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Breast in show: augmentation and more

BY DANIELLE TULLIER

BREAST AUGMENTATION HAS GONE PRIMETIME with hit shows like "Nip/Tuck" and "Extreme Makeover." And the boob tube entertainment seems to be mirroring the boob-job reality.

More women than ever before are choosing to enhance their silhouette by boosting their bust size, but they're certainly not Pamela Anderson wannabes. Instead, they're the average "girl next door" who wants some oomph in exchange for a little ouch.

"People who get augmentation are happily married women who lost some breast tissue after breastfeeding or younger women who want to look more proportioned," says Diane Gerber, M.D. "There are a lot of people who just want to look normal. And a lot of people were even happier than they expected to be—we've surveyed patients and found over a 90 percent satisfaction rate."

Nearly a quarter million women in the United States

increased their breast size in 2002, according to the American Society for Aesthetic Plastic Surgery, Inc. That's a 15 percent jump from 2001, and a 147 percent increase from five years ago. The procedure ranks second, behind only liposuction and ahead of eyelid surgery, as the most popular aesthetic surgical procedure.

Why the consistent rise in popularity?

"People are seeing the results, discovering how wonderful and natural the results can be. They've shaken off the fear that they had of implants being unsafe," says Stephen A. Madry, M.D. "It's probably the number one cosmetic procedure I do."

The procedure has been refined over the years, and now it's generally an outpatient surgery with a single inch-long incision on each breast. A silicone shell is inserted directly behind the breast tissue or underneath the pectoral muscle. Then the implant is filled with sterile saltwater.

"I don't want to minimize it because it's real surgery with real risks. But the downside is really quite small," says Peter Geldner, M.D. "It's not something one should do on the spur of the moment, but it is a safe operation as long as you have a good relationship with your doctor."

Almost all women, or about 90 percent, receive the saline implant, according to ASAPS. A few women get silicone gel-filled implants, but those cases are usually reserved only for breast reconstruction, implant replacement and severe breast sagging.

In fact, the use of silicone gel implants is still under review by the Federal Drug Administration, which decided in January to opt for more research on silicone implants even though the FDA's advisory panel recommended approval with conditions in October 2003. Diane says that many studies have shown that silicone implants don't cause breast cancer or connective tissue disease. She says



A successful augmentation, before and after.

having silicone available would be an advantage for patients.

"Silicone implants are softer and they contour more to the natural breast than saline implants," says Dr. Gerber, co-author of *100 Questions and Answers About Plastic Surgery*, due out this summer. "While it would be nice for women to have the choice, plastic surgeons, as a group, are fully in accord with the FDA and believe strongly in the FDA regulatory process."

Regardless of the implant type, the procedure takes a couple hours to perform and costs on average \$3,300. Most women can return to work within a week, according to the American Society of Plastic Surgeons. Total recovery—a full range of motion, being able to exercise safely—takes about three to six weeks, depending on the surgery.

Michael Byun, M.D., says that surgeries performed under the pectoral muscle, as many implants are now, contribute to easier recovery periods. "I have a friend who's also a doctor; I did her augmentation and she went and saw a patient the next day," he says. "I usually say that someone who uses their upper arms and shoulders a lot should take a week off, but people can go back to work relatively soon. Ten years ago, we had a few patients staying in the hospital overnight. Nowadays, 99.9 percent of augmentations are done on an outpatient basis." Another benefit to sub-

muscular augmentation, as it's called, is that mammograms can be read more clearly when implants are placed under the pectoral muscle.

Another dramatic change in breast augmentation is the advent of the pain pump, which has revolutionized post-surgery pain management. Every doctor we spoke with sang its praises. The pain pump is a small, grenade-sized tool that uses a very small tube to distribute pain medication directly to the surgical site. "This is a wonderful, wonderful invention. You place it in the area at the time of surgery and the patient can remove it herself three days later," says Dr. Gerber. "It makes post-op recovery that much easier."

OUCH!

Some complications are possible. The most common is something called capsular contracture, which occurs when the scar tissue that naturally forms around the implant tightens. It only happens about five to six percent of the time. "There are some medications that can relieve the symptoms. I've used many of these, they're safe, but this is an off-label use for them," says Dr. Geldner. "If that doesn't work, I go in and do a capsulotomy, basically cutting the scar tissue around the implant. It's like cutting



Some augmentations address shape as well as size, as seen in these before and after photos.

shrink wrap—it's an immediate release of the problem." Implants can break, but it doesn't happen often. If it does, the body will absorb the saline and the manufacturer will replace the implant.

