

Augmentation Mastopexy Using Adjustable Implants With External Injection Domes

For augmentation mastopexy, the authors use adjustable implants that are deflated at the end of the procedure and then inflated to the desired size 5 to 10 days postoperatively using external injection domes. Reported advantages, based on 175 cases, include increased perioperative safety for the nipple areolar complex, the ability to adjust for size and symmetry postoperatively with patient input, and better scar healing with less widening. (*Aesthetic Surg J* 2006;26:736-740.)

Augmentation mastopexy is recognized as a difficult procedure with a high complication rate. Some surgeons advocate performing the operation in 2 stages.¹ The mastopexy procedure tightens the skin and elevates the inframammary fold; the augmentation procedure does the opposite, expanding the skin and lowering the inframammary fold. If a fixed volume implant is used, a tight skin closure over a large implant may lead to scar stretching, wound breakdown, skin necrosis and even, on rare occasions, nipple areolar complex loss. Furthermore, the tight closure tends to elevate the implant (Figure 1).²

The adjustable implant allows for initial placement of the implant in an underfilled state and subsequent filling a few days after surgery, once viability of the skin flaps is assured. With this device, optimal size and symmetry can be achieved and postoperative pain is reduced.

The standard technique for using the adjustable implant is to place the injection dome in a subcutaneous pocket; the dome is removed several months later when surgeon and patient are satisfied with the size and shape of the breasts (Figure 2).³⁻⁵ For patients who do not wish to undergo injection dome removal, it is possible to externalize the injection dome for several days.⁶

The use of adjustable implants for augmentation mastopexy with buried injection domes, as well as augmentation with externalization, have been previously reported. Here, we present the use of an external injection dome for augmentation mastopexy.

Technique

Preoperatively, determine the implant size by measuring the base diameter on the chest and then having the patient try on the selected implant in a bra. Any of the standard mastopexy incisions may be used. Most commonly, we use the subareolar version of the circumareolar technique or the vertical mastopexy. If the subglandular pocket is selected, we use the 50/50 gel/saline implant. For a submuscular pocket, either the adjustable saline or the 50/50 gel/saline implant can be used (Figure 3).

The vertical mastopexy procedure can be also performed using external injection domes (Figure 4). Use a temporary sizer implant initially to reconfirm the size.



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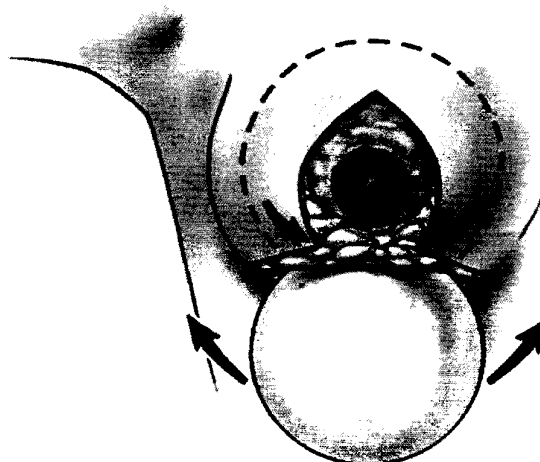


Figure 1. Diagrammatic representation of implant exerting lateral forces, which counteract the medial tightening forces of the mastopexy procedure.