



PREAST
AUGMENTATION
PLANNER

How to Get

Fantastic Results

And Save Hundreds!

R I C H A R D F R Y E R , M D

Breast Augmentation Planner

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Muscle stiffness may increase

Continue stretching

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Begin capsule massage as instructed

3-4 times a day for 5 minutes

11) 2 Weeks After


Begin scar massage as instructed

12) 6 Weeks After

Resume exercise

13) 3 Months After

Continuing care



Congratulations on receiving your free copy of one of the most helpful resources for information regarding breast augmentation. This information is going to outline the entire process of breast augmentation from the point where you begin gathering information through the consultation process and surgery and even your recovery. This information will be invaluable to you as you embark on this process and help you avoid common mistakes and misfortunes.

This information will give you the confidence you want to have when you choose your surgeon. By the time you browse through this information you are going to feel like you already know me and my experienced staff. This will make the decision to book your consultation with me seem like the next logical step. I have the experience that is required to make this process as enjoyable, comfortable, and safe as possible.

This planner gives you reliable and correct information and directs you to other sources for credible information. The problem that some patients face is that when they begin to look for information on the internet they don't know if the information that they are getting is correct. I compiled this information for you to solve that problem; the information that I relate to you is reliable and the other sources I refer to are also trustworthy.

The information contained in this planner is valuable in its own right, but I'm going to give you an even greater value because you have taken the time to read through this information. Included in this information is money saving tips and valuable free offers worth hundreds of dollars. This is available to you and all that is required is that you know HOW to qualify and get it. This planner will tell you how to qualify yourself to save money and get rebates and free products.

“Dr. Fryer’s breast augmentation planner is amazing! It explains in detail from start to finish, the entire process that enabled me to make a confident decision. This planner is the most condensed information compiled into one convenient location.” – L.A. (Idaho)

12-16 weeks before: Become serious about gathering information

For most women breast augmentation is not a spur-of-the-moment idea; you may have been considering it for years. You may have been informally gathering information from friends that have had this surgery or from the internet. About 3 - 4 months prior to your anticipated surgery date is when your search really needs to begin.

Even if you have actually been searching for and gathering information much earlier, this is when you really need to become serious. Much of the information that you have read or heard about previously may not be fresh in your mind. This is when you need to have all of your knowledge fresh and ready to assist you in your decision.

This breast augmentation planner is invaluable because I'm going to give you all the information in a very compact format. I'm going to answer all of the questions that you don't even know you should ask! It's like having a private consultation with a plastic surgeon in the comfort of your own home.

This planner may also help you think of some questions on your own as well. I bet if you read all the free information I have provided you will find that I answer most every question you can imagine. Additionally, you will learn some great ways to save money and take advantage of some incredible deals.

INTERNET

The internet is a great resource for information because it is readily available and in a format that you are familiar with. You have now received one of the

most comprehensive information packets on the internet regarding breast augmentation. You are fortunate to have this planner because I'm going to help give you the knowledge and information that you need all in one place, organized in a helpful way, and absolutely free!

Unfortunately, internet resources are not always completely reliable because there is no internet police to keep people honest about the information they post. Misinformation comes not only from other patients who merely repeat unsubstantiated information that they have heard as well as from physicians trying to advertise their practices. Unrealistic claims about results and recovery are all over the internet. Physicians will also make all kinds of claims about their credentials which sound fabulous. Bottom line, no matter what they try to tell you, if they are not certified by the American Board of Plastic Surgery, they are not board certified plastic surgeons. Do your research carefully; it is hard, and sometimes impossible, to fix a poor result. It is much easier and more desirable to choose a board certified plastic surgeon with a very high patient satisfaction score and leave worries and uncertainty behind. Not infrequently I see patients wanting to correct a bad outcome; that's what the television show *Botched* is all about—I'm like the doctor on that show that has to try to rescue patients from botched outcomes. I am constantly amazed when people tell me who the original surgeon was and I know how poor that surgeon's patient reviews are, and I have to just wonder to myself how the patient thought they were going to get a 5-star result from a surgeon with a 3-star average rating.

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There is no other board certification for plastic surgery recognized by the American Board of Medical Specialties. If you want to find out if your doctor is a board certified plastic surgeon you can [click here to see if your plastic surgeon is board certified](#) and find out. This website also has excellent answers to frequently asked questions regarding physician qualifications and training ([frequently asked questions about physician qualifications](#)). If you are searching specifically for a surgeon that has additional qualifications in cosmetic and aesthetic surgery then you can refer to the American Society of Aesthetic Plastic Surgeons website and search for their names here: [ASAPS surgeons by state](#). The added qualifications and requirements to be a member of the "ASAPS" are outlined here: [added credentials of ASAPS](#). In brief: if your surgeon is not listed as being a member of both of those societies, you may be taking more risk than necessary.

Think it is not that big of a deal? At least twice a month I receive a newsletter that inevitably describes the most recent story of a "cosmetic surgeon" being sued or jailed because they have inflicted permanent injury, harm, and even death to unsuspecting patients. It is happening all over the country, including here in Utah. Just Google "women harmed by cosmetic surgeon" and see how many recent results that you come up with. This is far more common than people realize, and unfortunately there is nothing that we can do to stop it. Once someone graduates from medical school they can set up a clinic and claim to be a cosmetic surgeon even if they have never had formal training in plastic surgery. They would never be allowed to perform cosmetic surgery in a hospital, but that doesn't stop them from doing it in their own office. Unfortunately that's the law and all we can do is help educate people about the problem BEFORE they

make a very costly mistake.

As you begin your research to gather information and find a surgeon please be aware that any searches you perform on the internet are going to result in some information that is an advertisement, and not necessarily the best or most helpful information out on the internet. Once you know what to look for it is easy to recognize an advertisement as opposed to a web listing that ranks high on Google search engine because it has helpful, new, and fresh information. Advertisements are typically found at the top and bottom of each page in Google. All advertisements include the word "Ad" (usually on the second line, but I've also seen it on the first line) surrounded by a small round-edged rectangle. Click on the adds if you want (the doctor pays each time someone clicks on the add) but remember that someone is paying to get your attention.

Advertisements can say or claim whatever they want – even if it is blatantly false. You are much better off relying on the information that ranks highly on Google search because of its helpful and informative content and not because someone is paying to have you see the information. To add more confusion to the process of selecting your surgeon, there are multiple doctors and businesses (notice I didn't use the word surgeon) that advertise VERY heavily on Google pay-per-click that are not board certified plastic surgeons, but the add makes it seem like they have all the same credentials. I have even seen ads by doctors that say "plastic surgeon" and "board certified plastic surgeon" and I know for a fact that they are not plastic surgeons. This type of advertising is actually illegal, but it happens so frequently that it is difficult to enforce. It's like trying

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to ticket every car traveling 5 MPH over the speed limit on the freeway; there's no way to enforce it routinely. Bottom line, be aware of advertisements and recognize that some if not the majority of information that you are fed when you click on that link may be very misleading.

Even advertisements by actual board certified plastic surgeons can be very misleading. This type of advertising is very discouraging to ethical plastic surgeons that have worked hard to develop their reputations, because this advertising is always displayed at the top of the search engine page, above the very helpful, and valid information that search engines show based on content. Information contained in ads is intended to catch your interest, not to educate and inform you. Be cautious and wary about distinctions claimed in ads because I know for a fact that much (if not all) of it is **very** misleading.

Equally fraudulent and disturbing is the trend of advertising by selling Groupons and other, similar heavily discounted passes. This is a huge red flag and should be avoided completely. I had a patient come to me and report that she had purchased a Groupon for a particular service and called the doctor's office to inquire about redeeming the coupon. She had a funny feeling about things and was surprised by the very high cost the doctor's office quoted her before the groupon discount was applied. She was suspicious, so she had her adult daughter call the office and inquire about the cost of the same surgery, only the adult daughter told the doctor's office she was not aware of any groupon discounts. The office quoted the daughter \$1000 less for the exact same procedure! The groupon was pay \$100 to save \$1000 -- so the office was quoting all

groupon respondents \$1000 higher cost, so essentially they were just paying \$100 to THINK they were getting a deal. Very disappointing that a plastic surgeon would resort to such fraudulent advertising, but it happens -- a lot! Go ahead, look at the advertisements if you want to for some morbid kind of reason, but be aware that this type of misleading and fraudulent behavior is unfortunately becoming very common in this industry.

Helpful internet sites

Internet resources that are very helpful for you as you make your decision regarding breast augmentation include individual physician's websites, national organizations, commercial, and consumer sites.

Individual physician websites can be very helpful because they not only contain information, but they also usually contain before and after photos. Photo galleries seem to be a very popular place for people to browse through. I have one of the largest selections of before and after photos on the internet to help demonstrate my results that you can access with the following link. [Dr. Fryer's breast augmentation before and after gallery.](#)

Keep in mind that your height, weight, and proportions will usually be different than other patients featured in the gallery, so avoid making a decision about implant size based on before and after photo results. I will discuss my very accurate and predictable method for you to select your implant size later in this planner.

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National organizations are also helpful sources for information. Some of the helpful resources in this category include: the American Society of Plastic Surgeons (ASPS, www.plasticsurgery.org) and the American Society of Aesthetic Plastic Surgery (ASAPS, www.surgery.org). The websites of these national organizations have information about breast augmentation surgery as well as all other cosmetic surgeries. They also contain helpful data that you may find helpful or interesting. The information on these websites is correct and reliable and will help you to become an informed patient.

