

26 Things You Should Know Before Getting a Boob Job

Your first breast surgery probably won't be your last.



by [BROOKE SHUNATONA](#) and [CARINA HSIEH](#) MAR 25, 2019

Statistics from the American Society of Plastic Surgeons show that breast augmentations were the most popular cosmetic surgical procedure in 2018 and have been for the past few years. Here, some expert plastic surgeons share what you should keep in mind before getting breast surgery.

Would you ever consider getting breast surgery?

Yes!

No!

1. It's rare for insurance to cover breast surgery for purely cosmetic reasons.

According to [Melissa Doft](#), MD, FACS, surgery will sometimes be covered when correcting severe asymmetry due to developmental deformity or reconstruction after mastectomy or lumpectomy. For breast reductions, [Rady Rahban](#), MD, FACS, adds that insurance will sometimes pay if the breasts are so large they create symptoms of back pain, neck pain, or rashes under the breast or if surgery is otherwise medically necessary.

2. Beware of "nonsurgical breast augmentation" procedures.

Procedures that advertise using fat from liposuction and re-injecting it into the breast, also called fat grafts, are still considered surgical procedures, explains Dr. Doft. While it might be tempting to consider because it *seems* less invasive than a traditional boob job, the results are also harder to predict. Dr. Doft says: "Thirty to 50 percent of the fat will not survive. It is also not possible to know which fat will and will not survive, which may alter your results."

Constance Chen, MD, board-certified plastic surgeon and breast reconstruction specialist, adds that the FDA is currently looking into fat grafting to see if there's a risk of breast cancer associated with it. Other nonsurgical augmentations with saline or injectable fillers are extremely dangerous and not recommended, says Lara Devgan, MD, board-certified plastic surgeon and RealSelf Chief Medical Officer. "We do not understand how injectable fillers interact with breast tissue in the long run," she explains.



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3. Your body type will help decide what kind of incision your doctors use.

If you have very small areola, that might make areola incision more difficult, says Dr. Doft. Scarring is also something to consider talking to your doctor about. Norman Rowe, MD, says that for some women who want to go topless, they'd prefer to use the areola incision method, while others want to use the underarm incision so they can wear tank tops freely.

4. Looking into your doctor's social media presence can be very telling.

Nowadays, it's not uncommon for patients to find doctors via social media like Instagram and Snapchat. These platforms, when used appropriately, can be a good indicator of the kind of doctor you're getting, says Dr. Rahban. You can get a sense of the doctor's personality and the kinds of surgeries they do, but "that being said," he adds, "when a doctor utilizes it as an entertainer or for shock factor, it tells a lot about [their] professionalism."

5. It's probably best to err on the side of more conservative when it comes to sizing.

Dr. Rahban estimates that 30 percent of the errors made in breast augmentation come down to incorrect size selection. "The most important thing with breast augmentation is to make sure that the implant you select is conservative and not too large for the size of your anatomy." It's a red flag if your doctor doesn't seem concerned with advising you about the maximum size you can reach before developing medical complications.

6. Certain types of breast implants are associated with a kind of cancer called ALCL (anaplastic large cell lymphoma).

“At this point, they are unsure as to what causes it but believe it is somehow related to the texturing of the implant surface,” explains Dr. Rahban. It also seems that removing the implant along with any scar tissue can be curative. So far, statistics are rare, with 626 cases and 17 deaths reported worldwide. If you’ve gotten implants in the past, don’t freak out yet. “It is something to be aware of. While I don’t think it’s super alarming, it’s good to know what is on the horizon,” says Dr. Rahban.

7. You have a choice of different kinds of implant materials.

There’s saline, silicone, “gummy bear” (aka cohesive gel), and autologous fat, explains Dr. Rowe. For the latter, you’ll need around two to three pounds of fat to inject into the chest, and patients often need touch-ups to achieve symmetry. With saline, the implant ripples more, and some patients think that it feels heavier. If a saline implant ruptures, it’s absorbed into your body safely; however, the difference is very noticeable, so you’d likely want to see a doctor ASAP anyway, explains Dr. Doft. Silicone tends to feel more natural, hold its shape, and ripple less. Dr. Doft says the majority of her patients choose silicone.

Which kind of implant material would you go for?

Saline, bb.

Silicone, TBH.

8. Your first breast surgery probably won’t be your last.

Twenty-five percent of women will need another surgery after 10 years because implants don’t last forever. The implant could begin to leak over time or a “scar shell” could develop around it, warping the shape and causing a need for new implants. Weight loss, pregnancy, and change in preference are other factors that could lead the patient to having another surgery after a few years.