NEWBEAUTY

A Comprehensive Look at Every Type of Breast Surgery

More than half a million women had some form of cosmetic breast surgery in 2017—be it an augmentation, a lift or a reduction—according to the American Society for Aesthetic Plastic Surgery (ASAPS). Breast augmentation—improving the size and shape of the breasts with implants—is the most popular plastic surgery procedure year after year. Lifts, which elevate sagging breasts to a more pert position, saw a 57.5 percent jump between 2012 and 2017. Breast reduction surgery continues to gain steam, as well, establishing itself as far more than an aesthetic fix, but a total women's-health solution—a pain-relieving, life-altering procedure for patients of all ages. Each procedure is tailored to address your personal concerns and suit your body and lifestyle. Here, a comprehensive look at breast surgeries of every kind.

Breast Augmentation

Whether you were born with small breasts, or yours simply shrunk from pregnancy or age, a breast augmentation can enhance or restore curves (and bolster confidence, too: Imagine finally filling out that bikini top, or effortlessly holding up a strapless dress). Average treatment cost $3,500– $10,000

Decisions, Decisions: Implant Selection and Placement

"Making good decisions on the front end can help produce great outcomes with the lowest risk of reoperation or complications," says Eugene, OR plastic surgeon Mark Jewell, MD. Read on for everything you need to know.

Size

As a general rule of thumb, every 200 cubic centimeters (ccs) of volume will boost you up about a cup. Your unique size and shape will steer you to the right range. "The base width of your chest is going to define the parameter of implants we can safely choose from," says New York plastic surgeon Umbareen Mahmood, MD. What's more, your skin may impose a size limit "if there's a tight envelope to the breast tissue," says Dr. Jewell. Even if it doesn't, prudent doctors urge patients to consider how their implants of choice will age with them. "Be cautious: The bigger the implants, the more the skin may stretch over time," says Dr. Mahmood. Beyond drooping, "large, heavy implants can lead to the same complications as large breasts—back, neck and shoulder pain, shoulder grooving from bra straps, and difficulty exercising," warns New York plastic surgeon Melissa Doft, MD.

Profile

The base diameter of the breast also determines how wide of an implant can be used. "For two women who wish to have the same size, one with a narrow chest will typically need a higher profile implant than one with a wider chest," explains Dr. Doft. But most patients do well with a moderate profile. "For women lacking projection due to massive weight loss or breast deflation following nursing, a higher profile may be needed to fill out the missing space," says San Francisco plastic surgeon Karen Horton, MD.

Fill

The majority of patients and surgeons prefer silicone-gel implants to saline (salt water– filled), citing a more natural look and feel. (And it's worth noting: "Silicone breast implants are the most widely studied medical devices in the history of medical devices," says Dr. Horton.) The newest kinds are "form-stable, so if they tear or 'rupture,' the silicone doesn't leak out and the implants maintain their shape," adds Dr. Doft. According to Santa Monica, CA plastic surgeon Steven Teitelbaum, MD, silicone implants are also lighter and less apt to bottom out and stretch the skin. With saline implants, "their contents slosh up and push down on the skin repeatedly, day by day," he says. This so-called "water-hammer effect" may cause a greater degree of droop over time. Saline implants are also more prone to rippling (a problem for thin women, in particular) and don't lend much fullness to the upper breast (hence, poor cleavage). "The main benefit of saline is that you have immediate detection of rupture," says Dr. Mahmood. The implant deflates and saline is harmlessly absorbed by

the body. They also tend to be less costly and may require shorter incisions because their shells are filled only once inside the body.

Shape

Implants can be round or teardrop-shaped. Round, silicone implants now come in various gel configurations, says Dr. Jewell, each designed to deliver more fullness or "pop" to different aspects of the breast. Shaped implants "have a tapered upper edge and give the most projection behind the nipple-areola for an anatomic look, and can be good for women who don't have much breast tissue to begin with," he adds. They may also benefit those with chest wall depressions and asymmetries, in addition to patients "whose breasts have constricted lower poles, as they tend to give better expansion at the bottom part of the breast," Dallas plastic surgeon William P. Adams Jr., MD explains. Shaped implants have two big drawbacks, however: they can rotate out of position, creating an obvious asymmetry that requires surgery to correct; and they all come with textured shells (roughed up to better grip the breast tissue), which have been linked to breast implant-associated anaplastic large cell lymphoma (BIA-ALCL). This is a rare and treatable type of T-cell lymphoma that can develop around breast implants, which is theoretically due to bacterial contamination during surgery. "For women needing contour, but wanting to avoid textured shells, smooth, firm 'gummy bear' implants may be an alternative," says Dr. Horton. "They're often used in breast cancer reconstruction because they hold their shape so well."

Shell

An implant shell can be smooth or textured. Smooth implants, which have long been more popular in the U.S., "glide and slide naturally in the pocket, or space around the implant, whereas textured ones, with their Velcro-like shells, can create a stiffer, more immobile result," according to Dr. Horton. Due to the association between textured shells and BIA-ALCL, many surgeons now offer smooth exclusively.