“Dr. Fryer has been phenomenal. The surgery was wonderful and the recovery was a breeze. I absolutely love the results! Dr. Fryer and his staff are amazing!”
– A.H., Logan, UT

Commercial and consumer sites are also very helpful in the search for information. One of the best resources in this category is www.RealSelf.com (consumer driven website where patients ask questions). You can find my profile on RealSelf here: [Dr. Fryer's RealSelf profile](#). This and other patient review sites offer invaluable information to you as a prospective patient. As a patient you want to know not only about the results you can expect to achieve, but you also want to hear about the patients' experiences. Patient reviews on RealSelf.com are an invaluable resource to you. I have contributed helpful information on this site for patients, but the most helpful information that you will find anywhere is in your hands right now. If you can't find the answer to your question in this material then these are helpful resources where you can search for information.

Patient comments and word-of-mouth

Talk with other women you know about their experience. Everyone knows someone that has had breast augmentation. (Sometimes it is hard to tell because some of my happiest patients are those that return and say that their results are so natural looking that no one knows that they have had an augmentation.) If it is a close friend for family member then you will probably feel comfortable asking them questions informally.

Internet reviews are a very helpful way for you to research a surgeon. Pay very close attention to what other patients are saying and learn from their experiences. I have the highest patient reviews anywhere on the internet. That is because we focus not only on achieving the best possible outcomes, but also in giving the patient a pleasant and comfortable experience as well.

[Dr. Fryer RealSelf profile](#)

[Dr. Fryer Google reviews](#)

[Dr. Fryer "Healthgrades" reviews](#)

[Dr. Fryer "Vitals" reviews](#)

[Dr. Fryer "RateMDs" reviews](#)

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One comment I hear repeatedly from my breast augmentation patients is how smooth and rapid their recovery was compared to some of their friends with whom they talked. Every patient is a unique individual and each will have a slightly different recovery experience, but I think that the technique used for the procedure is a major factor in how patients recover. I think my technique is distinctive because my patients recover quickly and I can perform the entire procedure with almost no blood loss (usually less than a half teaspoon of blood loss).

There are a number of doctors that advertise "rapid recovery breast augmentation". It is funny to read the patient reviews about how their recovery went because their stories are anything but "rapid". The same goes for the "pain free" or "almost pain free" (enough complaints were filed that they had to stop advertising "pain free") breast augmentation. I would gladly compare my average patient to the patient of anyone who advertises those services and 9 times out of 10 my average patient will experience less discomfort and a faster recovery than those other doctors. The reviews of those doctors that rely on advertising so heavily say it all.

Everyone has heard the phrase, "If you want to know which doctor to go to just ask a nurse." After all, nurses and other healthcare providers are able to see those doctors in action, have firsthand knowledge of their skills and abilities, and are able to compare them to other doctors of the same specialty. I have an exclusive group of comments and testimonials from my patients who are nurses, physicians and other health care providers and their spouses.

"My husband works with plastic surgeons throughout Salt Lake and Utah counties. He recommended that I have my breast augmentation with Dr. Fryer because of his precision, skill and care and because of his fantastic outcomes." – B.H. Salt Lake City, UT Physician's wife

Review your personal motivation for breast augmentation

By the time you sit down in my office for a consultation you will almost always have a picture in your mind of what you expect from breast augmentation surgery. That picture is something that is very personal and individual. Every woman's "mental picture" is different depending on their purposes for wanting breast augmentation. You need to determine why you want breast augmentation.

You may want to restore the volume back in your breasts after pregnancy. You may want to feel confident in a swimsuit or tight sweater for the first time in your life. You may just want to feel "sexier". Whatever your purpose for undergoing surgery, you need to create realistic expectations.

Consider your hobbies and common activities

I operate on a wide variety of patients. I have operated on personal trainers, yoga and karate instructors, teachers, attorneys, dancers, business owners, professional moms, models, marathon runners, triathletes and other physicians and nurses. Each person has their own hobbies and interests and you need to think about how augmentation will affect those activities.

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I have a unique perspective on breast augmentation and I freely admit that I depart sharply from the world-wide teaching of breast augmentation which is that if you make a breast bigger you make the entire breast bigger. To help you understand what I mean let me describe how a patient will imitate what they want with breast augmentation. They typically will cup their hands and place them in front of their breasts and then when they say they want bigger breasts, they will move their hands further out in front of them. I have NEVER had a patient put their hands out to the side of their breasts and then move them further out to the side when demonstrating the outcome that they want. My unique measuring and sizing system allows us to push your breast tissue forward WITHOUT making the breast tissue wider.

Does this example help you understand how my breast augmentation patients differ from other surgeons? The world-wide teaching and tendency is to make the base (width) of the breast bigger at the same time that you make the breast project more. Now, this makes beautiful looking breasts, but when you stop focusing on the breasts and look at the patient in general this makes the patients look chubby or heavy. All this does is make the breast (and therefore the chest) look very wide. I can still remember the photos of a woman who was desperate to have me help her. She had undergone breast augmentation by another doctor along with a revision surgery and she was still not happy with how she looked. Her doctor had made her breasts look inhuman because the implants were so overly-sized (read this as overly-wide) that her breasts didn't even look like they were attached to her skinny body behind them. It is very difficult to fix a disaster like that -- I'm one of the few doctors that can.

I do not agree with this world-wide tendency at all and can increase the size of my patients' breasts without making their frames look any bigger. You can actually have breast augmentation without looking heavy, fat, wide, or whatever description you want to use to describe the appearance of a toothpick behind two lemons. The majority of my breast augmentation patients describe themselves as "active" if not "athletic", and do not want breast implants to get in the way of their activities. My patients want to have larger breasts without looking heavier or bigger.

I set boundaries for my patients based on my exam and your measurements. Those boundaries encompass my professional recommendations based upon years of experience and thousands of breast augmentation surgeries. You can choose not to accept my recommendations (or boundaries), but you have to realize that your choice may not give you the result that you desire. If you choose to disregard my recommendations then you have to understand that 60-75% of the increased volume of larger implants will make your breasts wider, and only 25-40% of the increased volume will make your breasts project more in front of you. Using a larger (wider) implant doesn't make the breasts come closer together or increase "cleavage". Instead it leaves the same space between the breasts and just makes the breasts push farther laterally and creates more "side boob".

There are situations where I may decline to perform surgery when patients don't accept my recommendations. If a patient needs a breast lift (mastopexy) at the same time then I will have both a maximum diameter and maximum volume recommendations for them. If they want to exceed

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either recommendation significantly then I believe that it can make wound healing complications much more likely and I may not want to accept that potential risk as their surgeon. Once again, my recommendations are based on almost two decades of experience and thousands upon thousands of operations. As a patient I encourage you to benefit from my experience and judgement.

Whatever your motivation for wanting breast augmentation, you can be confident that I will help you achieve results that you will be happy with. Breast augmentation surgery is a very gratifying procedure to perform because patients are so appreciative and happy with their new shape. It is wonderful to see how the procedure helps them *feel* different, not just look different. Breast augmentation is often more about helping my patients feel differently about how they look than it is making them look differently.

10-12 weeks before: Schedule your appointment with the doctor

You want to allow time to see me and my staff and get things scheduled when it will be convenient for you. If you have a timeframe in mind for surgery make sure you calculate enough time to be seen for consultation and then enough time to schedule surgery. There are definitely some times that are more popular for surgery (spring break, before long weekends, etc.) so you need to plan in advance. Although variations occur during the year, my typical timeframe is about 6 weeks to schedule an appointment and then an additional 6 weeks to schedule surgery.

Breast augmentation surgery is only one hour long and so we can usually fit people into the schedule when they want, but sometimes my schedule becomes overbooked and it is not possible to fit in another breast augmentation. Please plan in advance so that you can get your surgery done when you want. Quite often I will have people who know that they want me to perform their operation based on my reputation alone, and they will call and schedule their consultation and the surgery date before they have actually even met me. Yes, scheduling surgery does require a 10% non-refundable deposit to reserve that time for you in the operating room, but this allows you to get everything done, the consultation and the surgery, in the timeframe that suits your needs.

My office staff will be very helpful and accommodating in this process. The fact that your experience in my office was outstanding will make you feel confident that you are going to have an excellent experience with the surgery and your entire post-operative care. Patients frequently comment that they have a more positive feeling when they come in to my office compared to other experiences that they have had. If

you don't feel comfortable with the people in the office that will be answering your phone calls and greeting you when you enter the clinic then take note. This should be a warning sign to you. If you don't have a good experience with the office staff before the surgery, what makes you think you will have a good experience afterwards?

“I chose Dr. Fryer after having consults with five other surgeons. Not only were his prices competitive, but he was the only one who set realistic expectations about the surgery and recovery. Great staff, great facility, and even greater results.” –J.R. Salt Lake City, UT

My office staff is very educated and professional and goes the extra mile to make sure that you have a positive experience with your visit. My staff enjoys their work and feel like a part of the team. They enjoy the work because of the positive contact they have with the patients and because it is an enjoyable place to work. It is not uncommon in some offices to find that most if not all of the people that will be helping you have been there for only a short amount of time. This is usually because of a negative work environment and therefore they don't like coming to work and those offices have a high turn-over rate. People that don't like coming to work are less likely to go out of their way to help you. This is definitely NOT the situation in my office.

When you make an appointment for breast augmentation in my office you will be spending time with me and my assistants. My nurses help to explain

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the process of breast augmentation and answer your questions, but your appointment will always be with me. This may seem obvious, but when you schedule your first appointment you should meet with the doctor. Sometimes patients are not allowed to meet with the doctor until after they book their surgery – this is a big red flag. You need to feel comfortable with your surgeon before you make that decision to have an operation. At the end of your consultation you will meet with our patient coordinator who presents you with a folder of helpful information and a written price quote. Our patient coordinators explain everything else that you need to know about scheduling surgery and will review all of your options for saving a little bit of money too.

