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breasts

everything you ever wanted to know about BREAST AUGMENTATION

ACCORDING TO SYDNEY PLASTIC SURGEON **DR MICHAEL MIROSHNIK**, ADVANCES IN SURGICAL TECHNIQUE AND IMPLANT TECHNOLOGY MEAN THERE HAS NEVER BEEN A BETTER TIME TO UNDERGO BREAST AUGMENTATION. JESSICA RULE REPORTS.

Cosmetic breast specialist Dr Michael Miroshnik uses some of the latest techniques in breast augmentation and combines them for a customised result, tailored to each patient's wishes and needs. 'As there are now literally thousands of implants to choose from, determining the right one for you is analogous to taking your measurements for a couture dress,' he explains.

Multiple measurements are taken by Dr Miroshnik, as well as an in-depth discussion about the patient's desires and expectations, before determining the ideal implant and the best surgical technique to adopt. 'Measurements are carefully made to ensure the implant not only matches your individual chest but also your overall body shape – shoulder and hip breadth are taken into account to deliver overall balance and harmony,' he says.

Advanced surgical techniques

Breast implants can be placed entirely under the breast tissue itself (subglandular), under the fascia over the pectoralis muscle (subfascial), under the whole pectoralis muscle (submuscular) or a combination of both submuscular and subglandular (dual plane).

'Placing at least some of the implant under the muscle is important for women who have very little cover in the upper pole of their breast,' says Dr Miroshnik. 'This ensures there is a smooth, natural-looking upper pole with gradual take-off. I tell patients if they can see ribs in the upper part of their chest then they don't have enough skin cover alone to mask the top of their implants. These are patients that usually need at least upper pole implant muscle coverage to keep the breast looking natural.'

Dr Miroshnik says the dual-plane positioning allows for a lot of freedom for the surgeon, as they can decide on exactly how much muscle cover is best for each patient. 'The technique is graded Dual Plane 1 (maximum muscle cover) to Dual Plane 4 (minimal muscle cover) and can be decided on intraoperatively by the experienced surgeon,' he says.

'Depending on your individual needs, I frequently like to use dual plane placement as it allows me to personalise the operation better than ever before to produce breasts that are in harmony with your unique shape,' he continues. 'The placement can then be combined with a precisely chosen implant that matches your desires, measurements and personality. We discuss all these points together during our consultation.'

Another advanced technique is incision mapping. 'Incision mapping enables surgeons to predict where the final scar will lie to ensure it is as close to the breast crease as possible and therefore virtually imperceptible.

Incision sites can generally be underneath the breast (inframammary), around the nipple (periareolar) and in the armpit (transaxillary).

'In my opinion an incision underneath the breast (inframammary) usually leads to the most accurate placement of the implants, allows for the most intraoperative choices for the surgeon and heals extremely well when performed correctly. For these reasons, it is the most often used incision in the plastic surgical community,' says Dr Miroshnik. 'If the incision is mapped correctly, it can be well-hidden in the breast fold and really is quite difficult to spot.'

Dr Miroshnik says the periareolar incision is also frequently used, particularly when there is some droopiness in the

Actual patient of Dr Miroshnik





breasts

breast or some nipple/areolar reshaping is required as it allows for some moderate amounts of breast lifting to be performed concurrently.

'The scar also generally heals very well but has a small risk in the interference of nipple sensation and breast feeding,' he explains. 'The armpit, in my opinion, allows for the least amount of surgical control in terms of positioning, as it is so distant from the breast region. I primarily reserve this site only for only selected cases.'

While preoperatively the scarring of augmentation surgery may be a strong concern to some, Dr Miroshnik says it is almost never an issue in the long-run. 'Size, shape and aesthetics of the final result are much more important issues,' he says.

Some of the other latest surgical techniques include parenchymal modifications, scoring, tissue redraping and concomitant breast lifting. These are all used on a case-by-case basis by Dr Miroshnik to optimise the final results of the surgery.

Latest implant shapes

Implants can generally be round or anatomical (teardrop) shaped but according to Dr Miroshnik there have never before been so many options for women seeking to beautify and enhance the size and shape of their breasts.

'When round implants are very large they may produce quite an unnatural "Pamela Anderson-type" full upper pole with a sudden, very noticeable take-off,' he explains. 'However, patients with pre-existing well-shaped breasts who desire a relatively simple and modest increase in breast volume can achieve excellent results with round implants, which are still the most commonly used implants in Australia.'

Teardrop implants are designed to look as natural as possible in all sizes and are becoming increasingly popular in breast implant surgery. 'They can be more expensive than round implants but evidence by large plastic surgical units in Sweden have shown that anatomical implants are more likely to keep their shape over time and hence produce longer lasting results. The reason for this is that they contain thicker, highly cohesive gel which is less likely to deform over time. This gel is sometimes likened to that of a gummy-bear lolly.'

