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BREAST PERFECTION

BREAST AUGMENTATION MEANS MORE THAN BIGGER BREASTS—IT ALSO MEANS GETTING THE PERFECT BREAST FOR YOU. BY PAM FULFORD.

Making the decision to have breast augmentation might be the easiest part of the entire surgery. Many women expect, having decided to go bigger, that all they have to do is pick a doctor and have the operation. But it's a little more complicated than that. Many variables go into choosing the 'perfect' breast. If you know what they are, the better the odds are that you will be satisfied with the final results.

"Women will come in and say, 'I want to be a lot bigger or I want to be a D-cup'," says Dr. Wayne Carman of the Cosmetic Surgery Institute. "What they don't realize is that the shape and size of their existing breasts determines just how much I can do for them."

According to Dr. Carman, a woman with larger, droopier breasts can probably go bigger because she has enough breast tissue to cover a bigger implant. But a woman with tighter, perky breasts will probably have to settle for a smaller size.

Dr. Carman also takes into account proportion and lifestyle. "It is really a discussion, an agreement between the doctor and the patient. Gigantic breasts on a tiny woman will not look flattering. A woman with a very active lifestyle may want to think twice about really large breasts."

Patients often expect

surgery to provide other, extra benefits. "Patients will request that the breasts be closer together," says Dr. Trevor Born of the Toronto Institute of Aesthetic Plastic Surgery. "We can't do that. The implant has to lie directly behind the nipple, so breasts that are far apart will remain that way, though they will look fuller."

If the breast skin is too thin, then doctors are reluctant to put in too big an implant. "In that case," says Dr. Born, "you may actually see the outline of the implant on the chest."

Both he and Dr. Carman will refuse to perform an augmentation they think will look unnatural or if the patient has unrealistic expectations of what the results will be.

Once the patient and doctor have agreed on expectations based on the existing breasts, they begin looking at the options. "I usually evaluate how big I think they should go and make suggestions based on how they look and what I know," says Dr. Carman. "I don't encourage them to try on a bra with an implant in it—the implant always looks bigger before surgery than after."

If they bring in photos, he prefers them to choose clothed models, as it gives him a better sense of what they want to look like most of the time.

Dr. Born approaches it differently. "I got my patients to try on a gel implant to see

how it feels and looks to them. At home, they can put a baggie of rice in a bra. When they like the amount, they can measure it so we have an idea of what size they're after. They also bring me photos, usually of women in bathing suits or nude pictures they like."

The technical side is straightforward for most patients. Round, smooth, saline implants make up the vast majority of those used in Canada. There are some variations—teardrop shaped implants, silicone or cohesive gel implants, but these are more used less frequently. Many doctors find those that are shaped show their outline on the chest wall if they shift even slightly. And Health and Welfare Canada must approve non-saline implants on a patient-by-patient basis.

Doctors also have different surgical techniques. The implant may go in via an incision in the underarm, nipple, in the crease under the breast or through the navel. It can be laid in one of two places: either under the chest muscle or on top.

The most successful surgeries appear to be those where the doctor and patient have worked together to customize the breast. Dr. Carman speaks of working with a patient who had an undeveloped breast on one side and a C-cup on the other.

"We put an adjustable implant on the one side and gradually filled it over several months. The two breasts are both C-cup now, but the original C-cup is much droopier than the implanted one. So now we're going to do a lift on that side and for the first time her breasts will be the same size and shape."

Successful surgery doesn't just mean being happy with your new size and shape. "The one thing I would advise women to do is to ask all the questions," says Dr. Born. "What are the risks? How long do the implants last? Ask all the questions beforehand."

But he admits he likes doing breast augmentation surgery. "It's a happy surgery. Occasionally I get someone coming back, asking if I can make their breasts a little bigger," he laughs. "But I'd say 99.9 per cent of them are totally satisfied." ☺

For more information:

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• Check out breast implant types, and before and after photos at www.mcghan.com and www.mentorcorp.com.

ARTICLE HIGHLIGHTS

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