“Dr. Fryer seemed more informative and seemed to care for his patients more. Dr. Fryer and his staff were amazing. I love the way my surgery turned out. I was never scared for the procedure; I had complete confidence in Dr. Fryer at all time. I was more anxious than anything. I had such a great experience and I would 100% do it again. I will always recommend people to Dr. Fryer.”

–R. H. St. George, UT

You may request additional information from my office staff at any time. We have packets of information that include: 1) frequently asked questions, 2) breast implant information, 3) explanations of performing monthly self breast exams, and 4) information about financing. This information may be of some interest and we offer it at no cost to you.

You also need to be aware of the risks associated with breast augmentation. Just like any other surgical

procedure, there are risks associated with creating an injury in your tissue as well as risks associated with placing an implant (sometimes referred to as a "foreign body"). The risks can be broken down in those two categories: tissue related risks and implant related risks.

Tissue related risks include (but are not limited to): numbness, malpositioning (bottoming out), hematoma, capsular contracture, infection, and extrusion. A publication in 2014 analyzed 36 different articles published regarding breast augmentation (representing over 8000 patients) and found the rate of permanent abnormal sensation to be between 13 and 15%. This means any area of altered or abnormal sensation anywhere, on either breast. So a woman that has a quarter sized area of the lateral side of one breast would count in that result the same as a woman that has total loss of bilateral nipple sensation. Altered sensation can mean decreased, absent, or increased, or uncomfortable sensation. Almost everyone will start out with some abnormal sensation; 13 - 15% may be permanent.

Alteration of sensation can be due to direct nerve damage (cutting) or indirect nerve damage (stretching). Using implants that are overly wide for the breast base width will increase the likelihood of direct nerve damage since a larger diameter space has to be created for the larger diameter implant. Once you finish reading this planner, and definitely after you have your consultation with me in my office, you will understand that I do not use wide implants. Indirect nerve damage (stretching) is also more common the larger the implant volume is; larger volume means the tissue and nerves have to stretch more to accommodate the larger volume. My sizing process allows my patients to

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achieve just as much projection with a smaller total volume of implant. I believe my sizing technique helps to minimize the chance of nerve injury.

Malpositioning (bottoming out) is the most common complication that may lead to a revision surgery. If your tissue is not strong enough to support the implant then the implant will begin to drift down or out to the side. This most commonly happens early in the healing process, within the first 3-6 months. Because I perform so much breast surgery I am able to recognize patients that are higher risk of bottoming out than other women. I try to prevent bottoming out with all of my patients in several ways. First, I give guidelines on width and size of the implants; exceeding those recommendations increases the risk of bottoming out. Next, I use meticulous tissue separation techniques that minimizes tissue trauma and results in a precise creation of the space for the implant. Lastly, I encourage all my patients to use a specific underwire bra to help support the implants while the scar tissue is forming around the implant.

A hematoma can occur with anyone. This results from bleeding into the space that was created for the implant. Hematomas usually present as one breast that is double the size of the other breast and it feels like the breast is going to explode. A hematoma is a medical urgency; it should be dealt with properly as soon as it can safely be done. It can create a significant amount of discomfort, so waiting is not advisable. Hematomas should be evacuated and any persistent bleeding should be stopped. Leaving any excess blood around the implant can lead to more problems down the road such as capsular contracture, infection, or extrusion. The most common time for a hematoma is

within the first 24 hours after breast augmentation surgery. However, since the vast majority of my patients lose less than a teaspoon of blood during the surgery, many of my patients present with a new onset hematoma between 7 and 28 days after surgery. This is usually related to my patients feeling good and engaging in activity that can cause the damaged tissue and muscle to tear and results in bleeding. Remember, my patients recover much faster than they anticipated; that doesn't mean that the tissue is done healing, it just means my surgical technique allows them to feel better faster.

Capsular contracture is another complication that is sometimes hard for patients to understand. Capsular contracture is when the scar tissue that forms around your implant begins to thicken and shrink excessively around the implant causing the implant to feel hard and look different. You have to understand that we separate capsular contracture into two categories; early (occurring within five years) and late (anything after five years). Only early capsular contracture is considered a complication because if you leave the implants in place long enough capsular contracture will eventually happen to everyone. Another hard thing about understanding capsular contracture is that reported rates differ significantly from one publication to another. A good estimate of the risk of capsular contracture is between 5-8% at five years. Rates of capsular contracture differ greatly from one surgeon to another as well. I have seen reported numbers of some surgeons having a 42% capsular contracture rate at 5 years. Alternatively, I have had less than five capsular contractures in my entire career (that's less than a 1% capsular contracture rate for my practice). Do your research carefully; if you select a surgeon with a high capsular contracture rate then you are more likely to

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get a capsular contracture. Capsular contracture likely has to do with the techniques a surgeon uses for the operation. Additionally, silicone implants have slightly higher capsular contracture rates than saline, but not substantially enough for me to routinely recommend saline over silicone.

Lastly in the tissue related complications we need to mention infection and extrusion. Infection is easy to understand -- the implant can become infected and would need to be removed. Extrusion means that the tissue covering the implant becomes thin and stretched out and eventually opens up and the implant becomes exposed or visible. Both of these are very rare complications, but you need to be aware of them. Sometimes they can happen together as well. For example, if the implant becomes infected the tissue will try to allow the infection escape and the incision may open up to allow fluid to release and then the implant becomes exposed. Alternatively the tissue might be closed so tightly that it stretches open and exposes the implant and then the implant becomes contaminated with bacteria. In either case the implant would need to be removed and the tissue may have to heal for a period of time without an implant before replacing another implant.

Implant related complications include (but are not limited to): implant rupture, rippling, and visibility. Probably the thing people ask the most is, "How long do they last?" I interpret this question to be something like "how long before they rupture" most of the time. I always answer, "We are going to replace it in 10-14 years before it has a high likelihood of rupturing." Rupture of a saline implant is actually quite benign. You wake up one morning and you have a flat tire;

social emergency, but hardly a medical emergency. It can either be removed or replaced with another implant at your convenience. Rupture of a silicone implant is a little more serious and will lead to more aggressive scar tissue formation around the implant (capsular contracture). It can lead to calcification of the scar tissue as well. A ruptured silicone implant usually requires removal of all the associated scar tissue (capsule) to help decontaminate the tissue. Although we clean out all visible silicone, undoubtedly there will be microscopic amounts of silicone remaining. This silicone can cause future calcifications in the tissue and result in more frequent repeat operations. The risk of rupture of silicone implants is estimated at 9-15% at ten years; that's why I suggest changing the implant roughly every ten to twelve years. If we can replace the implant before it has ruptured then it is a much easier operation, a much easier recovery for the patient, and also less expensive (since we don't need to remove the scar capsule). Once a silicone implant has ruptured, all of those things increase significantly. Once again, that's why we want to change out the implant every ten to twelve years so we don't have to worry about it.

Manufacturers typically warranty their product for ten years so if there is a problem with the implant you will get some assistance with costs of surgery and a replacement for the implant. We supply all of our patients with complete warranty information for the breast implants that we use. You should familiarize yourself with this warranty information prior to your day of surgery. Some implant manufacturers offer an extended warranty for an additional fee. If you want to purchase this extended warranty then you will have the contact information to obtain this from the manufacturer. Purchase the extended warranty if it makes you feel better and more secure, but even if you

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have the extended warranty I still recommend replacing the implant every ten to twelve years to prevent having to deal with ruptured silicone. Just because you purchased the extended warranty doesn't mean that the implant will LAST longer; it only means you will have a longer duration of warranty coverage. We don't want to wait for the implant to rupture. Deciding to have breast augmentation is really a commitment to periodically re-operate and replace implants to help prevent experiencing a ruptured implant.

Rippling and implant visibility aren't really "complications"; it doesn't mean that anything is wrong with the implant, it just means you can feel or see the shape of the implant in the tissue. There are several factors that increase the chance of implant rippling and visibility: saline implants (especially if they are not optimally over-filled), any implant on top of the muscle, patients that have very little native breast tissue, patients whose breast tissue is not as strong, and as a general rule the larger the implant the more likely the chance of rippling or visibility. There is no way to anticipate who will have rippling or visibility because it is really due to the interaction between the implant and the patient's tissue that creates these issues. If you want to decrease the chance of rippling even more then there are more [cohesive silicone implants](#) that are designed to have a lower incidence of rippling. There is no guarantee that ANY implant can be completely free from rippling though since it is really dependent upon the interaction of the implant in the tissue.

FINALIZE ANY FINANCING OR FINANCIAL PLANNING

You should be able to ask how much the operation is going to cost and get a reasonable answer. There are some variables that are not clear over a telephone conversation, (like if you will need a lift at the same time or not) but you should at least know a price range. My office staff is instructed to be completely open and honest regarding prices. Beware of “hidden costs” that some offices don't tell you about until after you have scheduled surgery. Make sure your quote includes everything. My office can easily tell you how much a surgery will cost with everything included – except your prescription medications that you will get filled a week before surgery. During your initial visit you will be given a price quote in writing so you know your full cost. Revision surgeries do require an additional fee that is outlined in your folder of helpful information, but I only have my patients pay for the operating room and the anesthesia and I don't charge my own patients a surgeon's fee if a revision surgery is needed.

My office will help familiarize you with payment options as well. We are happy to send you information about financing if you are interested, or discuss other payment methods. This is a good time to pre-qualify with those financing companies and get the process rolling or to start setting aside the necessary money. My website has information on the different financing companies that we accept and you can easily get in contact with them to begin the paperwork. [financing options for operations with Dr. Fryer](#)

Some offices will add in costs that are not included in your quote. Items that are often “added in” are: 1) charging you for a bra or other operative bandages

10-12 weeks before: Schedule your appointment with the doctor

(save your money for a bra that you will actually want to wear), 2) charging you to see the doctor after surgery (I've got nothing to say here, that just plain sucks), 3) charging you separately for anesthesia or operating room costs. Rest assured that this does not happen in my clinic. You know what you are paying for and you will feel confident that you have made the correct decision to have me as your physician.

