

look natural

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

The number of breast enlargement procedures is increasing, and the demand for natural-looking breasts is paramount. 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 unnatural breast augmentation:

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

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

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 their back the implants should roll to the side like natural breast tissue and not sit up like mountains.

Before having 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.

There are five main clinical parameters 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. 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.

There are five considerations when customising a breast augmentation to gain a natural-looking result:

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 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.

2 Implant shape

The choice of implant shape varies from round to teardrop.

The round implant comes in both low- and high-profile varieties. About 50 per cent of patients in my practice end up with round implants. Since I prefer placing the implant in a sub-muscular pocket in most patients, implant edge visibility in the upper pole of the breast is not a major issue. The round implant tends to be ideal for those patients with

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nice shape who desire a straightforward enlargement.

Use of the teardrop (anatomical) shape depends on the patient's desire as well as her body shape. The shape variation is in the width and projection of the implant for any given size. The spectrum of implants available to the plastic surgeon can therefore provide great versatility in achieving a more natural look.

In general, there are two groups of women who benefit from teardrop shaped implants. Firstly, the teardrop variety is ideal for women who have droopy breasts. Mild elevation of the nipple in relation to the breast mound can be achieved without the need for extra scars on the breast.

Secondly, some patients specifically want less fullness in the upper quadrant. Teardrop implants offer less fullness in these particular situations. Bear in mind that this request tends to be very personal as most women are seeking breast augmentations in order to obtain upper pole fullness.

3 Implant fill

I use both the cohesive silicone-gel and saline-filled implants. The new generation silicone-gel implant is very safe and in general it feels and looks more like a natural breast. Most breast augmentation operations in Australia are performed with silicone-gel implants.

4 Implant size

I ask patients to 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 patients can try as many implant sizes as required prior to making their final decision.

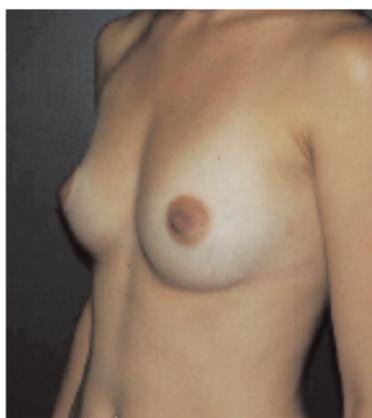
5 Implant position

The next consideration is where to put the implant. It can be placed either on top of or behind the muscle. In general I prefer to put implants behind the muscle so they are partially covered. The muscle allows a nice, smooth takeoff from the chest wall. If put

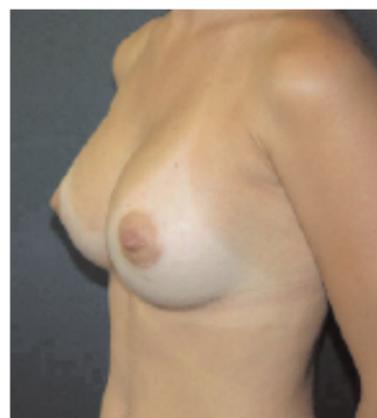
directly on top of the muscle the breasts can look like rounded balls on the chest, which is another definite giveaway.

In women with droopy (ptotic) breasts, I use a dual pocket technique of dissecting both on top and underneath the pectoral muscle, but inserting the implant behind the muscle.

There are many different combinations of the above considerations. To attain 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 by Dr Tavakoli



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BEFORE



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