Calf Augmentation (Calf Enhancement)

Calf augmentation is an operation designed to improve the size, volume contour of the calf area.

Over the last 30 years calf augmentation have gained world wide popularity due to the natural appearance of the augmented calf.

Both men and women find a well shaped and a well defined calf attractive. Men usually want to increase the muscle size and definition, giving them more masculine look, whereas women wish to get more balanced appearance of their legs. Body sculptors and builders can have difficulty building calf muscle bulk and often turn to calf implants surgery as a solution.

This procedure can also be helpful in other conditions such as congenital defects, polio, spina bifida and clubfoot, which may cause underdeveloped calves.

The Consultation

Some people have a naturally thin or underdeveloped calf, and despite exercise or diet, this leg remains small. These patients may request calf augmentation. Women may want only the medial or inner leg filled out. Body builders may want both the inner and outer lower leg filled out. The goal is to help restore a more enhanced appearance. Generally, anyone in average physical condition or good health can be a candidate for calf implant surgery.

During your consultation, your surgeon will examine you and take your medical history. Your calves will be measured and preoperative photographs will be taken.

The surgery

Calf augmentation usually is performed by either fat transfer using your own fat or by placing an implant made out of silicone over the muscles, on the medial and /or outer aspect of the calf. Some people, such as body builders, may require a larger augmentation, and in these individuals an implant may be placed on both the medial (inner) and lateral (outer) aspects of the calf.

The calf implants surgery is performed through making a fine incision at the back of the knee. The incision is usually nicely hidden in the crease at the back of the knee. The skin, fat and fascia are incised. The fascia (deep thick tissue layer) is lifted and a pocket is created to exactly fit the designed implant. The implants are inserted through a “no touch” sterile technique. The pocket is closed. The skin and subcutaneous tissue are repaired.

You will be going home the same day of surgery.

After Surgery

You will be encouraged to walk immediately after surgery with stockings. The stockings will require to be worn for 2- 3 weeks after surgery. Walking will be slightly uncomfortable for few days and you

may find it easier to sue a can e or crutches for a while. Wearing high heel often helps with pain. You will have some pain killers to go home with.

Getting you back to work and normal activities

You will usually be able to go back to work after about 7 days as long as it does not require long distance walking, running, cyclising or heavy lifting.

Time to go back to full, unrestricted activities 4-6 weeks following surgery.

MEDICATIONS TO AVOID PRIOR TO SURGERY

There are several drugs which are very important to avoid prior to your operation. These drugs affect the ability of your blood to clot and thus increase the risk of bleeding during and after your operation.

Please make sure that you check this list carefully and avoid the following medications for 10 days prior to your surgery.

Warfarin and Related

Coumadin, Coumidin, Dindevan, Elmiron, Fragmin, Heparin, Marevan, Orgaran

Aspirin containing medications

Alka-Seltzer, Asasantin SR, Aspalgin, Aspro Clear Extra Strength, Aspro Preparations, Astrix 100, Astrix tablets, Bayer Aspirin Extra Strength, Cardiprin 100, Cartia, Codiphen, Codis, Codox, Codral Forte, DBL Aspirin, Disprin, Disprin Forte, Ecotrin, Solprin and Veganin

Clopidogrel containing medications

Plavix , Iscover

Non-steroidal anti-inflammatory medications

Aclin (sulindac)
Advil (ibuprofen)
Aleve (naproxen)
Anaprox (Anaprox)
Arthrexin (indomethacin)
Arthrotec (diclofenac)
Brufen (ibuprofen)
Bugesic (ibuprofen)
Butalgin (ibuprofen)
Crysanal (naproxen)
Diclofenac (diclofenac)
Diclohexal (diclofenac)
Dinac (diclofenac)
Eazydayz (naproxen)
Feldene (piroxicam)
Fenac (diclofenac)
Indocid (indomethacin)
Inza (naproxen
Iprofen (ibuprofen)
Naprogesic (naproxen)
Naprosyn (naproxen)
Nurofen (ibuprofen)
Nurolast (naproxen)
Orudis (ketoprofen)
Oruvail (ketoprofen)
Panafen (ibuprofen)
Ponstan (mefenamic acid)
ProVen (ibuprofen)
Proxen SR (naproxen)
Rafen (ibuprofen)
Surgam (tiaprofenic acid)
Toradol (ketorolac)
Tri-Profen (ibuprofen)
Viclofen (diclofenac)
Voltaren (diclofenac)
Voltfast (diclofenac)

Herbal and natural preparations

Garlic tablets, Ginger , Gingko, Ginseng, St. John's Wort, **Fish Oil**

Smoking and Surgery

Q: Why should I quit smoking before I have surgery?

