

Breast Enhancement Surgery

Anyone can have implants as long as you are willing to accept the risks. The **only guarantee** you can get from this procedure is that you'll be **fuller/larger**. Though symmetry is the ultimate goal, any pre-existing asymmetry will persist unless the procedure specifically addresses this. There is nothing natural about implants and if your goal is complete naturalness, this operation is not for you. If nipple sensation was most important to you, you would really have to rethink whether breast surgery is for you. Also realize that your *breasts are dynamic organs and will change over time from drooping and thinning of tissues to getting larger with weight gains and that your immediate post-op results will change with time.*

Silicone implants are manufactured better now with the silicone gel cohesive. The gel doesn't break up or drip as they had in the past. Form-stable (aka Gummy Bears) implants are also available and they do not change shape at all, being used in the textured anatomic implants. A *longer incision* is necessary for silicone implants. MRI's (at potential cost to you) are *recommended* by the government 3 years following your surgery then every 2 years thereafter.

Smooth, round implants are my implant of choice in straightforward augmentations. It has been shown that smooth, round implants assume the same teardrop shape as anatomic implants when in an upright position negating the "advantage" to the shaped implants. Smooth implants require massaging post-operatively and are easier to manipulate into desired positions, with an estimated revision rate of 1 in 20. They come in different styles such as high, moderate plus and classic profiles. **Smooth round implants are my implant of choice.**

Textured anatomic implants are designed to allow in-growth of the capsule or scar tissue and designed not to move, even when supine. Texturing decreases the risk for contractures but texturing requires a thicker shell and firmer 'feel'. They are recommended if you want a sub-glandular placement. Anatomic implants can rotate, creating unusual appearances or be malpositioned. There are limited situations where this style could result in a better outcome. The *revision rate is much higher for textured implants*, estimated to be 1 in 5.

Implants are made by Allergan (**Natrelle**), Johnson and Johnson (**Mentor**) and **Sientra**. All companies provide a *10 year warranty* that covers you for rupture with *replacement of the implant* and a stipend to offset costs, diminishing out of pocket expenses. They also all provide new implants if you develop a contracture following a virgin augmentation. I am partial to Mentor and Sientra implants. Patients choose their desired volume and I will choose the profile or style that will fit within their chest measurements.

Implants can be inserted through the axilla, through the belly button, around the nipple, or under the breast where the breast meets the chest wall. The *axillary approach* can cause numbness to the inner arm and also affect the lymphatic drainage of the breast causing theoretical problems if you should develop breast cancer. Risks for contractures are the highest with this approach. The *umbilical (TUBA) approach* leaves a scar in the belly button but requires considerable experience to obtain consistently good results and can leave a visible "V" ridge on your tummy where the endoscopic instrument was placed. You will need to seek another surgeon if you are set on using either of these approaches and it's suggested you know what the revision policy if your implants are not positioned properly.

A *peri-areolar (around the areola) approach* can be utilized if your nipple area is large enough. There is a risk of a visible, lighter pigmented scar and real risks of introducing bacteria from the cut ducts, losing nipple sensation, greater risks for contractures, and diminishing your ability to breastfeed. This is recommended if you have borderline drooping where a lift is in your to minimize total scarring. My **preferred approach** is from below the breast called the **inframammary approach**. It provides the greatest exposure, is simpler, does not impact your milk ducts, and potentially diminishes (but not eliminate) the risk for nipple numbness. The

resultant scar is usually inconspicuous after the scar has had time to mature and for the redness to fade away. Still, it is potentially visible when viewing your breast from “down under” or with wearing bikini tops that do not cover the underside of the breast.

A **Keller Funnel** will be employed when using gel implants as it allows me to minimize the incision length and eliminate skin contact with the implant. There are concerns of introducing bacteria to the implant shell when it rubs up against the skin, leading to contractures. A funnel minimizes this risk and you can view it on youtube.com.

The implant can be placed either above (**subglandular**) or below (**submuscular**) the pectoralis muscle. My *recommendation* is to place the implant *under the muscle* because the muscle provides added protection of the implant from superficial skin infections or injury, provides more accurate mammography when evaluating lesions, adds fullness to the upper pole, covers any upper pole rippling, and diminishes the risk for capsular contracture. The resultant weakness of the chest muscle usually goes unnoticed by most. *However, placement under the muscle will result in visible movement of the breast mound with any contraction of your chest muscle.* It may also deepen your armpit making shaving challenging. The one exception I have in placement involves body builders or others who are planning to flex their muscles in front of audiences. Placement above the muscle eliminates implant movement with muscle flexion and is anticipated to hurt less and allow a faster recovery but it's been my experience that subglandular placement can take on the “rock-in-a-sock” look as time goes on with smooth round implants.

The operation is done under general anesthesia, taking 1.5 hours. If you do not want to be put to sleep, you can choose this but it will take longer for the procedure, adding costs to you.

Post-operatively, you will be requested to not raise your arms higher than the level of your shoulders. In this position, you should be able to maintain your hygiene, including doing your hair. You may have an elastic strap on your chest and this is maintained until you are tolerant of the appearances of your upper parts of your breasts. You will be allowed to wet your chest 2 days after surgery. You are to start increasing the range of your arms the following week and expect to be back to full, unrestricted activity in 3-4 weeks wearing a very supportive sport bra. Instructions on massage will be given when your sutures are removed. A bra may be worn following the instructions from your doctor and could be beneficial with sleeping. Do not be surprised if you have sporadic pains, squishing noises or hypersensitive nipples, as they will resolve.

If you wish to make your own rice sizers, 1 cup of rice = 240 cc's. Place the rice in a knee high nylon stocking (largest size you can find), twist it halfway up and then invert it (like folding socks), then place under a heavy book to remove any memory from the stocking so it resembles more of a pancake rather than a foot/tube. You can then use this at home with unlined bras and see for yourself what different sizes will do for you. Excessively large implants will stretch your tissue and lead to drooping that will require a breast lift and downsizing in the future.

Please be advised that some insurance companies will not provide individual policies or may have exclusions for cosmetic surgery for women with implants.