



ADVANCED AESTHETIC SURGERY

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Compassionate Artistry

BREAST AUGMENTATION

When most people hear the words “breast augmentation” they usually think of Playboy playmates, Dolly Parton or Pamela Anderson types. There is another group of less visible patients who represent the more average patient seeking breast augmentation. Most women seeking breast augmentation just want to be somewhat fuller or more perky but not so obvious; others want to wow the crowd. Whatever your desires in enhancing your breast are, at Advanced Aesthetic Surgery, we will give you the most information and best care to help you achieve your goals. We feel that an individualized approach to our patients serves them best. We strive to give you what I call the “good wow.”

We also feel that a more versatile size breast will be better for the patient over the long run. Remember that fuller breasts can be great but that enlarging the breasts too much can cause the illusion of a fatter appearance or limit physical activity and cause further sagging with aging. We will help you navigate the maze of information and urban legends regarding breast enlargement surgery and will help you to look your best.

Breast implants are placed either under the muscle (most common) or over the muscle. Placing the implant under the muscle has several advantages:

1. The breasts will not sag as much over time. (i.e. they will not age as fast)
2. The breasts will not harden as much over time (lower capsular contracture rate)
3. The breasts are less likely to have that “coconut shaped look.”
4. Mammograms are more effectively performed.

The only disadvantage is a somewhat longer recovery and some pulling in of the breast skin when working the pectoralis (chest) muscles. The advantages still outweigh the disadvantages.

Incision Types:

The incisions can be made in several locations and are recommended by the patient’s desires, physical appearance and the clothing styles she chooses to wear.

1. Under the breast: (smallest incision, hidden when standing, results in the most reliable breast shape)
2. Under the nipple edge: (good for women needing to downsize the nipple as well as for younger girls without a well defined breast fold) It doesn’t

- hurt more or effect nipple sensation or breast feeding more than any other incision site.
3. Under the arm pit: (more difficult to place implant low enough and tends to hurt more) but doesn't leave scars on the breast. Something else to consider with this incision site is that if for any reason we have to remove or reposition the implant, we would have to make an incision somewhere on the breast.
 4. Belly Button: (also known as the "TUBA"-- more likely to cause problems with hardening of the implant and implant malposition.) This is the least likely site recommended by plastic surgeons as a group. And like with the axilla (armpit) we would have also have to make an incision on the breast if revision were necessary in the future.

Types of implants:

The two types of implants you could chose from are silicone shelled saline (salt water) filled or silicone gel filled. Each come with advantages and disadvantages, and it is very important to understand the differences before making any decisions about which implant is for you. Both implants are extremely safe and there is no medical evidence that either implant is responsible for causing any disease.

Saline filled implants come unfilled and are filled with salt water via a sterile technique once inside the patient. Advantages for saline filled implants are they can be placed through a very small incision and they have a slightly lower incidence of capsular contracture. They do cost a little less than gel filled and they can be over filled slightly to produce a more augmented look. Despite all the medical information, if you are still hesitant about gels, saline is a good option for augmentation.

Gel implants were recently re-released by the FDA in November 2006. After several years of on-going study, they have confirmed the safety of these implants. The advantages of silicone are they feel much more natural and are less likely to ripple. The down side is they do cost slightly more and have a slightly increased risk of hardening (capsular contracture). The FDA recommends MRI of the breasts at 3 years post-operatively followed by MRI's every two years there after to look for silent leaks. It is our recommendation that MRI's be performed if you have a problem or a change. We like to see our surgical patients annually at no additional charge to ensure that if any problems arise, they are diagnosed and treated quickly. These implants do come pre-filled and require a slightly larger incision. I feel very strongly that gel implants do create the most natural result and believe they are very safe to use in patients and family members. However; our goal is to educate you and help you make the best decision for your body.

In January 2011, the FDA published a new health warning concerning all breast implants, silicone and saline. They believe there is a potential correlation between breast implants and a very, very rare form of cancer called Anaplastic Large Cell Lymphoma (ALCL for short) This is a form of Non-Hodgkin's Lymphoma that occurs in approximately 3 out of every 100 million people. In the population of patients with breast implants 34 confirmed with a possible 60 had ALCL in 10 million women over a period of 25 years. So, what does all this

mean...you have a better chance of winning the lottery (provided you play) than contracting this cancer. The FDA also recommends that no action be taken except prudent follow up with your surgeon, especially if you have a change or symptom. I want to stress that this is not a type of breast cancer and that if you have a family history of breast cancer; it doesn't increase your risk of getting ALCL if you get breast implants. As I said previously, I believe that breast implants, being one of the most scrutinized medical devices made, are great devices and I'll continue to feel comfortable using them until I see research or data to the contrary.

What size do I pick?

Breast size after augmentation is a function of implant size plus the patients own breast volume. Breasts are sized by cups (A, B, C, D.....) which are very inaccurate and vary with bra manufacturers. Implants are sized by cc's (cubic centimeters) or ml's (milliliters). They begin at 150 cc's and go up to 800 cc's; bigger than 800cc means that you would require a custom made implant, and possibly a head exam. Also, know that that ultimate breast size depends on implant size **and** the volume of breast tissue you have to start with—a 300 cc implant can yield varying cup size on different women.

