my website there is a patient (patient 2 under revisions) who is the only patient I had to explant and then re-implant 3 months later under the muscle after a revision lift. She had also had multiple surgeries and lifts but really dropped out. She wanted to be larger so hers was a staged procedure and she is very happy with her results. If you would like to forward photos to my website at [info@medwardsmd.com](mailto:info@medwardsmd.com) I would be happy to give you my opinion. I also have a document on my website that describes the best way to submit photos. This is a tough decision that you'll need to make. Make sure you have all of your options on the table before you decide. I wish you all the best. Dr. Edwards

**Visitor Response:**

Thank you Dr. Edwards. I will email you my story and pictures.

**Q: Question on Breast Augmentation with Breast Lift:**

How do you decide if a woman needs a lift along with her BA? I went to a plastic surgeon who recommended a lift but have decided to have surgery with another who thinks I don't need it. I feel good about the plastic surgeon I chose, but wouldn't mind your thoughts on the issue. Thanks.

**Dr. Edwards:**

The longer I practice the more I lean towards a combined breast lift and augment at the same setting. It really depends on your anatomy. If, at eye level, your nipple sits at or below the position of the inframammary fold (where your breast meets your chest underneath) then I typically recommend a lift. There are no hard and fast rules but you might ask the doctor recommending no lift to show you some photos of his/her patients who's anatomy is like yours before and after implants. Most women I treat don't want their breasts to sit lower on their chest/rib cage within 6 months after surgery. I have an FAQ (frequently asked questions) tab on my website and one of the questions is about this. I have photos on there illustrating my take on it. I hope this helps. Dr. Edwards

**Q: Question on Pain & Fever:**

Dr. Edwards, I'm 6 days post op and yesterday developed a fever that hovered around 100.0 until 7am this morning when it broke. At the same time, my left breast went from very little pain to really debilitating pain. That pain is still there. The breast looks normal - no redness, swelling, anything. The Percocet I'm taking does nothing. My plastic surgeon just called in Flexoril. He is not concerned about the health of the breast, just my pain control. What do you think? I was smooth sailing all the way with virtually no pain until this happened yesterday. I also had a rhinoplasty and chin implant. Thank you!



**Dr. Edwards:**

I really think that if you have concerns your best move would be to be seen by your plastic surgeon. I find it difficult to practice medicine over the phone so I tend to see patients in person if they call with concerns. I hope this helps. Dr. Edwards

**Q: Graves Disease and Capsular Contracture:**

I am tentatively scheduled for sometime in Feb for a Benelli lift, removal of capsular contracture for the 3rd time and pocket revision for the 2nd time. I had my yearly check up to have my thyroid levels checked due to Graves' disease. I had the radioactive iodine 10 years ago. My TSH levels indicate that my thyroid level is high again. Just over the normal levels. My Dr. agreed to leave the meds alone for now per my request. I guess my question is this. Can this affect the outcome of surgery and do you know of any research being done regarding Grave's disease and the capsular contracture occurrence of capsular contracture? I wonder if this is why I continue to develop capsular contracture? I have it again. I have found a new plastic surgeon that I am very confident in, but like I said, I'm not scheduled until sometime in Feb. We will decide exact date in Jan. He wants me to wait 6 months from the last surgery to operate. Any help would be great on this capsular contracture issue. Thanks so much.

**Dr. Edwards:**

I do not know of a clinical correlation between Grave's Disease and capsular contracture. Factors that are currently felt to decrease the risk of capsular contracture are placing the implant partially under the muscle, using a textured implant (I'm not convinced about this one), and some advocate avoiding the peri-areolar approach because of possibly increased exposure of the implant to bacteria in the breast. I assure you there are many plastic surgeons who would aggressively argue this point. It sounds like you have found a plastic surgeon who you trust which is very important. I would stick with the plan you have developed. Best of luck to you. Dr Edwards

**Q: Massage after Breast Augmentation:**

Why do you think that some plastic surgeons don't endorse massaging the breast? If a surgeon gives the ok to start exercising can you possibly damage your implants?

**Dr. Edwards:**

I'm not sure why some plastic surgeons don't recommend massaging smooth implants but I know a few and they claim it makes no difference. I am of the school that recommends massage and I do think it makes a difference. Regards damaging your implants by exercise, they are pretty sturdy so unless you're allowing a barbell to drop on your chest or something like this, they should be OK. It is best to follow the advice of your plastic surgeon as to when you can start exercising again. Take care, Dr. Edwards

**Visitor Response:**

Thanks so much for answering my question and for being here tonight!

**Dr. Edwards:**

It is my sincere pleasure.



