



WHERE THE EXCHANGE ON AESTHETIC PERSPECTIVE BEGINS

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Implant input

Methods that enlist patient participation reduce breast surgery re-ops

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Pages | 1 | 2 more >>

- Inside CST
- Home
- Current Issue
- Practice Management
- Special Reports
- Previous Issues
- News
- News
- E-News
- Meetings
- New Products
- New Products
- Clinical Articles
- Anti-Aging
- Blepharoplasty
- Body
- Breast
- Face
- Other
- Classifieds
- Career Opportunities
- Products and Services
- Classifieds Home
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- Advertiser Resources
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- Lists
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Dr. Kaplan

MAITLAND AND BOCA RATON, FLA. — Approximately one-third of breast augmentation re-operations are performed to exchange implants for a larger size due to patient dissatisfaction with their proportions following the initial procedure. To some degree, buyer's remorse is not an unheard of reaction to figure-altering surgery. However, experts tell *Cosmetic Surgery Times*, the frequency with which it's been reported to occur after breast augmentation within the past couple of years appears to be connected to two primary influences: the burgeoning number of augmentation procedures being performed, and the ubiquitous images of disproportionately well-endowed celebrities and models whom the media continually spotlight for middle America.

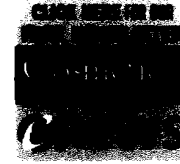
MEDIA, MEN & MODERATION A University of Florida (UF) study conducted by Robyn Goodman, Ph.D., a UF advertising professor, found that women actually don't like the look made popular by these über-breasted females, but feel compelled to mimic it because of media influences and their notions of what men prefer. Assuming that men think bigger is better is a mistake according to Barry J. Kaplan, D.O., a cosmetic surgeon in Winter Park, Florida, who has developed a reputation for conservative breast augmentation. "I remember reading a survey several years ago that confirmed my supposition, which is that the overwhelming majority of both men and women prefer moderate-sized breasts that look natural," he says. "One of the first things I tell patients...is that I am conservative when it comes to breast augmentation. My professional opinion is that it should be undetectable. People should not look at someone from across the street and wonder, 'Who put two water balloons under her shirt?'" Like most surgeons, Dr. Kaplan has his patients try different implants on inside their bra to help them choose a size. However, he takes this a giant step further by enlisting their input during the actual surgical procedure. "We have a sterile field while I am creating the pocket under the chest muscle and placing a saline implant with the fill tube protruding from the incision. We then remove the sheet and gently sit the patient up, let her look in a mirror and then we decide together how large she should be," he explains. "I do all of my breast augmentation surgeries with tumescent anesthesia, so the patient is wide awake. Patients really like seeing the size and shape of their new implants before closing. I have very few patients who come back and say they want to change," he adds.



'ADJUSTING' RESULTS Another way to minimize patient dissatisfaction with the final outcome is to use the Mentor Spectrum adjustable implant, invented by Hilton Becker, M.D., F.A.C.S., Boca Raton, Fla., in the '80s. "I devised a technique that combines a tissue expander with an implant so the fill tube could be removed from the 'expander' and then it could remain in position as the definitive implant. This is made possible by a very sophisticated valve system that can stay in position for an extended period of time and then be pulled out of the implant and seal automatically," explains Dr. Becker. (See "Adjustable Implant Technique.")



This adjustable implant has recently begun to gain more of a following among Dr. Becker's fellow cosmetic surgeons in Florida, as well as elsewhere throughout the country and abroad. Dr. Becker relies on these adjustable implants for the vast majority of his reconstructions and many of his augmentation patients, particularly those having an augmentation and a mastopexy performed at the same time. He explains that the technique did not gain widespread use sooner because of misconceptions about leakage rates and optimum fill rates, among other things.



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