REJUVENATE

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21st CENTURY BREAST SURGERY OPTIONS

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BREAST ENHANCEMENT
WHAT YOU NEED TO KNOW

Breast enhancement continues to be the most requested cosmetic surgery procedure with enlargement at the top of the list. Dr Dirk Kremer, lead breast surgeon of 111 Harley Street at the Shanakiel Hospital, Cork, helps us unravel the ins and outs of 21st Century breast surgery.

PROBLEM: empty or small breasts SOLUTION 1: breast augmentation using silicone implants

Who is the ideal candidate?

Breasts can be inherently small; underdeveloped or left empty by pregnancy and breast feeding - whatever the cause extremely small breasts can dramatically affect a woman's psyche. There are several ways to enhance small breasts – some tried and tested and others in an early stage of trials. Whatever the solution the trend is moving away from large unnaturally sized chests (think Jordan) to more subtle, body proportionate sizes.

What's involved in the procedure?

There are several approaches for inserting breast implants – under the armpit; through the nipple but the most common is through the natural crease under the breast. The incision is kept as small as possible – often around 5cms – and becomes practically undetectable after a year.

Silicon versus saline?

There has been much scaremongering over the last decade regarding silicone leakage however modern silicone implants do not rupture, even if they did the form of cohesive gel used prevents seepage into surrounding tissues. Conversely saline implants can rupture and they also have a tendency to feel hard and unnatural. American surgeons have had a tough time reassuring their public and the FDA about the safety of silicone implants so they have been unable to use silicone implants for some time whereas in Europe surgeons happily use them in the knowledge that they are perfectly safe.

What size implant should I choose?

This is always a tricky subject and the onus lies with you. However, please take your surgeon's advice into consideration as they have had a great deal of experience and a good aesthetic eye – they know body proportion. A useful tip is to take a stocking stuffed with uncooked rice into the changing room of your local lingerie retail outlet before your initial consultation. Use this to fill your 'ideal' sized bra and try on tight tee-shirts – take a good friend with you to get their opinion. When it's time for your consultation you will then have some idea of the result you'd like to achieve.

Why do some women have implants under the muscle and others on top?

Your surgeon will help you decide the best approach for your body shape – this is where very slim women can be at a disadvantage so if you are in this category talk to your surgeon and think carefully about implant placement to avoid the 'stuck on' look favoured by some celebrities. **Sub pectoral**- the term for under the muscle is the more technical of the two approaches. Expect more discomfort after surgery as the muscle tries to accommodate the implant. This technique tends to disguise the shape of the implant; gives good internal support and is less likely to interfere with future breast feeding. **Supra pectoral** – the implant lies on top of the muscle yet under the mammary tissue and glands. This approach is less technical, takes less time, allows for larger sizes implants but has a higher incidence of 'rippling' especially on very slim women; implants can be more visible and some believe a higher incidence of capsular contracture.

What can I expect after the surgery?

You will have discomfort; the degree varies with each individual. This can be effectively settled with paracetamol and codeine. Drains are removed the next morning or prior to going home the evening of surgery – some surgeons advise one overnight stay in hospital and others allow their patients to go home the same evening. We advise our patients to take 2 weeks off work as the implant needs time to stick to the artificial pocket wall. You must avoid any movement that can potentially 'move' the implants as lifting, reaching, driving and vacuuming. I prefer my patients to wait two weeks until they wear under wire bras and ask them to use a sports bra for comfort during this time.

What are the potential risks?

Breast surgery comes with the 'usual' potential risks associated with surgery such as bleeding, haematoma (collection of blood) and infection. In the case of infection sometimes the implant needs to be removed, the pocket washed out and the implant replaced at a later date after the infection has cleared. **Seroma** – or collection of fluid behind the implant that can pool and become infected if left untreated. The seroma can be drained but in severe cases the implant needs to be removed and the pocket washed out. **Capsular contraction** – this is where the artificial pocket clamps down around the implant sometimes dislodging it leaving a very unnatural shape. The solution lies in surgical releasing of the pocket. Capsular contraction is less likely in the sub pectoral or under the muscle placement.

Will future mammogram pictures be disrupted?

Some women choose to have a pre-surgery baseline mammogram but I do not think they are necessary unless there is a family history of malignancy. Mammograms will always see through the implant and as the breast tissue lies on top of the implant, manual monthly examination can still take place.

When will I be able to be seen in public or return to work?

Most women can return to work after two weeks but if you have a very physical or manual job then you might need more time off – speak to your surgeon to gauge their opinion.

How long will the implants last?

Contrary to popular belief, breasts implants do not require blind changing. They should last 20 years and beyond. The only reason they might need changing is for capsular contracture and implant hardening – the latter is not often seen with the modern cohesive gels implants.

> Some women choose to have a pre surgery baseline mammogram but I do not think they are necessary unless there is a family history of malignancy

Dr. Kremer: "Luckily for those seeking breast enlargement implant, manufacturers are constantly improving their products – there are many great implants available that give very natural, soft results. Modern minimal access surgery combined with a greater understanding of scar healing means that most breast surgery goes undetected after scar maturation has occurred, which can take up to a year."

