



Breast Augmentation Beverly Hills

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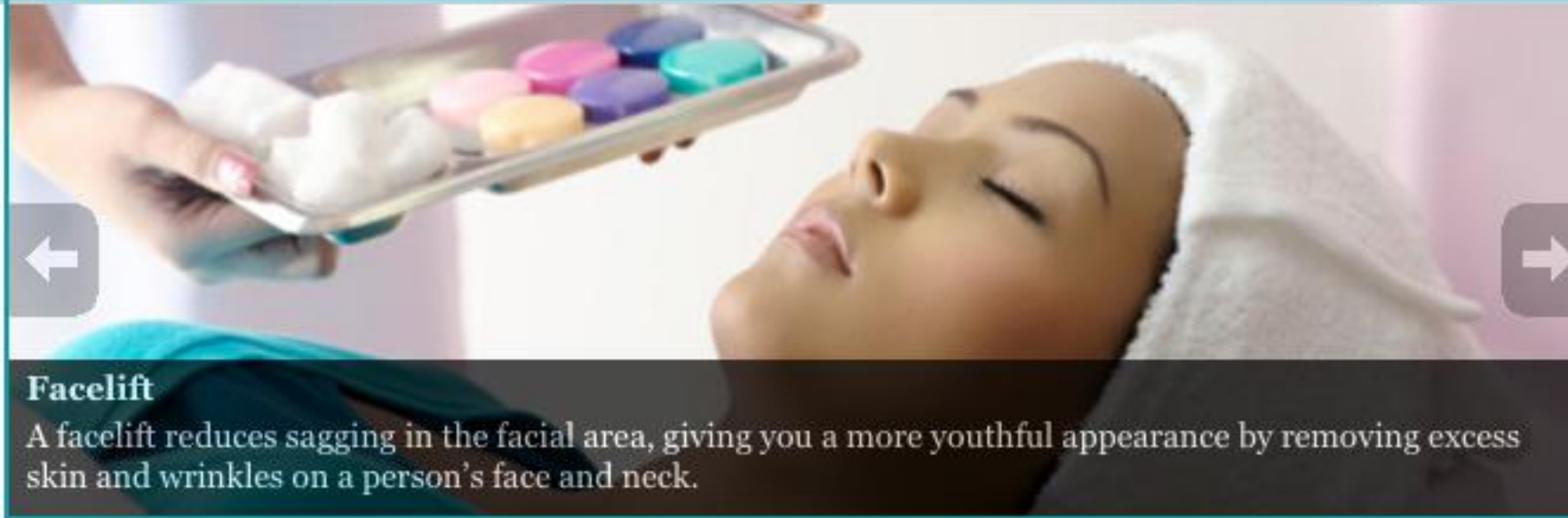
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An Interview with Dr. Stuart A. Linder on Breast Augmentation.

Dr. Stuart A. Linder is a plastic surgeon certified by the American Board of Plastic Surgery. Here the Doctor has answered some of the common questions bizymoms visitors have about Breast Augmentation.

Q. What is Breast Augmentation?

A. Breast augmentation is a surgical procedure in which either saline or silicone implants are placed in a woman's body. I prefer to place implants through the periareolar approach (underneath the nipple) through a small incision which blends well with the nipple areolar complex. Implants are placed 90% of the time using the dual plane technique, which a technique where two-thirds of the implant is subpectoral (behind the muscle) and the lateral third is retromammary (above the muscle). In other words, in my practice, implants are placed behind the muscle whenever possible. Saline and/or silicone implants can be used. Silicone implants are softer, more natural, and have less visibility and rippling. Saline implants are a little rounder in shape, may ripple more and are filled with salt water. Saline implants require ultrasound or mammograms when inspecting women's breasts for possible malignancies. Women with silicone implants should undergo MRI treatment in order to determine rupture and integrity of the shell of the silicone implant as per the FDA in 2006.

Q. How should one prepare for breast augmentation surgery?

A. Patients who are undergoing any operation should refrain from aspirin, Advil, Motrin and platelet inhibiting medications in my practice for at least one week prior to surgery in order to prevent bleeding, hematomas and so forth. Patients will undergo preoperative laboratory screening including CBC, coagulation panel and in select cases HIV and pregnancy tests.

Q. How is a breast augmentation surgery performed?

A. As described elsewhere, breast augmentation surgery is performed through a periareolar approach using the dual plane technique with the implants placed behind the muscle whenever possible, both with saline and silicone implants. Due to the tightness of the muscle, larger saline implants can usually be placed rather than silicone implants.

Q. What are possible immediate postoperative effects in breast augmentation surgery?

A. The immediate postoperative complications can include bleeding and infection which are approximately 1% risk of hematoma or bleeding can be associated with lifting early on, tearing muscle and causing arterial or venous bleeding. If the hematoma is large, this will require reoperation. Infections can also occur and thereby our patients do not get water on their incisions for 14 days and are maintained on oral antibiotics for at least 7 days postoperatively.

Q. What are the possible longer term local effects of breast augmentation surgery?

A. Ruptured implants can certainly occur with saline and/or silicone. Capsular contracture with scar tissue formation is one of the most common complications of implants in which the body is tightening around the implants causing severe encapsulation and pain. Baker classification includes Baker I through IV. Baker I is soft and supple. Baker II is a palpable capsule. Baker III is palpable and visible capsule and Baker IV is severe encapsulation with pain, requiring open capsulectomy in order to release and remove scar tissue.

Q. Who is a candidate for breast augmentation?

A. Any patient who is healthy can undergo breast augmentation surgery. Mammograms should be performed at 35 years of age when considering breast augmentation or any patient over the age of 40, as well as patients with family histories of breast cancer should have mammograms at 35. Women with small soft breasts, women who have breastfed, women who have involuntal atrophy with loss of fullness due to breast feeding or weight fluctuations will be excellent candidates for breast augmentation.

Q. What is the recovery time for breast augmentation?

A. Recovery time for breast augmentation varies between all patients and usually is between six and eight weeks. Sutures are removed on 14 to 17 days, patients are placed in athletic brassieres for the first 14 days and then into an underwire bra and an athletic sports bra during the evening as a sleep bra in order to prevent shifting of the implants.

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