



A GUIDE TO
Breast Augmentation using
the Preserve Technique

WITH DR ROHIT KUMAR



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About this guide

Read it before your consultation, and keep it for after your surgery

This guide explains breast augmentation using the Preserve technique: what it is, how it differs from conventional breast augmentation, who it may and may not suit, and what to expect from your first phone call to your 12-month review. It is general information. Your own plan, risks and recovery will be discussed with Dr Kumar in person.

ABOUT DR KUMAR

Dr Rohit Kumar is an Australian-trained specialist plastic surgeon with over 20 years of surgical experience. He is a Fellow of the Royal Australasian College of Surgeons (FRACS), ANZBCPS Board Certified, and a member of the Australasian Society of Aesthetic Plastic Surgeons. He has completed formal training in the Preserve technique.

Dr Kumar consults in Westmead, Penrith and Orange, and works with a small team: his nurses, who look after you before and after surgery, and his reception team. A GP referral is required to see Dr Kumar.

THE PRESERVE TECHNIQUE AT A GLANCE

WHAT IT IS

A tissue-preserving approach to breast augmentation using purpose-designed instruments

IMPLANT POSITION

Above the chest muscle

ANAESTHETIC

General anaesthetic, given by a specialist anaesthetist

DRAINS

Not used

IMPLANT

Motiva silicone gel implants, from a defined size range

INCISION

In the crease beneath the breast, usually shorter than in conventional augmentation

HOSPITAL

Usually a day case at Somerset Private Hospital, Kingswood

FOLLOW-UP

Reviews at 1 week, 6 weeks, 12 weeks, 6 months and 12 months

BEFORE YOU READ ON

The Preserve technique is a newer approach. It is not suitable for everyone, and long-term outcome data are still being collected. Where it isn't the right choice for you, Dr Kumar will explain the alternatives.

WHAT THE PRESERVE TECHNIQUE IS

In any breast augmentation, the surgeon creates a space, called a pocket, for the implant. In conventional augmentation the pocket is created by dissection. In the Preserve technique, the pocket is developed gradually using purpose-designed instruments, including a channel separator and an inflatable balloon. The aim is to limit trauma to the surrounding breast tissue, ligaments and nerves.

The technique is performed only with Motiva silicone gel implants, through an incision in the crease beneath the breast (the inframammary fold). The implant sits above the chest muscle.

HOW IT COMPARES WITH CONVENTIONAL AUGMENTATION

	PRESERVE TECHNIQUE	CONVENTIONAL AUGMENTATION (DR KUMAR'S USUAL APPROACH)
Creating the pocket	Gradual, with purpose-designed instruments and a balloon	Surgical dissection
Implant position	Above the chest muscle	Usually beneath the muscle (dual plane)
Incision	Crease beneath the breast, usually shorter	Crease beneath the breast
Implants	Motiva only, from a defined size range	A wider choice of implant types and sizes
Drains	Not used	Decided case by case
Long-term data	Still being collected	Decades of published data

WHO IT MAY SUIT

- People considering breast augmentation who want to explore a tissue-preserving approach
- Some people with differences in breast volume or symmetry
- Some people whose breasts have changed after weight change, pregnancy or breastfeeding

WHEN IT MAY NOT BE THE RIGHT CHOICE

Because the implant sits above the muscle, the technique depends on having enough of your own breast tissue to cover the implant well. It may not suit very thin breast tissue, larger implant goals outside the defined size range, or breasts that need a lift. Suitability depends on your anatomy, your existing breast tissue, your size goals and your circumstances. If the Preserve technique isn't suitable, Dr Kumar will discuss conventional breast augmentation or other options.

YOUR PATHWAY, STEP BY STEP

- 1 GP referral**
A referral from your GP is required before you can see Dr Kumar.
- 2 Booking**
Call 1300 267 726. The \$400 initial consultation fee is paid when you book (Medicare rebate of about \$88 with a GP referral).
- 3 Nurse phone consultation**
One of Dr Kumar's nurses takes your history and tells you what records to bring.
- 4 Consultation with Dr Kumar**
About 60 minutes: examination, measurements, clinical photographs and, in some cases, 3D imaging for illustration only. You'll discuss whether the Preserve technique suits you, implant options, risks and recovery.
- 5 Your quote**
An itemised quote follows, once the hospital has provided its fees.
- 6 Cooling-off period**
At least seven days to think, read and write down your questions.
- 7 Second consultation with Dr Kumar**
Your remaining questions answered, consent signed and surgery booked once you're ready.
- 8 Deposit and pre-operative preparation**
The deposit is paid when surgery is booked, after the cooling-off period. The balance is due one month before your operation.
- 9 Surgery day**
Usually a day case at Somerset Private Hospital, Kingswood.
- 10 Reviews for 12 months**
With Dr Kumar and his nurses at 1 week, 6 weeks, 12 weeks, 6 months and 12 months, and more often if needed.

