



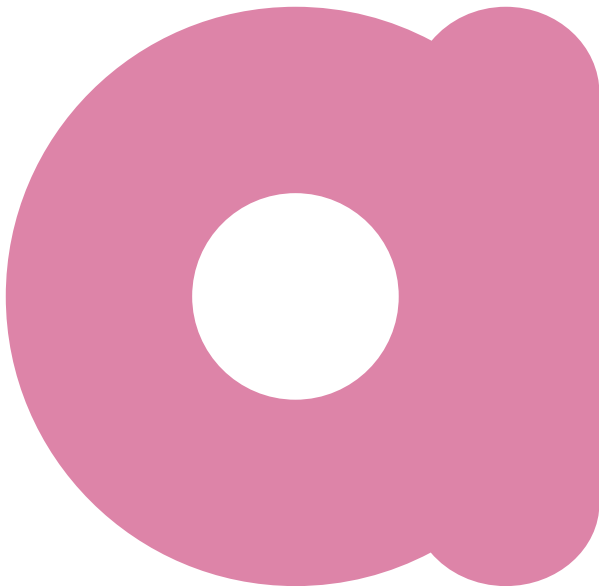
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**We must.  
We must.  
We must decrease our bust.**  
A growing number of women are removing the breast implants they once loved. Why the rush to downsize now? *Health* reports on the mix of medical anxiety and body positivity driving this right-sizing trend.

BY SUNNY SEA GOLD



A few months ago, Christie, 42, walked into a plastic surgeon's office in Seattle with overflowing E-cup implants. After getting general anesthesia, she left about three hours later with Bs.

The information technology specialist had started to feel like the boob job she'd gotten four years ago at the urging of her then boyfriend had become an obstacle, in her career and otherwise. "I've made a lot of transformations with my health in the last few years, eating well and exercising with a trainer, and the inflated boobs didn't fit in—I could barely run because they were so damn heavy," says Christie, who would rather not share her surname. Her last straw: "I was at the gym when I caught a glimpse of myself in the mirror in my tight workout clothes, and I saw how fake my breasts looked. Suddenly, I felt completely self-conscious."

After decades of steady growth, the breast implant trend appears to be deflating. What experts refer to as

"explant" procedures like Christie's jumped by nearly 10 percent from 2010 to 2014 as augmentations fell by about 3 percent, per data from the American Society of Plastic Surgeons (ASPS). Last year, nearly 24,000 women—most between 30 and 54—kissed their fake breasts good-bye.

Over on the popular cosmetic-surgery forum realself.com, women happily share before and after photos of their diminished busts. As one commenter announced, "I am proud of me for doing something healthy for me instead of worrying about how sexy I'll look."

Plastic surgeons around the country are removing or shrinking implants for the very same women they once augmented. Celebs leading the less-is-more charge include Sharon Osbourne, Melissa Gilbert and Victoria Beckham, who've been open about having their implants taken out, along with Heidi Montag, who downsized her famously huge F-cup implants to Cs.

Fueling the trend: our culture's focus on fitness. Many women are surprised by the maintenance implants require

**Out: so-called stripper boobs. In: a woman's natural shape.**



and are no longer willing to shoulder the resulting health issues, inconveniences and costs. Changing body ideals play a big part as well. "Surgeons are seeing a definite shift in the look many women are asking for, away from the very round, prominent 'stripper boob' toward something more in keeping with their natural shape," says Daniel Mills, MD, president-elect of the American Society for Aesthetic Plastic Surgery (ASAPS). "It's early in the trend, and not every woman is on board—I had a 50-year-old patient just yesterday who wanted to be a G-cup!—but we seem to be moving away from the 'bigger is better' attitude."

### The Boob Job Bubble Bursts

Between 2000 and 2006, a record number of women flocked to get implants; procedures rose by 55 percent. A good many were no doubt inspired by *Baywatch*'s Pamela Anderson and her XXL implants, as well as Carmen "32DD" Electra, ranked by multiple men's magazines as one of the sexiest women in the world. Meanwhile, the proliferation of porn on cable television and the mainstreaming of surgically enhanced stars like Jenna

Jameson heightened our national obsession with not-found-in-nature knockers. Once the FDA approved a new kind of silicone implant in 2006, juicing an already booming market, augmentation soon surpassed liposuction as the top cosmetic procedure in the country.

Fast-forward to 2015, with a whole lot of implants starting to degenerate, and more and more women in their 30s, 40s and 50s weary of the upkeep. "Implants are not lifetime devices—the longer a woman has them, the more likely it is that she will need additional surgery, which could include replacement or removal," explains Janette Alexander, MD, a plastic surgery medical officer in the FDA's division of surgical devices. That's not exactly a fact you'll find splashed on the plastic surgery billboards around the country. Adds Michele Manahan, MD, assistant professor of plastic and reconstructive surgery at Johns Hopkins University, "I see a significant number of women who've gone through one or two surgeries and just get tired of having to deal with implants."

