



BREAST AUGMENTATION:

Essentials for an Informed Decision

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McCLELLAN
PLASTIC SURGERY



WELCOME

The decision to have breast augmentation surgery is both exciting and complex. Women choose breast augmentation for many reasons: to feel more confident, to match their inner self with their outward appearance, or to restore the volume and shape of their youth. Some women have had a lifelong dissatisfaction with their body image, while others have noticed an unfavorable change after illness or pregnancy that they would like to reverse. Wherever you fit on the spectrum of reasons, our goal is to help you make an informed decision by providing detailed information in order to stimulate thought and conversation with your plastic surgeon. While there is much to consider, here you will find answers to most of your questions, along with some information we would like you to contemplate as you determine if breast augmentation is the right choice for you.



QUICK STATS AND FACTS

- 1** Breast augmentation is the most popular cosmetic surgery performed in the U.S.
- 2** Breast augmentation has held the #1 spot since 2006.
- 3** 316,948 women in the U.S. had breast augmentation surgery in 2011, up from 101,176 in 1997.
- 4** Silicone gel implants were used in approximately 60% of the procedures.
- 5** Breast augmentation is most commonly performed on women between the ages of 30-39.
- 6** Most women have breast asymmetry with one side commonly smaller than the other. Significant breast asymmetry may also require a mastopexy (breast lift).

CERTIFICATION MATTERS

Plastic surgeons are the only doctors who are qualified to perform breast augmentation surgery.

Unfortunately, many physicians (and non-physicians) perform breast augmentation with little or no formal training. Even if they say they are “board-certified,” it may not be in plastic surgery. It is critical to your health and satisfaction to choose a board-certified plastic surgeon.

Look for this logo to identify a doctor as a member of the American Society of Plastic Surgeons (ASPS), which means the following criteria have been met:



- *At least six years of focused surgical training after medical school*
- *Certified by the American Board of Plastic Surgery*
- *Operates only in accredited medical facilities*
- *Fulfills continuing education requirements, including patient safety techniques*

- *Has extensive experience with breast augmentation evaluation, surgical technique, post-op care, and complications*
- *Adheres to a strict code of ethics*

ASPS members proudly display the ASPS logo. If you do not see the logo on a physician’s website or printed materials, he or she most likely isn’t a plastic surgeon. If you see the logo but still have questions, don’t hesitate to ask.

CHOOSING YOUR SURGEON

You know you need an ASPS plastic surgeon, but how do you choose from there?

Here are a few questions to ask your potential surgeon:

- *How many surgeries do you perform each year?*
- *Can I see photo examples or talk to former patients?*
- *Does a PA, nurse, or trainee operate on patients during surgery?*

Your plastic surgeon should gladly go over all of your questions to make sure you are well informed about the risks and benefits of breast augmentation. A good surgeon will place an emphasis on safety, patient advocacy, and quality throughout the process. Choose the surgeon who makes you feel comfortable and with whom you develop a good physician/patient relationship.

IMPLANT SIZE



You’ve probably been contemplating for some time now what new size you would like to be.

We want you to be thrilled with the results, so there are a few things to keep in mind when choosing the implant size.

First, there is really no uniform “cup size.” One brand’s C-cup is another brand’s D-cup. When it comes to choosing an implant size, try to forget all of your preconceived notions about cup sizes and go with what looks and feels best for your specific lifestyle, personality, and body type. Are you athletic or sedentary? Shy or outgoing? Your height, weight, current breast asymmetry and the distance between your natural breasts should all be considered. You should expect realistic results, so take into account that

if you have a wide chest and your breasts are far apart, a breast augmentation will give you more fullness but not necessarily more cleavage. If you have a narrow chest and your breasts are close together, your cleavage will become more pronounced after surgery.

Your plastic surgeon will help guide you into a size range of implants that is safe for your body based on your individual anatomical measurements. You will have the opportunity to “try on” different size implants during your breast augmentation consultation. Try on multiple implants with a sports bra, and bring a friend or significant other with you for feedback and advice. Sometimes it’s helpful to walk away and think about implant size before making a decision, so multiple visits are often necessary and encouraged. You should be confident in your choice.

SALINE vs. SILICONE

As you may have heard or discovered in previous research, there are two types of breast implants: saline and silicone.

It's normal to have questions about the two, and in the chart below we'll compare and contrast your options. Saline implants are filled with a saltwater solution similar to the fluid that makes up most of the human body, and silicone gel implants are filled with a cohesive "memory" gel.



