

The Learning Curve

Once you have committed to breast surgery, there are many questions you should ask, says Plastic Surgeon Angelica Kavouni, MD FRCS EBOPRAS

WITH YOUNGER AND YOUNGER

women considering surgery, breast augmentation has become the singular most popular cosmetic procedure over the last five years.

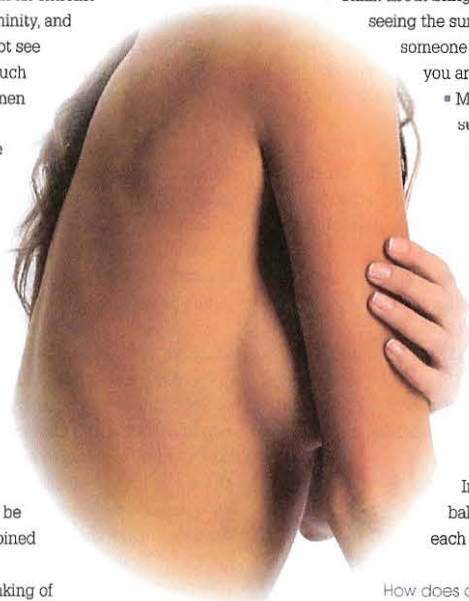
Of course, the decision to undergo breast augmentation is a personal one, and not taken lightly. But even when you take into account the wide variety of different women opting for this most intimate of procedures, there do seem to be common underlying reasons behind their desire to change.

The majority of women that visit my surgery would like their body to be in proportion rather than an extreme exaggeration of their original femininity, and contrary to popular belief we do not see women asking for large implants such as DD+ and larger sizes. Most women seek subtle changes to match the size of the chicken filets they have been wearing for years – that is to say, C or D cups.

Size is not even the dominant issue in every case. Many women are concerned that their breasts are too uneven in size or simply unattractive or unaesthetic. Some women struggle with breasts that do not fully develop in adolescence or which have significant change in size or shape after pregnancy, weight change or ageing. In the last case, breast augmentation can be carried out but may require a combined uplift procedure.

My honest advice to women thinking of breast enlargement is that treatment has evolved dramatically over the years, as surgeons search for a more natural and predictable result, with less post-operative discomfort, minimal scarring and a shorter recovery period.

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What should I look for in a cosmetic surgeon for breast enlargement?

- Start by identifying two or three plastic surgeons that have an interest in this particular subject. Look in popular magazines, on the internet and ask your friends.
- Prepare by checking their web sites and reading about how the procedure is done and what implants they use.
- Carry a pad around with you for a few weeks prior to your appointment and make careful notes of all your concerns.

- Think about bringing a friend along, especially when seeing the surgeon for the first time. It should be someone who can help ask those questions you are too embarrassed to ask!
- Make sure you actually see the surgeon on a one-to-one basis on your first visit and not a company 'salesperson'.

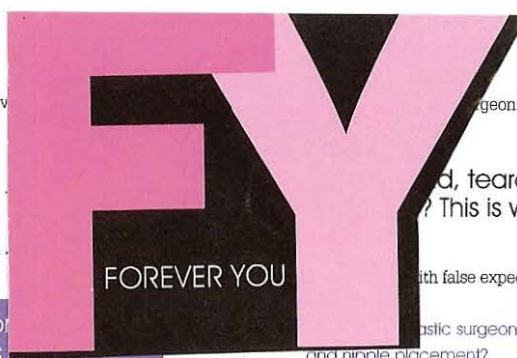
Due to the very personal nature of body image in respect to breast size, shape and scarring, the pre-operative discussion should be extensive and detailed. Doctors' offices can be intimidating places and it's not always easy to be honest, but you need to be as clear as possible so that the correct surgical plan is devised for you.

In my opinion, a good outcome is a balanced and natural result that flatters each client's specific anatomy.

How does a plastic surgeon assess whether someone is fit for breast augmentation?

A good plastic surgeon is always on the look out for those clients who show signs of being unfit for surgery. In particular, we are careful with patients showing signs of body dysmorphia (a psychiatric disorder characterized by excessive preoccupation with imagined defects in physical appearance), anorexia nervosa and alcoholism and also with smokers.

