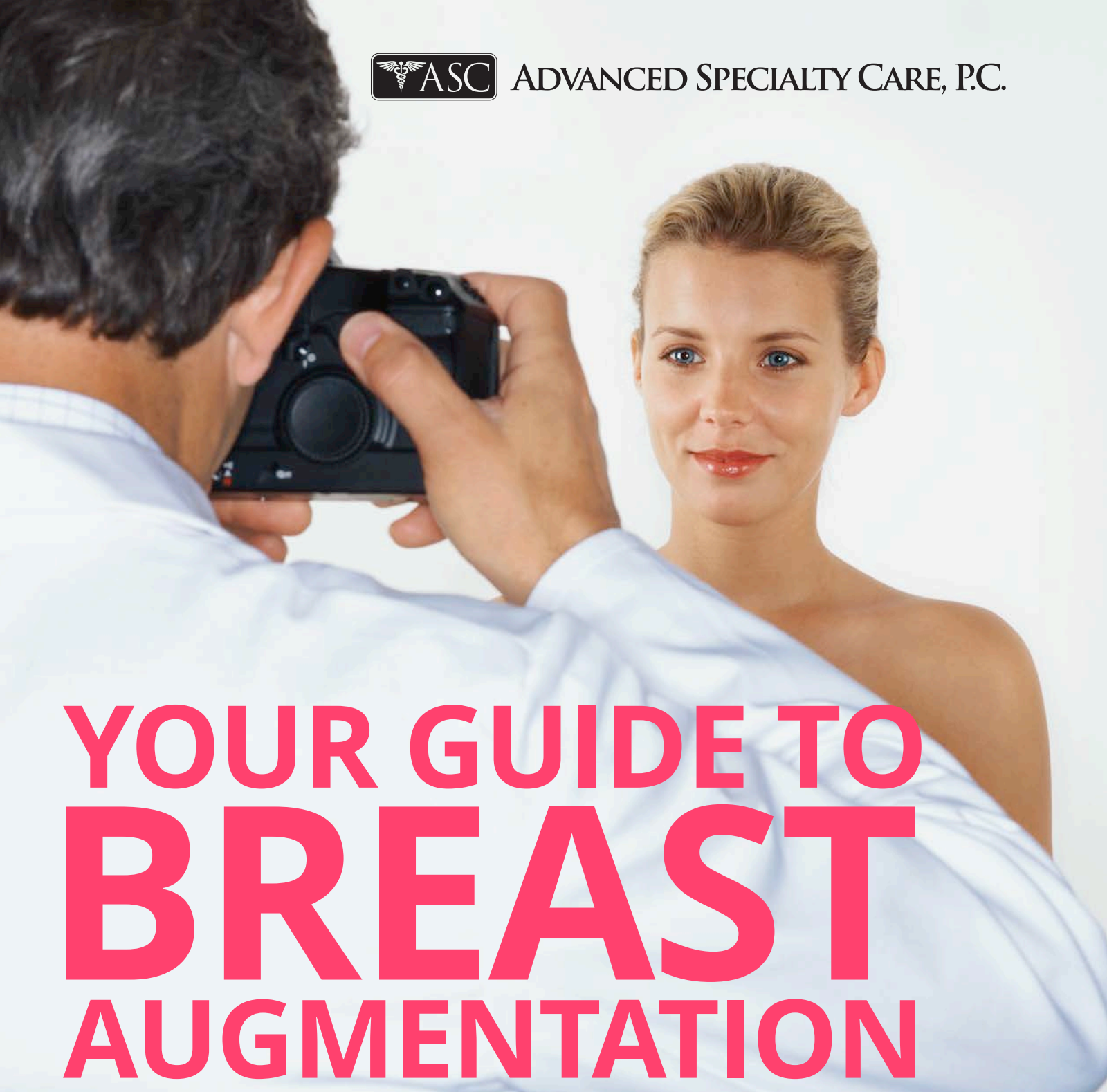




ADVANCED SPECIALTY CARE, P.C.



# YOUR GUIDE TO BREAST AUGMENTATION

What Kind of Breast Implant Is  
Best For You?