Incision

Surgeons can place implants through incisions in the fold beneath the breast (the inframammary approach), in the bottom curve of the nipple (periareolar), or in the armpit (transaxillary). "Underneath the breast is probably the most favored, as it gives the best visualization of tissue and the greatest precision, and allows you to adjust the fold up or down," says Dr. Jewell. Plus, this incision is well hidden. "And because the breast gland is not dissected [as it is during periareolar placement], there's no potential injury that could affect breastfeeding in the future," adds Dr. Doft. (Cutting through the breast tissue can also introduce bacteria from the milk ducts into the surgical field, hiking the risk of infection and complications.) "The armpit approach tends to beget "a bigger and less-precise operation," notes Dr. Jewell.

Placement

Three options: Submuscular involves creating a pocket for the implant behind the pectoralis muscle, which then covers it either fully or partially (dual-plane is the term for this—the top of the implant is covered by muscle, the bottom by soft tissue); subfascial means inserting the implant beneath the fascia, or mesh-like connective tissue overlying the muscle; and subglandular, or placing the implant over the muscle and beneath the breast tissue. Dr. Adams says, "If you add up all the checks and minuses, I think submuscular/dual-plane is the safest option because there's muscle between the breast tissue and the implant, providing a barrier against potential bacteria." (Subglandular carries a higher risk of capsular contracture.) Doctors also consider a patient's build and lifestyle when determining placement: "I operate on many athletes who have little to no body fat and are concerned about their pec muscles being disrupted. So, while ordinarily my preference is to go dual-plane, I'll go under the fascia for them, so as not to affect the muscle," says Dr. Mahmood. Dr. Jewell also prefers subfascial placement for athletes with adequate breast tissue because "going behind the muscle can create what's known as an animation deformity—the implants shift and breasts flatten out when the patient flexes her pectoralis muscles," he explains.

What to Expect

An Educational Consult

"The more patients know about the augmentation process, the fewer LIFT surprises they face, and the better they do overall," says Dr. Adams. Your surgeon will ask you about your goals and expectations, measure your breasts, guide you through implant selection, and discuss surgical strategy. Patients typically "try on" implant sizers as they would clothes, so they can see what works. Some also use 3-D imaging to approximate results.

Your surgeon should review risks of breast augmentation, including capsular contraction (a thickening and tightening of the scar tissue that forms around implants), rupture and BIA-ALCL.

A Quick Outpatient Procedure

Breast augmentation takes one to two hours, and is done under general anesthesia. You should be able to return home the same day.

A Fairly Comfortable Recovery

When you awake from surgery, your incisions will be covered and your chest may be wrapped. Expect one to two weeks of bruising, swelling and discomfort. (Placing implants under the muscle generally results in more post-op pain, "because the muscle is being stretched and there are many pain fibers within the muscle," says Dr. Horton.) Doctors recommend wearing a soft postoperative bra to lend comfort during healing (no underwires for several months). Any non-dissolvable stitches are removed after one to two weeks; drains come out within a week. (Some surgeons use drains to head off complications. As Dr. Horton explains, "Wound fluid is filled with proteins and sugars that can serve as a medium for bacterial growth. By gently whisking away this fluid as it forms, drains can minimize swelling, speed recovery and lessen the chance of capsular contracture.") You'll need to skip exercise for about three weeks. Breasts will gradually drop and settle: "It can take around three months for the implants to really feel like a part of you," Dr. Horton says. Sensation usually recovers over a few weeks to months.

Living With Implants: Maintenance & Monitoring

How Long Will My Results Last?

While breast implants are not lifetime devices, modern models don't have the predictable expiration date of implants past: "We used to say to replace them every 10 years, but now most doctors suggest swapping them out only when you have an issue," says Dr. Doft. If you notice any change in the look or feel of your breasts, contact your surgeon right away.

What Sort Of Monitoring Will They Require?

The FDA recommends that women with silicone implants get MRI screenings to detect silent ruptures three years after surgery, and every other year after. (Saline ruptures are marked by obvious deflation, making MRIs unnecessary.) "It's also important to check in with your plastic surgeon periodically to monitor your outcome," says Dr. Jewell.

What Should I Watch For?

Capsular contracture, which can render breasts hard and distorted, is the most common complication. "It's clearly mediated by bacteria, so we take steps to minimize the amount of bacteria around the implant, and these steps have been shown in multiple studies to be efficacious at reducing capsular contracture. Twenty-five years ago, the rate was up to 50 percent. Now, with our current techniques, it's less than 2 percent," says Dr. Adams. Another rare risk, BIA-ALCL can present as fluid around the implant, or as a lump in the breast or armpit. "It's not the feared problem we thought it was a few years ago and data shows that when precautions are taken to prevent contamination, textured implants should be safe," says Dr. Jewell. As of press time, it has been documented in 427 patients worldwide—all with textured implants—out of the approximately 20 million patients who have implants.

How Will My Results Age?

"The less breast tissue someone has, the fewer changes we tend to see over time," says Dr. Adams. "People with a decent amount of breast tissue may experience more dynamic changes and have a higher chance of developing sagging, and at some point, needing a lift or tightening procedure."

Will I Be Able to Breastfeed After an Augmentation?

"Our data shows that women with implants don't have a higher incidence of lactation issues than those who don't have implants. If someone who has successfully breastfed in the past has an augmentation, and then goes on to have another child or two, she's usually very successful at nursing," Dr. Jewell says.

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