**Q: Pain in Crease Incision:**

Dr. Edwards, I have had pain at my crease incision site since I got my implants 1 1/2 years ago. What could be causing the pain? Also, I have what I think is distortion. Both breasts pull up from the bottom when the muscle is flexed. Is that distortion? Thanks for your help!

**Dr. Edwards:**

It sounds like your implants are under the chest muscle so when it contracts, it pulls up and flattens the lower breast. If this is severe it is possible that a revision to completely release the lower muscle may help. Regarding the incision pain, this may be due to a sensory nerve branch trapped in the scar. I would start with trying to fairly aggressively massage the area with some lotion on your fingers. If this is too sensitive then you might visit your plastic surgeon to see if it can be alleviated by an injection of local anesthesia. If this is the case it may be a small trapped nerve end. It may be that the scar can be revised if this is the case but it is hard to operate for a localized pain. Give the massage a try first. I wish you well. Dr. Edwards

**Visitor Response:**

Thank you so much Dr. Edwards!

**Dr. Edwards:**

You are quite welcome

**Q: Dropping and Fluffing:**

Dr. Edwards-Hi! I had to have my crease lowered due to the fact that there was not much distance between my original crease and nipple. My doctor was a little concerned because he could not lower the crease as much as he would like, therefore he felt the risk of double bubble was higher, but that did not happen and he feels it won't happen. I ended up with 290 capsular contracture's smooth round mod plus profile saline. I started out at a AA. I am 27 days post op. I've noticed they have started to drop, nicely I might add, and I'm wondering will they only drop so far because of my crease not being that low and therefore will I just fluff out more? And if so will that result in maybe more fullness and roundness and maybe even a slightly larger cup size? I have been measured at a full c cup as of now and can fill a small d comfortably. Also, I am wearing the strap diagonally around the top to push them down and was wondering just how tight I should be wearing it? And when I do swell from say performing my job will this help stretch my skin to accommodate the dropping and fluffing? Thank you so much and so sorry this is so long!

**Dr. Edwards:**

These are all good questions and in spite of what I say, I recommend you review these with your plastic surgeon too. I always ask my patients to write down questions they have so we can make sure they all get answered at your appointment. The fact that you like your breasts is the most important point that you made. They will change over time but I cannot promise they will change in size. This will depend on what bra you wear and where you buy it. I only have patients wear the strap for 2 weeks and then massage takes over from there. I hope this helps. Dr Edwards

**Visitor Response:**

Thank you so much!!



**Dr. Edwards:**

It is truly my pleasure

**Q: How soon can I exercise?**

How long do you tell your patients to avoid strenuous exercise? I'm one of those women who does cardio at the gym or runs 3-4 times a week and am dreading not being able to break a sweat.

**Dr. Edwards:**

I often times allow patients to go back to some non-impact cardio at 2-3 weeks. By this I mean an elliptical trainer or recumbent bike. I also prefer they not get their healing incisions too sweaty (like them being under water). I request no lifting greater than 10 pounds for 6 weeks. Good luck, Dr. Edwards

**Q: How Big Do You Recommend?**

What do you tell your patients who can't decide between going smaller or bigger for their BA?

**Dr. Edwards:**

If I have a patient who is trying to decide between 2 implants that are close in size, I will recommend you go with the slightly larger of the 2. Although my goal is for you to get the result you want, I have my patients size with implants in a sports bra. This is the only way I can reliably get you involved in the sizing process. Best of luck, Dr Edwards

**Q: Going Braless:**

Thank you for being online with us. I am 49, 5'5", 120 lbs and a group fitness instructor. I am 10 1/2 months out from my BA and want to take the best care of my breasts that I can. I was looking at some of the revision surgeryies that you did on women that were thin and had overs. I want to avoid having them sag. I was a 34A, now a 34D, 375 capsular contracture sils, round, moderate, over. There is currently no fold (sag) under the breasts, but I do enjoy going braless after dinner when relaxing around the house. Is it best to just always wear a bra? What about wearing support to sleep in? Thanks

**Dr. Edwards:**

The bottom line is the more you support your breasts the less stress there is on your tissues. The other bottom line is that you had the surgery to enjoy a change in clothes to include going braless sometimes. I ask my patients to wear a bra whenever they can but most certainly take a break sometimes. It sounds like you have a very nice result. I wish you well. Dr Edwards

**Visitor Follow-up:**

I appreciate your time and professional opinion. Thanks again!