Your price quote should include ALL costs, and should not just be the quote for the doctor's fee. These incredibly low cost surgeries are often times highly advertised in order to lure unsuspecting and uneducated patients in for a consultation. Because you are taking the time to educate yourself with this planner you won't fall into that snare only to find out later that you wound up paying more than the advertised price for a doctor that doesn't have my same credentials. You wouldn't trust your hair to the cheapest hairdresser in town, why would you make that mistake with your breasts? The cheapest is not always the best choice; I am not the cheapest.

Be careful on the internet when you look at prices. Some advertised prices are "too good to be true" and they usually are. I hate it when I have to pry information out of someone, so I have instructed my staff to be very upfront with my costs. I have spoken with multiple patients that tell me about being "nickel-and-dimed" when they investigate plastic surgery prices on the internet. Unfortunately some people only find this out after they have taken off work and scheduled their life around their anticipated surgery, so it is too late to cancel even though the cost winds up being higher than anticipated. Once again, this is not the case with my office.

Even when you are looking at reliable internet resources sometimes the cost of surgery can be confusing. The ASAPS website lists [surgeon costs](#) for different procedures although this information is good and reliable, it is only the surgeon's fee, and doesn't represent the total cost of surgery. The total cost of surgery will likely be higher because of the operating room and anesthesia providers will charge a fee and sometimes the facility will have extra charges for specialty bras, etc. When you get a written quote from my office at the time of your consultation it includes all of the cost of surgery (with the exception of the cost of your prescription and over-the-counter medications).

Remember the fiasco I described earlier with the Groupons? I have never, and will never lure patients to my office with a Groupon. Other doctors have sold groupons (pay \$100 to save \$1000) only to quote all groupon patients \$1000 more on their initial quote. That's right, the doctor's office increased the cost of the surgery if you bought their groupon so you just paid \$100 to THINK you were saving \$1000, but you actually paid more than everyone else. If you think you are getting a deal that is too good to be true (or a bargain) then you are probably going to get what you paid for.

6-8 weeks before: Have appointment with physician

CONSULTATION PROCESS

There are two categories of consultations: free, or consultations that charge a fee. Yes, I charge a consultation fee. Once you have been in my office you will understand why we charge a consultation fee; we actually educate you about breast augmentation and breast lift (as needed). Free consultations are worth what you pay. Free consultations are typically hurried, and often times you meet only with the nurse and may never actually meet the physician. I'm giving you far more free information and a better education in this breast augmentation planner than you are likely to get from all other consultations that you go to combined. So in essence I do give you a free consultation with this breast augmentation planner. When you are ready to get more serious then you pay a small fee to meet with me and that consultation fee applies to the cost of your surgery if you reserve a surgery date within three months of your visit.

“When I went to other consultations before I chose Dr. Fryer I felt the staff were not as friendly and the doctors were in a hurry and I didn't get my questions answered... Overall Dr. Fryer made me feel more comfortable in my decision about plastic surgery.” –D. M. West Jordan, UT

Your appointment with the physician will likely get you very excited about the procedure. My knowledgeable and friendly staff will greet you in my office. You will fill out some standard paperwork and a health questionnaire. Once the paperwork has been completed you will be taken to an exam room where

one of my nurses helps gather some other basic information and gets an idea of what you expect from surgery.

This is a great opportunity to get comfortable with my assistants and clinical staff. My nurses do a great job familiarizing you with the procedure and help you feel at ease. They help give you information that you will need in order to make informed decisions about the type of implant that you would like (saline or silicone) and where we typically place our incision. After offering helpful information and answering your questions my nurses will have you change into a comfortable robe in preparation for your consultation. You may have a few minutes to browse through a before and after photo book before I come in for our visit.

Our visit takes place in the privacy of my comfortable consultation rooms. I review your health questionnaire to make sure that you are a good candidate for elective surgery and allow you time to develop trust in me as your physician. You are welcome and encouraged to ask questions. It is imperative that you feel confident with my skills as well as my personality.

Once you feel comfortable with me and we've had an opportunity to discuss your information I will perform an exam that includes measurements of your chest and breast as well as a breast exam. From the exam and measurements I will be able to give you an expert opinion on the size range of implants that can be used to naturally enhance your breast size and shape. Remember I described that my measuring and sizing process is unique and I am able to increase the size of

6-8 weeks before: Have appointment with physician

your breasts without making you look heavier or bigger. This is a critical step in the consultation so that you can develop a realistic idea of what we can achieve in the operating room.

Using these recommendations my nurses help you position the breast implant sizers in a bra that we provide to help you get a realistic idea of what the implants will look like. This is a very fun process for most patients. This is when you get to show us what you expect as an outcome from your breast augmentation surgery. I think this is the most accurate way to ensure that I fulfill your expectations. Some doctors want to see magazine photos of what you want or some will use fancy computer graphics to show you what you can look like. By far the most helpful way for me to know what you expect is for you to show me in the mirror what you want.

No one in my office will try to persuade you to decide about the implant size. This is a personal choice. You will be much happier knowing that you made the decision based on how you feel and look. I have found that most women already have a “picture” in their mind of what they want to look like after the operation. This picture is unique for each patient. You cannot compare yourself to your friend or to a model in a magazine, because your body is different. Please keep an open mind during the sizing process and avoid the tendency to think, "I need at least a 350 cc implant because that is what my friend has". Pay attention to what you see and how you FEEL when you see it. Trust this sizing process; it really works.

It is amazing how patient's faces light up when I tell

“Dr Fryer’s sizing technique was very helpful and the results are perfect!” –K.H. Draper, UT

them that I want them to show me what they expect and want from the surgery. So many women have been told by other surgeons which implant size to use or have been pressured into something larger than they feel comfortable with. My patients do not feel that pressure. They only expectations they have to meet in deciding on the implant size are their own. I give you a professional opinion based on data and over a decade of experience with satisfied patients, and I leave my personal judgment out of this process. Ultimately my patients are happier and more confident because they are the ones that decided on the size that they feel comfortable with. My patients relay that they had confidence going into surgery because they knew what they would look like after.

Once you have narrowed down your choice of implant sizes it is sometimes helpful to put on your favorite shirt and see how things look in your clothes. Often this will help solidify your choice of size when you see yourself in your favorite top. We have a few camisoles in my office if you don't have one, but bringing your own sometimes helps you to match that image that you already have in your mind.

Looking at your appearance in the mirror is the most helpful way for you understand the outcome that you are going to achieve with breast augmentation. This sizing is performed with the assistance of my highly experienced nurses and according to my recommendations. Ultimately you are the one that makes the decision regarding the size of your implant

6-8 weeks before: Have appointment with physician

because only you are able to match what you see in the mirror with what you have already begun to imagine in your mind. Feel free to take some photos of yourself with the implants in place under the bra. This is often very helpful for you to review after you return home and continue to think about your surgery.

Some patients have asked if we offer 3-D computer images of you with your selected implant size. This 3-D image is a very nice marketing technique, but that is about where the benefit ends. Human tissue behaves very differently from patient to patient and cannot be anticipated by algorithms or software and often leads to an unrealistic expectation of outcomes. In fact, one article published in 2015 showed that 25% of patients that viewed computer generated 3-D images of themselves with the added volume of an implant were dissatisfied with their outcome whereas less than 5% in the control group (that did not get a 3-D image of themselves) were unhappy with their results. Bottom line is that I think your image in the mirror wearing a light bra and shirt gives you a much better idea of what you will look like in clothing than the 3-D image of your bare breasts. I think my diagrams and helpful drawings during your consultation will give you a better idea of what your bare breasts will look like than the 3-D image.

Sometimes after performing the exam I have to inform a patient that they will also need a lift in order to get results that they will be happy with. Most of the time patients that need a lift know it (or are a little suspicious about it) before they meet with me. The addition of a lift to an augmentation does increase the cost and the complexity of the surgery, but both operations can be performed at the same time in the

vast majority of the cases. This also increases the risks associated with the surgery, but I take a substantial amount of time to help educate you about those risks so that you feel like you are making a completely informed decision.

Additionally, I am the only surgeon that I am aware of that spends a significant amount of time helping you understand the geometry & physics related to breast augmentation. This is different for every woman and depends on several different factors, including: chest wall shape, breast tissue shape and amount, and skin quality of the breast itself. These all combine with your selection of implant size to determine your outcome. I have performed thousands of breast augmentations and so when I see a patient and analyze these factors I can immediately "see" their outcome in my mind. I will help you envision that same outcome so that you will be excited for your surgery and when you see your results in the mirror you will be able to say this is just what I was expecting -- or better!

I also review the risks of breast augmentation with my patients. You have to know these risks before the surgery. Basically there are variables that are out of your control and out of my control once we initiate this wound healing process. Some bad things can happen; you need to be aware of these things in order to be fully informed. Nationally, women that undergo breast augmentation have an 18-20% chance of needing a revision surgery within the first several years. Yes, that's right, about 1 in 5 women will need a touch-up surgery after breast augmentation (according to national data).

That's not my data, though. My data is single digit, between 4-5% that will require a revision surgery (and

6-8 weeks before: Have appointment with physician

with recent changes and advances I think my revision rate will be even lower). The majority of those revision surgeries are to help correct implant malpositioning issues. If the implant is too heavy for the tissue to support then the implant can "bottom out" through the tissue. This can happen at the bottom of the breast or out to the side of the breast. I have been able to identify patients that are high risk for bottoming out and will take steps to help prevent this issue when necessary. Bottom line, my revision rate for breast augmentation is less than half of the national average. If you do need a revision surgery then there are additional costs, but I only have you cover the costs of anesthesia and the operating room and I do not charge you a surgeon's fee.

