

what women want

Dr John Flynn from Queensland discusses what it is most women want when it comes to breast augmentation. Tara Casey reports.

According to Dr John Flynn from Queensland, most women seeking breast augmentation want to achieve a more feminine shape and balanced figure. In addition, for the majority of these women their key requirement is that their breasts look natural after surgery.

Women seeking breast augmentation surgery can usually be divided into two groups. The first consists of young women who usually haven't had children. These patients usually have small breasts and are looking to make their figures shapelier.

The second group consists of slightly older patients who have had children and whose breasts have lost their pre-natal fullness. These women wish to restore a more youthful appearance to their breasts.

'The significant difference between these two groups is the texture and tone of the women's natural breast tissue, so it is necessary to approach the two groups' needs accordingly,' says Dr Flynn. 'This is particularly the case with the second group, where great care needs to be taken to fill the breast envelope properly to augment depleted breast tissue and resultant lack of natural support.'

Breast lifting

'Sometimes patients may require a breast lift as well as augmentation,' says Dr Flynn. 'This can be achieved by an additional breast lift procedure or by choosing a particular type of implant, which can give some degree of nipple lift. High-profile implants achieve a more noticeable lift, and a new implant from Brazil – the 'Brazilian Dynamic Lifter' – has a particularly high profile.'

Shapes and sizes

One of the biggest concerns for women seeking breast augmentation is that the operation will make their breasts too big. However, there is a wide range of different-sized implants available to suit just about every patient's individual needs. Body type, height and the patient's existing breast tissue are all factors to take into consideration when choosing the size of the implant.

Another issue that surrounds breast augmentation is whether to use a round implant or an anatomical 'teardrop' shape implant. This depends on the results patients are trying to achieve and their individual anatomies.



BEFORE



AFTER breast augmentation by Dr Flynn



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'When trying on different types and sizes of breast implants, I ask patients to look in the mirror to see what suits them and not get too caught up by numbers,' says Dr Flynn. 'The key issue is being happy with their appearance and it is important their breasts complement their overall figure. This is why a certain size might look good on a model in a photo but may not be the best choice for everyone.'

Placement

Once the implant size has been selected, correct placement of the implant is fundamental to achieving optimal results, says Dr Flynn. There are generally three placement options – sub-pectoral, sub-glandular and sub-fascial – each with its own advantages.

With sub-pectoral placement, the implant is placed under the pectoral muscle to disguise its shape. This is particularly suited to patients who are thin and do not have a lot of breast tissue. Placing implants behind the pectoral muscle can also achieve a more natural-looking line to the breasts and can be ideal for patients who have loose skin to fill out more of the space. The pectoral muscle, however, can flatten implants, making them look smaller, feel tight or restrict mobility.

With sub-glandular placement (in front of the muscle), there is less natural tissue covering implants so their edges may become more obvious. The advantage is that breasts are usually softer, have more movement and appear more natural-looking.

A third placement option is sub-fascial. The fascia is a firm, fibrous layer that sits between the breast and the muscle. If implants are placed under the fascial layer in front of the pectoral muscle, more of the patient's breast tissue can cover them, which helps to disguise the implants more effectively. 'This method means more of the patient's natural softness and flexibility is kept, so it offers a suitable compromise,' says Dr Flynn.

There is also an in-between method called 'dual plane'. For this, the top section of the implant sits under the muscle and the lower section sits in front of the muscle. Dr Flynn says this method can be very effective in certain patients.

'It's important to remember no one implant size, type or placement is suitable for everyone – planning must recognise individuality and requires a procedure to be tailored for particular needs,' he says. 'Patients should also ask their surgeon about risks and possible complications, as well as the doctor's experience in this procedure.' **acsm**