Smoking should be stopped completely at least three weeks before surgery and patients should refrain from smoking for three weeks afterwards, as the nicotine can prevent wound healing. I work closely with a psychologist in my building and often refer 'at



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with false expectations to her for assessment.

How do you and your plastic surgeon determine new breast size to body and nipple placement?

During consultation, I check for breast symmetry by measuring the distance from each nipple to neck cleft, looking for signs of ptosis, or drooping. I then discuss incision technique and the benefits of under-the-muscle sub pectoral implant placement *versus* supra pectoral or top-of-the muscle placement. The most natural look is achieved when implants are placed under the muscle. This avoids breasts looking like they've been stuck on.

Aesthetic reasons are not the only reason for sub-muscle placement. This technique combined with a modern implant's textured surface can help to reduce the incidence of what we call postoperative capsular contraction – or hardening – to around 5 per cent from around 10 per cent.

The sub-pectoral approach is technically more difficult and takes longer to perform so if your surgeon has no sound medical reason to place them on top of the muscle then alarm bells should ring. Ask yourself whether the surgeon is proceeding in this way in order to save time, with little regard for your long-term care.

Crucially, ask to see examples of the surgeon's work and check whether they appear to be open about putting you in touch with previous clients. In my experience most, if not all, patients are willing to share email information, as it is less personal than a one-to-one telephone call.

Finally, be clear about the surgeon's aftercare policy. It is important to establish whether you will see them personally post-operatively or a junior practitioner.

It may seem negative, but occasionally things do not work out as the patient wishes. Do not be afraid to ask about their 're-do' policy. It is common for the surgeon to shoulder the cost if the operation is a revision for the purpose of improving the result.

How on earth can I be expected to choose from the huge variety of implants?

Round, teardrop, high, moderate or low projection – which implant is right for you? This is where you must trust your surgeon and his or her wealth of experience. Tell them the result you want and he or she will guide you to the correct choice. Bear in mind that cost may well be a consideration, as the teardrop implants can be more expensive.

Often two consultations are required before ideal implant size is decided. At my surgery, we use breast 'sizers' in our office that can help to visualise the end result. If these are not readily available, you can fill the end of a sock with rice and take it into your local bra shop for a play around.

What happens during the operation?

Breast augmentation is carried out under general anesthesia.

There are a number of techniques, but the most popular is insertion of the prosthesis through the sub-mammary crease under the breast, via an incision approximately 4cm long. The subsequent scarring is well hidden in that fold. I often prefer the placement of the prosthesis underneath the pectoral muscle, especially in slim women, so that one cannot see the upper part of the implant. Patients particularly request this so that they don't get exceptionally rounded 'melon breasts'. I am sure that we can all think of celebrities who fit this unnatural profile.

The incision is closed with dissolving sutures and covered with a light dressing and a sports bra is put on after the operation. The breasts will be tender and swollen for a few days and it is advisable to limit intense activities for two weeks afterwards.

What can go wrong?

Infection, bleeding and numbness are some of the risks one might expect but are fortunately not common. The most feared complication is capsular contraction or hardening. This is when the scar tissue shrinks around the implant, squeezing it so that it feels firm, or, in some cases, hard or even tender.

There is no known link between silicone breast prostheses and increased risk of breast cancer or autoimmune disease. Regular self-examination is important after breast augmentation and mammography can be performed by an experienced radiographer.

However, there are long-term maintenance implications of a breast augmentation. It is only sensible to assume that breast implants may need changing, particularly for younger patients. Future pregnancies may also affect the shape of the breast.

What are the follow up procedures and aftercare?

For most patients it is a rather straightforward and very satisfying journey. In our case, we try to make it as smooth a ride as we can, with a nurse on 24-hour call during the first postoperative week. I also make sure that I am there in person all the way for patients that experience any difficulties. I also encourage my patients to keep in touch on an annual basis after the final 6 month check and they find this extremely reassuring.

How many breast operations would a typical plastic surgeon such as you perform?

I must perform around 20 breast related procedures per month and it is a part of my work that I genuinely enjoy. It gives me immense pleasure to see how positively the results of breast enhancement operations affect women's psyches and give a massive boost to their self-esteem. **FY**

Angelika Kavouni, MD FRCS EBOPRAS is a qualified plastic surgeon, who can be contacted on 020 7486 9040, or at www.cosmetic-solutions.co.uk