Before you leave you will be given an information folder that includes information about performing monthly self breast exams, financing information, commonly asked questions, information about your day of surgery and recovery, and an official price quote about the costs of surgery.

WHAT TO EXPECT

There are a few things you need to know about my practice that set it apart from the rest. You'll get a smaller scar, a faster recovery, and hopefully longer lasting results. All of this contributes to my outstanding patient satisfaction reviews and testimonials.

I use a smaller incision for this operation, so the scar will be smaller and less visible. My professional preference is to place the incision near the bottom of

the breast so it is hidden by the curvature of the breast. This scar is less noticeable than a scar around the nipple because the nipple is the point of focus on your breast. When I make the incision in the crease of your breast you are the only one that will look at your scar. Additionally there is good published data that shows that using this scar has a significantly lower chance of contaminating your implants with bacteria. Ultimately bacterial contamination likely plays a significant role in long term capsular contracture rates for breast implants.

Despite using a smaller incision, I am able to perform the surgery with only a fraction of the blood loss of other doctors. Typical blood loss for a breast augmentation is between 50-100ml; my typical blood loss is about 2.5ml (1/2 teaspoon). This surgical precision results in a very rapid recovery. Think about it logically. If you don't bleed you don't bruise, and if you don't bruise you don't set up inflammation in the tissue that you have to recover from. The most common statement that my patients make after surgery is, "I was expecting something worse". This is a photograph of the surgical sponge showing my typical blood loss – I even have similar photos of patients that had bleeding disorders. My technique makes a definite difference for my patients.



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“Everything about this process was wonderful. The surgery, the recovery, the final results. Dr. Fryer did a wonderful job and I am extremely happy with my results. My recovery time was very short and I was hardly in any pain. I was back to myself in days. I had no bruising. I was very impressed by Dr. Fryer and his staff. They were very easy and friendly to work with and made the whole process a great experience.” –L.P. Draper, UT

This minimal blood loss also helps to decrease your chances for capsular contracture. Published data suggests that very careful hemostasis during surgery helps minimize one of the most important factors in capsular contracture (which is excess blood around the implant right after the surgery). I lose less blood than most other surgeons and therefore, I think I do a better job of controlling for this cause of capsular contracture than anyone else around.

These unique attributes and skills in my practice, along with exceptional customer service and care makes me the plastic surgeon with the highest online patient satisfaction rating of anyone around. Just pay attention to the commentary and praise my patients are posting, and you'll recognize the great effort we put in to making your experience the best value you can find. If you chose a doctor with a lower satisfaction rating why do you think your experience is going to be any different? You have done your homework and have found the doctor with the highest satisfaction ratings so you can be confident that both your outcome and your experience will be outstanding.

To help minimize risks and avoid complications there are several things that we want you to be aware of. Some medications need to be avoided prior to surgery. Accutane (a medication to help treat severe acne) must

be stopped six months prior to surgery. Failure to allow enough time for your body to recover after taking Accutane can result in severe wound healing problems. Phentermine (a medication used to help promote weight loss) must be avoided for two weeks prior to surgery. This medication makes it less safe to undergo any operation with general anesthesia. Aspirin and Ibuprofen (including Naprosyn, Aleve, Motrin, and Advil) should be discontinued ten days prior to surgery to help reduce bleeding and bruising during the surgery. Avoiding these types of medications prior to surgery allows me to complete the surgery with minimal blood loss, which leads to less bruising and inflammation. After the surgery you will be instructed when to start taking Ibuprofen.

I am in the process of publishing my experience and perspective on breast augmentation. After performing thousands upon thousands of breast augmentations I have developed an understanding and perspective that few other surgeons achieve. This allows me to anticipate and potentially avoid some complications or adverse outcomes that other surgeons don't even know exist. Hundreds of women have exclaimed at the end of our consultation together that no other surgeon has explained things so thoroughly. This all comes from experience; lots and lots of experience.

6-8 weeks before: Have appointment with physician

SAVING SOME MONEY AND GETTING FREE STUFF

Everyone loves to get free stuff! I'm going to tell you how you can do this so you feel *even better* about your experience in my office.

You are reading invaluable information about your breast augmentation surgery. Reading this information will help you feel confident about your decision and become very excited about your results. This information contains just about everything that you need in order to feel comfortable with me as your surgeon so you can be prepared to schedule your surgery.

All of my cosmetic surgery patients can select from several medical spa services after their surgery. These medical spa services change from time to time but their value is up to \$650. This is a way of showing appreciation that you placed your trust in me as your surgeon. My staff at Clarity Skin are knowledgeable, helpful, and experienced and can help you with any medical spa services you may be interested in. More information about Clarity Skin can be found here: [Clarity Skin](#).

Preparing for Surgery: 1 Week Prior to Operation

PRE-OPERATIVE APPOINTMENT

As your date approaches it is normal to become excited in anticipation of the surgery. This should be an exciting time in a positive way because you will be confident in your decision. It should be even better than that anticipation leading up to the holidays because, unlike Christmas, this time you know exactly what you will be getting.

Part of your preparation for surgery includes a pre-operative appointment usually scheduled during the week prior to surgery. This is another opportunity to ask questions and even try on sizers one more time to make sure that you are still confident and comfortable with the size you selected earlier. This is when we give you information sheets about your surgery and make sure you know what will take place on the day of surgery and during your close follow-up care.

If you are traveling in from a distance (this is fairly common in my practice), we can arrange to have this appointment the day before. My office staff will do everything possible to accommodate your personal needs in this regard. Please let them know what we can do to help make this time leading up to surgery as stress free as possible.

PHOTOS

Photographs are taken during this pre-operative visit so that we can document the wonderful transformation that you will undergo. These photographs are standardized views of the breasts and do NOT include your face, so your identity is completely confidential.

We ask patients to remove any jewelry or other items that might be identifiable in the picture as well.

Photographs are an important part of this process and were more likely very helpful to you in making your decision about surgery. I do not use photographs of my patients without their written consent.

INFORMED CONSENTS

During this visit you are provided with informed consents so that you have ample time to read and understand everything that you are signing. These consent forms will occasionally generate questions that you haven't thought of previously and we are always available for discussion. You will have adequate time to fill these out so that you can avoid feeling pressured or hurried on the day of surgery. Waiting until the day of surgery to prepare this paperwork tends to make patients more anxious than necessary. If you are traveling in from out-of-town we can supply you with these forms beforehand so that you can fill these out at your leisure and bring them in with you.

PRESCRIPTIONS

I provide you with all of your prescriptions at this appointment. For breast augmentation surgery you are typically given three medications that you can fill at the pharmacy of your choice well in advance of your surgery. This helps prevent anxiety and unnecessary errands on the day of your surgery.

We want you to save money on your prescriptions and have resources in our office to help you do this. We

Preparing for Surgery: 1 Week Prior to Operation

have cards that explain a helpful app that you can download on your phone so that you can search for the cheapest prices to fill your prescriptions. This app, called “[GoodRx](#)”, can save you hundreds of dollars, not just with the prescriptions I give you but with **all** your prescriptions.

ANTIBIOTIC

You will receive a single dose of antibiotics in your IV at the time of surgery. We typically prescribe Duricef (cefadroxil) to help prevent infections. Infections are rare (less than about three percent), but are serious problems and sometimes require repeat operations. We take every precaution to prevent this complication and emphasize that you should complete the entire five day course.

Duricef is a tablet that is taken twice daily with food. It is a cephalosporin antibiotic and a distant relative of penicillin. Let us know if you have adverse reactions to cephalosporin antibiotics and we can prescribe something different. It is generally well tolerated and conveniently dosed twice daily so it is easy to take and complete as prescribed.

PAIN MEDICATION

I prescribe oxycodone for discomfort (the active ingredient in Percocet). You can judge if you need to take it, but you’ll have it in case you do. Many of my patients do not take anything more than Celebrex and Tylenol. You can read more about the typical recovery period that my patients experience in other sections,

but most of my patients are pleasantly surprised at how rapidly they recover compared to other people they have talked to. If you prefer we could also substitute Norco or another narcotic pain pill if you have taken it with good tolerance in the past. Please let us know at this preoperative appointment if you would like a different pain medication.

I will also provide you with a prescription for Celebrex that I want you to use to help control your discomfort. Celebrex is like Ibuprofen on steroids (even more potent than Ibuprofen). Take this medication twice daily and I think you will be pleasantly surprised at how comfortable you will be. Close to 25% of my patients never take the narcotic pain medication because the Celebrex and Tylenol gives adequate pain control.

NAUSEA

You will be given medication in the operating room to help prevent nausea. If you do experience nausea afterwards it is best to have the medication already at hand. I prescribe Phenergan (promethazine) tablets for you and you can judge whether you need it or not. This can be taken every six hours as needed. Some people become nauseated if they take pain medicine and so you may want to take this medication a half hour before pain medicine. Most of my patients do not have a problem with nausea, but it is better to have it and not need it, then to need it and not have it.

If you have experienced severe nausea with previous operations or easily become motion sick I can prescribe another medication to help prevent nausea

Preparing for Surgery: 1 Week Prior to Operation

before it becomes a problem. I do not routinely dispense prescriptions for this additional medication (motion sickness patch), but if you are one of the unlucky few that have significant problems with nausea this may be of great benefit. The motion sickness patch (Scopolamine) is placed behind your ear the night before surgery. Additionally there is significant data showing decreased post-operative nausea (and improved pain control) with a single pill of Neurontin pre-operatively. You can take this pill with a small sip of water several hours before your planned procedure. Both of these medications can cause some dizziness or mild balance problems so please use caution as you move about the morning of surgery. Please let me and my staff know if you would like these additional medications because we do not automatically prescribe them to all patients; they can be of great benefit to those that have had severe nausea with previous operations.

