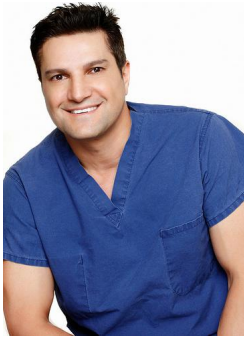


Is Breast Augmentation for You? 5 FAQ With Dr. Marc Malek

Written by Christina Silvestri
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Dr. Marc Malek has been practicing for more than 12 years in the Valley of the Sun as a Board Certified Plastic Surgeon. Dr. Malek and his team at Dr. Marc Malek Plastic Surgery follows the motto, "In Every Body there is a Work of Art." As a top plastic surgeon, Dr. Malek works with each patient to achieve enhanced results that complement his or her natural features. It's no wonder he's the best doctor for breast augmentation and breast implant revision in the Valley.



Here, Dr. Malek gives *AFM* the 411 on everything you need to know about breast augmentation. Stay tuned for more of Dr. Malek's expert answers to important and frequently asked questions about breast augmentation.

1. What can a breast augmentation do for me?

The word augmentation implies to enlarge. In my opinion it is not merely an enlargement of the breast but truly a beautification instead. The surgery is more about aesthetics both new and figurative. It is about proportions that balance the figure in and out of clothes. By understanding your dimensions, shoulders, rib cage, waistline, hips and legs I am able to create a balanced and curvy silhouette.

2. How do I know what look best suits me?

It is important to create versatility in each result. That means I allow you to have many different looks with the same procedure. This is possible if the proper implant is chosen with particular attention to type, fill volume, width, height as well as projection. This means you can look classy, professional, athletic, as well as sexy. You can choose the outfit that is appropriate for the occasion when your breasts are well proportioned to your frame.

3. How long can I expect my result to last?

When looking at all numbers across the country the average patient will be back in for a revision within 10 years. There are two reasons that they may find themselves back in the operating room. The first set of reasons are personal choices. You may choose to go bigger or smaller depending on your sense of taste at a future point. Pregnancy and breast-feeding may have led to a change in the shape, size or position of the breast. If the appearance of the breast is satisfactory then there is no reason to replace the implants or re-operate on the breast. A second set of reasons may be more mechanical in nature. Scar tissue forms around an implant once it is placed in your body. This layer which is composed of fibrous scar tissue that is now surrounding the implant may become tighter with time for reasons that are related to natural occurring bacteria in the breasts. When this occurs it is called capsular contracture and happens nearly 10% of the time. It occurs less often when the implant is placed underneath the muscle. Deflation of the implant is another reason that would require you to have revision surgery. This occurs in less than 1% of patients per year. The manufacturer is quite responsible and will cover a portion of fees for replacement as well as supplying replacement implants at no cost to you the patient. If you are happy with the shape of the implants and your breasts and have not experienced capsular contracture or deflation you can keep your implants indefinitely. In other words if it is not broken you do not need to fix it.

4. Is over the muscle better than under the muscle placement?

There are multiple advantages to placing the implant underneath the muscle. Many techniques are described of exactly where the best position is. I like to use the muscle to support the implant in nearly all cases. There are a few exceptions. In general the muscle will help to support the implant and minimize bottoming out over time. The muscle also helps to create a covering layer over the implant allowing a smoother transition from the top of the chest onto the implant surface. There is a gentle sloping effect that is created by the muscle. The risk of capsular contraction is also reduced when the implant is placed under the muscle. The feel of the breast is also more natural with less rippling since the muscle provides more natural tissue to cover the implant. Your plants that are placed above the muscle tendon stretch and thin the breast overtime leading to a lower position of the implant. More rippling is felt and there is a higher risk of contractures.

5. Where is the best placement for my incision?

Incisions can be made in the armpit, around the nipple, or underneath the breast. When the under arm is used the scar can be visible or bothersome when you shave. It is a tight space to push the implant through so nerve injuries are also common along the inside part of the arm. The tissues on the outside part of the breast are often disrupted when pushing the implant through and can lead to the implants falling out to the sides overtime. This will be more noticeable when the patient is leaning back or laying on a pool chair. We have all seen that space between the breasts all too often. This often requires corrective surgery where sutures have to be replaced on the outer portions of the breast pocket to force the implants back to the center. And incision around the areola can be used if the pigment of the areola as distinct in the circumference is large. It's also preferable to use this site if you also need to have a skin lift around the nipple. This will minimize having extra scars. It is important to note that capsular contraction or does occur at a higher rate when the nipple site is used. The most common incision used and the one I prefer the most is only 1 inch long and is at the lower portion of the breast just above the crease. This site has the least problems over time. It allows for perfect placement of the implant with minimal disruption of outer tissues or nerve injuries. Future surgeries to replace the implants or revise the implant pockets almost always requires this incision. So it makes sense to just use it the first time and have that same scar available for future surgeries.

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For more information or to schedule a consultation, please visit www.marcmalekmd.com or call 480-551-2040.