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Bikini Season Always Boosts Interest in Breast Implants

By David J. Levens, MD, PA, FACS

Summertime, the season when people tend to be most conscious of self-perceived shortcomings in their physical appearance, often produces a boost of interest in such procedures as liposuction, tummy tuck and breast augmentation. Let's focus on the latter this month. Here's a refresher on how breast augmentation is performed, who is a good candidate, what kind of recovery period to expect and some facts about the silicone versus saline debate.

The breast augmentation process begins before surgery is ever scheduled. The patient and surgeon have a straightforward conversation about the patient's goals, expectations, desired breast size, and other potential issues such as correcting asymmetrical breasts or lifting the breasts in addition to enlarging them.

In a typical breast augmentation procedure, incisions are placed at the areola or in the fold beneath the breast, depending on the patient's preference and her chest anatomy. Breast tissue and chest muscle are then lifted and the implant is placed either under the muscle or under the breast tissue. In either case, the breast tissue is located in front of the implant where it can be readily examined. After the implant is positioned, the incision is closed with very tiny sutures beneath the skin to minimize the visibility of the scar.

The degree of enlargement possible depends on the patient's tissues. For example, if she has never been pregnant and has small breasts ("A" cup or less), her skin may be very tight which could somewhat limit the amount of fullness that can be achieved. On the other hand, during pregnancy, breast enlargement occurs and this stretches the skin envelope of the breast. When pregnancy and nursing are over, the tissue within the breast shrinks, usually to a smaller size. The skin remains slightly stretched and the smaller amount of breast tissue falls to the bottom of the skin envelope. This can result in a breast with loose skin, and a lack of fullness in the upper portion, which can be augmented to its original size with an implant. If the degree of droopiness is greater than can be corrected with an implant alone, then a lift or mastopexy should be considered simultaneously.

The FDA advises against breast implant surgery for anyone under 18 and most surgeons agree that 19 or 20 is preferred. If implants are placed before the breasts are fully matured, there may be ongoing changes in breast size or symmetry which can alter the breasts' appearance after surgery. Besides the standard risks associated with any surgery, specific risks with breast augmentation include numbness, rupture, scarring, plus potential problems with breast-feeding and mammography. These are very serious choices for a young person to make. Further, the typical life-span of implants is 10-15 years, therefore the earlier they are first placed, the greater the likely

Regarding the choice between saline implants and silicone implants (now approved by the FDA for women at least 22 years of age), here are the pros and cons. Silicone gel implants have a more breast tissue-like feel, may be somewhat lighter with less impact on stretching out of the overlying tissues and may be less likely to show rippling than implants filled with saline (saltwater). Aesthetically, this is a big plus. However, there are certain advantages of saline implants. Unlike silicone implants which are pre-filled, saline implants are empty and filled at surgery. This affords the possibility of a smaller incision, and for "fine-tuning" of the fill volume at surgery to adjust for differences in size and shape of the two breasts (quite common), which may allow better symmetry in the resulting appearance.

Silicone implants were allowed back for routine use 2 years ago after extensive research failed to show any direct connection to serious health risks such as collagen vascular diseases. Other differences: if a saline implant "fails", it is generally detectable by a flatter breast appearance and as the fluid escapes in the body it is harmlessly absorbed. With a silicone implant, the gel fill is cohesive and largely stays in place, making detection less obvious. For this reason, the manufacturers and FDA recommend periodic screening MRI exams of the breast in follow up of surgery to check the implants.

Both types of implants carry risk of rupture and capsular contracture. They are not intended to be lifetime devices and may need to be replaced after 12-15 years.

Breast augmentation is done on an out-patient basis. Typical recovery schedule is: Bruising and swelling, 3-10 days; return to work & social activity, 2-3 days; mild aerobic activity, 14 days; strenuous activity, 21 days. Patients are asked to wear a special support bra for 2-3 weeks following the procedure. Patient satisfaction with breast augmentation is one of the highest of all cosmetic surgery procedures which explains in part it's popularity. #

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