In addition to these prescriptions I also send you home with some special antibacterial soap and instructions for its use. It is the same soap often used in the operating room to help disinfect the skin prior to surgery. Follow the written instructions to use this special liquid soap during three showers including the morning of surgery to help cleanse the skin. It can be gently lathered over your skin from your shoulders to your thighs using a shower sponge. After lathering it on your body allow it to remain in place for about five minutes before washing it off. There is good published data that this helps to reduce the risk of surgical site infections.

During the last week before your surgery avoid the use of any products or medicines that include aspirin or

Ibuprofen (or any other NSAID like Naprosyn). The use of aspirin and Ibuprofen type medications during this time can increase the amount of bleeding experienced during your operation. Increased bleeding results in increased bruising. The more you bruise, the greater amount of inflammation that you will have in the tissue. The greater the inflammation the longer the recovery. You may use Tylenol for headaches or mild discomfort, but avoid all other medication.

Over-the-counter medications to help prevent constipation are also helpful. Pick up some Colace 100 mg capsules when you are at the pharmacy filling your prescriptions. Colace is a stool softener that helps to increase the amount of water and fat in the stool. This is not a stimulant laxative, it only helps prevent stools that are too hard or firm. You can actually start taking this medication the day before surgery. The usual dose for Colace 100 mg capsules is 1 to 3 capsules by mouth every day (either spread out through the day or as a single dose). Frequent ambulation, maintaining good hydration, and increasing fiber intake also help to avoid the dreaded constipation. Starting on the day of surgery after you return home you should start using Senna (an over-the-counter herb used to stimulate motility) 2 tablets daily. Narcotic medications tend to create constipation quickly. Stay ahead of it and try your best to prevent it with the stool softeners. We also have an information card that you will receive at your pre-operative appointment that covers how to treat constipation if it occurs. Prevention is a lot easier -- trust me.



Preparing for Surgery: 1 Week Prior to Operation

PAYMENT

Payment in full is required prior to your surgery date. Payments can be made in cash, or with a credit card, or cashier's check. We do not accept personal checks. Many of my patients choose to finance their surgeries through one of the convenient financing companies that we work with. All of the financing information is provided to you at the time of your initial consultation so you have time to get pre-approval if you want to use their services. [Click here for more information about financing.](#)

Day of Surgery

DAY BEFORE

Adequate rest

This is a very exciting time for you and anticipation of the surgery will sometimes keep you up late. Adequate planning can reduce the number of distractions and will help you rest comfortably the night before. Start your preparations early in the evening and then try to get some good rest.

Prepare area for recovery

This is a good time to prepare an area in your home where you can return for your recovery. It is normal to feel tired after surgery and you want to have everything prepared in advance so you can rest when you return home. Gather a few magazines or books for you to read and have some good music selected so you can relax. You will want to have some cold drinks and maybe a few snacks nearby – it helps to keep a little food in your stomach when you take your medications after surgery. Empty the contents of your ice maker into a plastic bag and put it in the freezer so your ice maker can make more ice. You will be using ice bags to help reduce swelling and discomfort after surgery.

Nothing to eat or drink after midnight

Get all of these preparations done early and then plan on retiring to bed. In preparation for surgery do not have ANYTHING to eat or drink after midnight. This includes no gum, hard candy, breath mints or water. This helps avoid unnecessary problems with anesthesia. The ONLY exception is if you were given specific instructions to take a medication with a small

sip of water on the morning of surgery; use only a small sip if you were given that instruction. If you do not follow this instruction your surgery will be cancelled and you will have to pay a rescheduling fee to reserve another day. This is not negotiable; it is the standard of care in medicine and failure to abide by this standard can have serious consequences.

DAY OF SURGERY – CANYON CREST SURGERY CENTER

Be prepared for changes in schedule

You will be instructed the business day before surgery what time to check in at Canyon Crest Surgery Center located across the lobby from my office. You may be contacted by phone on the day of your surgery to adjust your arrival time to prevent any unnecessary delays or long waits before your surgery. Sometimes unanticipated or unexpected circumstances arise and may alter your exact time for surgery. I do not compromise my patient's safety or quality of their surgery just to stay on schedule. Please know that I will give you that same level of excellent care when you are in my operating room. I appreciate your understanding in this matter.

Wear comfortable clothes and shoes that slip on. Loose fitting elastic waistband pants and a zip-up cotton sweatshirt are ideal. The zip-up sweatshirt is very convenient because the staff will help you put it on after your recovery. Shirts that have to be pulled over your head are a little harder for you to negotiate.

Stay relaxed and calm

Day of Surgery

There is some minor paperwork to fill out on the day of your surgery in the surgery center. We always have you arrive in plenty of time so you do not feel rushed. You may also want to bring a book or favorite magazine to help pass the time after you have checked in. You will be given a paper blouse to wear and a plastic bag to put your belongings in. We have thick bathrobes for you to wear so you can stay warm.

You will also need to provide a urine sample at the surgery center so we can conduct a pregnancy test. Try not to empty your bladder before you arrive so you will have fewer problems providing a sample. We have had a few “happy announcements” at the surgery center therefore a pregnancy test is mandatory prior to any cosmetic procedure.

Marking in the consultation room

Prior to your operation I will meet with you in the privacy of a consultation room where I review our surgical plan. This includes confirming the implant size and type (saline or silicone) as well as the location of the incision. I review this with every patient prior to surgery to prevent any errors. I make marks on your chest and breasts to help guide me in the operating room because when you lay down on the table everything looks different. The marks are temporary and are easily washed off in the shower.

While I am making the marks to guide me in the operating room I will review some tips that will help you recover faster and with less discomfort. All of these tips are written on a card for you so you don't have to worry about remembering everything that I am

telling you. I am very confident that my technique in the operating room with minimal blood loss and these tips I share with you will help you achieve the most rapid recovery from breast augmentation possible.

After speaking with me you will also meet with one of our certified nurse anesthetists in the room and they will review your plan for anesthesia. All of our nurse anesthetists are excellent and have extensive experience in performing cosmetic surgery anesthesia. They are skilled in providing you with not only a safe procedure, but also a procedure with the lowest risk of nausea and discomfort. They will briefly review your health history and familiarize you with what you will experience.

SURGERY

The anesthetist will lead you from the private consultation room into one of our state-of-the-art operating rooms and will help you get comfortable. You will have a warm blanket covering you while an IV is placed in your arm. This is usually the last memory that people have of the entire operation and recovery area.

Once you are asleep we clean your skin with powerful antiseptic soap to help remove bacteria from your skin. Sterile towels and drapes are then used to cover your skin to help prevent contamination of the surgical area. Your specific surgical plan (implant size, incision, etc.) is then reviewed again with the entire surgical team to help ensure that your surgery goes smoothly.

Day of Surgery

The technique I have developed for breast augmentation utilizes delicate and gentle tissue handling in order to minimize inflammation and swelling. This technique allows me to perform this operation with almost no blood loss (typical blood loss is less than one teaspoon full for the entire operation). The blood loss during other breast augmentations can be 10-40 times more than the blood loss for my typical surgery. More gentle tissue handling yields less inflammation and swelling; less bleeding means less bruising and the combination of these leads to a faster, easier, and more comfortable recovery. Read my patient testimonials to help reinforce how quickly they recover.

As you begin to awaken after your operation you will be in our recovery area. Here you are monitored carefully until you are able to go home. The nurses in our recovery area are very experienced in helping this be a very relaxing time for you. You will already be wearing a bra that we provide to you to help minimize discomfort and swelling. The nurses will help you slip into your clothes in preparation for returning home. They are able to administer medications as needed for your comfort and safety. When it is time to leave you are wheeled from the recovery room to the private exit where your car will be waiting a few feet away. This helps ensure patient privacy and convenience.

The medications used during your surgery cause you to not be able to remember things very well. On the car ride home you will ask your driver the same question a dozen times. Likewise, you will not be able to remember your stay in the recovery area very well either. Sometimes people's first memory is being wheeled out to their car. Please know that you are

observed to ensure your safety until specific benchmarks are met that qualify you to leave with your ride to go home. No one is discharged until those criteria are met. You will not remember seeing or talking with me after the surgery (at least most patients don't). I will give you a call later in the evening after the medications have worn off and will review your surgery with you and answer any questions that have come up since you have been home.

Plan on napping and resting

Most patients are tired and fatigued after surgery and it is not uncommon to take several short naps afterwards. Several times a month, however, I have patients go out to dinner or to a movie the night of their operation because they feel so good. Don't make any plans, but I don't restrict your activities if you feel up to it. Most patients are surprised at how good they feel after surgery. I am happy that my patients tend to feel so good, but please remember that you need to take it easy and not overdo things because even though you feel good you are still fragile and can damage your muscle if you do things that are too strenuous. I tell people not to lift anything more than a gallon of milk from the refrigerator to the counter. You can and should be up moving, even going on short walks, but don't be too aggressive.

Plan on sleeping either in a recliner or with your head elevated on a ramp made of pillows in bed for the first several days. This position seems to help alleviate some of the "pressure" feeling that most women experience. Once you can lay totally flat without an increase in discomfort then you can lay completely flat. If you are a very dedicated side or stomach sleeper then I

Day of Surgery

encourage you to sleep in a recliner or the similar position created with pillows in your bed for 3 to 4 weeks. This allows your body to begin forming scar tissue around the implant to help prevent the implant from becoming displaced because of too much pressure from sleeping on your stomach or side.

Most people are hungry after their surgery since you haven't had anything to eat since midnight. The nurses in the recovery area will help ensure that you are able to tolerate liquids and a few crackers before you are discharged. After returning home (or on the way home if you are feeling up to it) you may eat anything that you desire. Your stomach will tell you what you feel like. Some patients crave a certain food item; go ahead and have someone go on a burger run for you if that is what you want. Some patients just want to sip a smoothie. You are free to choose your comfort food; nothing is restricted. Some patients even go out to dinner at a restaurant the night of their surgery. If you feel up to it -- go for it!