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# YOUR GUIDE TO BREAST AUGMENTATION

## What Kind of Breast Implant Is Best For You?

**M**odern day breast augmentation using implant technology was pioneered in the 1960's. Today it is the most commonly performed plastic surgery procedure in the United States.

From 1992 until 2006, saline implants were the only implants approved for cosmetic augmentation. Because of concerns about silicone implants, multiple medical trials were performed to evaluate them implants, making them the most heavily researched medical device in history. After 14 years of medical trials, silicone implants were FDA approved for use in cosmetic breast augmentation in people older than 22. Any speculation that silicone implants caused collagen vascular disease or breast cancer was dispelled. Every year, there is further scientific data and technology that improves the longevity and safety of breast implants. With so much that is new, it is helpful to review some the most important facts surrounding this procedure.

# Silicone vs. Saline



# Silicone vs. Saline

Implant-based breast augmentation involves the surgical placement of a silicone shelled implant under the breast tissue or pectoral muscle.

A “silicone” implant is prefilled with a silicone polymer of various consistencies. The first generation implant designed in the 1960’s contained liquid silicone. It had a higher incidence of internal scar formation called capsular contracture as well as leakage and rippling. It has been replaced over time with gummy bear consistency type implants. Unfortunately, the first generation implants are still used in other countries.

Since 2006, fifth generation cohesive silicone implants have been the implants most often used in the United States. They leak less and maintain a natural feel. They can be placed through small incisions using a special device called a Keller funnel.

The latest advancement in silicone technology is the highly cohesive, form stable (tear drop shaped) implants. FDA approved in 2013, these implants have a true gummy bear texture. They have virtually no leakage while maintaining a natural feel and look as rippling is unlikely. However, these implants do have some drawbacks, which are discussed below.

## Silicone vs. Saline (continued)

Saline implants became the only choice for augmentation after silicone implants were taken off the market in 1992 to be further studied. They are made of a silicone shell that is placed in the breast pocket and then filled with saline to the chosen volume on the operating table. They have the benefit of allowing placement of any size implant through a small incision. Until recently, this was a major benefit to saline implants versus silicone implants. In addition to this, saline implants have always been less expensive. The downside, however, is that they definitely lack the natural feel of silicone implants. Visible rippling of the implant, especially in thin patients is a major concern. Overfilling the saline implant helps this issue to some degree, but increases the risk of implant leakage and warranty disqualification. Despite this, many patients still opt for saline implants and they are widely available.





## Silicone vs. Saline (continued)

It is important to note that neither silicone nor saline implants need to be removed or replaced unless there is a reason. Manufacturers estimate that implants have a 10-year lifespan before they may need to be replaced. This does not mean that the implant expires in 10 years. In fact, the vast majority of people do not experience a deflation and will not need replacement implants.

This being said, saline implants are the only style of implant that can deflate. Deflation is a rapid decrease in size of the implant. This does not pose a systemic health concern but may result in a local abnormality that is felt on a breast exam or seen on a mammogram or MRI. On the other hand, highly cohesive silicone implants will not leak or deflate and will largely go unnoticed. Studies have shown that other silicone implants have a 1-3 % chance of this happening to a patient in the first six years. The FDA recommends that people who have silicone implants have an MRI periodically starting three years after the implant has been placed. This is done to continually track the rate of silicone implant rupture. Due to the fact that silicone implants are highly safe, people usually only have an MRI if there is a concern of implant rupture.



# Implant Shape



# Implant Shape

Today, people have a choice of round implants versus anatomic or teardrop style implants. Round implants are available in saline or silicone. They have the benefit of maintaining their breast shape even if the implants rotate within the body. When standing, the volume within the implant shifts to the bottom of the implant, creating a normal teardrop shape. When lying down, the volume spreads out evenly within the implant, allowing the breast to settle like a normal breast.

If the round implants are silicone, they can be placed through a small incision using the Keller funnel. The Keller funnel is a device shaped like a tube that holds the implant. The tip of the device is placed within the incision and allows the implant to slide into the breast pocket without having to be squeezed or touch the skin. This allows the incision to be very small and decreases the risk of implant rupture in the future as well as infection. These two qualities make round implants ideal for most women desiring silicone implants.