**Dr. Edwards:**

My pleasure



**Q: Incision Location:**

I used to have 275 filled to 300 Mentor saline implants. I now have 420 filled to 450 Natrelle saline implants, placed through the armpits both times. I think they're too wide for me. I do have a wide sternum but I think they could have been placed a little closer. But what do I know...I'm no plastic surgeon! :) I'm 5'7" about 120 lbs. I'm quite petite and I've never been pregnant. My left implant is pretty much under my armpit. It puckers out and it's so annoying. My plastic surgeon said that HP are more for sagging breast-fed breasts. What would you do? Would going through the crease better my results? Thanks in advance for your professional input!

**Dr. Edwards:**

If your implants sit too far out to the side but are soft, your pocket sounds like it is a bit wide. Especially when you said it sits in your armpit. Every plastic surgeon has their own opinion but I can tell you that a lot of the pocket revision cases I do, the initial surgery was through the armpit. If I were to redo your surgery, I would most likely recommend a new fold incision with a closing up of the sides of the pocket. This is like patient #9 in my photos on this website. Take care, Dr Edwards

**Visitor Follow-up Question:**

Thank you so much...what are your thoughts on me getting HPs this time? And would I still need pocket revisions? Thanks again.

**Dr. Edwards:**

High profile may not be a bad idea if you feel your implants are currently too wide. It is possible that closing up the pockets on the side, capsule revision and newer high profile implants may get you the look you want. Take care, Dr Edwards

**Q: About Covering Scars When Tanning:**

When tanning in a tanning bed, are the silicone strips that I am wearing over my incisions enough to protect my incisions from the UV rays or should I still cover them with something else?

**Dr. Edwards:**

I would wear something that will block the UV rays completely. Some patients will use a band aid or something like that. The silicone is clear for the most part and not a good sun block. Dr Edwards

**Visitor Follow-up:**

Thank you again you have been very helpful and thanks for being here tonight!

**Dr. Edwards:**

It's my pleasure. I wish you well.

**Q: How Long Until I Drop?**

I'm 3 1/2 months PO and my right side has still not dropped. When should I really start to worry?



**Dr. Edwards:**

Capsules have formed fairly well by 3 months so although there is a chance it could drop more with massage; it is possible it may not. This most certainly does not mean there is a reason to rush to surgery. It is probably best to wait at least 6 months after surgery unless there is something that is obvious it is not going to change enough. I wish you well, Dr. Edwards

**Visitor Follow-up Question:**

My doctor didn't have me massage any (I know some do). All I did was wear the band for about 8 days and then go braless for 6 weeks. Would massage help at this late stage?

**Dr. Edwards:**

I always hesitate to advise a patient do something different than what their plastic surgeon instructed them to do. I do not think it would hurt to try though. Dr Edwards

**Visitor Follow-up Question:**

Great! Thanks and I'll try it. I'll try not to obsess just yet...haha

**Dr. Edwards:**

I'm sure you will be fine. Dr Edwards

**Q: Front Closure Bra After Surgery:**

This may be too late, and probably a very silly question but.....What is the purpose of having to wear a front closure sports bra after surgery for so long? I am 8 days PO and would love to wear a reg. bra (no underwire of course). Do you think it's okay to switch to a really supportive wireless bra instead of the sports bra? Thank you so much Dr. Edwards.

**Dr. Edwards:**

As the old saying goes, there really is no such thing as a stupid question. I tell my patients the front fastening bra is really for their comfort. Women are very creative in ways men would never think of. I tell my patients they can wear an underwire when it is comfortable to them but not to go spending a lot of money on bras too soon because your breast will change and you don't want to spend a lot of money on bras that don't fit as well as you'd like. Watch out Victoria Secret. Take care, Dr Edwards

**Visitor Follow-up:**

I was just heading there tomorrow too-haha. I wasn't sure if there was a medical reason behind it or not. Thank you so much Dr. Edwards.

**Dr. Edwards:**

Have fun but don't go overboard just yet. Dr Edwards

**Q: Firm Tissue in the Incision:**

I'm 10 1/2 months out and my incisions are periareolar. As I press along the incision line I can feel underneath small areas of firm tissue. Is that collagen? Is it a good idea to massage that area to hasten the healing or just let my body heal on its own?



**Dr. Edwards:**

This is referred to as a healing ridge in the earlier incisions because the tissues are sewn together underneath. You can massage this now to try to soften it. I recommend patients use soap in the shower or lotion once you are out of the shower to make it easier. Dr Edwards

**Q: Dropping too Far?**

Dr Edwards, I am 6 weeks post-op and my left breast has started to drop significantly, with my right one not far behind. My question is this: My implant on my left side has seemed to drop more than my own breast tissue. In other words, I can see the separation from the implant and my own breast tissue, with my breast tissue still sitting a little higher up than I think it should look on the implant. I was a full 32B prior and am now a 32DD, so I had some breast tissue to begin with. I don't think I'm bottoming out (at least I hope not!), but I feel like the breast tissue along with the nipple needs to settle and drop as well. Is this normal for this separation? Thank You for your time.

