

Myths *about* breast implants

by Dr Jon Harrell



Each year breast augmentation usually ranks as the first or second most popular aesthetic surgical procedure performed in the United States. Additionally its popularity shows no signs of slowing down in the immediate future. Yet for an operation of such popularity I find that many patients still have large gaps in their understanding of the procedure and unfortunately there is still too much ignorance of critical factors that could lead to disappointing results. Let's look at five common 'myths' patients express when I see them in consultation for breast augmentation. Another surgeon may have a slightly different list but these topics are certainly common.

MYTH #1 - SILICONE IMPLANTS ARE BETTER THAN SALINE IMPLANTS: If you were to hold a silicone implant in one hand and a saline implant in the other hand you would probably say that the silicone implant has a softer, more natural feel than the saline implant. They are also less likely to result in visible rippling of the implant or palpability of the implant shell after surgery. However, the down side is that they are almost two and a half times more expensive than saline implants. And since saline implants are inserted into position while still deflated they can be put through much smaller incisions than silicone implants-even through the umbilical approach. Also detection of silicone implant rupture requires expensive diagnostic tests.

MYTH #2 - BIGGER IS BETTER: When I first started performing breast augmentation I was placing 180- 210 cc implants. 300 cc implants were almost unheard of and eyebrows would rise at numbers above 250 ccs. Well, that was admittedly a long time ago and the pendulum has certainly swung far to the other side. It's not uncommon to have women choosing sizes in the 400 to 500 cc range with some requesting even larger sizes. Like many other areas of aesthetic surgery there can be a wide variance of preferences in implant size. Usually there is no one size perfect for all women.

MYTH #3 - THE TRANSUMBILICAL APPROACH IS NOT A GOOD APPROACH: The four most common incisions for breast augmentation are the underarm, the areola, the breast fold and the umbilicus. The only real limitation of the umbilical approach is that only a saline implant can be placed through such a small incision. For patients who prefer a saline implant the only other limitation is an umbilicus large enough to hide the incision inside it. This approach is good for a patient wishing to avoid a scar on her breast. It also avoids the trauma to the ductal system of the breast that accompanies the areolar approach and in my experience this approach has resulted in a lowered incidence of firming up of the implants and excessive collection of blood in the pocket after surgery.

MYTH #4 SINCE ALL PLASTIC SURGEONS ARE EQUALLY SKILLED ONE SHOULD SHOP FOR PRICE: It may surprise some patients to find out that not every plastic surgeon is good at performing breast augmentation. Aesthetic surgery is just one of the subspecialties encompassed by the specialty of plastic surgery. Other fields include burn reconstruction, hand surgery, craniofacial reconstruction, breast reconstruction and micro vascular reconstruction. Therefore a surgeon specializing in aesthetic plastic surgery is more likely to have more interest and/or experience in breast augmentation. This is of course a generalization. Every plastic surgeon has been trained to perform breast augmentation. However, this operation may not be a large part of every surgeon's practice. So keep in mind that even among plastic surgeons there will be those who excel in a particular operation such as breast augmentation. As for price being a determining factor in choosing a surgeon - this is a potentially huge mistake

I thoroughly enjoy the field of aesthetic plastic surgery and I know that most of my colleagues feel the same way. It is generally 'happy' medicine with happy patients. Breast augmentation is one of the most popular of all the cosmetic surgeries and satisfaction rates are well above 90%. It's an emotional decision to have surgery but make sure to do the homework. Understand the procedure, the options, know your surgeon and put cost at the bottom of the equation until you're fully informed. It will be time well spent.

Dr Harrell is a board certified plastic surgeon. He is medical director of The Century Center for Aesthetic Medicine and Surgery in Weston FL. ✱