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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