SOLUTION 2: Macrolane

This new generation hyaluronic acid filler from the Restylane stable is great for filling the upper poles of the breast left empty by breast feeding or ageing and the lower pole of an empty or underdeveloped small breast.

Who is the ideal candidate?

A real choice for those wanting a subtle, natural looking boost – around one cup on average – and who don't want or aren't 'brave' enough for a full boob job.

What's involved in the procedure?

Performed under local anaesthetic Macrolane has become a real alternative to surgical intervention. The procedure can be undertaken in the surgeon's clinic under sterile conditions and involves injecting the product through tiny cuts hidden under the breast or in the armpit.

What can I expect after the surgery?

You will feel pressure in your chest as the breast skin adjusts to the extra volume (about 100mls in each side), you will also have some bruising and swelling.

What are the potential risks?

Dr. Kremer: *"Macrolane has filled a gap in the market – there are a number of women we see each year who cannot for some medical reason undergo an anaesthetic or think they want a breast enlargement but aren't 100% sure. This product has been tried and tested for a number of years and in the right hands offers a very natural result. A very safe product, some recipients have complained of 'lumps'. These can be massaged down and are not dangerous."*

Will future mammogram pictures be disrupted?

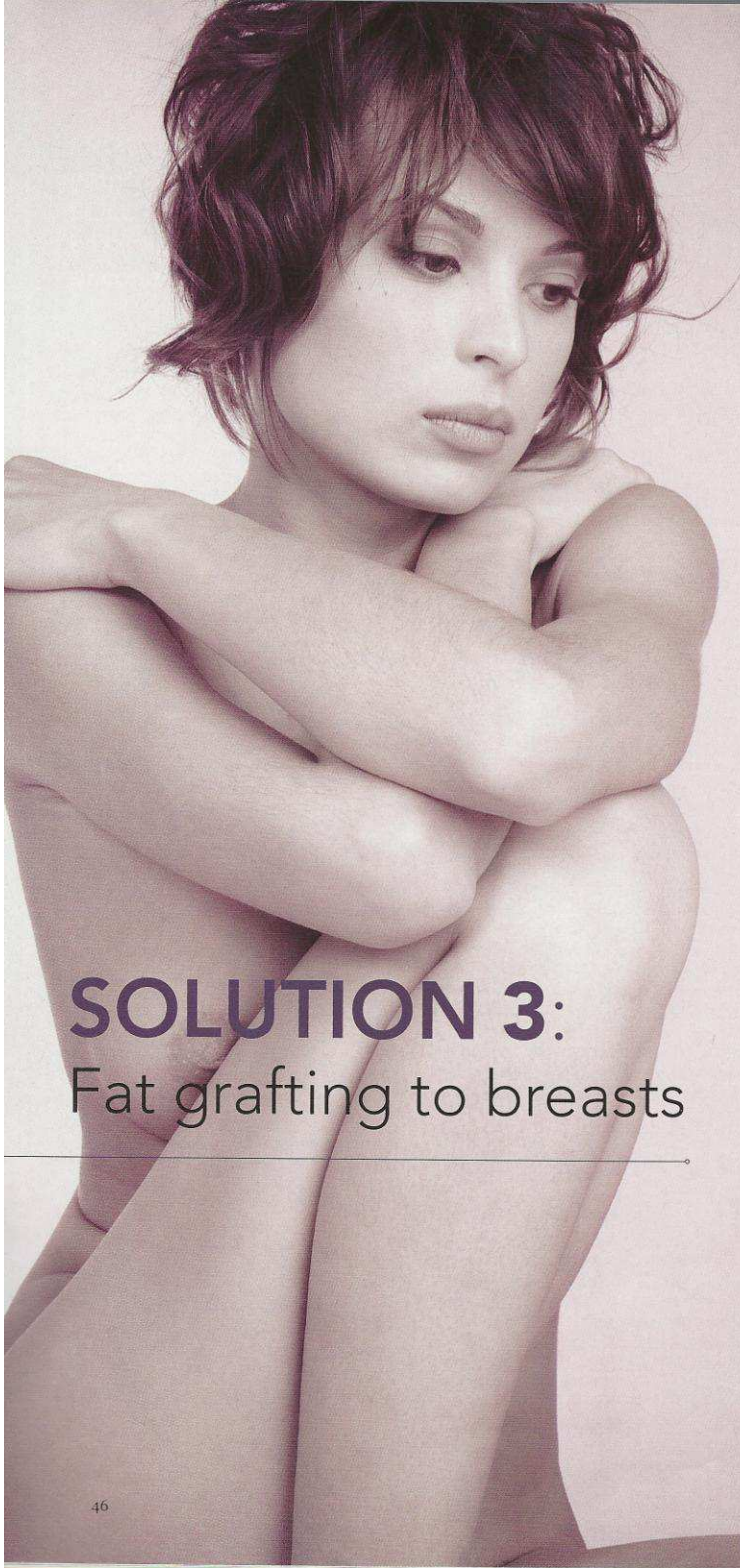
Hyaluronic acid is basically a mixture of sugar and water and will not be seen on a mammogram.