Disproportionately large fake breasts can cause neck, shoulder and back problems (challenges that naturally large-breasted women often have to contend with, too). "The bigger the breast implants are and the more they protrude from the body, the more they change the center of gravity, and the more force they exert on the spine," explains Theodore Shybut, MD, an orthopedic surgeon and assistant professor at Baylor College of Medicine in Houston. That's an issue facing many augmented women in cities like Houston, Los Angeles, Miami and Las Vegas, where epic implants still reign. Pendulous breasts can become even more problematic after menopause, as many women gain weight in their breasts (and elsewhere) on account of hormonal changes.

No matter what size a woman gets, rupture or deflation occurs in roughly 10 to 25 percent of silicone gel and saline implants over 10 years, manufacturer studies reveal. (Saline implants consist of a silicone shell filled with sterilized salt water; they're less commonly used these days than those containing silicone gel.) Capsular contracture—stiffening of scar tissue that can lead to pain and rock-hard, misshapen breasts—happens in

PREVIOUS SPREAD: BALLOON, ADAM VOORHES/GALLERY STOCK; THIS PAGE: POPPED BALLOON, KEVIN WALLEY/GALLERY STOCK

## THE TRUE COST OF AUGMENTATION

Health crunched numbers from the American Society of Plastic Surgeons and patient surveys on realself.com. Here's what you might end up shelling out, given that insurance typically covers only severe complications.

### Silicone breast augmentation, age 22

\$6,

### MRIs (at up to \$2,000 a pop) to screen for rupture at ages 25, 27, 29 and 31, as recommended by the FDA

\$8,

### Revision surgery to replace aging implants, age 32

\$8,

### MRI screenings at ages 35, 37, 39, 41, 43 and 45

\$12,

### Explant procedure at age 47

\$4,

### Breast lift accompanying explant (optional)

\$8,

### GRAND TOTAL

\$46,



18 to 19 percent of both types of implants over 10 years. “Placing implants beneath the chest muscle, as most surgeons do today, versus on top—more common in past years—greatly lowers the risk of contracture,” says Dr. Mills. That doesn’t help women who got their breasts done years ago, many of whom are now suffering the consequences.

Some insurance policies pay for revision or reduction surgeries for women who

That out-of-pocket cost is motivating many women to ditch their implants. As Aimee, a 32-year-old mom and accounts payable clerk in New Orleans (who also asked that her last name not be used), says of her recent removal, “I just couldn’t see myself spending a few thousand dollars to update my implants each time. I didn’t want to deny my son and any future children summer vacation because Mommy had to get her boobs done.”

### Size Really Does Matter

For many of us, fitness is everything. But excessively large implants can make jogging uncomfortable and upper body toning moves difficult, notes Dr. Manahan. Fed up with being weighed down by her falsies—and needing to replace them anyway—Dana McCoy, a 31-year-old fitness instructor in Newport Beach, Calif., went under the knife earlier this year to trade her D cups for As. “I was unable to do an unmodified push-up without feeling like my boobs were about to explode,” she says.

Women may also be responding to a new cultural norm. Being super fit is now considered the epitome of beauty, just as being waifish or having a pear shape once

was, notes sociologist Victoria Pitts-Taylor, PhD, chair of the feminist, gender and sexuality studies program at Wesleyan University in Middletown, Conn. “Cultural preferences for body shapes move in and out of vogue,” she says. “Renaissance painters showed women with the plump, round bodies and small breasts that were ‘in’ then. Pop art and fashion in the 1960s were all about thin, flat-chested Twiggy types.” Then came the porn-influenced emphasis on big boobs and a tiny waist in the 1990s and early 2000s, “a tough look to achieve without plastic surgery,” adds Pitts-Taylor.

While nobody is ready to declare victory in the body-acceptance battle, there’s been a cultural shift toward celebrating a wider diversity of bodies, continues Pitts-Taylor, who is also the author of *Surgery Junkies*: “The idea of what ‘beautiful’ means has grown.” Earlier this year, *Us Weekly* magazine included the relatively flat-chested Keri Russell and Zoë Kravitz in its “Hottest Bikini Bodies of 2015” list. Tellingly, Anderson and Jameson eventually had their implants removed.

Even more influential than pop culture trends are the forces within women themselves to redefine what’s attractive—and appropriate—as they age. Nearly

develop serious complications that limit their ability to work or simply move around. But others deem cosmetic breast implants elective and won’t cover fixes—or screenings for ruptures. (Insurance companies and HMOs that cover mastectomies for breast cancer must, by law, also pay for reconstruction.)

## “I didn’t want to deny my son and any future children vacation because Mommy had to get her boobs done.”



## 4 STEPS TO FINDING A TOP PLASTIC SURGEON

Whether you’re considering implants, an explant or anything in between, this is exactly what you need to know about selecting an excellent doctor.

