

guide to breast augmentation: part two

Sydney plastic surgeon **Dr Kourosh Tavakoli** explains the key considerations when considering breast augmentation.



Actual patient of Dr Tavakoli

In issue 36 of *Australian Cosmetic Surgery Magazine*, I outlined three key considerations in breast augmentation surgery: incision placement, implant size and implant fill. Here I discuss three more considerations I believe are crucial to obtaining a natural-looking breast augmentation.

1. Breast implant size

Implant size is one of the most important decisions in a breast augmentation procedure. Because of this, an experienced surgeon will take several approaches to help the patient make the best decision, based on their anatomy, personal preferences and the appearance they wish to achieve. In a recent survey, over 80 percent of patients undergoing breast augmentation stated that a C-cup was their desired post-operative goal. A D-cup was the second most popular request.

When determining the implant size, I always begin by showing the patient numerous photos of actual patients who have had a breast augmentation. By finding previous patients who had similar pre-operative appearances and evaluating their results, the patient can get an idea of what her own final result might look like and alter the implant size according to her wishes.

The surgeon will also measure the patient's breast and chest shape, paying particular attention to the base and projection of the breasts. This gives the surgeon an idea of what size breast implant will help achieve the patient's desired size post-operatively.

As the breast implant size increases, so does the diameter of the breast implant. In most cases, there is a breast implant that will be an ideal match for the diameter of the patient's natural breast, and I find this is a good starting point for discussion.

Choosing a breast implant smaller than the patient's natural breast shape will not provide the proper cleavage and shape after the procedure. Similarly, choosing a breast implant too large for the patient's natural chest shape is more likely to give an unnatural appearance.

Unfortunately, breast implants do not come in cup sizes. Rather, they are categorised by the volume of gel that they are designed to hold. There are several reasons for this. Firstly, the final cup size will be partially determined by the pre-operative breast size, and every patient is different in this regard. Secondly, a C-cup from one bra manufacturer is not necessarily the same as a C-cup from another manufacturer.

Although every woman is built differently and bras are not manufactured to a set standard, it can be expected that a C-cup implant size is approximately 200g or 200cc in a woman of average height and average build. That number will ordinarily be slightly higher if the woman is tall or has broad shoulders. Similarly, if the patient is shorter than average or has a narrower chest, that number can be expected to be slightly lower. Although a desire for a certain cup size is helpful in guiding the patient in the selection of the proper breast implants, I find it is more helpful to focus

on the shape and appearance she wishes to achieve.

2. Breast implant position

The next consideration is where to place the breast implant – on top of or behind the muscle. In general, I prefer to place breast implants behind the muscle so they are partially covered. I find the muscle allows a smooth 'take-off' from the chest wall. If put directly on top of the muscle the implants can look like rounded balls on the chest, which is a definite giveaway.

In women with mildly droopy (ptotic) breasts, I use a dual-pocket technique of dissecting both on top of and underneath the pectoral muscle, but inserting the breast implant behind the muscle. In cases of moderately droopy breasts where the patient does not wish to undergo a breast lift procedure, I will consider full placement of implant on top of the muscle.

3. Smooth vs textured Implants

This issue is controversial because, generally speaking, textured implants are said to reduce the rate of capsular hardening or contracture, but are also known to create more wrinkling issues down the track, especially in a thin patient. This wrinkling is normally felt in the lower edge of the breast.

Smooth implants may give a smoother look and feel in many cases, particularly in thinner patients, but the downside is that the patient needs to massage the implants for at least one year to help prevent capsular hardening.

There are many different combinations of the above breast implant considerations. To attain a natural-looking breast augmentation, the surgeon must be skilled in deciding the best options for each individual patient as well as carrying out the surgery. **acsm**



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