Anatomic or teardrop implants are essentially used only with silicone. They add an extra degree of natural shape, particularly in the upper pole of the breast in very thin patients. There is a small 3% risk of rotation of these implants that requires a return to the operating room. Another possible downside to these implants is that they require a larger incision to allow proper placement of the implant. For larger implants, this means a 2-4 inch incision as compared to the 1.5 inch incision to place a round implant.

# Implant Texture



# Implant Texture

A textured implant has a gritty texture that allows for the body's tissue to grab it and hold it in place. Previously, it was hoped that texturing allowed for less scar tissue formation (capsular contracture) around the implant if it were placed above the muscle. Several studies have dispelled this theory. Textured implants are now almost entirely used with anatomic implants to reduce chances of rotating.

Round implants assume the proper breast shape regardless if they rotate or not. Therefore, a textured round implant is unnecessary. It is well understood that the single best thing to decrease the chance of capsular contracture is placing the implant under the muscle. Sub-muscular placement also improves the upper pole fullness and tapering of the contour of the breast. This type of placement, however, does increase post-operative discomfort in the short term and patients need several weeks for the breast implants to settle. These issues are mostly avoided with placing the implants above the muscle. Nevertheless, most plastic surgeons still place textured anatomic implants under the muscle due to the improved natural appearance and proven lower rate of scar tissue.





# Implant Profile

# Implant Profile

The profile of an implant refers to how projected or “perky” the breast implant is. It ranges from low profile, moderate, moderate plus, high profile, and ultra-high profile. Even though these designations appear to be subjective choices, the decision is based entirely on the patient’s anatomy.

At Advanced Specialty Care, people choose which implant size they wish to have by looking at other patient photos. More specifically, they try several implants under their clothing to determine the exact size that fits their expectations. Next, a measurement is taken to determine how broad each breast is on their body. The goal of the surgeon is to choose an implant of the appropriate volume that does not extend beyond the boundaries of the normal breast itself. In this manner, the woman is able to improve her cleavage, but does not feel her arms touch the implants when her arms are at her sides.

The diameter, or width, of the implant is a set number based on the person’s breast width. The larger the breast implant volume, the more peaked the implant has to become to fit within the existing breast boundaries. For example, if two different people wish to have 400cc implants, the person with the wider breast boundaries will end up with the lower profile implant. In this way, both people will have a natural appearance even though they have a different baseline anatomy. Both round implants and anatomic implants have different profiles that allow for accurate sizing.



The image is a composite of two photographs. The top photograph shows a woman's hands clasped together over her chest. The bottom photograph shows a close-up of a breast with several dashed purple lines drawn on it, indicating surgical markings for a procedure like a mastectomy or breast reduction.

