



## **Lowe Plastic Surgery (LPS)**

### **Dr. Lowe's Facts about Breast Augmentation**

#### **How do I get started?**

It is important prior to surgery for patients to spend some time educating themselves about the pros and cons of breast augmentation. Although patients who undergo breast augmentation are typically very happy, this elective operation is not for everybody. The big risks of surgery are infection, bleeding, implant loss, and scarring. Read the educational materials provided and on our website including consent forms prior to your surgery. Make sure that your surgeon is Board Certified by the American Board of Plastic Surgery, a member of the American Society of Plastic Surgeons (ASPS) and American Society for Aesthetic Plastic Surgery (ASAPS). Please check out websites and links at: [www.drjlowe.com](http://www.drjlowe.com)

#### **Should I have Gel or Saline implants?**

One of the biggest concerns for patients considering breast augmentation is choosing saline vs. gel implants. The cosmetic choice is simple in most cases but there are often other issues to consider. Is the patient scared of gel implants? Patients who are afraid should get saline implants and not worry. Is the patient planning to follow the FDA gel implant guidelines and does the patient have the resources to pay for this intensive screening? We recommend a screening every 10 years for gel implants in most cases. Simply said, gel breast implants look and feel better (a lot better). Gel implants scar more (capsular contractor), rupture silently, cost more, incisions are bigger, age is restricted, and safety concerns exist. Saline implants do not look and feel as good as gels. Saline implants sag quicker, deflate, cost less, incisions are smaller, and safety is rarely a concern. For further review please go to: [www.breastimplantsafety.org](http://www.breastimplantsafety.org)

#### **Why are there differences in the outer or inner parts of implants?**

There are a number of different types of implants produced by several different manufactures. Most surgeons stick with one manufacture to ensure the best service and pricing. Special implant request are available in most cases. Each patient is encouraged to research in advance and discuss these issues during consultation. The implant outer shell can be either textured or smooth. Textured implants may stick better and scar less. Smooth implants stick less and scar more, but in most cosmetic cases they appear more natural. Many issues related to the shell are irrelevant with the current generation of implants. Implants may be high or low profile meaning they project more or less. The best option relates to patient anatomy and preference. Gel implants may be more or less cohesive. More cohesive will be stiffer but may be safer. Most breast augmentation patients are best suited for the standard round, smooth, moderate plus profile implants. The board certified plastic surgeon will help you decide which implant is best for you. For further review please go to: [www.breastimplantsafety.org](http://www.breastimplantsafety.org) or [www.drjlowe.com](http://www.drjlowe.com)

#### **How do I choose size?**

One of the most important decisions in breast augmentation is choosing implant size. Although the plastic surgeon will make recommendations, the patient needs to make the final decision regarding the breast implant range. One plastic surgeon's C cup is often another patient's B cup. Bra manufactures do not determine cup size because there are substantial variations. A variety of techniques are available to assist patients with choosing size: computer analysis, manufacture protocols, sizing bras, surgeon experience, and photographs. Dr. Lowe thinks all patients should review pre and post-operative photos with size descriptions to get it just right. It is helpful for patients to bring pre and post-op photos of 3-4 patients they like and do not like with implant size at consultation. Patients should simply go to [www.implantinfo.com](http://www.implantinfo.com) to pick their favorite patient (about your age, height, and shape) photos including implant size and post-op results.

### **What is the best technique for implant placement?**

Patients should take some time to decide where and how to place their breast implants. The best approach can usually be determined with a consultation with a board certified Plastic Surgeon. In most cases it is best for patients to have implants placed under the muscle to decrease scarring and visible rippling. The surgical incision may be placed around the nipple complex, armpit, belly-button, or breast fold. This depends on the patient's anatomy, preference, and the type and size of the implant. Patients should be aware that in most cases implants will need to be exchanged or removed in the future and not all primary incisions allow for the same access.

### **Do I need a breast lift?**

Many young patients undergoing primary breast augmentation do not need a breast lift. Patients who have had major weight changes, breast fed, or over 40 years of age may be candidates for breast augmentation with breast lift (mastopexy). In most cases, the need for breast lift is obvious, but in other cases it may not be clear. Patients with droopy breast who are happy with their breast size may want to consider breast lift without implants. Patients with significant droopiness (ptosis), particularly patients needing implant exchange, may require two separate surgical procedures. Sometimes the need for breast lift will not be clear until months after a breast augmentation. Patients should have a frank discussion with the board certified plastic surgeon to help them make the right decision. For further review please go to: [www.breastimplantsafety.org](http://www.breastimplantsafety.org)

### **Do breast implants last forever and what about future exchange?**

No breast implant lasts forever. Saline and gel filled breast implants have reported life spans of ten years. Interestingly, ten years is also the length of manufacture warranties and FDA recommended exchange period. Both implant types have a 2% rupture risk per side per year. When saline implants rupture they deflate. When gel implants rupture patients are often unaware. The manufacture places a silicone capsule around all implants to hold in either saline or gel. All patients form a biologic capsule around implants once placed. Inter-capsular rupture refers to gel implant rupture within the human capsule, and extra-capsular rupture refers to rupture out-side the human capsule.