If you are having difficulty with some nausea (which occasionally happens), then here are a few tricks to help. If the pain medicine tends to make you nauseated (very common), then try to pre-medicate yourself with the nausea medication 30-45 minutes before you think you will need the pain pill. Also, only take the amount of pain medicine that you need. Take one tablet if you don't need two; take a half a tablet if you don't need one; don't take any if you don't need to. Also try not to let your stomach reach the extremes of empty or full. If you keep your stomach about 25-50% full, then a lot of people just feel better.

"I was surprised by my lack of pain and quick bounce back time." –J.R. Salt Lake City, UT Medical Provider

Stretching arms

Most of my patients describe their post-operative sensation as tightness or pressure on their chest. Some say it feels like your breasts are engorged and you need to breast feed. Most agree that the first night is not a bad experience at all. The second and third days however can be a little more uncomfortable as stiffness sets in. It is like having a heavy workout in the gym; the night of the workout you might feel a little tight but it's not bad. The day after a hard workout though you sometimes wake up and feel that unmistakable "muscle ache". This is how most of my patients describe the second and third days.

To help decrease the amount of muscle ache you experience I encourage you to gently stretch your arms several times once an hour beginning the day of surgery. This helps to decrease the amount of muscle tightness. Do not "exercise" your arms, just a little gentle stretching by placing your hands on your shoulders and drawing large circles in the air with your elbows. You should make 6 to 8 large, slow circles with your elbows in the air every hour that you are awake. This slow, and gentle movement will not harm anything. No one has ever split their incision open with these gentle stretches.

Day of Surgery

“The staff at the surgical center on the day of the surgery was excellent. They were calming, reassuring, and kind.” –L.A. Boise, ID

Ice packs

Using ice packs will help decrease the swelling and discomfort as well. Keep the ice pack that we give you over the top of the breasts. They do not need to be in contact with the skin, placing them over the clothing and bra is fine. Keep them in place for one hour and then take a half hour break and then refill and repeat. Use the ice packs for a minimum of two full days (48 hours). You can use the ice packs longer if you feel they are still helping to relieve discomfort. Don't set an alarm to wake yourself up during the night though. You will find that you don't sleep through the night for several days after surgery. Part of that is medication related and part of that is fatigue related (since you are taking naps during the days sometimes). If you wake up to get a drink during the night then perform some elbow circles and refill your ice bag.

It is normal to have feelings or sensations that you have never experienced before. Let's face it, you may be getting used to the fact that you have breasts for the first time either in a long time, or in your entire life. Occasional shooting pains that last for only a few seconds are common during the first several weeks. You may also feel a sensation that is best described as “rice-crispies” beneath your skin. This is because there is a small amount of air beneath the muscles that takes your body one or two weeks to completely absorb. You will recognize it when you feel it. It is not uncomfortable at all, but it is not a sensation that you

are familiar with. Sometimes you will notice new sounds as well. Some sounds that are common are “sloshing” and “squeaking”. These sounds and sensations usually subside within the first few weeks.

We have you wear some compression socks during the surgery and you should plan on wearing them for a couple of days. The purpose of the compression socks is to help decrease the amount of swelling in your feet and ankles. You may notice a small amount of generalized swelling throughout your body; your rings may seem a little bit tighter. This small amount of swelling is a normal reaction to the stress of a surgery. Wear the compression socks as long as you feel like you have some ankle swelling.

Sometimes people are confused because they may feel pain in an area that we didn't operate on. For example, sometimes people will ask, "I don't have any pain in my breasts, but why does my back hurt?" It is interesting how you can have pain in your back, or in your shoulders, or in your abdomen when we didn't really do anything with those areas. These are the most common areas to experience discomfort besides the breasts and chest themselves. No, nothing is wrong with your back, or your shoulders, or your abdomen, but patients frequently report those additional areas of discomfort.

Day after your Surgery

Day after

You will be scheduled for an office visit the day after your surgery. You typically meet with one of my office staff to ensure that we don't need to adjust or administer any medications and to make sure you're recovering as expected. This is typically a very short visit but it gives you a chance to ask questions that have come up overnight. This also gives you the opportunity to see your breasts for the first time. It is normal to have some swelling of the skin and therefore your breasts will look slightly larger than expected. Don't worry, you were confident in the size you selected, and your breasts will decrease slightly in size to match your expectations.

There is nothing special or scientific with your surgical bra; it is only a soft, cotton, front snap sports bra. If for some reason this bra is not comfortable or if you spill a plate of spaghetti sauce down the front of your white bra you can easily pick up another front snap sports bra at Walmart or Target. The only qualification I have for the bra is that it is comfortable.

You may shower the day after your surgery following your appointment in my clinic. Try to shower at least 24 hours after your surgery was completed. This allows your skin enough time to heal and become resistant to any fluids. You may allow water to run over the top of your breasts and over the tape. After 24 hours your incision is actually slightly water-proof so there is nothing to worry about. Use a towel to gently pat your skin dry. Avoid applying lotions or creams immediately next to the thick tape as this may cause the tape to detach prematurely.

Most of my patients are very active and want to know when they can resume their workout schedule. Walking (or possibly low impact elliptical machines or a recumbent stationary bike) for exercise can be started as early as you feel up to it. This should be very low intensity with a goal heart rate of less than 120. Start increasing your heart rate slowly and gently increasing your intensity at two and four weeks. Follow my exercise guide, Appendix A at the end of the planner, and the instructions for those specific weeks for more information and ideas.

2-4 days after

Muscle stiffness and ache may increase on days 2 and 3. This is normal and should be easily controlled with the pain medication. Many patients find that simply using Celebrex and Tylenol is all the medication they need.

I always prescribe pain medication for my patients in case you feel like you need a little more help controlling your discomfort. You can decide which medications you need and when to take them. Continue with the arm stretching to help decrease the tightness you experience. The stretching should focus on maximizing the range of motion of your shoulders in order to keep your chest muscles stretched out and relaxed. Yes, the stretching is a little uncomfortable, but the vast majority of my patients actually look forward to the stretches because they feel so much better afterwards. When you no longer feel a sense of benefit from the stretches then you are done with the stretches. For most people it is around 3-4 days after surgery that they are able to stop the stretches. These

Day after your Surgery

are stretches and not to be done with any weights or resistance. You may continue using ice packs as long as you want if that helps you feel more comfortable.

1 WEEK AFTER

Post-op appointment

You will be scheduled for an appointment one week after your surgery. By this time you should be feeling much better and will already be excited about your new look. During this appointment we remove the tape strip covering the incision and provide you with a detailed instruction card to help you remember the information that we give you. These instructions include information about scar and implant massage.

All the sutures I use are beneath the surface of the skin so you will never see them. They eventually dissolve and go away; you don't need to have the stitches removed. I always have you pay attention to the scar during this visit because it is usually barely visible even when you are looking for it. This is ultimately how the scar should look, but during the next few days or weeks the color of the scar will become more pink and red and will begin feeling a little firm and stiff. This is a normal progression and the instructions we give you about the scar massage will help that scar return to normal skin color as rapidly as possible.

To help optimize the appearance of the scar we recommend you use [Scar Recovery gel](#) made by Skin Medica. A very small amount of this scar cream should be applied twice daily to the scars for six months.

Starting at the second week you will begin massaging the scar cream more firmly into the scar. The first week of scar cream application should be more gentle. You do not need to use a lot of this scar cream. The tube we give to you should last for about 3-4 months for most breast augmentation patients. If you required a lift at the same time then obviously you will need to use a little bit more each time, but even with an extensive lift there should be enough for at least 6 weeks. You can purchase additional [Scar Recovery gel](#) at Clarity Skin adjacent to my office when your supplies run low.

For most patients this is the only post-operative appointment that you need. If we need to guide you in massaging one implant more aggressively in order to help it settle into place then I may have you return at either 2 or 3 weeks. This is the exception and not the rule. Subtle differences in how the implants are settling can usually be corrected and managed with implant massage. I'm always available if you have other questions, but usually after this visit my patients only return three months later to have photos taken.

I want all of my patients to begin wearing a specific underwire bra to support and maintain the position of your implants as long as everything appears to be healing normally. Remember, you will wear the bra day and night for three months. Don't worry, it is not torture wearing an underwire bra at night. The specific bra I recommend is very supportive, but it is also very comfortable and many women tell me that this becomes their favorite bra. If I did not talk to you about being in the high-risk category then you don't need to worry about wearing the special bra. The bra I recommend is the underwire sports bra made by

Day after your Surgery

Victoria Secret called [“Knockout”](#). Choose the style that zips in the front because it will be easier for you to put on for the first couple of weeks.

Begin scar capsule massage as instructed 3-4 times a day for 5 min.

My assistants and I show you implant massage techniques that will help your implants look and feel more natural. These massage techniques help stretch the capsule (scar tissue) that is beginning to form around the implants. By stretching the scar tissue it helps the breast remain soft and supple. You will perform these exercises three to four times a day for the first three months and then daily thereafter. The massage takes only a few minutes and is easily integrated into your daily routine.

OUT-OF-STATE PATIENTS

Patients living out-of-state may elect not to return for this one-week appointment. We will instruct you to forward some photos to my office so that I can make sure that things are healing as anticipated. We will give you instructions on removing the tape strip over the incisions and will make sure that you are given a copy of the detailed instruction card before you go home. We make sure you understand all of the instructions and how you can contact us in case you have any questions or concerns.

