# An implant patient's primer

*by R. J. Ignelzi*

Tired of not filling out swimsuits and T-shirts to her satisfaction, 32-year-old Kristin Brackemyre decided it was time to get some serious breasts. But before that could happen, she knew she had to do some serious homework.

She and her lawyer boyfriend researched breast-augmentation surgery as if they were preparing a case for trial. They consulted other plastic surgeons, checking the academic and surgical successes of each. They looked into risks, possible negative side effects and total costs. Finally, she determined how she wanted her enhanced body to look, offering the surgeon detailed photos of desired breast shape, size and style.

"To have the kind of great experience I had, you have to do your homework. You don't want end to up being one of the Tara Reids of the world, who don't understand the surgery or what's being done to their body or the risks involved," says the San Diego resident, referring to the celebrity whose botched breast augmentation was exposed in a wardrobe malfunction.

After three years of contemplation and scrutiny, Brackemyre got saline breast implants in August from Dr. Joseph Grzeskiewicz at La Jolla Cosmetic Surgery Centre in California. Today, she wears a C-cup bra and describes her surgery and her new figure as "amazing."

"I feel so much better about putting on clothes, wearing bras and just the fact that I now need a bra," she says. "They (her new breasts) just make me feel better about myself."

Plastic surgeons wish all breast augmentation patients would be such diligent consumers. Although surgeons' staffs explain the process and risks and dole out brochures to patients, it's important that each woman be her own advocate and arm herself with knowledge about the surgery.

"We want the patient to be happy, healthy and well. We like educated patients, because an educated patient is the key to a happy patient," says Dr. Marek Dobke, head of the plastic surgery division at the University of California San Diego Medical Center. "It's important that the patient understand our limitations and why certain things, despite our best efforts, may not go well, and what is the likelihood of (surgical) revision. If I feel a patient doesn't understand or want to understand these things, I choose not to have that person as a patient."

Plastic surgeons, along with the Food and Drug Administration (FDA) and the American Society of Plastic Surgeons, offer some critical things to consider before having breast augmentation:

- Not all surgeons are the same.

Technically, almost any kind of surgeon can perform breast-implant surgery. However, for the safest experience and most satisfactory results, make sure your surgeon is board certified in plastic surgery.

"Some doctors may say that they're 'board certified,' but be sure to ask them 'board certified in what?' " says Dr. Ross Rudolph, Scripps Clinic plastic surgeon. "A surgeon who has board certification in plastic surgery has to finish a plastic surgery residency and must take a very difficult exam. The certification indicates that (those doctors have) a very specific body of information."

The FDA recommends that prospective patients consult with two or three plastic surgeons, asking each how many breast-augmentation surgeries they perform a year, and how many years have they been doing this kind of surgery. Ask about the most common complications they encounter after implantation and the most common type of re-operation they perform.

Look for surgeons who have membership in the American Society of Plastic Surgeons and/or the American Society for Aesthetic Plastic Surgery.

Make sure you feel comfortable with the plastic surgeon and the staff. Do they answer your questions honestly and sufficiently? Do they explain all costs? Do they pay attention to what you want? Are they willing to show you before-and-after photos of past surgeries?

- The surgical facility needs to meet certain qualifications.

Although some augmentations are performed in a hospital with an overnight stay, most are performed as an outpatient in a hospital operating room, surgery center or surgical suite in a surgeon's office.

The surgical facility should be professional, clean and efficient. If the surgery is performed at an outpatient surgery center, it should be accredited by the American Association for Accreditation of Ambulatory Surgery Facilities or the Accreditation Association for Ambulatory Health Care.

The surgery usually lasts one to two hours, and general anesthesia is most commonly used.

- Breast augmentation comes with risks, including a chance of rupture.

Silicone implant makers report a 1 percent to 2 percent rupture rate in the first three years, similar to that of saline implants. After 12 years, the rate rises to 15 percent. The older the implant, the more likely it is to rupture.

Some of the causes of rupture include damage during implantation or other surgical procedures, trauma or other excessive force to the chest, or the compression of the breast during mammography.

- There can be changes in nipple and breast sensation.

Some women report that their nipples become oversensitive, undersensitive or even numb. Some women also experience small patches of numbness near the incisions. Often the symptoms disappear over time, but they can be permanent in some patients, according to the American Society of Plastic Surgeons.

According to studies cited by the FDA, 10 percent of women experience loss of nipple sensation within five years of their augmentation. Another 10 percent of women experience intense nipple sensation in the same amount of time.

- Implants may affect your ability to breast-feed.

Women who have the periareolar (around the nipple) incision are less likely to successfully breast-feed as compared with other incision sites. If breast-feeding is something that you want to be part of your future, discuss this with your surgeon.

- There's a chance you may need more than one operation.

According to studies cited by the FDA, about 20 percent to 25 percent of women who got breast augmentation (silicone and saline implants were studied together) had additional surgeries during the first five years after implantation because of hardening of the breasts, shifting of the implants, sagging and ruptures.

