

THE RISE AND FALL (AND RISE) OF THE BREAST IMPLANT

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BREAST IMPLANTS—AN HISTORICAL SNAPSHOT

If one ever thought that the existence of breast implants was simply a reflection of our late 20th century breast obsessed culture it is quite informative to look closer at the history of breast augmentation. The first documented attempt to enlarge breasts was attempted in 1895! In this instance, the doctor used parts of a benign fatty tumor on his patient and transferred this tissue to the breasts. Paraffin was injected into the breasts by another physician in 1889. Then, in the early 1900's, a number of strange substances were used including ivory, glass balls, ground rubber and even ox cartilage! Later attempts employed substances such as polyethylene, polyvinyl alcohol sponge, polyester, rubber and silicone injections. This was not a great chapter in the history of breast augmentation.



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THE DAWN OF MODERN BREAST IMPLANTS

The first generation breast implant appeared in Houston, Texas in 1962. This was a collaborative effort between two plastic surgeons and the Dow Coming Corporation. The implant had a silicone rubber envelope and was filled with a thick silicone gel. However, these implants were later redesigned with thinner gel filling and thinner envelopes to create a more natural feeling implant. However this led to a higher rate of rupture, deflation and scar contracture. Since that time, breast implant technology has continually improved with the addition of coatings to the shell and the use of thicker gel fillings. Today the latest development is the "Gummy Bear" implant, which is a form-stable implant with highly cohesive gel. Presumably these implants will reduce the risk of implant rupture and gel 'bleed' through the shell.

SILICONE IMPLANT CONTROVERSY

In the early 1990's a series of allegations linking silicone breast implants to a host of systemic diseases came to national attention. The FDA placed a moratorium on the use of silicone implants for elective cosmetic breast augmentation, although saline breast implants were not affected by this ruling. This began one of the most intensive periods of research into a medical device that had ever been seen. In the end the silicone breast implant was essentially vindicated and the FDA lifted its restriction on the use of silicone gel-filled breast implants in 2006.

BREAST AUGMENTATION TODAY

As we have seen, documented attempts to enhance the volume and shape of the breast have been around for 115 years. Breast augmentation continues to be one of the most requested cosmetic surgeries and its popularity shows no signs of slowing down. Today, patients have more choices than ever. Incisions can be placed in the shadow of the umbilicus, the underarm or on the breast. Implant choices include saline, silicone, smooth and textured surfaces, and different shapes as well as a wide variety of sizes. Even fat

grafting, which has been a controversial topic in the past, is gaining more interest as we learn of better ways to transfer and improve the viability of fat that is placed in the breast.

PARTING THOUGHTS

Successful breast augmentation depends on several well understood principles. The physician should be well trained, experienced and must make the correct diagnosis and choose the most appropriate technique. The patient should be reasonably healthy—physically and emotionally—and should be well informed and must have reasonable expectations. The surgeon and patient are a team. This is not a trip to the hairdresser. This is surgery. If everything is done correctly it should be a gratifying and life enhancing procedure for most women. Nevertheless, it is a surgical procedure. Lastly, remember that it is your body so do the homework to choose the best physician. Don't be lured into surgery by the price wars seen in South Florida. In my opinion, this trivializes the nature of the procedure. Look for a Board Certified Plastic Surgeon and choose quality of care and service, rather than pricing as the most important factor.