The most common side effects are temporary soreness, swelling, change in nipple sensation and bruising. Physical contact with the breasts should be avoided for three to four weeks. And the scars should fade after several months to a year or more.

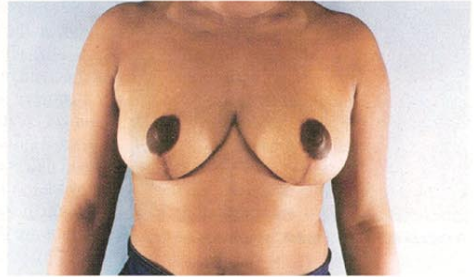
Emotionally, many patients experience a psychological boost after augmentation. But you won't experience post-surgery joy if you're getting surgery for the wrong reasons. "It's never made anyone the most popular kid on the block. This should never be done for anyone else," Dr. Geldner says. "It should only be done for you."

NATURAL SELECTION

Despite the cost and potential pain, women are eager to improve their proportions, but still look like themselves. The trend is to "look better, not different," notes the ASAPS, with most women increasing their breasts by a single cup size. "It's important to pay attention to what Mother Nature put there in the first place and respect the anatomy of the breast," says John Q. Cook, M.D. "If you're trying to force a large implant in a petite person, it's going to look like a cartoon."

In Chicago, most women follow this trend. "One of the things that's really important is how natural the results can be. The different shapes and sizes allow us to give a natural result, no matter what the body type is," says Dr. Madry. "If someone has a certain look in mind, most of the time we can provide that."

As for size trends, while the look is natural, it's definitely



Breast reduction, often covered by insurance, can create dramatic, positive results, like these before and after photos show.

bigger. "Women want a breast that's a little bit more noticeable and showy than the standard used to be," says Peter Johnson, M.D. "Everybody comes in and says 'I'd like to be a C.' But when you look at catalogs or *Vogue*, a C-cup is really edging

toward a D. A good number of patients are edging towards a full, full C- or D-cup size."

Size trends vary geographically, too. Women in the South and on either coast ask for bigger enhancements than their Midwestern counterparts. "People here are very conservative," says Dr. Byun. "About nine years ago, a lady who had an almost perfect augmentation came back to me. I'd made her a small C. She said her neighbors were all staring at them, and she couldn't go outside. She ended up taking them out."

But whether we like our implants small or large, our overall numbers compare to the rest of the country. "In the Midwest, more people have breast implants than the public would imagine. People are a little more private about it," Dr. Johnson says. "If you talked to someone in a grocery store in Florida about it, someone in the checkout line might be tempted to show you her augmentation. Here, you could have somebody who's very pleased with her augmentation, but wouldn't even tell her sister."

DOWNSIZING

While most women want to increase the size of their breasts, more naturally big-chested women are deciding to undergo surgery to reduce their size. More than 125,000 women had a breast reduction in 2002, according to ASAPS. Many women choose reduction after years of battling neck or back pain. "These women come in to their doctor's office with massive breasts, and they're told to go to physical therapy or get a massage," says Dr. Cook. But their breasts are really the problem. Because of that pain, more insurance companies are covering the operation.

The procedure itself, which takes about two to four hours, according to ASAPS, is relatively easy. "There's less discomfort than with augmentation," says Dr. Cook. "A lot of patients are able to return to work within the week. Of course, there are limits with exercise."

Dr. Cook says that he sees a phenomenal, rapid change among his breast reduction patients. "Even on the first post-op visit, I'll see a change in her posture. You can see the happiness in their faces," he says. "When I see them six months later, they experience a nice change in self-image." He notes that most of his patients return for their six-month checkup looking especially fit and trim. "It's the first time many of them can work out comfortably."

OF COURSE, SIZE DOESN'T MATTER

Whether you're looking for a boost or a trim, there's a look that's perfect for you. The doctors we talked to reported satisfaction rates well above 90 percent for both augmentation and reduction. All you need to do is find a doctor who understands your needs, explain what you're after and he or she will help you find the best fit.

And you'll be in good company. If current trends in cosmetic surgery and popular culture mean anything, all eyes are on our chests these days.

"Right now, the female breast is catching everybody's attention. Just look at the controversy at the Super Bowl halftime show," says Dr. Johnson. "It's hot. It's the ultimate definition of femininity." ■

For more information, log on to the American Society of Plastic Surgeon's web site, plasticsurgery.org, or the American Society for Aesthetic Plastic Surgery's site at surgery.org. Before and after photos courtesy the American Society of Plastic Surgeons. Additional reporting by TCW staff.