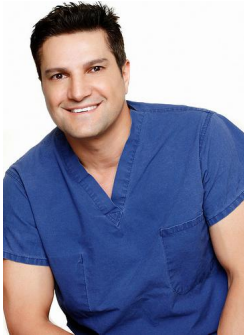


8 Important Breast Implant Revision FAQ: Dr. Marc Malek

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 us the 411 on everything you need to know about breast implant revision.

1. When am I likely to need breast implant revision surgery?

If you are satisfied with the shape of your breasts and do not feel you need to make a change then you can leave your implants in indefinitely. If you would like to have an increase or decrease in the size of your breasts or are unhappy with your shape revision surgery can improve your result. Women who have had a long-standing implant in place can experience one of two things.

2. What is capsular contraction?

The implant pocket can sometimes become tight or immobile rendering the implant and breast firm to feel. This condition is called capsular contraction and occurs in nearly 10% of patients over that period of time. The capsule is essentially the lining of the implant pocket which is a layer of scar tissue that your body has formed around the implant. It is like the peel of an orange or grapefruit that can become thicker and more dense over time.

3. How do I know if I have a capsular contraction?

As the capsule tightens the implant and breast become firm. In most cases there is upward migration of the implant rendering a high round appearance with the remaining natural breast tissue hanging below the implant. This effect creates an appearance of two separate objects both the implant and the actual breast tissue.

4. What is the treatment of capsular contraction?

The treatment of capsular contraction involves removal of the implant capsule and replacement of the implant. The release of the capsule allows for the reestablishment of symmetry and proper implant position as well as harmony with the breast tissue surrounding it.

5. Why have I lost my cleavage and find my breasts falling to the sides?

In contrast to capsular contraction the implant pocket may stretch and become loose creating a bottoming out of the implant with a loss of upper pole height. This creates a bottom heavy look with loss of cleavage and projection particularly in a bra or bikini top. The larger the implant and thinner the natural starting breast volume the more the likelihood that stretching of the lower breast and bottoming out will occur. This is very commonly noted when the implants are placed above the muscle. With no muscle support they weigh heavily upon the thinning breast tissues and skin. This may also be seen when implants are placed under the muscle. Excessive removal of muscular attachments contributes to weakening of the pocket. When the implants fall to the outside part of the chest particularly when laying backwards it is most often due to separation of the tissues on the outer portion of the breasts. This is more commonly seen when the armpit approach is used to place the implants. The treatment of what is described as lateralization or bottoming out is the removal of the implant with internal reconstruction or stitching of the breast fold or outer portion of the implant pocket. These sutures are used to reattach the inside of the pocket to the rib cage thereby closing the pocket space and repositioning the implant back up and in. This adds cleavage as well as the perception of size in the center portion of the chest and minimizes the low and outward heavy appearance of the breasts.

6. What is a double bubble?

A double bubble can also be noted in some patients when the crease of the breast has been removed from its attachments to the rib cage. This is often the result of too large an implant being placed in a breast that is too small and narrow. The fold or crease of the breast is formed by natural fibrous attachments of the skin to the rib cage and chest wall. Over dissection of the crease can create migration of the implant below the fold. The breast implant becomes visible below the crease and the breast seems to sit on the implant as a separate smaller object. Like a small hat on a large head. The treatment of double bubble is to reattach the crease to the chest wall and use a smaller and narrower implant to better suit the dimensions of the breast. In some patients when the skin and breast is extremely thin having withstood a very large implant for an extended period of time additional support is required. In addition to a pocket reconstruction and internal layer of fibrous tissue can be used as an internal support or sling to add thickness and durability to the breast pocket. These tissues are typically from human cadavers or pig tissue where the cellular elements are removed but more durable fibrous elements such as collagen and elastin remain behind. These tissues are called acellular dermal matrix or ADM. Some of these tissues are called Stratattice, Alloderm, Belladerm. They are very commonly used in breast reconstruction but have found increased use in cosmetic patients. This is due to trends of increased size of implants in patients with less natural volume.

7. How can textured implants help me?

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An additional tool in combating the bottoming out of implants is the use of texturing on the surface of the implant. The texture of the implant surface allows for adherence to the implant pocket thereby distributing the force of the weight of the implant over a greater surface area and not just the bottom of the breast.

8. Why does my breast seem to be falling over my implant?

At times the breast itself will get weak with gravity and volume loss following pregnancy and breast-feeding. If the implant pocket holds the implant well the breast may age and slide over the implant creating an appearance of two separate shapes. The implant in the upper half and the looser breast tissue below. In this situation a breast lift maybe indicated. This is done by removing excess skin and raising the nipple to a proper height centering it on the breast. The size of the areola can also be made smaller when performing a lift. Scars can be limited to a circle around the nipple or a lollipop pattern extending down to the crease. In extreme cases a horizontal scar across the base of the breast may also be necessary.

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