**Dr. Edwards:**

If the implant settles farther down than your inframammary fold, it can cause this look. It may be what is referred to as a double-bubble. I would need to see you to say for sure, what, if anything, would be recommended. Your best bet is to follow-up with your plastic surgeon with your concerns and get their input/guidance. I wish you well. Dr Edwards

**Q: Why No Underwire Bra?**

Hello, I just came back from my 1 month check up doing great, had a BA with a lift, lollipop. My question is why no underwire Bra? What is the point of this? He also said I could start back to my regular exercise. Yeah

**Dr. Edwards:**

I'm not sure about the underwire restriction, especially if you are released to exercise. It is surgeon dependant. I think women like the increased support from the underwire. Did they say never or for how long? Dr Edwards

**Input From Another Visitor:**

I was placed in an underwire bra after my lollipop lift surgery was done and did great with them. (I had the lift and also a bottom crease repaired as I had bottomed out on one side)

The underwires supported my breasts really well with the lift and kept the newly repaired bottom crease in the proper place as it healed. I wore it 24/7 for 3/4 months. Then just daily as I rarely go without an underwire bra on... unless in a sun dress or a top I cannot wear one. After three/four months I did not sleep with a bra on. My breasts healed beautifully so did all my incision lines, they are hair line thin. I cannot even see them, looking in the bathroom mirror. Just my personal experience.

**Dr. Edwards:**

I rest my case. Dr Edwards



**Q: Breast Implants Dropping at Different Rates:**

Hey there, I am about 13 days Post Op and my right side feels so tense, high, tight and I just feel its muscle spasm all day, My left is normal and I don't feel anything at all. Also my left was bigger before and I expressed my concerns to my surgeon about that and he said not to put a bigger implant into the right, if it drops and "fluffs" will it seem around the same size or will it seem larger?

**Dr. Edwards:**

It's hard to comment on the size difference but I will say it is not uncommon in my practice to use different sized implants. We most certainly can never promise or guarantee symmetry but we try to get them as close as possible. It is also not uncommon to heal a little bit different between them but it takes weeks to months to get that final result. Just keep massaging if he/she has you and time will tell what your final result will be. Take care, Dr Edwards

**Visitor Follow-up Question:**

So then I shouldn't be worried about the right implant then, just keep massaging and it should loosen?

**Dr. Edwards:**

I would follow your plastic surgeon's instructions but it seems the best is to pay more attention to the tighter and higher side. Always assess in the mirror how things are going as to the progress you're making. Dr Edwards

**Q: Working Out Issue:**

Hi Dr. Edwards. At my 3 month check up with my plastic surgeon, I asked about working out and he advised me that if I lost weight I would lose it in my breast and face. I weigh 105 lbs and have 250 filled to 290 saline. I am currently a full C, small D. I explained that I wanted to tone my arms and legs (not lose weight) and he still advised me that I shouldn't as I would lose breast tissue and would appear smaller. Can you tell me your thoughts on this?

**Dr. Edwards:**

I hate to ever advise different from your plastic surgeon but if you weigh 105 now, the chance of losing facial and breast fat is not great. Besides, you want to tone, not decrease weight. As long as you are appropriately recovered and able to exercise, I don't see any reason not to be healthy.

I would say hit the gym. It will make you feel better anyway. Do some reps for me! Dr Edwards

**Q: Do You Recommend Revision Just to Go Larger?**

Just wondering if you have many patients that redo to go larger and not for any other reason. What kind of outcomes do they have? Do they do well if the first surgery was successful? I am thinking of going up in size to maybe 500-550 range. I am currently a medium C. I want to be a D cup. I am having no problems right now and just worry I might create some. I have a post earlier today that shows my pics if you are able to view them.



**Dr. Edwards:**

This is typically an easier recovery and when someone does this, I encourage them to go at least 100capsular contracture larger so they can see a difference. It is not worth your money and time to go up one implant size (my opinion). Every time you have a breast surgery, the same risks apply such as infection, capsular contracture, etc. Thus far in my career, I haven't had a patient that I am aware of that has regretted it. Take care, Dr Edwards

**Q: How Much Massage is Too Much?**

My Dr. has advised me to massage very aggressively (25-30 times a day). This is KILLING me. My pain was over with and since I went back yesterday for my 1week post-op and he told me to do this, I am in pain again. They just ache so bad. Is it really necessary to do this and to do it so much? What is the purpose?

