

# CHOICES & OPTIONS

SYDNEY PLASTIC SURGEON  
**DR MARK KOHOUT** TAKES US  
THROUGH THE INS AND OUTS OF  
BREAST AUGMENTATION SURGERY.

**B**reast augmentation is a common procedure. In fact so much so that together with liposculpture, it is the commonest cosmetic operation in most Western countries. It is tempting to think that breast augmentation is a small or inconsequential procedure; it seems everyone is having it and therefore 'it must be easy'. However it is important to realise that this is an operation with potential serious consequences.

Breast augmentation is usually performed under general anaesthetic and takes about an hour and a half to perform. It should be meticulously planned and each patient should be evaluated individually. Many different factors have to be considered to make the final surgical plan.

Beware of surgeons who use the same procedure for everybody. As you would expect, using a cookie-cutter approach to breast augmentation surgery is bound to end up with suboptimal results in a lot of people. Always using the same implant, the same incision and the same placement will inevitably lead to unhappiness. Always make sure your surgeon explains the pros and cons of each part of the planned operation and why they recommend that particular combination of implants/incisions/placements.

Here are some of the decisions that have to be made.

## Implant shape

The choice here is between round and anatomical (aka teardrop) implants. Which is more appropriate will depend on two or three things. The most important determinant is your preference for breast appearance and the next is the shape and volume of your breast.

Round implants tend to give you a high, full, round look in the upper part of the breast, sometimes seen on American models and actresses. It also increases the chances of the

upper edge of the implant being visible, giving an important visual clue of a 'boob job' to the outside world. Many women prefer this breast shape and the round implant will be appropriate for them. Round implants can also achieve excellent results in women who have moderate breast tissue and a slight droop but have flatness in the upper pole of the breast.

In my experience, Australian women tend to prefer a 'natural' look. In other words, they do not want obvious external clues to implant surgery. In many cases, the teardrop implant will achieve a more natural-looking result. Particularly in young women with no children and little breast tissue, these implants produce a natural-looking, gentle sloping curve from the upper breast to the nipple and fullness in the lower breast. Conversely, however, teardrop implants can rotate after the operation (in about two to three percent of cases) and this may produce changes in breast shape. It may also require an operation to set right. A round implant has no such risk.

## Silicone vs saline

Most implants used in Australia are filled with silicone gel, though some surgeons prefer to use saline. Modern implants are very different to the silicone implants of 10 to 15 years ago. The silicone gel is 'cohesive', meaning it is pre-shaped with the consistency of set jelly, not liquid. This minimises the risk of silicone 'spilling' into the tissues.

Silicone implants feel softer than saline implants. They have a smaller risk of deflation and smaller risk of wrinkling or 'rippling'. In contrast, saline implants feel firmer, have a risk of deflating spontaneously and they are more prone to rippling, which may be visible through the skin. The great advantage of saline implants is the undisputed safety of its

contents. Should a saline implant rupture, yes it will deflate and you will need surgery to correct this, but the saline is harmlessly absorbed into the body.

## Implant size

The main determinant of implant size is your preference. You will have an idea of how you want your breast to look and the size you want to be after surgery. For instance, requests of an increase from an A to a C cup or from B to D are common. However, it is important that whatever implant is chosen, it fits your chest well.

Beware the surgeon who does not measure your breasts. It is very important that the width of the implant is in harmony with your chest. Select an implant which is too wide and your breast will 'fall into' your armpits. Select an implant too narrow and you will end up with a wide, unattractive gap between your breasts (the 'Tori Spelling look').

The rest of the implant size can be tailored to your preference. Implants come in many different shapes and profiles (projections) to determine the final size.

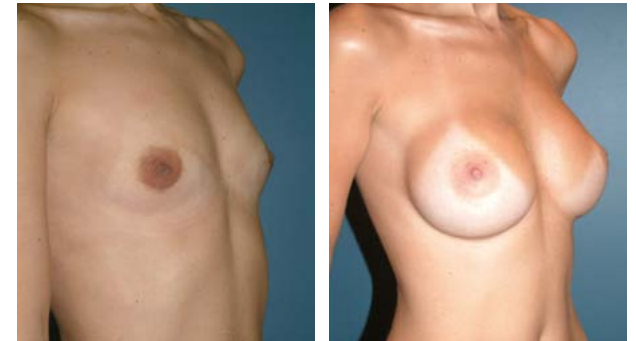
## Placement

The implant can be positioned on top of the pectoral muscle or behind it. Each has advantages and drawbacks. Again, it is important you understand what these are.

**Behind the muscle.** In this operation, the pectoral muscle is cut and lifted. A pocket for the implant is made between the muscle and the ribcage. The main reason to place implants behind the muscle is to prevent the edge of the implants being visible through the skin. The extra tissue overlying the implant also reduces the visibility of any rippling in the implant. Round implants are commonly placed behind the muscle as the muscle softens the round and visible upper edge. The tissue thickness in the upper pole of your breast should also be measured by your surgeon to determine if you have enough tissue to minimise the visible implant edge.

This operation is more painful and has a slightly longer recovery. With teardrop implants, there may be an increased risk of the implants rotating. Perhaps most importantly, the muscle which now drapes over the implant exerts force on the implant every time the muscle is tensed. This causes the implant to move, usually upwards and outwards during movement and exercise, which can look quite unnatural. Dividing the muscle can also produce unnatural-looking tension lines and tethering in the skin.

**On top of the muscle.** The main drawback of this approach is that if you are thin and have little tissue in the upper breast, the implant edge may be visible, which is not a desirable look. Visible rippling is also more common with this approach. However, if you have sufficient upper breast tissue this operation is typically less painful, has faster recovery and minimal risk of movement and distortion of



BEFORE

AFTER breast augmentation by Dr Kohout



BEFORE

AFTER breast augmentation by Dr Kohout

the implant. In breasts with moderate droop, this placement will give you more of a lift and breast fullness.

## Incision

You have three choices and the decision is mostly up to you:

**In the breast crease.** This is the most common incision and has the advantage of being the most direct approach to the breast. It also conceals the scar in the breast crease. Generally, the only people who will ever see the scar are you and your partner.

**Through the armpit.** Some patients do not want to have any scars on the breast at all. The incision is placed in one of the skin creases in the armpit where it is invisible with your arms down. However it may be visible if you wear a strapless dress. Then again, most people do not associate an armpit scar with breast surgery. It is a good incision for judging the shape and symmetry of your breast while you are still asleep on the operating table.

**Around the nipple.** This is the least common approach in Australia, though it is popular in Europe and South America. The incisions around the nipple tend to heal well but they also have drawbacks. The main one is that if you have relatively small nipples, the implant selected may not physically fit through this incision. Also, this incision may significantly distort your nipples, a problem which may then be difficult to correct. Nipple sensation may also be affected more than with other incisions.

The choices made in a breast augmentation are likely to be very individual and different patients will make different decisions depending on their unique requirements. **acsm**