

# essential guide to breast augmentation

Sydney plastic surgeon **Dr Kouros 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 breasts. A well-augmented breast has a natural fullness, with gentle sloping off the chest wall. There should be natural cleavage without webbing between the breasts and only a certain amount of perkiness.

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

1. Breast implant margin. This should be imperceptible as obvious implant edge visibility, especially in the midline, will resemble the 'Tori Spelling look'.
2. Breast implant size. An implant that is too large for a small frame is a dead giveaway. Pamela Anderson's breasts are an example of this.
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 breast implants should roll to the side like natural breast tissue and not sit up like mountains.

Before undergoing surgery, it is beneficial for patients to review photographic examples of the breasts they would like, and to convey their wants to the surgeon so there is a clear, visual understanding of the desired result.

There are six main clinical parameters for breast implants on initial consultation:

1. Patient's body build and height
2. Breast size, shape and symmetry
3. Nipple position in relation to the breast
4. Quality of breast skin
5. Chest wall shape and dimension
6. Patient's desired cup size and shape.

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

The key considerations when customising a breast augmentation to gain a natural-looking result are:

### 1. Incision placement

There are three choices about where to make the incisions for breast enlargement. They can be in the breast fold (inframammary), around the nipple (periareolar) or under the arm (transaxillary). These incisions can all produce scarring. Although patients may have some initial concerns

about the location of their scars, they are ultimately far more concerned with the final shape and size of their breasts.

Most of my patients opt for the inframammary incision. I believe this incision has the least interference with breastfeeding and nipple sensation and generally heals very well.

### 2. Breast implant shape

The choice of shape varies from round to teardrop. The shape variation is in the width and projection of the implant for any given size. The range of breast implants available offers great versatility in achieving a natural look.

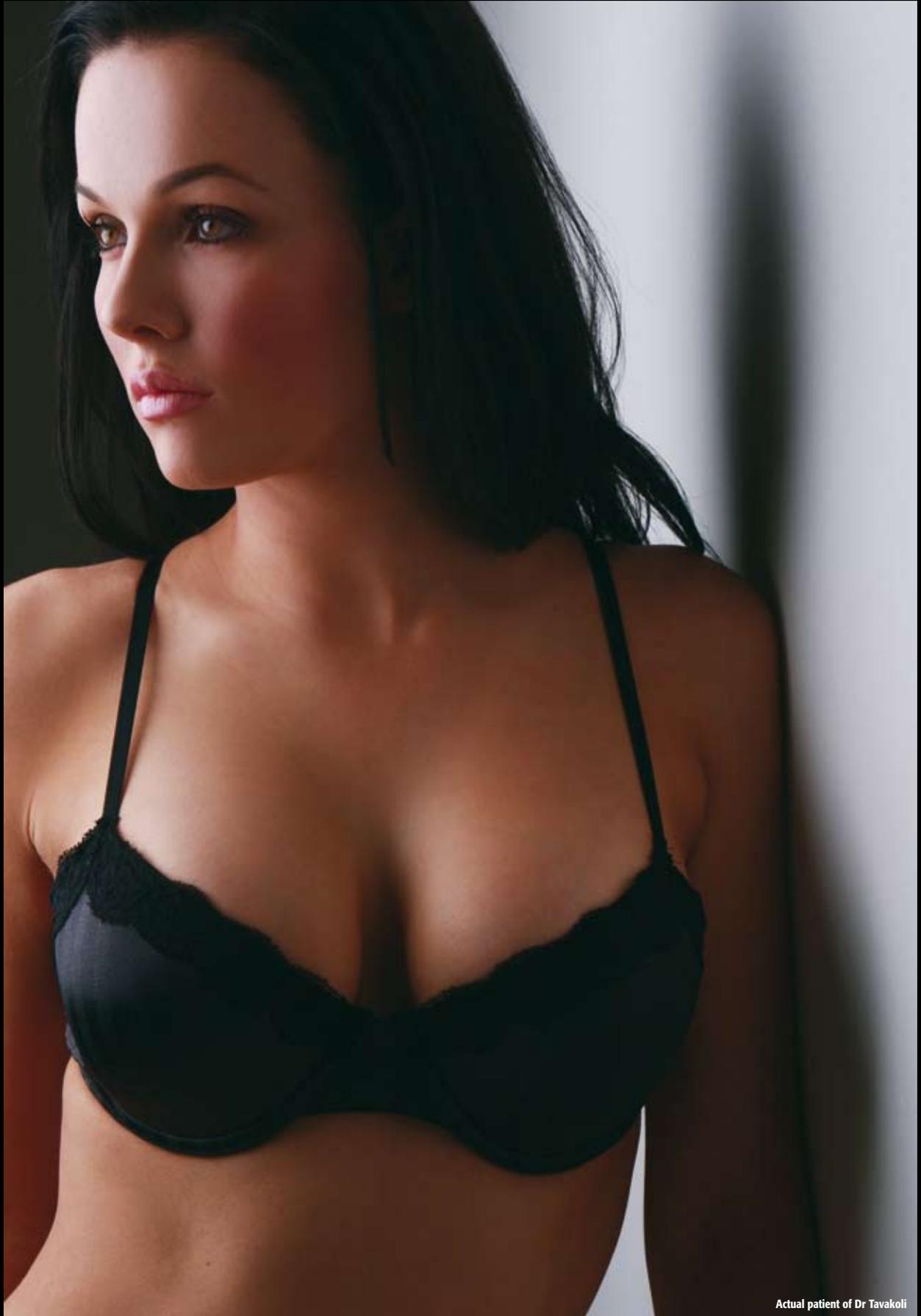
Most of my patients choose round breast implants. The round implant tends to be ideal for those patients with a nice existing shape who desire a straightforward enlargement. Since I prefer placing the implant in a sub-muscular pocket, implant edge visibility in the upper pole of the breast is not a major issue.

Use of the teardrop (anatomical) shape depends on the patient's wishes as well as her body shape. They are ideal for women who have tuberous breasts. Mild elevation of the nipple in relation to the breast mound can be achieved without the need for extra scars on the breast (which occur with a breast lift). In these situations, the implants are inserted in a subglandular (subfascial) pocket under the breast tissue.

Some patients specifically want less fullness in the upper quadrant. Teardrop-shaped breast implants certainly offer less fullness in this area. This request tends to be very personal as most women seek breast augmentations in order to obtain upper pole fullness. Teardrop implants do have a slight tendency to rotate, and this problem can only be corrected by secondary surgery.

### 3. Breast implant fill

I use both cohesive silicone gel and saline-filled breast implants. The new generation silicone-gel implants are very safe and feel and look more like a natural breast. Most breast augmentations in Australia are performed with silicone-gel implants. In December 2006, the Food and Drug Administration approved the use of gel implants in the United States. The decision was based on extensive scientific research into silicone-gel implants. **acsm**



Actual patient of Dr Tavakoli

**breasts artistic gallery**



Actual patient of Dr Tavakoli