When will I be able to be seen in public or return to work?

I advise my patients to take a couple of days off work although it's not really necessary unless you have a very physical job.

How long will it last?

Expect to enjoy the effects for 12 to 18 months during which time a top up can be performed.



SOLUTION 3: Fat grafting to breasts

Fat grafting has been discussed in a number of press articles over the past few months. In fact this process is not 'new' – it has been practiced by many reconstructive surgeons the world over. Until now though the results have been somewhat unpredictable with the injected fat disintegrating, leaving breasts under filled.

An American surgeon based in New York believes he has conquered the problems associated with fat transfer to breasts. He has developed tiny hollow, blunt needles which seem to be the key to a pleasing natural result: fat does not 'handle' well, it can break down and the cells readily die, if a tiny cannula is used then the disruption to the fat is kept to a minimum, also the tiny lumen means it can only be injected slowly and this helps keep the fat cells intact. The breasts can be increased by one or two cup sizes so fat transfer is not the answer for glamour model wannabes but it is an effective solution for women seeking some cleavage; those with small underdeveloped breasts who dream of a modest C cup increase and women with empty breasts post baby.

What's the downside?

The process of injecting the fat cells can take hours which means patients have to undergo long anaesthetics – sometimes up to 8 hours. The procedure is costly for this very same reason – expect to pay in excess of €10,000 for a modest one cup increase. Breasts are over filled initially to allow for some disintegration

Will fat grafting affect breast screening?

As the fat is injected using tiny needles lumps aren't common but of course they can occur. A mammogram would still be able to identify a fat lump versus a cancerous lump so breast screening is not a problem.

Is the cup increase permanent?

As a relatively new procedure we don't really know how long the results will last but so far the fat transfers do seem to be lasting some time.

Can this procedure be undertaken by women with breast implants?

Yes, an experienced surgeon will sometimes use fat grafting to hide the ridge and disguise implant rippling on very slim women. The fat is not injected directly into the implant's pocket but under the skin to add bulk.

What's best – fat transfer or breast implants?

This is simply a personal choice and you must do your research thoroughly prior to consultation with a surgeon.

PROBLEM: Inverted nipples SOLUTION: Nipple correction

Who is the ideal candidate?

We don't know the full number of women who experience this problem as we only see a small percentage who choose to get help but most plastic surgeons are seeing an increase in the number of women seeking help.

What causes this?

We don't really know why nipple inversion occurs although hormones are suspected to play a large part. Fibrous tissue strands inside the nipples pulls down on the teat preventing the nipple sticking out - sometimes one or both nipples can be affected.

What's involved in the procedure?

The goal of the surgery is to cut the fibrous strands holding in the nipple teat. This is performed under local anaesthetic under sterile conditions – often in the surgeon's clinic. Most surgeons will try to avoid over resection of the nipple in an attempt to preserve the nerve supply and milk ducts, this might sometimes mean that you'll have to have a repeat procedure a few months later if the initial one wasn't deep enough.

What can I expect after the surgery?

Small dissolvable stitches are used and you will have to see your surgeon a week to 10 days later. As a relatively minor procedure you might experience slight discomfort and will need to protect your nipples from any friction from your bra.

PROBLEM: Large, heavy pendulous breasts SOLUTION: Breast reduction

Whatever the reason, there is no doubt that the average breast size amongst western women is increasing and many can find as they age that large breasts take their toll on the body frame. Back ache, shoulder damage and stooping are some of the main problems experienced by large chested women. As skin ages it loses its elastic properties and the heavy weight of the breast pulls downwards stretching the skin even further. Most women complain of feeling unfeminine and hate the fact that their breasts get in the way of certain activities and daily living.

Breast reduction and mastopexy are very closely linked as the same technique is used and the cost, recovery and after care are identical.

PROBLEM: Breast asymmetry SOLUTION: Variable according to the degree of asymmetry but can involve:

- a one sided breast implant with one sided breast uplift
- a one sided breast implant
- two breast implants but using different sizes
- a one sided breast reduction with bilateral uplift

What causes this problem?

Breast asymmetry or uneven breasts can be caused by several factors. Genetics plays a big part in how our bodies grow however this is not the sole reason for lopsided breasts - hormones, pregnancy and breast feeding all leave their individual mark.

Dr. Kremer: "We see some severe cases in often very young women, causing a great deal of angst and body embarrassment. These girls get through school often having had to tolerate some very intense bullying and teasing only to be confronted with further embarrassment during their early sexual experimentation years. Be warned however as correcting breast symmetry is often tricky and be cautious if a surgeon promises you an exact, mirror image improvement. Ask which solution is best for you as there are many options. I personally find this surgery very gratifying as these young women are thrilled to finally fit in and feel 'normal'."

The expert team at 111 Harley Street Cosmetic Centre can now be consulted at the Shanakiel Hospital, Cork.
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