

creating natural-looking breasts

Sydney plastic surgeon **Dr Kourosh Tavakoli** explains the key elements to a natural-looking breast augmentation.

The number of breast enlargement operations is on the increase, as is the demand for natural-looking results. A well-augmented breast should have a natural fullness, with gentle sloping off the chest wall. There should be natural-looking cleavage without webbing between the breasts, and only a certain amount of perkiness.

The three main telltale signs of an unnatural-looking breast augmentation are:

1 Implant margin It should be soft and imperceptible, as obvious implant edge visibility, especially in the cleavage, can resemble the 'Tori Spelling' look.

2 Implant size An implant that is too large for a small frame is usually a guaranteed giveaway. The best example of this would be 'Pamela Anderson' breasts.

3 Perkiness An augmented breast that is too perky will tend to look fake, as a small amount of droop is natural. When the patient lies on her back the implants should roll to the side like natural breast tissue and not sit up like rigid peaks.

Five main clinical parameters to be considered at the initial consultation are:

1. Patient's body type and height
2. Breast size, shape and symmetry
3. Nipple position in relation to the breast
4. Chest wall shape and dimension
5. Patient's desire for cup size and shape.

After establishing the crucial parameters in the clinical examination, the process of tailor-making the 'right' breast augmentation begins.

I believe there are five major considerations when customising a breast augmentation to help achieve a natural-looking result:

1 Incision placement There are three choices where to make the skin incisions for breast enlargement. They can be in the breast fold (inframammary), around the nipple (periareolar) or underneath the arm (transaxillary).

These incisions can all produce scarring. Although some patients may voice initial concerns about the location of their scars, most patients are ultimately far more concerned with the final shape and size of their breasts.

2 Implant shape The choice of implant shape varies from round to teardrop (anatomical). The round-shaped implant is made in low-, moderate- and high-profile varieties. Since most women are seeking breast augmentation in order to obtain upper pole fullness, round implants tend to be my first choice in augmentation. Since I prefer placing the implant in a submuscular pocket in

most patients, implant edge visibility in the upper pole of the breast is usually avoided. The round implant tends to be ideal for those patients with good-shaped natural breasts who desire a straightforward enlargement.

Use of the teardrop (anatomical) shape depends on the patient's desired result as well as her body shape. The shape variation is in the width and projection of the implant for any given size.

3 Implant fill Although I use both the cohesive silicone-gel and saline-filled implants, my preference is the gel variety. I believe the new generation silicone-gel implant is very safe and feels and looks more like a natural breast. Most breast augmentation operations in Australia are performed with silicone-gel implants.

4 Implant size Choosing the size of the implant depends on a number of critical measurements of the patient's body at the time of consultation. I normally look at three sets of measurements:

- Breast width and nipple position on the chest wall
- Chest wall diameter and shoulder to hip ratio
- Patient's height.

Having considered the above dimensions, I then enquire about the woman's ideal cup size. Although most patients request to become moderately enlarged (C cup), some women desire a larger augmentation (D cup).

Patients try different implant sample sizes at the time of consultation. The samples are put on top of the breast and the patient wears a larger bra to hold it in place. The patient is encouraged to bring their partner or close family members for the sizing procedure. Although it is impossible to have every implant sample available for the consultation, I try to keep a large selection of samples of varying sizes and shapes so the patient can try as many implant sizes as required prior to making her final decision.

5 Implant position The next consideration is where to place the implant. It can be placed either on top of or behind the muscle. In general, I prefer to place implants behind the muscle so they are partially covered. I find the muscle allows a nice, smooth takeoff from the chest wall. If put directly on top of the muscle, in some patients the breasts can look like rounded balls on the chest, which is another definite giveaway.

There are many different combinations of the above techniques. To achieve a natural-looking augmentation, the surgeon must be skilled in deciding the best options for each individual patient, as well as carrying out the surgery. **acsm**



BEFORE



AFTER breast augmentation with round, subpectoral implants by Dr Tavakoli



BEFORE



AFTER breast augmentation with round gel, subpectoral implants (periareolar incision) by Dr Tavakoli



BEFORE



AFTER breast augmentation with subpectoral implants by Dr Tavakoli

breasts



BEFORE



AFTER breast augmentation with round gel, subpectoral implants by Dr Tavakoli



BEFORE



AFTER breast augmentation with round, subpectoral gel implants by Dr Tavakoli



BEFORE



AFTER breast augmentation with round, subpectoral cohesive-gel implants (moderate profile, periareolar incision) by Dr Tavakoli