PIPS Tips

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"To 'B' or not to 'B'?"

One of the most common cosmetic surgical procedures I undertake is **Bilateral Breast Augmentation**. Interest in the procedure is constant throughout the year and extends from women in their late teens to, surprisingly perhaps, women in their late fifties/early sixties, probably because the overwhelming majority of women who undergo the procedure simply want to look better proportioned, a goal common to any age. While the procedure of Bilateral Breast Augmentation is relatively simple and straightforward, one which I normally undertake under general anesthesia on an outpatient basis and which results in a minimum of postoperative discomfort and disability, it is a procedure which requires careful consideration of a number of factors to ensure a satisfactory result. This article is not designed to address all of those factors but will serve as a "primer" for anyone interested in Bilateral Breast Augmentation.

IMPLANTS. Given the "controversy" over the safety of silicone gel-filled breast implants, most people believe that silicone gel-filled breast implants are unsafe for use, particularly in light of the decision by the Food and Drug Administration (FDA) to limit their use in this country. At this time such fears seem to be unfounded. But, given the fallout from that "controversy" and the consequent negative perception of silicone gel-filled breast implants by the general public, plastic surgeons like me are inclined to use saline-filled breast implants as a means of augmenting breasts. By the way, those of you who think that "fat injections" are a safe, implant-free alternative to breast augmentation will be sorry to learn that fat injections have been discredited as an effective and safe means of augmenting breasts. The implant of choice then consists of a "bag" of silicone sheeting, either smooth or textured surfaced, in a variety of shapes and sizes. My personal preference is a textured surfaced implant, round (and therefore "neutral") in shape and of a "moderate" profile which produces what most women seek, specifically fuller breasts without excessive (and therefore artificial-looking) projection. The availability of a variety of breast implants, particularly with regard to shape and size, allows, to some extent at least, the procedure of Bilateral Breast Augmentation to be "customized" to the needs of any patient undergoing the procedure.

TECHNIQUES. A female breast can be approached or accessed via one of three surgical incisions, specifically (1) an axillary incision or one situated in the armpit, (2) a periareolar incision or one situated along the periphery (from approximately the three o'clock position to the nine o'clock position) of the pigmented skin surrounding the nipple or (3) an inframammary incision or one situated at or just above the indentation/fold where the skin of the underside of the breast meets the skin of the chest. Furthermore, a breast implant employed to augment the breast can be placed in a submammary location (between the breast and the underlying pectoral muscle) or in a subpectoral location (between the pectoral muscle and the underlying rib cage). Given the various "combinations" of surgical incisions and implant locations and the pros and cons associated with each, it should be apparent that there is no one universally accepted way by which Bilateral Breast Augmentation should be undertaken. I routinely discuss with any potential Bilateral Breast Augmentation patient the pros and cons of one implant versus another, one surgical incision versus another and one implant location versus another to insure that she is informed, to the extent humanly possible, about not only what Bilateral Breast Augmentation can achieve but, more importantly, what Bilateral Breast Augmentation cannot achieve.

RESULTS. Earlier in this article I spoke about the availability of implants of not only different shapes, but also different sizes. Unlike brassieres, implants are not sized as "A" or "B" or "C", etc. Instead, they are sized by the volume of saline, usually expressed in cubic centimeters or cc's, which they can accommodate. The end result of a Bilateral Breast Augmentation equates then to the volume of an implant employed to augment a breast and the preoperative volume of that breast. Two women of identical age, height, weight, etc. seeking identical breast sizes may require two very different sizes of breast implants to achieve their goals if the preoperative sizes of their breasts differ. Furthermore, while an implant obviously can increase the size of a breast, it is less effective in altering the shape and position of that breast. For example, ptotic (droopy) breasts may look less ptotic following augmentation, owing primarily to the camouflage of the ptosis (droop) by an increase in breast fullness, but still will be ptotic postoperatively. Women who seek not only an increase in the size of their breasts but also a change in the shape and position of their breasts (to produce more "cleavage" or to sit higher on the chest wall, for example) may be disappointed to find that Bilateral Breast Augmentation alone is incapable of addressing all of their concerns and that other procedures such as Bilateral Mastopexy ("Breast Lift") may be necessary.

Hopefully this article has proven helpful to those of you considering Bilateral Breast Augmentation and the eternal question, "To 'B' or not to 'B' (or 'C' or 'D' or whatever)?"

For more information about this and other cosmetic and non-cosmetic procedures, please call The Pittsburgh Institute of Plastic Surgery *at* 1-800-321-7477 *or* The Plastic Surgery Information Service *at* 1-800-635-0635.

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