# Summary

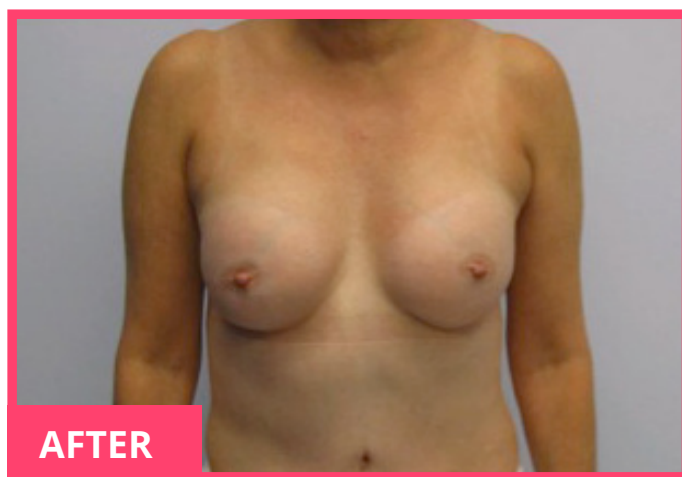
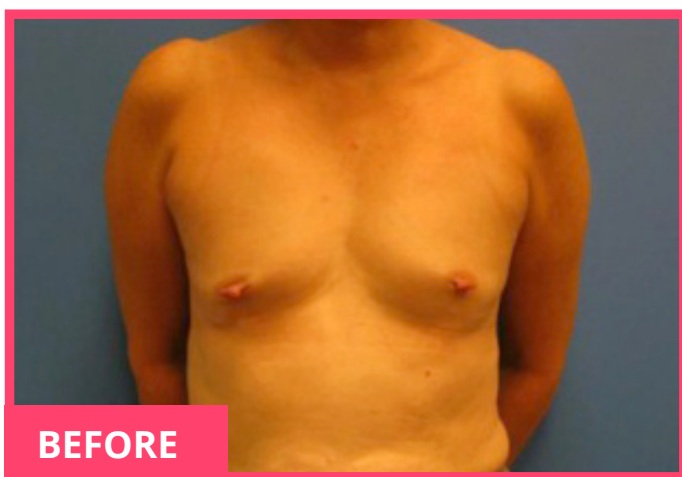
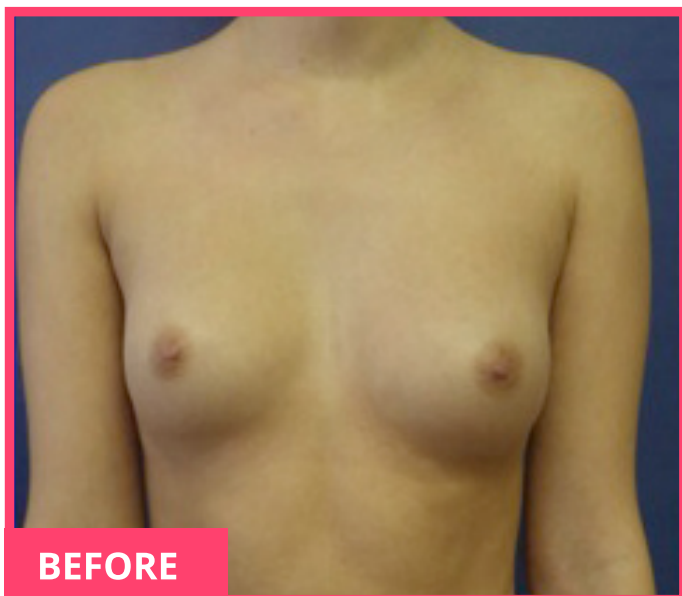
## Summary

In general, round, smooth, highly cohesive implants that are placed under the muscle are recommended. Round implants are also ideal for people who wish or require a breast lift at the same time. For these people, the existing loose skin probably increases the risk of an anatomic implant flipping. If a person has very thin skin and no breast drooping, an anatomical, textured silicone implant is also a consideration. These women will benefit from the enhanced shape and lowest risk of rippling. However, the person must be comfortable with the slight risk of implant rotation and a larger incision.

Breast implants are the most popular cosmetic surgery in women, whether to enlarge their breasts or for reconstruction after breast cancer. Knowing your choices, saline versus silicone, round versus anatomical will help you and your surgeon choose just the right fit for you.

# Before & After Photos

Actual patient photos



## ADVANCED SPECIALTY CARE COSMETIC & PLASTIC SURGERY PHYSICIANS



*Dr. Prashant Soni, MD*



*Dr. Sohel Islam, MD*



*Dr. Julia Toto, MD*



*David M. Goldenberg, MD*

### About Advanced Cosmetic & Plastic Surgery

Advanced Cosmetic & Plastic Surgery offers the newest and most sophisticated cosmetic surgery procedures for men and women, including neck and face lifts, eyelid surgery, rhinoplasty (nose surgery), liposuction, abdominoplasty (tummy tuck), breast augmentation, reduction or reconstruction, as well as Botox, Juvederm and other injectable fillers. All procedures are done by ASC surgeons Dr. David Goldenberg, Dr. Sohel Islam, Dr. Prashant Soni, and Dr. Julia Toto. ASC offices are located in the Fairfield County, CT towns of Danbury, New Milford, Norwalk, Ridgefield and Southbury.



## ADVANCED SPECIALTY CARE, P.C.

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Advanced Specialty Care is a multi-specialty practice of board-certified physician specialists offering the latest state-of-the-art technologies and techniques – all in a welcoming and caring environment. For 30+ years, we've helped tens of thousands of patients. How can we help you?

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