	SILICONE GEL	SALINE
AGE MINIMUM	22	18
SIZE	Fixed (pre-filled silicone)	Adjustable (saltwater)
FEEL	Softer	Firmer
VISIBILITY	Less rippling	More rippling
WEIGHT	Lighter	Heavier
INCISION LENGTH	4.5cm	3cm
RUPTURE	Silent (MRI to detect)	Immediate deflation
CAPSULAR CONTRACTURE	Greater Chance	Lesser Chance
APPROXIMATE COST	\$900/implant	\$700/implant

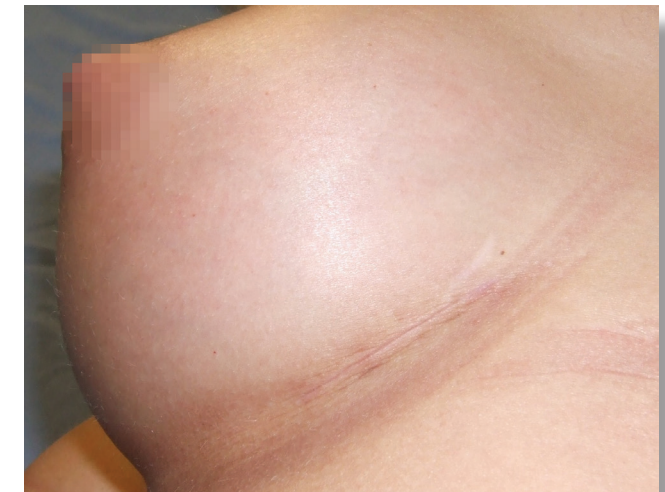
INCISION

One of the goals of a successful breast augmentation is to have minimal evidence of the incision.

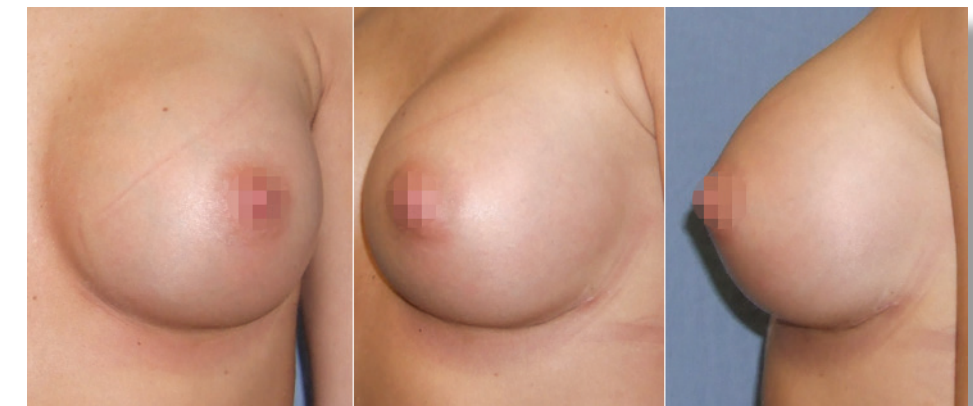
As mentioned in the previous graph, the incision length varies depending on the type of implant you choose. An inframammary incision is the most common approach. It is hidden in the lateral breast fold and generally 4-5cm in length. This incision is nine times less likely to have a capsular contracture, which equals a longer lasting result.

You may retain greater nipple sensation and have less bleeding by having this type of incision. The inframammary incision allows for precise tissue dissection, is gentler on the tissue, and can be used in the future to exchange implants, resulting in less scarring.

In addition, the incision is repaired in three layers with sutures that dissolve for a smoother healing process.



Inframammary incision, 4.5 cm, hidden in the natural fold



PLACEMENT



Breast implants can be inserted in two ways: sub-glandular or sub-muscular.

Based on a number of variables, your doctor can help you decide if sub-glandular (under the mammary gland) or sub-muscular (under the pectoral muscle) will be best for your body and goals. There are benefits and drawbacks of each, and the chart below should help you begin to weigh your options.

**Note: Capsular contracture refers to the natural scar-like tissue that slowly forms around and encapsulates the breast implant over time.*

	SUB-GLANDULAR	SUB-MUSCULAR
CAPSULAR CONTRACTURE	Higher risk	Lower risk
IMPACT ON MAMMOGRAPHY	More	Less
VISIBILITY	More rippling	Less rippling
PALPABILITY	Greater	Less
LOCATION	Lower	Higher
PAIN OF PROCEDURE	Same	Same
IMPLANT MOVEMENT	No movement	Increases with activity

SURGICAL FACILITY & ANESTHESIA

Your health and safety are of the utmost importance.

