
Cosmetic Ideas and Innovations

Correction of Symmastia Using an Adjustable Implant

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Symmastia occurs following breast implant placement when the midline sternal attachment becomes disrupted (Figs. 1, *above, left*, and 2, *left*). This usually occurs as a result of overaggressive dissection of the implant pocket medially, resulting in communication of the two breast implant pockets with obliteration of the cleavage.

Correction necessitates surgical intervention with reattachment of the capsule and subdermal tissue to the sternal periosteum. Recurrence is common because of disruption of the sutures as a result of tension created by the implant.

A new technique of correction using adjustable implants is described. The suture repair is allowed to gain sufficient strength before gradually filling the adjustable implant.

METHODS

The original incision is reopened bilaterally and the implants are removed. The anterior and posterior capsule is then incised medially on each side one to two fingerbreadths apart. The flaps are then sutured to each other with two rows of nonabsorbable sutures, usually 3-0 braided polyester. Intraoperative expanders are then placed in each pocket and filled to the desired volume, and the adequacy and symmetry of the repair are assessed.

The expanders are removed and the appropriately sized adjustable implants are inserted. The implants are not completely filled at this stage. Twenty to 50 cc of saline is added to each implant to allow the saline to back-flow when

postoperative filling is started. The injection domes are connected and secured in subcutaneous pockets close to the incision.

Routine closure is performed and a supportive garment applied. Filling is started 1 week postoperatively by injecting 50 cc once or twice weekly (Figs. 1, *right*, and 2, *above, left*).

RESULTS

A total of five cases have been successfully treated by three surgeons (Figs. 1, *below*, and 2, *right*) with no recurrences. One patient had had three prior unsuccessful operations (Fig. 1, *above, left*). Patients were followed postoperatively for 8 months to 2 years.

DISCUSSION

Bostwick¹ states in his book that symmastia is difficult to treat. He recommends total capsulectomy, medial suture repair, lateral release, and placement of textured implants to encourage adhesion.

Recurrence is a common problem. The common denominator in the recurrent cases was immediate replacement of the implant at the time of the repair. The tension of the implant is thus working against the suture repair, resulting in disruption of the sutures and recurrence of the symmastia. By replacing the implants with an adjustable implant, filling of the implant can be delayed until the suture repair has healed sufficiently to withstand the tension of the implant.

The adjustable implant was described in 1982.² The ability to delay filling has been ad-

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