

essential guide to breast augmentation

part 1

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, and the demand for natural-looking breasts is even more apparent. 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.

Telltale signs

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

1. Breast implant margin: This should be soft and imperceptible, as obvious implant edge visibility, especially in the midline, will resemble the Tori Spelling or Posh Spice look.
2. Breast implant size: An implant that is too large for a small frame is usually an obvious giveaway that a patient has undergone breast augmentation. A good example of this is Pamela Anderson-style breasts. Women wanting to go from an A cup to a full D cup need to understand this point.
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 rigid peaks.

Before undergoing surgery, it is beneficial for the patient 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.

Clinical parameters and key considerations

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

1. Patient's body type and height
2. Current breast size, shape and symmetry
3. Droopiness – nipple position in relation to the breast
4. Quality of breast skin and stretch marks
5. Chest wall shape and dimension
6. Patient's desired final breast shape and cup size.

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

I believe there are six key considerations for a surgeon when customising a breast augmentation to gain a natural-looking result. Part 1 discusses incision placement, breast implant shape and breast implant fill.

1. Incision placement

There are three choices about 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 patients may voice some initial concerns about the location of their scars, they are ultimately far more concerned with the final shape and size of their breasts.

Generally, a great majority of patients in my practice opt for the inframammary incision (breast fold). I also find this incision has the least amount of interference with breastfeeding and nipple sensation and it generally heals very well.

I find the periareolar incision particularly useful in some Asian patients who have a higher risk of keloid scarring, but the nipple-areola must be at least 4cm in diameter. In addition, the periareolar incision also allows a full Benelli breast lift or nipple lift to be performed where this may be indicated in mildly droopy breasts.

2. Breast implant shape

The choice of implant varies from round to teardrop shapes. The round implant comes in both low and high-profile varieties. The shape variation is in the width and projection of the implant for any given size. The spectrum of breast implants available to the surgeon can therefore provide great versatility in achieving a more natural look.

The majority of my patients elect to have round-shaped implants. As I prefer placing the implant in a sub-muscular pocket in most patients, implant edge visibility in the upper



Actual patient of Dr Tavakoli

pole of the breast can be avoided. The round implant tends to be ideal for those patients with well-shaped breasts who desire a straightforward enlargement.

Use of the teardrop (anatomical) shape depends on the patient's desire, as well as her breast shape. Generally, there are two groups of women who benefit from this type of implant. First, it can be the ideal choice for women who have droopy or tuberous breasts. Mild elevation of the nipple in relation to the breast mound can be achieved without the need for extra scars on the actual breast (unlike breast lift scars). In these cases, the implants will be inserted in a subglandular or subfascial pocket (under the breast tissue).

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In moderate to severe cases of droopiness, a breast lift should be performed in order to restore aesthetic shape at the same time as breast augmentation.

Second, some patients specifically want less fullness in the upper quadrant. Teardrop-shaped implants certainly offer less fullness in these particular cases. It should be noted, however, that this request tends to be very personal, as most women seek breast augmentations in order to

obtain upper pole fullness. It should be noted that teardrop implants do have a tendency, estimated at about 5 percent, to rotate. Unfortunately, this problem can only be corrected by secondary surgery.