### **What about implant exchange?**

Elective gel implant removal or exchange is recommended by some for all ruptures. Dr. Lowe recommends exchange primarily for extra-capsular rupture. Saline rupture usually occurs after 10 years and requires exchange within several weeks. Gel implants usually rupture at 10 years, but implant exchange may be delayed in many cases. Most gel implant ruptures are intra-capsular and are watched. However, extra-capsular gel rupture or aging implants over 25-30 years should be exchanged when possible. Most patients exchange implants due to capsular contracture that causes deformity or pain. Some patients remove gel implants that are ruptured because they are afraid. All patients should know that when implants are exchanged in the future, they will often need a breast capsule removal and breast lift at the same time.

### **Does future implant exchange cost more than primary breast augmentation?**

The cost for breast implant exchange is limited for most patients who experience complications within the first several months when returning to the original surgeon. However, future breast implant exchange is never as easy or as cheap as primary augmentation. After implants have been in for several years native breast tissue shrinks, capsule forms, and skin stretches. Patients can rarely remove or replace implants without further work. In most cases, the implant capsule must be removed at implant exchange or removal. Removal with breast lift is required if the patient's implants have been in a while, and there is little native tissue and droopiness. In some cases, staged surgery will be required with an old implant removal and breast lift first and implant replacement later. Although these issues often seem irrelevant to patients considering primary breast augmentation, they must be considered as an inevitable part of the future process.

### **What about the FDA Guidelines, do I have to follow the rules?**

The FDA has a number of rules about silicone gel filled breast implants. They recommend implant screening with MRI every 1-2 years to rule-out silent rupture. The cost of this screening will not be covered by most insurance. FDA recommends implant removal every 10 years in all patients with gel implants. The manufacturers agree with a mandatory implant exchange, and more exchanges mean more implant sells. Also, the FDA warns about gel implants association with a rare form of blood cancer and will release others concerns as they arise. Patients should stay informed of current FDA rules and guidelines. FDA website:

<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/default.htm>

### **What about patient safety concerns?**

There are a variety of safety concerns related to breast augmentation. Many of the concerns are related to the implant device and have already been reviewed. Patients should always keep their own copy of their implant card for future reference. However, in most cases the safety of breast augmentation is most dependent on your surgeon and the surgical facility. Cosmetic breast augmentation is an elective operation reserved in most cases for patients in good health in an outpatient setting.

Dr. Lowe is a real plastic surgeon, who performs real surgery, in a real surgical center. As a member of the American Society of Plastic Surgeons (ASPS) he is required to follow safety guidelines designed to ensure the best patient safety and outcomes. Dr. Lowe proudly performs cosmetic surgery only in accredited hospitals and surgical facilities. Most of his cosmetic patients undergo surgery at his certified in-office operating suite, Associates Surgery Center of Oklahoma (ASCO). ASCO is fully certified by the American Association for the Accreditation of Ambulatory Surgery Facilities (AAAASF). For further information about safety and credentials go to: [www.AAAASF.org](http://www.AAAASF.org) or [www.drjlowe.com](http://www.drjlowe.com)

### **Should I wait and think about my options?**

Breast augmentation is an important lifelong decision. The surgical procedure carries significant risks and benefits. Patients require a period of recovery and long term implant maintenance. Patient should choose a board certified plastic surgeon that they feel comfortable, takes time, reviews risks, puts safety first, and trust. One of the most important aspects of the surgery is patient care and follow-up. Although surgeons cannot pay all the cost of revision it is usually best to stick with the surgeon you choose to ensure the best outcome at the best price. When possible, patients should talk about their plans with physicians, family members, and significant others. Patients should have realistic expectations regarding the surgery, recovery, long term care, and results. Breast augmentation is often the right thing for the right person

### **What are Dr. Lowe's take home points?**

1. Pick your size carefully (look at pre and post-op photos with implant sizes)
2. Take your time & ask questions (breast augmentation is a commitment)
3. Understand risks (infection or fluid collections require revision)
4. Place the implants through the fold and under the muscle if you can
5. Gel implants look and feel better but have a safety concern
6. Don't go too big (the bigger they are the faster they fall!)
7. Get a breast lift (mastopexy) if you need it (one or two stages)
8. Future implants exchange usually require a breast lift and cost more
9. Surgeon and facility certification and safety matters
10. Pick and stick with your surgeon when possible