

# Breast Augmentation

## *Issues of Silicone, Saline and Body Fat Transfer*

By Don J. Fontana, MD

Breast surgery and enhancement continue to be some of the most frequently performed procedures on women between ages 25 and 45 years old. These procedures include breast augmentation, breast reduction, mastopexy (breast lift) and breast reconstruction following mastectomy for breast cancer.

Of these various procedures, breast augmentation either alone or in combination with breast lift is the most popular. With the consent of the FDA (Food and Drug Administration) silicone breast implants are now an option to all women seeking cosmetic breast enlargement. Breast implants filled with saline solution have been the most common implants used in the last ten years. Patients frequently ask which of the two options, silicone or saline is better. This question is not answered easily because both provide attractive, natural appearing and feeling breasts. Silicone breast implants were used almost exclusively from 1980 through 1992, and for those plastic surgeons practicing during that period, silicone implants were the norm. The opposite is true in the last 15 years during which the use of saline implants dominated the market.

The answer to the question of which is better depends on the patient. The patients with silicone implants are consistently pleased with the shape and feel of the

breast; and the exact same response is true of those patients with saline breast implants. An interesting, slightly different response is given by patients who have decided to exchange silicone implants for saline. The reason some women elected to do this was their concern that the silicone implants could possibly harm them. For those patients who had the silicone implants removed and replaced with saline, almost all preferred the feel and texture of the silicone over saline. Another factor to be considered is cost. Silicone implants are more than twice the cost of saline, and this expense is added to the overall surgical expense.

The use of a patient's own fat has been in the news recently using a technique referred to as fat transfer. It sounds like the ideal method for enlarging the breast. The procedure of fat grafting is not new; however the technique for successful breast fat transfer continues to evolve. The plastic surgeon very carefully and traumatically removes fat from the patient's abdomen, buttocks or thighs. The fat cells must be handled carefully so as to keep them alive for their "transplanting" into the breast. Once the fat cells are harvested, cleansed and isolated, they are loaded into dozens of small syringes and injected into the patient's breast in tiny amounts. The fat cells must be kept alive in order to "live" in the breast. A high percentage of these transplanted fat cells do not survive, liquefy



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and are later absorbed by the body leaving calcifications within the breast. In the hands of one of the most skilled plastic surgeons in the United States, the procedure takes 4–6 hours at an average cost of \$18,000. In a single procedure, the patient can expect an enlargement of slightly less than one-cup size. For example, a woman with a small A cup can be enlarged to a small B cup after one procedure. There are minimal scars since the fat is introduced into the breast through four 1/8-inch incisions with a needle. Because of the time required to perform the fat transfer breast augmentation, the technique is not widely used. As with any breast surgery, contour irregularities, asymmetry, calcifications and lumps can occur.

Consider a consultation with an experienced plastic surgeon to discuss your breast enhancement options.