

DECISION MAKING

The following is intended as a general guide only. It is meant to be most useful for someone early in their research. These points would need to be discussed with your individual surgeon.

Initial Decisions

Size.

A firm idea of a cup size is not always necessary – and can lead to disappointment if it is an unrealistic expectation. If the desired outcome is a certain look or a proportionate balance, then trying on sizers during your consultation will help to clarify this for you. Ultimately the size limit is determined by your breast width/diameter and your skin elasticity. (There is a limit!)

Shape.

Round – if you want that “push up bra effect without having to wear the push up bra”. Or, if you have curves elsewhere and you just want to balance out the curves.

Teardrop – if you have a thin build with an open bony chest and you want a “natural” finish. A teardrop is often necessary if you have a lot of empty sag after breast feeding or weight loss and you want to lift your breasts up and out again.

Profile. (Or how far the implant sticks out)

The choices are usually low, medium, high and extra high. Most of the time a high profile sits best. We tend to use a medium if your hips are wide and you want to balance out your hips. Likewise if there is a lot of sag, an extra high (more perky) will be needed. Be aware that a high and a moderate with the same diameter will not have the same volume or size – the moderate is significantly smaller in volume.

Under or over the muscle.

This is more of a technical decision to make in cooperation with your surgeon. It is essentially determined by how thick and strong your breast skin is, how heavy the implant is, and then we also take into account your lifestyle and activity and family history of breast cancer.

Dual Plane. Sometimes a combination of both under (top half of the implant) and over (bottom half of the implant) is necessary to achieve both a lift effect and still give a natural look. Your surgeon will advise you on this.

Incision Site.

For Gel filled implants, there are 3 sites available.

The most common is in the crease under your breast. This is because it gives the least trouble with nerve damage etc and also gives us maximum control over the position of the new crease and the best chance of avoiding a double fold.

The armpit or areola can sometimes be used depending upon the size of the implant and its covering etc.

Long Term Safety.

The last thing we want to do is set you up for avoidable complications and therefore unnecessary surgery.

The 2 most common complications are capsular contracture where there is a scar tissue build up around the implant and also the implant moving out of position. The chance of a “redo” therefore in the first 5 years is in the order of 25%.

The chance of capsular contracture after 10 years is 19% and the chance of an ordinary teardrop turning can be more than 20%.

Both of these common risks can be significantly reduced by choosing the Brazilian implant from the Silimed company. They have a special polyurethane coating, and have been around for over 30 years. Studies have shown that they reduce the capsular rate down to between 1 -2 % by 15 years and the chance of a teardrop turning is under 1%. In fact, if either of these situations were to occur and needed revision, the Silimed company has a 10 year replacement warranty.

Further Considerations.

Lifestyle/Activity

Going under the muscle has a longer recovery and more restricted activity. Sometimes it is better to go over the muscle if the implant is small enough and the skin is thick enough.

Family History of Breast Cancer

If there is a significant history of breast cancer, you should know that mammograms are more reliable if the implant is under the muscle. If the implant is over the muscle, they can miss things in up to one third of the time. In these cases it is advisable to also have a breast ultrasound.

Future Surgery.

Nothing lasts forever. At the very least you are setting yourself up for 2 to 3 more operations in your lifetime – even if just to replace them or eventually take them out. If you go “As big as I can” the first time around, and then have some skin stretch from breast feeding or weight loss, then you may well need a breast lift afterward. Sometimes taking out a round implant and replacing it with a teardrop will avoid this.

When is a lift needed instead? (Or as well)

Often a teardrop implant can give you the lift you have when you don't have a lift.

However, sometimes there is just too much loose skin for an implant to work and you then may need a proper lift (Mastopexy)

This may be the outcome with any one of the following 3 measurements.

1. The top of your breast bone to your nipple is greater than 25cm
2. The distance from your breast crease up to the lower edge of your areola is greater than 6cm
3. Your nipple is level with or below the line of your breast crease underneath.

Sometimes a teardrop may still sneak you past this, but if a round finish is desired then you usually need a lift a well.

What to take with you to your consultation.

1. A photo of what you want to achieve.
2. A photo of what you don't want
3. An "open mind" about the possible outcome. The more unrealistic your expectations are, the more you will be disappointed. (Just because your girl friend has the same weight and height as you and got X size, it doesn't mean that you can. You may have different breast diameters and skin elasticity)
4. An understanding that you don't have to get all your questions answered at the first visit. It can be a bit overwhelming if you try to take in everything at once. For example, questions about cosmetic vs. plastic surgeons and sedation anaesthetic vs. general anaesthetic may need to be sorted later. The more you have done your homework before you come in the easier it can be.
5. A snug, light coloured T shirt for when trying on the implant sizers.

Putting it all together

Based on years of patient feedback, the following points may help you to be more confident in your final decision.

1. If your surgeon has given you a choice between teardrop and round, and you are unsure about how much upper pole fullness the teardrop will give you, then always go round. (Every year I get one or two customers say that if they had their time over again they would choose round over a teardrop. But I have never had anyone with a round say that they would choose a teardrop)
2. If you have been given a choice between two different sizes, e.g. 300 and 330 in the round or 315 and 360 in the teardrop, and you can't make up your mind, then always go with the bigger of the two. Afterwards, when the swelling settles and you have got used to it, you will often wish that you had gone bigger after all.

3. If you have been given a choice between say high profile and moderate profile, then unless you have particularly wider hips that you want to balance, then always go with the higher of the two profiles. (Once they are inside and especially if they are under the muscle, they won't be quite as big as you think.)
4. If you have been given a choice between going over or under the muscle, then I suggest you chose under. The result is likely to last longer and not sag as much. (Especially if you have a heavier implant or softer skin)

All in all, your chosen surgeon will guide you in the mechanics of what implant placed where to give you the desired result.

However, if you have the slightest doubt, always get a second opinion from another surgeon.

You should realise that the implants are in there for a long time, and when you hit 50+ are you still going to feel confident/feminine with your decision?