

## Introduction to Cosmetic Breast Enhancement Understanding Your Options

This whitepaper is presented by M. Azhar Ali, M.D. F.A.C.S., of Amae Plastic Surgery in Bloomfield Hills, Michigan. The following information on specific breast procedures is intended to be informational and introductory. We strongly recommend that anyone looking to have a cosmetic breast procedure schedule a professional consultation with a plastic surgeon board-certified by the [American Society of Plastic Surgeons](#).

### Objective

This white paper is provided by Dr. M. Azhar Ali to help you understand your breast enhancement options. Depending upon your objective, a variety of surgical procedures are available to improve the appearance of your breasts.

This whitepaper focuses on cosmetic breast enhancement; and while we will touch on breast reconstruction this is typically undertaken to correct a flaw or to repair damage, and will be covered more in depth in a later white paper. This white paper will focus on:

- [Breast Augmentation](#)
- [Breast Implants](#)
- [Breast Lift](#)
- [Breast Reduction](#)
- [Nipple Correction \(Revision\)](#)

### About Dr. Ali

Dr. Ali is a [Michigan Plastic Surgeon](#), and through his practice—Amae Plastic Surgery Center—he has performed thousands of [breast augmentations in Michigan](#) over the last decade. Dr. Ali is known for his thorough evaluation, realistic recommendations and an extraordinary level of patient care. Dr. Ali is a board-certified plastic surgeon with 11 years of additional training following his medical schooling, including:

- Fellowship in Aesthetic and Reconstructive Breast Surgery at Womens' College Hospital in Toronto, Ontario
- Fellowship in Microsurgery and Trauma at St. Michael's Hospital in Toronto
- One year fellowship at Children's Hospital in Toronto, Canada for Pediatric Surgery
- Two years of plastic surgery training at Providence Hospital in Michigan
- Five years of general surgery training at Providence and North Oakland hospitals in Michigan
- One year pediatric internship in New York

### History of Cosmetic Breast Procedures

Plastic surgery in its most general form dates back as far as 2000 B.C., with historic records showing that physicians practiced very basic forms of plastic surgery such as nose reconstruction. It was not until the 1960s that many of the cosmetic breast procedures we are familiar today with were developed.

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Scientific advancements such as the creation of silicone quickly become vital components of numerous plastic surgery procedures. In 1962, Dr. Thomas Cronin invented the first artificial breast implant made of silicon. Over the next few decades, the implants were produced and used for cosmetic breast procedures at continually increasing rates.

As with all technology and techniques, as cosmetic breast surgery became more in demand it also became more affordable. This increase in availability, along with technological advancements has continued to make breast enhancement surgery one of the most popular cosmetic procedures. In fact, according to a study conducted by the American Society of Aesthetic Plastic Surgery (ASAPS), out of the top five most common cosmetic surgical procedures, breast augmentation was the most popular with 318,123 procedures performed in 2010. Breast reduction was also within the top five, with 138,152 procedures.

### Types of Cosmetic Breast Procedures

There are a variety of procedures available, depending upon a patient's situation and desired outcome. These include:

**Breast Augmentation.** A breast augmentation, also known as breast implants, uses an artificial implant to enhance the size and/or shape of the breast. This procedure is typically performed when a patient wants to have a larger cup size. A breast augmentation can be combined with a breast lift.

**Breast Lift:** A breast lift procedure does not necessarily correct a size deficiency, but rather corrects the sagging that patients experience with aging and/or pregnancy. The procedure does not use an implant, but rather removes excess skin and tightens surrounding tissue to lift the breast and reposition the areola and nipple. That said, a breast lift can be combined with an implant to correct sagging and also replace lost volume (as a result of breast feeding, weight loss, heredity, etc.)

**Breast Reduction.** As implied by its name, a breast reduction removes skin and tissue in order to reduce the cup size of the breast. Disproportionately large breasts can cause a myriad of health issues, including neck, back and shoulder pain.

**Nipple Surgery.** Nipple surgery improved the look of the nipple or areola and is typically performed to achieve nipple reduction, inverted nipple repair or areola reduction. While nipple surgery can be performed alone, it is more frequently performed in combination with a breast augmentation, reduction or lift.

### Breast Augmentation

Description: Breast augmentation is a cosmetic procedure that uses implants to enhance the shape and size of the breast(s). Since the introduction of breast augmentation surgery in the early 1960s, millions of women have elected to enhance their bodies with saline or silicone implants that result in a very natural look and feel. Saline breast implants are filled with varying amounts of sterile salt water to affect

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the shape, firmness and feel of the breast. Similarly, silicone breast implants are filled with an elastic gel that feels and moves much like natural breast tissue. Implant size is an important decision and will be thoroughly discussed and reviewed during consultation meetings.

Different placement of the implant may be done to achieve the desired result, but the most common placement is under the pectoralis (chest) muscle, which is behind the breast tissue. Alternatively, implants may also be placed above the muscle, but still behind the breast tissue. To minimize scarring a minimally invasive incision is made in an inconspicuous area such as the armpit (transaxillary), lower half of the areola (periareolar) or underneath the breast, relatively close to the crease where the breast meets the chest (inframammary). This determination will be made by your surgeon and depend on the results you are trying to achieve.

