

breasts

breast augmentation explained

Sydney plastic surgeon **Dr Jake Lim** spoke with Lise Taylor about implant selection for women seeking breast enhancement surgery.

‘**B**reast augmentation is a cosmetic procedure used to increase breast volume and improve breast contour in women who feel their breasts are too small. These reasons can include inadequate development or shrinkage following pregnancy and breastfeeding,’ says Sydney plastic surgeon Dr Jake Lim. ‘The procedure can also be used to balance the size and shape of the breasts if they are unequal. In addition, breast augmentation is used for reconstruction purposes, perhaps after removal of a breast in a mastectomy after breast cancer, or for patients who are in a high-risk category.’

Dr Lim says the majority of his patients are in one of two age groups. Younger women in their early 20s visit him because they want to improve the shape and size of their breasts. These women have usually not yet had any children. The second group comprises mothers who have

‘The width of the base of the breasts helps determine the most suitable size and volume of the implant’

breastfed and feel the shape of their breasts has changed. ‘Many of these women have lost volume in the upper pole of their breasts,’ he explains. ‘Both groups will benefit from the procedure.’

The factors that need to be assessed before going ahead with a breast augmentation include taking into consideration the size of the breasts and, more importantly, the width of the base of the breasts. ‘The width of the base helps determine the most suitable implant size and volume the patient can have to enable their new breasts to look proportional to the rest of their body,’ Dr Lim explains.

‘This width needs to be accurately measured out and the implications of this measurement needs to be explained to patients so they have realistic expectations of what can be achieved. For example, a patient who may be keen to have a very large augmentation but has only a small chest frame needs to be informed that the result in this case probably wouldn’t look at all proportional.’

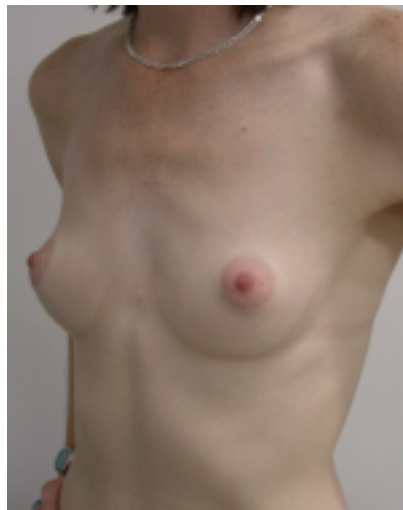
Many patients are well aware of

what they would like their result to look like and even bring in photos that show the sort of cleavage, upper pole fullness and size of breast they would like. All of these factors are taken into account but Dr Lim also ensures his patients are aware of what is realistically possible, which is important in achieving a successful final result. ‘For example, a young person who has not had any children and has well-shaped breasts that are slightly smaller than she would prefer will usually get a better result than someone who has breasts that are slightly ptotic (droopy),’ he explains.

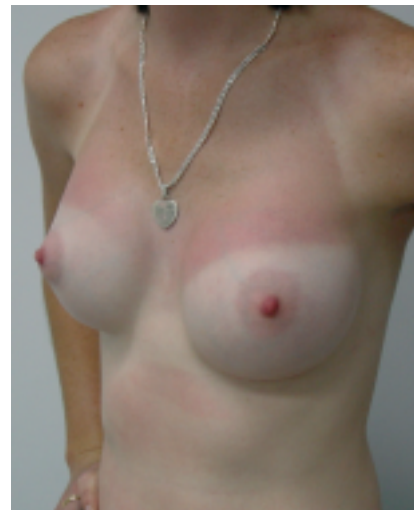
Patients also need to decide whether they would prefer silicone gel or saline implants. Dr Lim says the majority of his patients these days opt for silicone gel because these implants generally feel more natural and have fewer problems with rippling. ‘In any case,’ he adds, ‘most people know the saline in saline implants is contained within a silicone shell anyway – so there is still a silicone component.’

Another choice that needs to be made by the patient relates to the actual shape of the implant. Implants can be round, oval, teardrop or anatomically shaped. Dr Lim says that from his point of view this decision depends on the patient’s expectation of their final result and also the shape of their breasts.

‘If the patient has a well-shaped breast to start with, all that is required is a round implant to increase the size and volume. However, if the patient’s breasts are slightly ptotic with loose skin, they may require anatomical teardrop-shaped implants with perhaps extra projection to help lift the breasts up. There are, however, limitations to this because patients with very loose skin may actually require a mastopexy (breast lift) instead or a mastopexy with



BEFORE



AFTER breast augmentation by Dr Lim

an implant.'

The size of the implant that the patient selects depends on their expectations and chest dimensions. 'When my patients come for sizing in my rooms, my preferred method is to size them with many different kinds of implants until they find a comfortable choice. I do this by getting them to sit the implants in their bra cup and try on tight tops. I have a full-length mirror in which they can see how they look. Then I determine whether their choice will fit into their chest wall dimension,' he says.

In relation to positioning of the implants, the two main options are either in pockets above or below the muscle. 'I prefer to place the implant under the muscle. I believe this position helps to hold the implant in place better. It also minimises rippling and may decrease the risk of capsular contracture (hardening of the implant shell) developing,' says Dr Lim.

Once all of these decisions have been made a small number of patients may be required to undergo a mammogram. These patients include those who have a family history of breast cancer or are in an age group

where there is more of a risk of breast cancer. Also, in cases where patients have lumpy breasts, Dr Lim recommends these women have a mammogram or ultrasound before surgery.

Breast augmentation surgery usually takes about one-and-a-half hours under a general anaesthetic and in most cases patients can be discharged on the same day. Rather than pain, most patients only experience a dull ache for a couple of days after the procedure, particularly if their implant has been placed underneath the muscle. Analgesics are prescribed for use if necessary.

For the first two weeks patients are required to wear a supportive bra and a breast stabiliser day and night. After a few days, patients become quite mobile and recovery time takes around two weeks. The general risks associated with the procedure include bruising and swelling, while infection rates are minimal.

With the many choices of size, shape and type of implant available, combined with the correct surgical approach, a natural-looking breast augmentation can be achieved for most women. **acsm**



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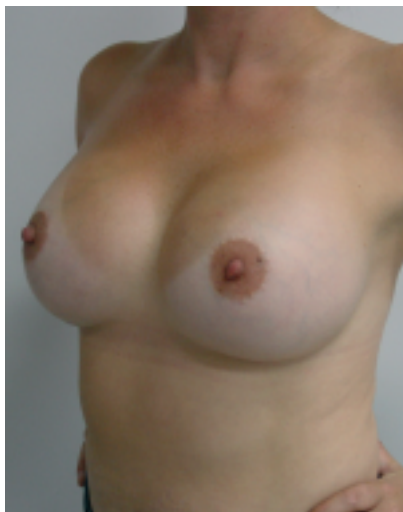
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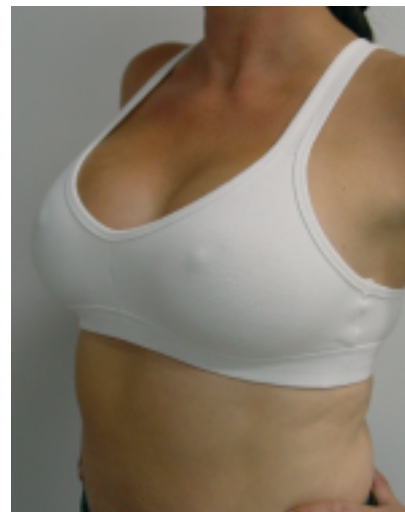
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