Dr Miroshnik says although round implants can produce excellent results, he feels anatomical implants are more customisable and may be better suited to certain groups of patients. 'By combining the dual plane technique with a high projecting anatomical breast implant, a great deal of lift can also be achieved,' he explains.

According to Dr Miroshnik, teardrop implants are usually the best choice in three groups of women: those with poor pre-existing breast shape; those with some droopiness in their breast who require somewhat of a lift with their augmentation; and those who want to minimise upper pole

fullness and look as natural as possible in all positions – whether standing up or lying down.

'I believe anatomical implants more closely resemble the natural breasts and yield a more natural-looking result. This is why in my practice I am using more and more of these types of implants,' he says.

Polyurethane (P-URE) implants

Capsular contracture, or capsule hardening, is one of the most studied complications of breast implant surgery. It can occur years after surgery and can make the implant feel hard and the shape distorted. Proper correction usually requires removal of the implant, so the cosmetic surgery industry has understandably devoted much time and research into ways of reducing its incidence.

'The best high cohesive silicone shelled textured implants have capsular contracture rates of around 10 percent at 10 years,' says Dr Miroshnik. 'In comparison, polyurethane-shelled (P-URE) implants blow that figure out of the water with a rate of less than one percent at 15 years.'

'Moreover, they have the lowest rate of bottoming out/ displacement – and the chance of even minimal rotation of the teardrop variety of polyurethane-shelled implants is basically non-existent.'

While relatively new to the Australian market, polyurethane implants are not a new introduction to the cosmetic enhancement industry, having been used for more than 40 years overseas. They have gone through many tweaks and changes over this time, including the ability to vulcanise the foam coating onto the silicone shell which has made them into the advanced implant they are today.

'It is exciting to have these implants available to us in the market as it again advances our ability to provide not only the best results possible but also ones that stand the test of time,' says Dr Miroshnik.

The polyurethane foam becomes part of the capsule and this stabilises the implant like scaffolding which the collagen fibres wrap themselves around. Because the fibres are disjointed and not lined up, they are less likely to slide over each other, making capsular contraction less likely. Additionally, the implant's Velcro-like grip to the breast tissue means there is virtually no chance of rotation or migration occurring.

By combining the latest techniques in breast augmentation and combining them with the latest implant choices, Dr Miroshnik believes results of better standards than ever before are now possible.

'Taking into account the positioning, incision mapping, surgical technique as well as implant shell, shape, size and filling material, we can personally tailor each patient's results. This way, we can ensure the results complement each individual's requirements and lifestyle,' Dr Miroshnik concludes. **acsm**



Actual patient of Dr Miroshnik



breasts



BEFORE



AFTER breast augmentation by Dr Miroshnik (early 20s, no children, 215cc high profile round implants, dual plane 2 placement)



BEFORE



AFTER breast augmentation by Dr Miroshnik (late 20s, no children, 360g anatomic extra high profile implants, dual plane 2 placement)



BEFORE



AFTER breast augmentation by Dr Miroshnik (mid-20s, two children, 335cc round, high profile implants, dual plane 2 placement)



BEFORE



AFTER breast augmentation by Dr Miroshnik (late 30s, one child, significant deflation and breast droop, 410g anatomic extra high profile implants, dual plane 3 placement)



BEFORE



AFTER breast augmentation by Dr Miroshnik (early 30s, no children, 280cc round, high profile implants, dual plane 1 placement)



BEFORE



AFTER breast augmentation by Dr Miroshnik (late 20s, two children, moderate droop, 325g anatomic high profile implants, dual plane 3 placement)



breasts



BEFORE



AFTER breast augmentation by Dr Miroshnik (early 20s, no children, 385g round, high profile implants, dual plane 3 placement)



BEFORE



AFTER breast augmentation by Dr Miroshnik (early 30s, four children, very deflated, 360g anatomic extra high profile implants, dual plane 3 placement)



BEFORE



AFTER breast augmentation by Dr Miroshnik (early 30s, one child, 255g anatomic moderate profile implants, dual plane 2 placement)



BEFORE



AFTER breast augmentation by Dr Miroshnik (early 20s, no children, 290g anatomic moderate profile implants, dual plane 2 placement)



BEFORE



AFTER breast augmentation by Dr Miroshnik (late 30s, no children, 310g anatomic moderate profile implants, dual plane 2 placement)



BEFORE



AFTER breast augmentation by Dr Miroshnik (mid 20s, no children, 235g anatomic moderate profile implants, dual plane 1 placement)