Once the procedure is complete a long-term local anesthetic may be used to insure pain is minimal during recovery. Typically, patients are able to go home after a breast augmentation. During the first few days after surgery there may be some discomfort, but it is easily manageable with pain medication. For approximately six weeks, patients wear a compression garment that is much like a sports bra. While some swelling is to be expected, it will subside after the first two weeks. And while your surgeon will provide specific instructions, patients are typically advised not to engage in strenuous activity and to avoid lifting anything over five pounds during the healing process.

### Why Breast Augmentation Surgery?

Women elect to have breast augmentation surgery to feel more comfortable and confident within their body image. A breast augmentation can help with a variety of conditions, including deficiency in breast size, loss of volume due to weight loss or breast feeding or breast asymmetry (one breast smaller than the other). Breast augmentation provides almost immediate results, improving the body's overall contour and improving or restoring self-image.

### Breast Lift

A breast lift (Mastopexy) restores the youthful shape of the breast. The procedure removes excess loose skin from sagging breasts and, if necessary, repositions the nipple to a higher level. Occasionally, the nipple/areola will also be reduced in size. A breast lift will not significantly change the size of the breasts, nor round the upper part of the breast. Patients looking for fuller, larger and/or firmer breasts should consider an augmentation combined with a breast lift.

There are different breast lift techniques used, depending upon the degree of sag (or ptosis) in the breast. Classification of ptosis is as either minor, moderate or severe, and is determined by the position of the areola in relation to the inframammary fold (the area beneath the breast where it connects to the body).

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There are four basic breast lift techniques known as the periareolar, circumareolar, vertical, and anchor technique, each of which is used to correct increasing ptosis, respectively. Each of the techniques involves different incisions and removal of tissue, depending upon the amount of lift needed. Minor ptosis requires a less invasive procedure than moderate or severe ptosis. During a consultation, the patient and the surgeon decide which technique will achieve the desired results. Although the coloration of breast lift scars will fade with the healing of the breast tissue, they will remain visible.

Much like after a breast augmentation, the patient will have to wear a support bra for two to four weeks to help with swelling and support during healing. While certain activities may be limited for a few weeks, many patients go back to work after the first week. While post-surgical pain is minimal, some bruising, swelling or tenderness may occur. This will typically subside within one or two weeks.

### **Why Breast Lift Surgery?**

Time can have dramatic effects on the body and the breasts are no exception. With time, the breasts tend to lose their youthful look. The shape of the breast is affected by number of factors which include aging, pregnancy, breast-feeding, gravity and weight loss. Genetics also plays an important role in aging of the breasts. Women bothered by the feeling that their breasts sag or have lost shape (become flatter and/or elongated) often opt to have a breast lift. The procedure can also correct nipples that point downward, one breast that is lower than the other, or stretched skin and enlarged areolas.

### **Breast Reconstruction**

Breast Reconstruction is a multi-stage procedure that restores a breast to near normal size and shape, and is done as a result of a mastectomy. Multiple stages are needed to complete the reconstruction, as the procedure frequently involves the gradual rebuilding of tissue as well as insertion of an implant.

Depending upon the situation and various medical factors, reconstruction can be performed either at the same time as the mastectomy or can be delayed for a few months. During the first phase of implant reconstruction, a tissue expander is inserted under the chest muscle. After surgery the patient is admitted to the hospital for one or two days to manage and minimize pain. The device is then gradually filled with saline during the subsequent office visits. This gradual process stretches the muscle and helps create a pocket for the permanent implant.

Once the desired size is achieved the expander is left in place for 6 to 8 weeks. This allows the scar tissue to mature around the implant. During the second operation the tissue expander is replaced with a permanent breast implant. Patients now have the option to choose between saline or silicone breast implant. A few weeks after the implant exchange, nipple reconstruction is performed, followed by tattooing of the areola. Both of these procedures can be performed in the office.

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Despite all these advances in techniques and technology the reconstructed breast will always feel different and lack sensation. Still, this surgery profoundly effects patient self-esteem and confidence and is one of the most rewarding plastic surgery procedures possible.

### **Why Breast Reconstruction?**

The diagnosis of breast cancer and the physical deformity that results from a mastectomy adds greatly to a cancer patient's psychological and emotional stress. For many of these patients, breast reconstruction provides comfort in knowing the damage from cancer can be corrected and is a physically and emotionally rewarding procedure. If only one breast is affected, it can be reconstructed alone. However, a breast lift, breast reduction or breast augmentation may be recommended for the opposite breast to improve the patient's symmetry.

While most cosmetic breast procedures are not covered by medical insurance, in 1998 a bill was signed by President Bill Clinton requiring insurance companies to cover the costs of post-mastectomy reconstructive surgery.

