

Breast Augmentation Now More Popular Than Liposuction

By David J. Levens, MD, PA, FACS

For 11 years running, liposuction has been the most frequently performed cosmetic surgery, according to an annual physician survey conducted by the American Society for Aesthetic Plastic Surgery (ASAPS). In 2008, however, breast augmentation took the lead as the most popular procedure with nearly 360,000 performed across the country.

A variety of reasons have been suggested for this turnaround. "Changes in fashion, with more décolletage-baring styles, might be a factor," notes ASAPS President Alan Gold, MD.

Other factors likely include the fact that patients can now choose between two significantly different types of implants: Saline-filled and silicone gel-filled. Silicone gel implants, banned by the FDA for a number of years, were approved for routine cosmetic use in women over 22 in 2006 after extensive research failed to show any direct connection to serious health risks such as collagen vascular diseases.

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.

Further, 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.

Another factor behind the augmentation upsurge may be changing public perceptions of the implant patient's motivation. Looking better in a bikini is seldom the top priority. A much more common motivation is the desire to have a well-proportioned figure which enhances the appearance in all types of clothing. Many implant patients are women in their 30s and 40s who desire implants to restore fullness lost during childbearing years. Often, augmentation is done in coordination with a breast lift or reconstruction.

Whatever the motivation and whichever type of implant is used, the breast augmentation

process begins with a straightforward conversation about the patient's goals, expectations, desired breast size, and other potential issues such as addressing 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. 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. Conversely, if breast enlargement occurs during pregnancy, the skin envelope of the breast stretches. 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.

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 its popularity. #

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