**Dr. Edwards:**

I don't like massage to be a torture session. It should be looked on as a way to help your breasts heal soft and natural. If it hurts too much, I have them be more gentle to start with and work your way up. I have an instruction sheet with photos that I give my patients in addition to seeing them frequently during this early time. I ask them to do it 3 times a day and whenever they want much like going to the gym with reps of 10 in the up and down direction and adding towards the middle after a few days. The purpose is to encourage the capsule to heal a little larger around your implants. Good luck, Dr Edwards

**Visitor Response:**

Okay, I always thought the purpose was to help them drop. Now that I know it is for preventing capsular contracture I will definitely stick to it but go a little easier from now on and work up like you said. Thank you so much again :-).

**Dr. Edwards:**

In allowing this capsule to heal softer (not as tight) it does allow them to drop as well. Take care Dr Edwards

**Q: Replacing Silicone Implants Through An Armpit Incision:**

Are there any surgeons who can replace silicone implants through the armpit incision? Does the armpit incision carry a greater risk of the pocket being to big/wide thus allowing "armpit boob"? My first consult plastic surgeon said that every woman has some degree of distortion with unders. Is this true? I know PATTY had severe distortion but does everyone have noticeable distortion?

**Dr. Edwards:**

I'm not sure this is directed at me but since my 2 fingers are on fire, I'll give you my 2 cents worth. I don't use the trans-axillary approach for the reason you asked in the second part of your question. It should be possible to remove a silicone implant through the axilla but there may be a bit more risk to injuring the explanted implant. Distortion can occur especially if you leave muscle intact below. I have revised a few patients who did not like how their breasts flattened or changed shape by releasing some of the intact muscle fiber below. Just my opinion. Take care. Dr Edwards



**Visitor Follow-up Question:**

Thank you Dr. Edwards. I was kinda hoping that wasn't the case. Hello crease incision. I was hoping for scar free breasts with silicone, but scars are a lesser evil compared to increasing the risk of armpit boobs. (At least for me.) It good to know there are things that can be done for unders w/ distortion other than switching to overs. Thanks again.

**Dr. Edwards:**

I haven't met a patient yet that I couldn't offer some form of revision that I thought could help what their concern was. It sometimes did involve more scars than they anticipated. Dr Edwards

**Q: Uneven Breasts:**

Hi I hope you're still here! I'm 8 days PO and my left breast is very nice, soft and movable already. My right is higher up and not nearly as movable. My plastic surgeon said to massage it pretty hard to try to get it down, hopefully it will. My question is, since the left is nice and seemingly in its right place now, is that normal, is it common? It's pretty much been that way since the beginning. How long typically do you think it will take for the right one to feel/look the same? Thanks so much

**Dr. Edwards:**

I think you'll be fine if you follow your plastic surgeon's advice. Maybe pay a little less attention in terms of massage to the softer side and more to the other. I think you will be amazed at how they even out over time. Dr Edwards

**Q: How Long Until Swelling Goes Down?**

Hi, I am 18 days PO from BA/FTT. I was wondering at this point how much of my breast size is from swelling, and also how long a person can expect to have swelling. I had under the muscle placement and under the breast incision. Thanks!

**Dr. Edwards:**

If you had a straightforward breast augmentation it depends on the implant size, the laxity of your tissue before, etc. I tell my patients it can take weeks to months to see the final results. You probably have a fairly good idea of a final volume at 4-6 weeks after surgery but many women will tell you their bra size actually goes up or down in the few months after surgery. Dr Edwards

**Q: Outcome Predictions:**

I am 41 and a 1/2...haha. I am having a Breast augmentation in...count them...6 days! I am nervous and crabby. If you have breast tissue (cup size b) and a very small bit of sag will I have an OK result?

**Dr. Edwards:**

I'm sure you know I can't say what you will look like after your surgery. It does depend on your tissue laxity and pre-existing volume as well as the implant size you picked. Have faith in your choice of plastic surgeon and I'm sure you will do fine. Best of luck. Dr Edwards



## Nicole's ImplantInfo



[www.implantinfo.com](http://www.implantinfo.com)

**Dr. Edwards:**

Thank you all for your questions. I hope I have been of some help. I visit the site frequently and don't mind answering questions. You are also welcome visit my website at [www.medwardsmd.com](http://www.medwardsmd.com) and contact me through [info@medwardsmd.com](mailto:info@medwardsmd.com). You guys provide a great service to each other through advice and support. I'm happy to help when I can. Good evening, Dr. Edwards

**Nicole:**

I know I speak for the ladies here when I say we appreciate your time.