

A close-up photograph of a woman's torso, showing her shoulders, upper chest, and midriff. She is wearing a red bikini top with white polka dots. Her hair is dark and styled. The background is plain white.

breasts

the **S** seven **S** of breast augmentation

Melbourne plastic surgeon
Dr Guy Dowling outlines seven
steps in decision making before
breast augmentation surgery.

Patients are taking a more active role these days in the decision-making processes involved with breast augmentation surgery but pre-operative discussions regarding implant types, and other choices, can be a source of confusion. In an attempt to clarify these issues, our practice has developed a standardised approach that addresses the 'seven Ss'; topics of discussion that are most frequently raised by patients prior to their surgery.

Size

Choosing the appropriate implant is a key factor in the process of successful breast augmentation surgery but cup size is only part of the equation. A good result will be one that achieves a fuller bust in proportion with the rest of the body. This requires specific consideration of the individual dimensions that determine breast aesthetics: cleavage, fullness at the sides and top of the breast and how far the breast projects from the chest wall.

The patient and surgeon need to spend time discussing the existing breast form (size and shape) and determining what feature(s) the patient wants to specifically enhance. A 250cc implant beneath a B cup-sized bosom may produce the desired C cup augmentation but fail to achieve what the patient was seeking to improve, for example a deeper cleavage or greater lateral fullness to balance broader hips.

Most women don't want an unnaturally large bust, but often choose a bigger implant than they thought they would.

Silicone versus saline

All commercially available breast implants are made of an outer silicone-rubber shell, which contains either a cohesive silicone gel (silicone implants) or salt water (saline implants).

Whatever filler is chosen there are advantages and disadvantages. Patients with 'silicone versus saline' issues are generally concerned about what happens if the prosthesis should rupture and silicone escape into the surrounding tissues. The choice of implant should be based on what provides the best result, not what is the least problematic if something goes wrong as it is very unusual for any breast prosthesis to leak or rupture.

Silicones are plastics: man-made substances containing silicon, oxygen and other chemicals. Silicones are found in hairspray, lipsticks, suntan lotions, moisturisers, baby-bottle nipples, heart valves and puddings. Silicone products are biocompatible, reliable, flexible and easy to sterilise, making them an ideal choice for implants. Silicone gel-filled implants are pre-filled. This imposes certain limits on how and where they can be inserted into the breast. They are considered to provide a more natural feel and the consistency of the silicone complements the breast's natural shape.

With recent advances in silicone technology it is extremely unlikely for these implants to leak, and the highly viscous cohesive gel (like Turkish delight) limits the spread of the silicone beyond the immediate vicinity of the implant.

Because they are inflated with saline after insertion into the breast envelope, saline implants can be delivered via a much smaller hole, for example within the areolar or in armpit. Minor filling adjustments can also be made during surgery.

Saline-filled implants are, however, more likely than the

silicone-filled implants to cause visible 'rippling' around the edges. They can also feel firmer to the touch.

If a saline-filled implant leaks, harmless salt water escapes into the surrounding tissues and the empty silicone shell is simply removed.

Site

Placing the implant above the pectoral muscle involves less dissection and so less likelihood of bleeding. The disadvantage is that in the absence of significant breast tissue to cover it, small implant irregularities may be more prominent. For patients wanting to enhance their cleavage for example a round implant placed above the muscle would be the preferred combination.

Placing the implant behind the muscle is thought to reduce the incidence of capsular contracture (see shrinkage), and provide a smoother graduation and a more natural appearance overall.

Shape

Round implants are less expensive and due to their symmetry aren't disfiguring if they rotate inside the breast pocket. Round implants are useful for enhancing cleavage and fullness at the top of the breast.

Teardrop-shaped implants provide a superior result in certain patients, putting the bulk of the augmentation behind the nipple. In the very small-breasted patients, these anatomically shaped implants provide a significantly more natural result. Silicone implants are now available in a variety of styles, with dual gel prostheses, asymmetrical and other shapes.

Scar placement

There are three options: the armpit, around the nipple or under the breast (infra-mammary fold).

Surface

Textured implants are thought to be associated with less capsular contracture (hardening of the scar tissue around the breast) but this is unproven. In the long term there has been anecdotal evidence that textured implants can be associated with wrinkling in the lower part of the breast in thin women. Smooth implants are marginally less expensive, and may provide a more natural feel.

Shrinkage

All patients develop scar tissue around implants. It is the body's natural response to foreign tissue and occurs with heart valves, pacemakers and breast implants. Capsular contracture is the shrinkage and subsequent hardening of this scar tissue. With regard to breast augmentation surgery, scar contracture can be mild, moderate or severe. In the worst-case scenario the scar contracture can distort the implant. The correction of this distortion may require further surgery, including removal of the implant. **acsm**