

# 7 key issues in breast augmentation

Brisbane-based **Dr Daniel Fleming** explains seven essential points to keep in mind when considering breast augmentation.

**A**s a doctor who performs more than 200 breast augmentations a year, I believe there are some key issues it is important for patients considering breast implants to be aware of. Not all of my colleagues will agree with me, but my opinions are based on substantial personal experience. Here are seven points to consider:

**1 The consultation, not the actual operation, is the most important part of surgery**

Although there are some types of breasts with particular surgical difficulties, in most cases the actual operation is relatively easy. What is difficult is what goes on during the consultation. As well as explaining possible complications in an understandable way, I have to help the patient get a good idea of what kind of a result she can expect.

**2 The biggest factor influencing what a patient will look like after implants is what they look like beforehand**

For this reason I show patients before and after photographs of other (anonymous) patients whose breasts were similar to their own. I find this is the best way to give patients a realistic expectation of their own likely result.

**3 Most bad outcomes are caused by mistakes in the consultation, not mistakes during the operation**

Once I have listened to what my patient wants to achieve and then examined her, I can advise her if what she wants is possible and, if not, what is possible. Only then can I advise her on the type of implant that will work best for her.

**case study 1**

Age 35, no children, Implant McGhan, round medium profile silicone gel style 110, size 240g, placed under the muscle, incision under the breast. An easy patient to achieve a natural result with since she had good shaped breasts beforehand and did not want large implants. Note how a round implant does not necessarily look round and can achieve a gentle slope at the top of the breast.



BEFORE



AFTER breast augmentation by Dr Fleming



AFTER breast augmentation by Dr Fleming

**case study 2**

Age 30, three children, Implant CUI, round high profile silicone gel, style MHP, size 300g, dual plane technique, incision under breast. A very difficult case to get a pleasing result. The patient had a wide chest. Her breast tissue was very dense and only occupied a relatively small area on the chest. The distance between the nipple and the crease under the breast is very short and, because of the density of her tissue, the crease is very tight. She was at high risk of developing a double fold. It was therefore important not to choose a wide implant. The dual plane technique, where only the top of the implant ends up under the muscle, allowed the implant to expand the lower half breast stretching the old crease.



BEFORE



BEFORE



AFTER breast augmentation by Dr Fleming

**4 Tear-drop implants should be avoided**

I stopped recommending the tear-drop implant about three years ago because of the problem of rotation. Rotation of the implant soon after the operation should be avoidable as long as the surgeon does not make the pocket for the implant too big. However, late rotation can occur after a couple of years and is not due to any surgical fault.

All implants form a membrane or capsule around them. Normally this fixes the implant to the pocket wall and stops rotation. However, sometimes the body reacts by forming a second capsule, one fixed to the implant and one to the pocket wall. There is no grip between the two membranes and therefore the implant rotates. If the implant is round, rotation is not noticeable but if it is tear drop in shape it looks terrible.

Since if you straighten the rotated implant it will simply happen again, the only solution is to remove both implants and replace them with round ones. This does not happen in all patients with tear-drop implants. However, I have seen it too many times to carry on recommending them.

**5 Round implants do not have to look round**

Round implants come in different degrees of 'roundness'. They have two dimensions: diameter and projection. If we look at, say, a 300g round implant it could have a relatively big diameter and small projection, giving a wider, flatter look. This is called low or medium profile. Alternatively, it could have a smaller diameter and a bigger projection giving a rounder, more 'sticky out' look. This is called high profile.

I use the McGhan/CUI brand of implants. They have six different shapes of round implants and with my patient we can choose the shape which will be most likely to meet her expectations and least likely to cause problems. The other major implant manufacturer, Mentor, has a similar range of implant styles.

Do not think that just because an implant is 'high profile' it will look like a ball or a Baywatch babe. Many patients come to me thinking this and say they do not want a high profile implant. However, once they have fully considered the different implants about 70 per cent actually choose high profile. Significantly, not a single one of these patients have complained afterwards that they feel their implants are too round or unnatural.

**6 Never mind the volume – think about the width**

In general terms the bigger the implants you choose the greater the risk of complications. However, for any given size, the wider the diameter of the implant the greater the

**McGhan/CUI Implants – 6 different shapes of round implants**

Medium Profile – Wider with less projection			
Style	110(300g)	MLP(290g)	CML(295g)
Projection	3.1cm	3.9cm	3.9cm
Diameter	12.6cm	11.8cm	11.9cm
Least Projection	←		→ Most Projection
Softest	←		→ Firmest
Best if sufficient own tissue to avoid rippling	←		→ Best if at high risk of rippling

  

High Profile – Narrower with more projection			
Style	120(300g)	MHP(300g)	CMH(310g)
Projection	4.2cm	4.8cm	5.2cm
Diameter	11cm	11cm	10.7cm
High profile	←		→ Very high profile
Softest	←		→ Firmest
Least round	←		→ Most round

risks. The nerves enter the pocket at the sides so the wider the pocket has to be to accommodate a wider implant the more the risk that nerves will be damaged.

Some breasts are at risk of getting a 'double fold' effect. This is where your old crease under the breast remains visible above the new crease created by the implant. If your type of breasts are at risk of this complication, this must be identified during the consultation and implants that are not too wide chosen so double folds can be avoided.

**7 Is it better to place the implant in front of or behind the muscle?**

There is no 'best way' for all patients. Some patients look better with the implant placed behind the muscle and some look better in front. There are exceptions, but generally the thinner the patient and the less her existing breast tissue, the more likely she will get a better result behind the muscle. It will look more natural and the risk of seeing rippling is reduced.

If a patient has more of her own breast tissue, particularly if there is a degree of sag, she will probably do better with the implant placed in front of the muscle. If the implant is put behind the muscle in this type of breast, her own breast tissue may still hang down away from the implant, the so-called 'Snoopy' effect.

Some patients do best with a special technique called 'dual plane'. This is where the implant ends up half in front of the muscle and half behind. A patient who has significant breast tissue with some sag (and is therefore at risk of the 'Snoopy' effect) but who also has thin, stretched tissue (and is therefore at risk of visible rippling) may need a dual plane technique. When your surgeon suggests a certain placement for you, ask why and ensure that it is for the right reasons and not simply because they only offer this placement to all his or her patients. **acsm**