It is essential that plastic surgery be performed in a hospital or certified Ambulatory Surgery Center (ASC). An ASC is a facility in which outpatient surgery is performed on patients who do not require overnight hospitalization. Because general anesthesia is administered, you will need a friend or family member to drive you home.

Additionally, it's important that a board-certified anesthesiologist is present to oversee your surgery. A laryngeal mask airway (LMA) is often used during general anesthesia to protect your airway. An LMA is gentler on your airway and requires less anesthesia, which may reduce your hematoma risk and post-operative pain. In the rare event that an anesthesia issue would arise, you are already in the safest, most controlled setting possible.

The Operating Room

Although you'll be asleep when you are visiting the operating room, it is important to understand aspects of the procedure that may improve your outcome. All surgeons approach breast augmentation differently from a technical standpoint. Discussing the operation during your consult will help you determine the right surgeon for you.



You're looking for a detail-oriented surgeon who is adept at precise tissue dissection.

Blunt lateral dissection of the breast pocket may prevent damaging sensory nerves to the nipple, while covering the nipple-areolar complex can reduce capsular contracture and infection. Maintaining an even blood pressure throughout surgery can lessen hematoma risk. Precise feathered release of the pectoralis muscle inferiorly helps the implant appear more natural on the chest.

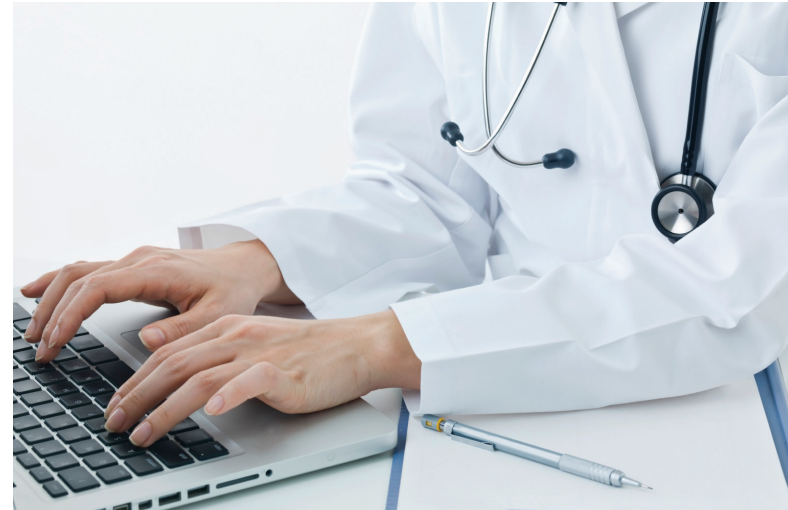
To maximize sterility and safety, the implant and pocket should be washed with antibiotic fluid. Also the plastic surgeon should change surgical gloves and use a "no touch technique" for implant placement. Sitting you up in the operating room to examine size, shape, and symmetry, using a three-layered tissue closure, and close post-operative observation are just a few of the high standards you should expect when choosing a surgeon and medical team for your breast augmentation.

HEALTH & MEDICAL HISTORY

Most women who choose to undergo breast augmentation have a good past medical history that allows them to safely have the procedure.

There are also some current health standards that must be met to ensure the best possible outcome:

- *Ideally no smoking two months prior to and one month following the surgery*
- *Maintain a stable base weight prior to augmentation*
- *No aspirin, ibuprofen, NSAID, or herbal supplements one week prior to surgery*



A delay of surgery is necessary if you have a urinary tract infection, sinus infection, severe weight changes, or have breastfed within the last six to eight months. Diabetes, heart disease, prior radiation, clotting disorders, autoimmune disease, psychological illness, unrealistic expectations, or various other major medical conditions would disqualify someone from being a candidate for surgery. Your surgeon will gladly discuss any medical concerns you may have in a consultation visit.

In case you wondered or have heard misinformation, the risk of breast cancer does not increase with implants. An extra view during mammograms is recommended so that the breast tissue is more visible.

RECOVERY

A thorough recovery process is essential for the best results.

