

Breast Augmentation: Recession Proof?

By David J. Levens, MD, PA, FACS

Is breast augmentation surgery “recession proof”. Not quite. Yet, despite the lingering economic downturn, the American Society of Plastic Surgeons reports that breast augmentation was the most popular cosmetic surgical procedure in the U.S. in 2009 and 2008. Previously, liposuction had topped the list for years. While traditional cosmetic surgical procedures overall were down 20% in the millennium’s first decade, minimally invasive treatments such as facial fillers are up 99% since 2000, and breast augmentation is up 36% over the same period.

Why the dramatic increases especially in light of the recent rough economic times? Many advances in minimally-invasive facial treatments for wrinkle reduction, contouring and skin rejuvenation have increased their use, helping many postpone more invasive procedures such as face, eye and brow lifts. With breast augmentation however, there is no non-surgical option, yet the popularity of the procedure remains strong. Though surgical, it has evolved to be as well-tolerated as possible. Implants are inserted through a small incision. Breast augmentation can produce significant improvement in body proportion, image and of course clothing choices. The age range for breast augmentation is very broad, young women from age 18 into the 20’s and 30’s who are not satisfied with their breast development, to women in their 30’s-50’s who have noted changes typically from pregnancy, weight fluctuation or hormonal changes.

In 2009, half of all breast augmentations were performed with silicone gel implants. Initially limited to use only in breast reconstruction patients by the FDA beginning in 1992, these implants were approved for routine cosmetic use in women over the age of 22 in 2006, after extensive studies failed to show serious medical problems. The advantages are, that silicone implants have a more authentic breast-like feel, can be somewhat lighter, thus causing less impact on stretching out of the overlying tissues, and are less likely to show rippling than implants filled with saline (saltwater). Saline implants, also have advantages. Unlike pre-filled silicone implants, saline implants are filled at surgery so incisions can be smaller, although a simple but elegant new device resembling a pastry funnel can ease insertion of gel implants and minimize incision length. With saline, fill volume can be adjusted at surgery to help address the common problem of differences in sizes of the two breasts, which may be helpful in improving asymmetry.

Also, if a saline implant “fails”, the breast appears flatter. As the fluid escapes, it’s harmlessly absorbed by the body. A “failed” silicone implant largely stays full, making detection less obvious; periodic screening MRI exams of the breast are therefore recommended. Both types of implants carry risk of rupture and capsular contracture. They are not intended to be lifetime

devices and may need replacement after 12-15 years.

Choosing to have breast augmentation is a decision that should be made only after a thorough examination by a board-certified plastic surgeon with a complete and frank discussion including risks and expectations.

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