



## BREAST AUGMENTATION WHICH IMPLANT? WHAT SIZE?

**WHICH IMPLANT?**  
Breast augmentation with silicone implants has been done for over 50 years, with silicone implants first used in 1962 and saline implants in 1964.

Over the years, many improvements have been made by addressing problems of silicone diffusion, silicone and saline leak, rupture, deflation and migration. Saline implants have a major problem - a valve is used to fill an empty silicone shell with sterile saline (salt water) at the time of surgery. Unfortunately, in addition to the previously mentioned problems, the saline implant has the additional risk of a valve leak in about 20% of patients.

Silicone gel-implants on the other hand have become better and safer, especially with the development of high cohesive gel-implants (the silicone in these implants have more cross linkages, which causes greater cohesion of the molecules of silicone) in which implant leak or migration is almost completely eliminated. Further, the availability of biodimensional (naturally shaped) implants in a range of projections, height and width, permits "customisation" for the patient.

With all of the above changes, it was

not a difficult decision for me to use only the best implants, namely the high cohesive biodimensional implants for my patients. I use the Natrelle (previously known as McGhan) 410 for its well established reputation for safety and quality.

These implants cost more than many others - but what price for safety and peace of mind for both patient and surgeon?

**WHAT SIZE?**  
This is probably the hardest decision for the patient! The problem is due to the fact that the same sized and shaped implant will look different on different women, due to differences in breast and chest shape and size. Breast augmentation, while increasing size and volume, will also highlight every existing problem in nipple size and position, breast shape, position and asymmetry and chest shape and asymmetry.

There is no template or formula to follow and a photograph of a woman with implants that compliments her are not relevant to any other woman. The only thing that works is individualization and customisation.

**HOW I DO IT**  
At the first consultation, the time is spent discussing breast augmentation, the pros and cons, the timing of surgery and the dos

and don'ts after surgery. The eventual result depends on a number of factors, and the patient's compliance with the necessary postoperative care is critical. Time is well spent in going into all the details, for the patient to be well informed. The patient is then advised to come back in a week or two, giving time for absorption of all information given. The second consultation, at no additional cost, may be a short one, with the patients seeking some information. If the patient has decided to go ahead with surgery she then has to choose her surgeon. I prefer my patients to have a good think about this and want them to choose me on trust and rapport and not on price or style. The rest is easy! We have a good range of brassieres, fitting tops and breast-implant sizers, to take the patient through a range of implants, to help her choose the right size (or sizes, if asymmetry is significant). The use of a full-length mirror and a well setup digital photography studio aids in helping the patient to see herself in the mirror and in an immediately available digital image. The goal is to make a woman look good with or without clothes, to have a natural look and for her to feel happy and confident with the change in her body contour.

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