There are several ways to decide on size:

1. Height of the patient: taller women can handle larger implants and shorter women tend look heavier.
2. Weight of the patient: heavier women can handle and generally require larger implants especially in patients requiring a breast lift. Thinner women can't handle as large an implant without looking fake.
3. Chest width: trust me; you do not want your breasts hanging over the sides of your chest.
4. Vertical chest height: you also don't want your implants under your chin.
5. Self sizing with implants: at your consult and again after you schedule surgery, at our office you will be able to "try on" implants at your pre-operative appointment and see how the implant size affects your appearance. PLEASE BRING A SPORTS BRA TO AIDE WITH THIS in the size you want to be after surgery.
6. Once surgery has begun, the final sizing is performed. Temporary sizers are placed in the breast based on the patients and physicians optimal size. Remember it is normal to show up on the morning of surgery and still be unsure of the final size implant we will choose with you.

Patients worry the most about size but we will help make this one of the easiest choices you make in breast augmentation. Keep in mind more women wish they had gone somewhat bigger six months after augmentation because they feel more comfortable with their new breasts. At your consult in our office, you spend most of your time Dr. Lintner learning about this procedure and making sure that we are the right office for you and this is the right procedure for you. We do have a unique sizing system to help you visualize what size you may like, after you meet with Dr. Lintner, we can try on sizes and get an idea for your new look!

Complications and risks:

Implants are very safe and do not cause breast cancer or any known diseases. The FDA has determined along with Plastic Surgeons that implant patients have a lower incidence of breast cancer and the only long term risks are leakage (1% or less in my hands) and hardening of the implant pocket (4% saline, 8% silicone)

There are 6 things to know about complications regarding breast augmentation.

1. **ASYMMETRY**: Most women are asymmetric (85%-90%) meaning that one breast is larger, smaller or differently shaped than the other. Most women have a favorite breast and a less than favorite breast. There are two types of asymmetry: volume and shape. They mostly go hand in hand. Sometimes it is helpful to correct the asymmetry and sometimes not. This will be explained at your consult during your examination based on you.
2. **CAPSULAR CONTRACTURE**: 4%. This represents tightening of the scar tissue around the implant. It is not an allergic reaction and is very unpredictable but fortunately uncommon. It occurs more commonly with silicone implants and ones placed above the muscle. It is surgically corrected by opening the pocket and cutting the capsule (open capsulotomy) or if severe by removing the capsule and implant and starting over. Each time it occurs it is more likely to occur again.
3. **LOSS OF NIPPLE SENSATION**: 4%. The nerve to the nipple comes out between the ribs and proceeds in a curvilinear fashion toward the nipple. It is almost never cut but is severely stretched and bruised. It is more common in younger individuals with small breasts desiring to go bigger than a full "C" and in individuals that have not had children. Most patients have no feeling for 1-2 weeks till the stretching settles then they will go through the hypersensitivity phase (the nipples feel very irritated) for several days. A band aid over the nipples will help this in most patients.
4. **BLEEDING**: 0.001%. This usually occurs in the first week and is identified by the rapid enlarging of one breast with respect to the other. It rarely requires transfusion but if it is not repaired causes an increase in the risk of capsular contracture (up to 85%). It is fixed by removal of the implant, stopping the bleeding and replacement of the implant.
5. **INFECTION**: 0.001%. Usually occurs in the 2nd thru 6th week and is caused by skin bacteria. The signs are: breast swelling (one side) fever and feeling miserable. It is treated by removal of the implant for 6 weeks followed by replacement. Rarely, it can occur following dental cleaning so I recommend not cleaning your teeth for the 8 week period following the operation.
6. **LEAKAGE OF THE IMPLANT**: 1%. The implants come with a lifetime warranty against failure or deflation of the implant. As part of this warranty, the breast implant company will help pay for surgical and anesthesia fees up to \$3500 for a failure or deflation in the first ten years as well as replace both implants. After 10 years, they still will replace both implants, but you must pay for OR and anesthesia fees. You will be given warranty information at your first post op appointment.

The surgery is performed at Kennestone Hospital for safety reasons and usually takes one and one-half hours. Some surgeons may use surgery centers but at this time the cost of surgery at outpatient centers is approximately the same and the safety margin is higher at the hospital.

RECOVERY: After surgery you will be discharged from recovery to the care of a friend or family member. You must have someone stay with you for safety's sake. I encourage you to get up after surgery (after you rested for an hour or so) and walk around. You may resume driving when you are off narcotic pain meds for 24 hours. Be careful please. You will come in for your first post-op visit at one week. You may resume light exercise at 4 weeks and weights and strenuous exercise at 6 weeks. Remember to start slow. Your next visit will be 6 weeks. The type of bra we recommend will be made at this time depending on your body type. You will be seen at 3 months 6 months and then yearly for your life time or mine (whichever comes first) **FOR NO ADDITIONAL CHARGE.** I encourage you to see me as it is free and will allow us to follow you to identify problems early. For the rare patient who just can't get comfortable with their breast implants, I also have always had a personal policy that if for any reason you no longer want to have your implants (I get about one patient every five years or so) I will remove them for a materials charge only, but I do recommend that you live with them for awhile.

Thank you for allowing us the privilege of caring for you!

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