3. Breast implant fill

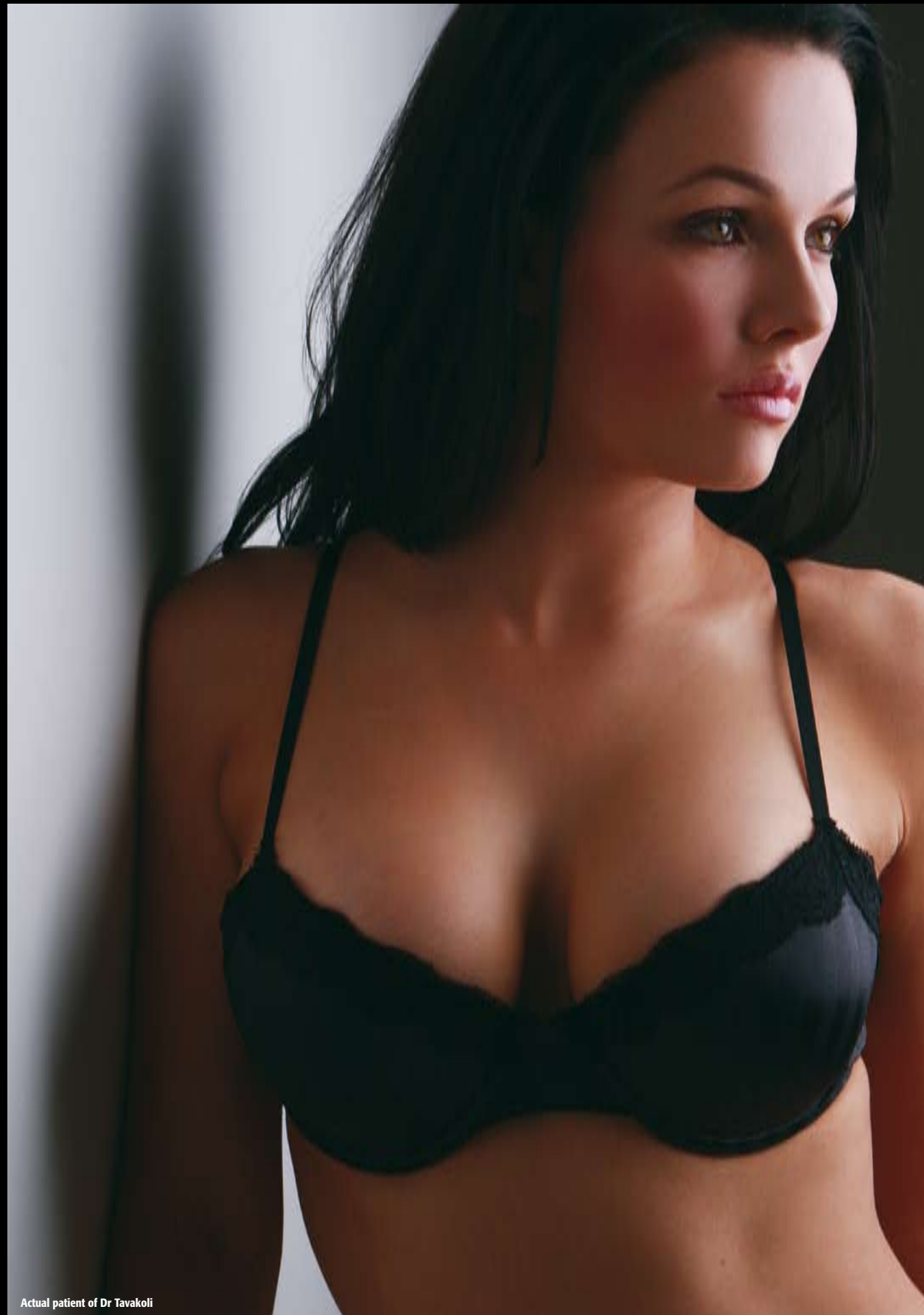
I commonly use the cohesive silicone-gel and sometimes the saline-filled breast implants. The new generation silicone-gel breast implant has a high safety profile and generally feels and looks more like a natural breast. My personal preference is the McGhan-Allergan gel implant.

Most breast augmentation operations in Australia are performed with silicone-gel breast implants. In December 2006, the United States Food and Drug Administration approved the use of gel implants in the US market. The decision was based on a great amount of scientific research into the safety of silicone-gel implants.

The gel usually comes in low and high cohesiveness (soft touch or firm), and the patient should ask their surgeon for different samples at the time of consultation so they can make the most informed choice possible.

Generally speaking, the firmer gel implants are 'form responsive' like the tear-drop variety. The round implants can be soft (80 percent fill) or firm (100 percent fill), depending on the manufacturer.

Polyurethane-coated implants from the manufacturer Silimed (Brazil) are showing positive results in the prevention and treatment of capsular contracture. I use these implants in selected revisional cases of capsular contracture. **acsm**



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