PREPARING FOR SURGERY

- ☐ **No nicotine in any form** (cigarettes, vapes, patches, gum) for six weeks before and six weeks after surgery. Nicotine reduces blood flow to healing tissue and increases wound problems.
- ☐ **Tell us about every medicine and supplement** you take, including weight-loss medicines, blood thinners, anti-inflammatories and herbal products. Some need to be stopped before an anaesthetic, and we'll tell you which.
- ☐ **Arrange an adult** to drive you home and stay with you on the first night.
- ☐ **Plan two weeks off work** and help with lifting, children and housework.
- ☐ **Have your post-operative garment ready.** Dr Kumar's nurses will advise you on it before surgery.

ON THE DAY

You'll be admitted to Somerset Private Hospital in Kingswood and meet your anaesthetist. Dr Kumar will review your markings and plan with you before surgery. The operation is performed under general anaesthetic. Drains are not used with the Preserve technique. The incision is closed and covered with a skin-closure mesh and tape, and your garment is fitted before you wake. Most patients go home the same day once they are comfortable, eating and walking.

RECOVERY, WEEK BY WEEK

WHEN	WHAT TO EXPECT
Day of surgery	Home the same day in most cases. Tightness and soreness across the chest are expected. Take the pain relief as prescribed.
Weeks 1 to 2	Time off work. Walk every day, and avoid lifting, pushing, pulling and reaching overhead. First review with Dr Kumar and his nurses at about one week.
Weeks 2 to 6	Most people return to desk-based work from about two weeks, then gradually resume most everyday activities over the next four weeks. No heavy lifting or upper-body exercise. Wear your garment day and night. Drive only once you can do so comfortably and safely.
Week 6	The mesh and tape come off and your garment is no longer needed. Review at six weeks.
Weeks 6 to 12	Gradual build-up to full activity and exercise, as advised at your review. Most people are cleared for everything by 12 weeks.
3 to 12 months	The breasts continue to settle and soften, and the scar matures and fades. Reviews at six and 12 months.

CONTACT US STRAIGHT AWAY IF YOU NOTICE

- One breast becoming much larger, tighter or more painful than the other
- Increasing redness, heat, swelling or discharge from the wound
- A temperature above 38°C, or feeling generally unwell
- Calf pain or swelling, chest pain or shortness of breath. Call 000 for chest pain or breathing difficulty

During business hours call **1300 267 726**. After hours, use the contact details on your discharge information.

RISKS AND LIMITATIONS

All surgery carries risk. The risks of breast augmentation using the Preserve technique include:

- Bleeding, or a collection of blood or fluid that needs draining
- Infection
- Injury to surrounding tissues
- Changes in breast or nipple sensation
- Delayed wound healing and scarring
- Firmness
- Implant malposition
- Implant rupture
- Capsular contracture (tightening of the scar tissue around the implant)
- Rippling or wrinkling of the implant or skin
- An association with BIA-ALCL, a rare lymphoma
- The general risks of anaesthesia

The Preserve technique is designed to reduce disruption to breast tissue and the structures that contribute to sensation. Changes in sensation can still occur, and no outcome can be guaranteed. Because it is a newer approach, long-term outcome data are still being collected.

THINGS TO UNDERSTAND BEFORE YOU DECIDE

- **Implants are not lifetime devices.** Further surgery may be needed in the future, for example to replace or remove an implant.
- **Your result will change over time** with weight change, pregnancy, breastfeeding and ageing.
- **Breastfeeding:** some people can breastfeed after breast augmentation and others have difficulty. This cannot be predicted with certainty.
- **Breast screening:** continue your normal breast checks and screening, and tell the radiographer you have implants.

YOUR IMPLANTS AFTER SURGERY

You'll receive an implant card with the details of your implants. Keep it somewhere safe. With your consent, your implants are recorded on the Australian Breast Device Registry, which helps track implant safety over time.

Dr Kumar's information sheets on **BIA-ALCL** and **breast implant illness** come with this guide. Please read both. The most important point in each: if you ever notice swelling of one breast, a lump, or a change in shape, months or years after surgery, contact us or your GP.

COSTS

The cost depends on your individual plan, implant selection, hospital fees and anaesthetic requirements. After your consultation you'll receive a written, itemised quote. It sets out:

- Dr Kumar's surgical fee, and the nurses' fee, which includes your aftercare
- The anaesthetist's fee and the surgical assistant's fee
- Hospital and operating theatre fees
- Implants, and any additional procedures, quoted separately

Medicare and health insurance: cosmetic breast augmentation is not covered by Medicare, and private health insurance does not usually contribute. The initial consultation attracts a Medicare rebate of about \$88 with a GP referral.

Payment: the deposit is paid when surgery is booked, after the cooling-off period, and the balance is due one month before the operation. An in-house instalment plan is available; Dr Kumar's team can explain how it works.

QUESTIONS WORTH ASKING AT YOUR CONSULTATION

- Am I suitable for the Preserve technique, or would conventional augmentation suit me better? Why?
- Which implant sizes are realistic for my chest and breast tissue?
- Will I need a breast lift now or in the future?
- How might the result look in 10 years, and after pregnancy or weight change?
- What are the risks most relevant to me?
- What will my recovery look like with my work and family commitments?
- Who do I contact after hours, and what happens if I have a complication?

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Second consultation		Surgery date	
1-week review	6-week review	12-week review	

A GP referral is required to see Dr Kumar.