One of the most common causes for re-operation is capsular contracture, which occurs when the scar tissue or capsule that normally forms around the implant tightens and squeezes the implant. For more severe cases in which the breast becomes hard, painful and looks abnormal, surgery may be required. Even after a re-operation, capsular contracture can happen again.

"No matter how good the surgeon, there's a high chance that (an augmentation patient) will need revision," says Dr. Richard Bodor, chief of plastic surgery at San Diego's VA Medical Center and an assistant professor of plastic surgery at the University of California San Diego School of Medicine.

"Things change. The aging process; (scar tissue) capsules can contract; the nipple can migrate down; what is full can sag and deflate after breast-feeding and having children. The woman must be prepared that this won't be a permanent surgery."

However, other surgeons note that for some fortunate women, one augmentation is all they will ever need.

"Breast implants last forever unless there's a problem. It's a myth that you have to change them in 10 years. As long as they're the same size, shape and symmetry as in the beginning, there's no reason to change them," says Dr. Michael Roark, plastic surgeon at La Jolla Cosmetic Surgery Centre.

- Routine mammograms to screen for breast cancer will be more difficult with breast implants.

Be sure to go to a radiology center where technicians are experienced in the special techniques required to get a reliable X-ray of a breast with an implant. Additional views will be required. For some women with implants, ultrasound examinations may be of benefit to detect breast lumps or to evaluate the implant.

Some doctors ask their patients to get a baseline mammogram before augmentation if they are 35 or older, or if there is a family history of breast cancer. There is no evidence that the risk of breast cancer increases in augmented breasts.

- You may not end up with the breast size you dreamed of.

Although everyone's idea of beauty and sensuality is personal, the majority of women opt for a C-cup size after augmentation. Some want a D cup or larger, but this needs to be discussed with the plastic surgeon. There can be constraints on a woman's anatomy; if a woman is too petite, very large implants would be too

large to insert. Very thin women wouldn't have enough breast tissue to adequately cover very large implants.

"A breast is so different on every human. It's like balancing marbles into a pyramid. Everything is in flux," Bodor says. "A doctor cannot always promise that a patient will come out with a full C."

- Poor candidates are diabetics who are more likely to develop infections, and people with wound-healing problems and those with compromised immune systems, such as people with kidney transplants or the AIDS virus. Women who are pregnant or nursing should not have implantation.

The FDA has age restrictions for breast implants: Women 22 years and older can get silicone implants, while women need only be 18 to receive saline implants. As young women's breasts continue to develop through their late teens and early 20s, the FDA is concerned that they may not be mature enough to make an informed decision about the potential risks.

Women should only get breast augmentation to please themselves.

"Women should get breast implants for the right emotional reasons: personal betterment," Roark says. "It should have nothing to do with getting a boyfriend or saving a marriage."

- Implants keep getting better.

The newest silicone implants are more cohesive and resistant to running if the seal is broken, compared with those of 20 years ago. According to manufacturers, the shell is also thicker and more durable.

The feel and look of saline implants has improved over the years, because a 14-year ban on silicone made these the only devices surgeons were allowed to offer their cosmetic patients. Saline implants are almost always placed under the muscle and other breast tissue to cover any wrinkling or rippling that has been a problem in the past. They are now commonly shaped like a teardrop instead of a round disk, for a more natural look.

- Bigger breasts don't come cheap.

Total costs for breast augmentation can vary depending on the location of the surgery, the surgeon and the

type of implant.

The cost of the implant devices are $800 to $950 per silicone implant, and $400 to $450 per saline implant. Your total cost will also include a fee for the surgery facility, the anesthesia and the surgeon.

Prices in San Diego County range from about $5,000 to $8,000. Brackemyre paid about $6,000 for her saline breast augmentation.

Both manufacturers offer a lifetime replacement policy at no cost to the patient if the implant should rupture or have a defect. If a problem with the implant happens in the first five years, Mentor and Allergan, the two manufacturers, offer a standard warranty in which the patient gets a new free implant and $1,200 to offset the cost of the surgery, operating room and anesthesia.

An optional extended warranty is available for $100, which extends the coverage to 10 years and gives the patient $2,400 for surgical costs. This warranty must be purchased at the time of the original augmentation.

Cosmetic breast augmentation is not covered by insurance.

- Recovery time is usually brief.

Most people can get back to work in a week or a few days if their job isn't too strenuous. Brackemyre had her surgery on a Friday and returned to her office job the following Tuesday.

The average time to return to full physical activities is usually four to six weeks. It's important not to sweat into the incision while it is healing, so it is recommended that you curtail vigorous exercise and suntanning until after the incision is healed and sealed.

- If you remove your breast implants without replacements, you may not get your old breasts back.

Your breasts may not change back to the way they looked before you had implant surgery. According to the FDA, you may have permanent dimpling, puckering, wrinkling and other cosmetic changes.

- Augmented breasts require some maintenance.

During the first three months or so of the postoperative period, breast massage is important to minimize the scar tissue.

Roark recommends that patients get to know what their implant feels like so they can perform breast exams each month.

Â© Copley News Service

*An implant patient's primer by R. J. Ignelzi*