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Breast augmentation: Real people with real expectations can get appealing results

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Certainly you've seen the stick-thin actresses and musicians with improbable endowments and thought, "She's been done."

Perhaps the popular impression of breast augmentation is that of the top-heavy, cartoonish boopsie precariously concealed with an immodest wisp of a halter top.

The reality in Eastern Montana and Northern Wyoming again diverges from that Hollywood stereotype. Breast augmentation is not a means to a silly caricature, but a very useful method to create or restore a natural, proportional figure.

Proportion and balance are the keys to a pleasing appearance, and unfortunately genetics, time, child-bearing and weight fluctuations can conspire to maul our measurements.

Several instances exist for breast augmentation. In many women, normal breast development simply doesn't occur, or is minimal. This can run in families, or be sporadic. Not only is the figure out of proportion, but it is difficult to find clothes or bathing suits that fit. Many athletic women find that with a low body fat content, they tend to have minimal breast tissue as well.

Loss of breast volume after pregnancy and breast-feeding is quite common. Many women like the size of their breasts during lactation, and then are dismayed when their breasts disappear after breast-feeding is completed. This process, called involutinal atrophy, particularly results in loss of volume in the upper breast. This leaves behind a rather sad, tired-looking breast that may droop.

Breast augmentation can restore the lost volume, and in most cases, substantially improve the droop. A similar process can occur with significant weight loss, and augmentation can enhance the aesthetic gains from weight loss.

Augmentation surgery

Augmentation is performed through a 2-inch incision which can be placed under the breast and concealed by the natural skin fold. The incision can also be placed around the nipple area or in the axilla (armpit). All approaches heal well and are usually -- but not always -- hard to see. It is my impression that there are a few more problems with positioning of the implant and nerve injuries with the axillary approach. All methods place the implant under the pectoralis muscle, which seems to give the best results.

The procedure takes about 1-1/2 hours, and can be done under local anesthesia with sedation, or general anesthesia. We use tiny catheters that drip pain medicine into the area for three days, and this cuts down on postoperative discomfort. Vigorous activity is limited for three to five weeks, although most aerobic activity, such as walking or treadmill, is ok.

Complications can, of course, occur. Bleeding after surgery, called hematoma, occurs rarely but requires a brief second operation. Infection of the implants may necessitate their removal.

Sometimes implants have to be adjusted if they are too high, too low, too big or too small. Rarely, implants will deflate and require replacement. Late complications can include scar tissue formation around the implant that may leave the breast firm and unnatural appearing. Although implants have their problems, a recent survey from the Plastic Surgery Society indicated that more than 90 percent of patients are very pleased with their implants after five years.

What about implants? I'm sure you are aware of the concerns and lawsuits over silicone implants in the '70s and '80s.

Ultimately, a link was not made between silicone implants and various diseases when rigorous scientific studies were made. In the meantime, silicone implants were pulled off the market and saline implants were used.

No safety concerns

Saline implants have performed well with no safety concerns reported. Silicone implants have been upgraded, and are about to be released onto the general market again. We have been using them here for breast reconstruction as a part of a study. Silicone has a more natural texture and feel than saline, and may again be the first choice in augmentation. The new silicone implants are semi-solid, much less likely to leak and cause some of the problems reported in the past.

My patients typically don't have augmentation to please someone else, or to feel "more feminine."

Hopefully, the contemporary definition of femininity transcends these factors. My patients have the procedure for themselves, because they want a pleasing, proportional figure that looks nice in clothes and on the beach. Younger patients usually want, reasonably, what nature and genetics didn't give them. Moms often just want back what they had before baby. Ultimately, real people with reasonable expectations can get really nice results.

Dr. Alan Muskett practices plastic and reconstructive surgery at Billings Plastic Surgery.