Make sure you can take time off of work or have help around the house so that you can heal. Each plastic surgeon may have unique post-operative orders. Make sure to check with your surgeon about specifics. Below are a few of Dr. McClellan's post-operative instructions for your health and safety:

- *To help with swelling, use ice packs wrapped in a towel at 20-minute intervals for up to five days.*
- *You may shower 72 hours after surgery unless otherwise instructed.*
- *Take only quick showers with lukewarm water. No long, hot showers for one week.*
- *No exercise until you are released to do so--generally four to six weeks post surgery.*
- *No driving until you are off of pain medication.*
- *Do not lift anything heavier than a gallon of milk for one week.*
- *No pools, lakes, or hot tubs for six weeks.*
- *Take short walks hourly after surgery to avoid blood clots.*
- *Do not massage the incision without the doctor's permission.*

As you heal, you may have slight bruising and hypersensitive breasts. This is completely normal and should subside within three weeks. Your final bra size will not be determined for six weeks due to swelling. The implants will need to be massaged daily, and your doctor will give you a specific regimen.

MEET THE AUTHOR AND DOCTOR

W. THOMAS McCLELLAN, MD FACS

Dr. McClellan completed his plastic and reconstructive surgery training at the world-renowned Lahey Clinic Foundation, a Harvard Medical School and Tufts Medical School affiliate in Boston, MA.

Following the completion of his plastic surgery training he completed a Hand and Microsurgery fellowship at Duke University and an Aesthetic Surgery fellowship at Emory University in Atlanta, which is considered to be one of the best at focusing on eyelid and cosmetic breast surgery.

Dr. McClellan is board certified by the American Board of Plastic Surgery, a member of Alpha Omega Alpha, the national medical honor society, and a Fellow in the American College of Surgeons. He has completed extensive training at some of our nation's finest institutions and is honored to have trained with many of the "masters" in cosmetic, hand, and reconstructive surgery.

Currently, Dr. McClellan is Chief of Surgery at Monongalia General Hospital and also serves as the Vice Chief of the Medical Staff. His practice focuses on cosmetic breast surgery such as augmentation and mastopexy as well as breast reconstruction following cancer.



BREAST AUGMENTATION QUESTIONS

You Might Want to Ask Your Plastic Surgeon:

- How long have you been certified by the American Board of Plastic Surgery?
- Is the facility of surgery accredited?
- Can you explain the incision area, placement, size, shape, type?
- Will I need a mammogram prior to surgery?
- Approximately how many breast augmentations do you perform a year?
- What's the rate of complications for your office? (Bottoming out, capsule contracture, infection, leaking, etc.)
- What's the most common complication your patients experience?
- What's your financial policy on repairs? (Bottoming out, capsule contracture, infection, leaking, etc.)
- Do you offer CosmetAssure or other "insurance" for cosmetic procedures?
- Are all of your post-op appointments free?
- Will my consultation fee be applied toward the surgery fee?
- After surgery, will I be seeing you or one of your assistants?
- Do you use a certified anesthesiologist or a nurse?
- What type of anesthesia will I receive: general, twilight, or local?
- Will I receive anti-nausea medicine during surgery and a prescription after?
- If I have a problem, will the same incision be used?
- Will implants lose shape or sag after a period of time?
- Will I get a device card about my implants?
- Do you fill saline implants only to manufacturer's recommendation or do you overfill?
- Do you prescribe antibiotics before and after surgery?
- Do you recommend taking anything prior to surgery for swelling and bruising?
- Do you perform surgery on women who are menstruating?
- Will I lose sensitivity to my nipples?
- During surgery, do you use implant sizers? If so, how many?
- Are there any medications I need to stop taking prior to surgery?
- How long until I can resume normal activities? (Exercising, swimming, sexual activities, etc.)
- Do you use dissolvable stitches?
- How long after surgery can I shower and bathe?
- How long after the surgery can I drive or pick up an infant (15-25lbs)?
- Do you release the medial portion of the pectoralis muscle to make the implant placement more balanced?
- Do you make oversized pockets?
- What type of bra should I wear to consultation and also after surgery?
- Do you rinse the implant with antibiotic solution before inserting?
- Do you inject pain meds into the pocket before closing up the incision?
- How long after surgery before I can lift my arms above my head?
- How many people will touch the implants before placing them?
- Will gloves be changed before touching the implants?
- Do you prescribe muscle relaxants after?
- If surgery lasts longer than expected, who pays for that?
- If problems occur after hours, will you or another doctor help me?




PATIENT NOTES SECTION



CONCLUSION

I hope you feel better equipped to make a choice about breast augmentation after reading through this booklet. If you decide that this procedure might be for you, I invite you to call my office to schedule a consultation. I look forward to meeting you in person and helping you through this process. If you choose a surgeon in your area I wish you a safe surgery, fast recovery, and excellent results.





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