A: By quitting smoking, you will not only reduce the likelihood of experiencing surgery-related complications, but also improve your overall health and even add years to your life. The benefits of quitting smoking include:

- Adding six to eight years to your life.
- Reducing your risk of lung cancer and heart disease.
- Saving an average of $1,400 each year.
- Reducing your loved ones' exposure to second-hand smoke.

Q: What risks will I face during surgery if I do not quit smoking?

A: Smoking increases both anesthetic risks, as well as risks of complications during surgery and recovery.

Anaesthetic risks:	**Surgical and Recovery Risks**
• More coughing • Developing lung collapse • Developing pneumonia • More risk of postoperative and longterm pain	• Increased infection • Increased risk of bleeding • Poor healing • Wound splitting apart • Poor scars

Q: Why is it important to the anaesthetist that I quit smoking before surgery?

A: Anaesthetists are the heart and lung specialists in the operating room, and they are responsible for the total-body health of patients. Therefore, they directly witness the immense toll smoking takes on a person's body and must manage smoking-related complications.

Anaesthetists also witness the tremendous benefits patients experience as a result of not smoking before surgery, and are committed to helping all patients realize these advantages. It is important that your anaesthetist knows about your smoking so he or she can take precautions to reduce your risk of having problems.

Q: How long before my surgery should I quit smoking?

A: The earlier you quit, the greater your chances are of avoiding surgery-related complications. It is especially important not to smoke on the day of your surgery. Fortunately, the body begins to heal within hours of quitting. Twelve hours after a person quits, his or her heart and lungs already begin to function better as nicotine and carbon monoxide levels drop. It takes less than a day for blood flow to improve, which reduces the likelihood of post-operative complications. **We recommend patients abstain from smoking at least 4 weeks before and after surgery**, but even quitting for a brief period is still beneficial.

Q: Is it worth quitting if I decide to do so right before surgery, such as the day before the procedure?

A: Quitting right before your operation may make you cough more, potentially increasing your risk of post-operative bleeding. Therefore, you are best quitting well before your surgery. If you decide to quit smoking the morning of surgery, it can still reduce the rate of some other surgical complications such as infection and poor wound healing.

Q: If my surgery is minimally invasive, do I still need to quit smoking?

A: Smoking will impact your body before and after surgery regardless of the type of procedure you have. We recommend that all surgical patients abstain from smoking for as long as possible before and after surgery.

Q: Before surgery, should I also quit smoking additional substances such as marijuana?

A: It is critical that patients quit smoking all substances before surgery, including marijuana. They can have the same detrimental effects on surgery as nicotine. For example, they can make patients more or less susceptible to anesthetics. The carbon monoxide found in any kind of smoke affects blood pressure, making it more difficult for the blood to carry oxygen.

Please note: Do not be afraid to tell your anaesthetist or your surgeon if you have been smoking or using other substances before surgery. This information will remain confidential and is important to your care.

Q: How long should I wait after surgery before smoking again?

A: Continuing to smoke after surgery greatly heightens a person's risks of complications, such as infections in the surgical incision. In one study, more than half of patients who continued smoking after surgery developed complications, compared with less than 20 percent of those who quit. Fewer complications means less time in the hospital and a quicker recovery. **We recommend you do not smoke at all during the first 4 weeks after your procedure.**

Q: What is the best way to quit smoking?

A: When confronted with surgery, many patients decide to take stock of their lives and change their behaviors. This defining moment is a great opportunity to commit to quitting, as it will have a significant impact on your quality of life for years to come.