If you do live out of state you have to remember that if you are one of the few patients that develops a complication it would require you to return to my

clinic. Complications are relatively infrequent in my practice (and are outlined in detail in this planner), but you have to accept that risk. Rarely, a complication has to be managed then and there, regardless of where you are related to my office, and that may require you to accept care by another physician, and may result in additional costs.

2 WEEKS AFTER

During the first two weeks I have instructed you to keep your heart rate under 120 beats per minute. Now you can increase your heart rate to 140 beats per minute up through the fourth week. You can follow my exercise planner, Appendix A, for ideas and instructions on performing exercises that will not interfere with your muscles' ability to heal.

Starting two weeks after surgery I want you to firmly massage the Skin Medica Scar Recovery gel into the scar. It is normal for the scar to actually feel stiffer as you progress through the first four weeks. This is totally normal as your tissue heals and is called a healing ridge. It can feel so stiff and firm that it feels like there is a “ridge” of tissue beneath the incision, hence the name “healing ridge”. Spend 15-20 seconds massaging the scar cream firmly into each scar. This is easily incorporated into your routine for the implant massage. Scar creams are beneficial for the first six months and can substantially improve the quality and appearance of the surgical scars. Use the [Scar Recovery Gel](#) by Skin Medica twice a day for six months. The healing ridge slowly resolves and softens over the next two to three months.

Day after your Surgery

4 WEEKS AFTER

Resume more aggressive cardio exercise

By four weeks you should be anxious to increase your activity level and your breasts should be able to withstand the stress and strain of most cardio exercises. Please introduce your activities with a little caution and common sense. Don't start right where you left off a month ago and expect to be able to perform at that level. Don't worry your strength and energy will rapidly return after you get back into your routine. I encourage patients to wait for a full six weeks to slowly start upper body and chest wall exercises again. Also wait for six weeks before performing cardio exercises that involve a lot of bouncing or jarring of the tissue like jogging or running. You won't like those motions or that sensation anyway until your tissue has a longer time to heal.

Any sudden and violent contractions of the muscles of your arms and chest should be avoided for three months to help prevent damage to the muscle tissue. There are several popular activities that incorporate or may include these types of movements. Cross fit classes, Orange Theory, Insanity, P90X (or any other class incorporating high intensity interval training, or HIIT), or people that work with horses or other livestock need to be much more cautious before restarting those types of activities. Once again, follow my exercise instructions, Appenix A at the end of the planner, to help suggest activities that are appropriate for your stage of healing.

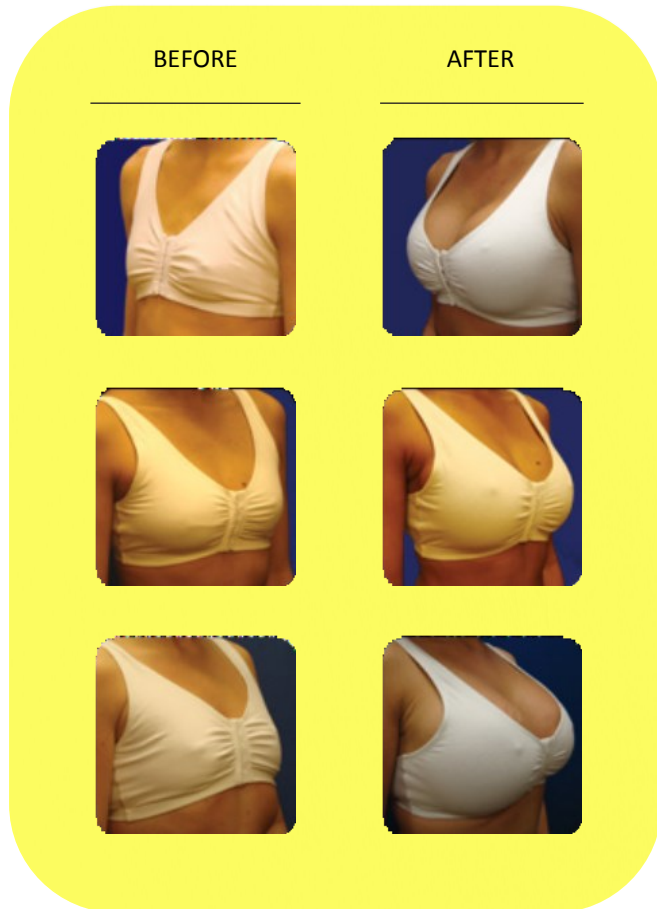
3 MONTHS AFTER

You will be contacted either by email or text as a reminder to return for your three-month exam. This exam is to ensure that you are well healed and happy with your results. My assistants will also take some photographs. You will be reminded how you can log in to view your pre- and post-operative photos. This allows you to see the transformation you have made. By this time many patients have a hard time remembering what they looked like before their operation. It is always very rewarding to see how happy and satisfied my clients are at this appointment.

By three months your breasts should look like you had envisioned when you tried on implants in my office. My patients overwhelmingly agree that the sizing process in my office gave them an accurate idea of what augmentation would achieve for them. By now your breasts will feel soft and natural compared to when they were swollen after surgery. By six to nine months after surgery your breasts will feel even softer and more natural as the scar tissue completes its normal maturation.

Since your first week after surgery we have instructed you to perform implant massage three to four times a day. Beginning at your three-month follow-up we instruct you to perform the massage once daily for as long as you have your implants. This helps to counteract the tendency of the scar tissue to become stiffer and firmer (capsular contracture) and will help your breasts remain supple and natural longer. Daily intake of a Vitamin E capsule can also help decrease the firmness of the scar tissue around the implant.

Day after your Surgery



ONCE A PATIENT, ALWAYS A PATIENT

Once you have been my patient, I want you to remain with me in my practice. You will feel confident in my surgical abilities and with my experienced and helpful staff. After having breast augmentation under my care if you ever have questions or issues arise I am happy to speak with you at any time. Even if you just need to pick up the phone and speak with one of my knowledgeable nurses you should feel free to do so. They are incredibly helpful and can usually resolve issues or concerns just over the phone. If they feel like a visit in the clinic is necessary then we will arrange

that at the earliest convenience. You are always welcome back in my clinic to explore and get information on other cosmetic procedures as well.

I take every precaution both in preparing my patients for surgery and in the operating room to prevent and delay capsular contracture. The national literature reports most women have a repeat operation on their breasts on average every ten years. The vast majority of these operations are to release the tightened scar tissue and then the implant is incidentally replaced because it is becoming old. All of the steps that I take to prevent capsular contracture will likely lead to the scar tissue staying soft and supple for much longer. Even if your scar tissue stays soft you should still think about exchanging your implants for a newer set every twelve to fourteen years.

The implants' shell becomes weaker and more fragile with time. The vast majority of repeat operations reveal implants that are still intact. That's good, that's what we want; we want to operate before the implant has ruptured because it is a much easier, straightforward operation and has much easier recovery than if we have to remove ruptured silicone and remove scar tissue. Plan ahead and just choose a year maybe twelve to fourteen years in the future when you should begin thinking about a time that would be convenient for you to take a few days to recover from a simple, straightforward implant exchange. Although it is uncommon, ruptured implants are a reality and I will do everything possible to expedite your care. My office will take care of all of the paperwork for warranty service and make all necessary arrangements.

Day after your Surgery

I am honored that you selected me as your surgeon to care for you. It is a great demonstration of trust to place yourself into someone's hands having confidence in the outcome. As a way to show my appreciation I offer all my clients a loyalty discount off all full-priced *future* surgeries. This is another way to help you feel like you are an important part of my practice.

I build my practice on excellent results and happy patients. When you are excited about your results you will likely want to share you experience with your friends. This is also a great honor to take care of your family and friends and I will do all that I can to deliver the same level of excellent care and service. This word-of-mouth growth in my practice is greatly appreciated because these new patients automatically share your confidence and trust in my abilities. Thank you for helping my practice grow.

CONCLUSION

I am confident that you will find this information helpful to you in your search for information about breast augmentation. I am also confident that I can give you an excellent result so that you will become one of my loyal patients. Please do not hesitate to contact my office with any other questions you may still have. I look forward to helping you achieve the beauty and confidence you desire.

Values & Savings

Valuable Information and Incentives*	Discount & Savings
Free breast augmentation planner	“Priceless”
Bring a friend to first appointment who also has augmentation within 30 days of you	\$100 off
For any Natrelle silicone augmentation, You can choose one of the following:	
Free one-time Botox treatment (up to 50 units)	\$500 value
- or - Free Skin Medica sampler	\$120 value
- or - Free one cycle Coolsculpting	\$650 value
PLUS – one free of either for a friend, too!	
Loyal patient discount	Discounts on all future surgeries

**maximum discount off the price of any surgery cannot exceed 10% of the total cost of surgery.*

Exercising After Breast Augmentation Surgery

You can begin exercising whenever you feel able, however you need to abide by the following restrictions:

Weeks 1 – 2

Keep heartrate under 120bpm

NO ARM OR UPPER BODY WEIGHT LIFTING

Weeks 3 – 4

Keep heartrate under 140bpm

NO ARM OR UPPER BODY WEIGHT LIFTING

Weeks 5 – 6

No heartrate restrictions

NO ARM OR UPPER BODY WEIGHT LIFTING

6 Weeks After

Slowly resume resistance exercises of chest & upper body

Use the “knockout bra” when performing strong arm or chest exercises

Suggestions for Safe Exercises (Keeping within your heartrate limitations)

Cardio Based

Recumbent Bike
Elliptical (no arms)
Stair master
Treadmill (Walking on Incline) NO jogging or running

Body Weight Exercises

Squats – all variations including: close stance, wide stance, Sumo, single leg bench
Lunges - stationary, curtsey, walking
Step-ups
Calf Raises
Hip Thrusters / Bridging – Single and Double Leg
Seated and lying hip abduction and adduction (Can use Bands)
Seated Hamstring Curls
Seated Leg Press