### **Breast Reduction**

Breast reduction surgery, also known as mammoplasty, involves removing excess breast fat, tissue and skin to achieve a smaller breast size. There are a number of ways to perform breast reduction; the most common being a method called a "three-part incision." The type of incision used will depend upon the extent of the reduction and the desired outcome. Excess breast tissue, fat and skin are removed from the breasts and the nipple and areola are repositioned. The areola can also be reduced in size at that time. And while scarring is permanent it will fade with time.

Patients can expect some discomfort for a few days. Some bruising and swelling will be noticed but it will gradually subside over a few weeks. Drains are removed after a few days and patients are advised to refrain from strenuous activities for 6 weeks to allow sufficient healing. After a few weeks patients can discontinue the support bra, and start wearing normal bras. Nipple sensations will gradually improve over a period of 4-6 weeks.

### **Why Breast Reduction?**

Women who feel as if their breasts are too large in proportion to their body frames, or one breast is much larger than the other, are typically good candidates for a breast reduction. Back and neck pain is often caused by the weight of large, heavy breasts and can be resolved with this procedure.

Other indications that a patient may want to consider a breast reduction procedure include: pendulous breasts with nipples that point downward, skin irritation beneath the breasts, indentations on shoulders

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from bra straps, bathing suits or fitted clothing, and a restriction or lack of enjoyment surrounding physical activity due to breast weight.

### Nipple Revision

Nipple revision surgery is performed to improve the look of the nipple or areola, and while it can be done as a standalone procedure, it is more commonly done during a breast augmentation, lift or reduction. Repairs, corrections and enhancements vary depending on the specific condition but are traditionally performed to achieve nipple reduction, inverted nipple repair or areola reduction surgery. If done standalone, it can be done in the office using local anesthesia.

After nipple surgery there will be some discomfort for a few days, but this is easily managed with pain medication. After the operation, some bruising and swelling occurs; this may last for a few days. Patients are often encouraged to begin walking around on the day of surgery. Stitches will be removed about one to two weeks following the procedure.

Patients should avoid exposing the resulting scars to the sun for at least six months, as sunlight can permanently affect the skin's pigmentation, causing the scar to turn dark.

### Why Nipple Surgery?

More and more women undergo nipple surgery to correct for a number of conditions, including nipple inversion (a disfiguring condition that affects about two percent of women), large or asymmetrical areolas or "puffy" areolas that may be visible through clothing. Additionally, nipples can change shape after pregnancy and breast feeding and become elongated or larger, resulting in discomfort or dissatisfaction with self-image.

### Selecting a Plastic Surgeon

While many plastic surgeons perform both cosmetic and reconstructive procedures, not all plastic surgeons are alike. When you elect to have cosmetic or reconstruction surgery you are putting your self-image into the hands of your surgeon. Plastic surgery is a specialty that requires extensive medical knowledge, knowledge of and experience with the human physique, an artistic "eye" and the experience that comes from years of study and practice.

Any doctor with an MD can perform cosmetic surgery and there are many physicians who claim expertise but are actually trained in another specialty (i.e. OB-GYN, pediatrics, etc.) These doctors claim that they are "cosmetic surgeons" but they lack the intense training and specific skills of a board-certified plastic surgeon.

**Board Certification.** A qualified plastic surgeon will be board-certified *in plastic surgery*. Some surgeons are board-certified, but not in cosmetic or plastic surgery. Any surgeon who performs any cosmetic or

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plastic surgery should be board-certified by the American Board of Plastic Surgery® and/or The Royal College of Physicians and Surgeons of Canada®.

**Hospital Affiliation.** Plastic surgeons should be affiliated with a hospital. This is not only in the event of an emergency, it is also because, in order to attain this affiliation the surgeon must have an extensive level of experience and training. Hospital affiliation is assurance the surgeon has been properly vetted by the medical establishment.

**Expertise.** Like all medical professions, plastic surgery is continuing to change and advance; new techniques and technologies are being continuously developed. The best plastic surgeons continue to undergo training and participate in seminars and symposiums in their area of specialty. Many contribute to their specialty's body of knowledge by presenting papers and findings at these events.

**Experience.** Leading plastic surgeons have completed internships and fellowships *in their area of specialty*. This is important to achieving the hands-on experience in their profession, as they are working with highly experienced doctors at that point. Additionally, the plastic surgeon you select should have extensive experience *in the procedure you are considering*.

**Trust.** Patients should feel comfortable asking the plastic surgeon of their choice how long they have been in practice, how many breast surgeries they have performed (specifically the procedure the patient is looking to undergo), and why the doctor became a plastic surgeon. Your surgeon will come to know intimate details of your body and self-image and you have every right to insure you feel comfortable and at ease with your doctor.

### A Note from Dr. Ali

As a medical professional I will ask many questions to assure I have a full understanding of what you are looking to achieve. I also provide patients and future patients with critical, realistic information pertaining to the history, advancements and techniques available among the various cosmetic breast options. Most importantly, I seek to provide you with a comprehensive understanding of your options, so that you can make a sound and educated decision when selecting your cosmetic surgeon.

If you are considering breast enhancement surgery, for whatever reason, I encourage you to call for an initial consultation. During this initial visit or we can discuss your specific goals for surgery and I will help educate you on your options so that you can make the decision that is best for you.

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