### 1. SEE A DOCTOR BOARD-CERTIFIED IN PLASTIC SURGERY

It’s the only way to make sure a surgeon has extensive training, meets stringent continuing education requirements and specializes in his field. “When a revision patient of mine had gone for [her original] consultation, she asked a staffer if the doctor was board-certified,” recounts Daniel Mills, MD. “The staffer said yes but didn’t bother to add that the doctor was board-certified in obstetrics and gynecology, not plastic surgery. When she came to see me, her implants had dropped like they were in tube socks, down to her

belly button.” If you had a good experience with your augmentation, though, consider that surgeon first if you want a removal, as she’ll already have your records and be familiar with your body. Otherwise check a doc’s credentials on the American Board of Plastic Surgery’s site ([www.abplsurg.org](http://www.abplsurg.org)).

### 2. DON’T TRY TO GET A GOOD DEAL

“I’m seeing a lot more botched surgeries lately in women who wanted to save money,” says Dr. Mills. “Do you really want to get the cheapest bid for your body?” Yes, price matters, but unusually low ones may be a sign

of a desperate doctor. Be wary of billboard specials or Groupons offering steep discounts on augmentation surgery. To look up the average cost of procedures in your area as reported by users on [realfit.com](http://realfit.com), click on “treatments,” pick your procedure, then hit “cost.”

### 3. WATCH OUT FOR THE SMOOTH TALKER

“If you’re not at least a little nervous about going through with a procedure after a plastic surgeon lays out the complications and considerations in your preoperative visits, either he wasn’t very thorough or you weren’t listening!” warns Michael Edwards,

MD. “A consultation shouldn’t be a sales pitch—it’s a chance to educate.” It helps to come prepared with a list of questions, and to take notes you can refer to.

### 4. PERFORM A BACKGROUND CHECK

Many plastic surgeons have patient-referral lists for various procedures, so you can ask other women about their experiences. Be sure to contact your state’s medical board to look for disciplinary actions against a physician you’re considering; you can also check into medical malpractice claims on [healthgrades.com](http://healthgrades.com) (and read doctor reviews).

SURGICAL EQUIPMENT AND IMPLANTS: PETER DAZELEY/GETTY IMAGES; LANTERN, CLASSIX/GETTY IMAGES; MEDICAL TRAY: KEDSANE/GETTY IMAGES; BALLOONS: HADRIEN BRUNNER/GETTY IMAGES; ANDERSON: PHIL FRAMER/FRAME/PHOTO/CONCEPTS; 1992 IMPLANT: YVONNE HEMSEY/GETTY IMAGES; 2006 IMPLANT: RICHARD HARTOG/GETTY IMAGES; MONTAG: ALESSIO BOTTI/GETTY IMAGES/GETTY IMAGES

## A BRIEF HISTORY OF BREAST IMPLANTS



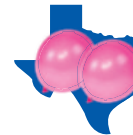
1890

Austrian surgeon Robert Gersuny experimentally injects paraffin into breasts—believed to be the world’s first augmentation.



1960s

Two surgeons in Texas create the silicone breast implant.



1962

Timmie Jean Lindsey, 29, a Texan divorced mom of six, becomes the first woman to get silicone implants.



1988

The FDA starts regulating implants as medical devices, requiring approval before they go on the market.



1989

*Baywatch* hits the airwaves. Later seasons feature a surgically enhanced Pamela Anderson and Carmen Electra bouncing (er, bounding) across the beach.



1992

The FDA places a moratorium on silicone gel implants for cosmetic use because of health concerns.



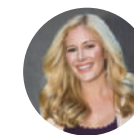
2006

Next-generation silicone implants are approved by the FDA for cosmetic use.



2010

The number of implant removals is on the rise.



2013

Heidi Montag downsizes her Fs to Cs. “They felt like bowling balls on my chest,” she tells *Us Weekly* magazine.



2015

Caitlyn Jenner, née Bruce, reveals her modestly augmented breasts. —Julie Mazziotta



every woman *Health* spoke with expressed, in various words, that the overtly sexy, oversize implants they once prized in their younger years “no longer felt like *me*.” Says Aimee, “When I went from a B to 30DD at 19, I actually wore padded push-up bras to make my boobs look even bigger. I was so wrapped up with physical beauty; I didn’t have much else to put my self-worth in. Life experience has shown me that being yourself and confident in what is yours naturally can be very sexy, too.”

## HOW TO GET THE RIGHT SIZE FOR YOUR BODY

Some plastic surgeons are more likely to go for larger implants. “It often depends on where you live and what the majority of patients there are asking for,” notes Michael Edwards, MD. You can assess a surgeon’s style by flipping through the look book in his office or browsing his online gallery. A good consult should include trying on “sizers” in a sports bra to find the best size for your body type. Some doctors offer 3-D imaging, so patients can envision a new shape and size from all angles.



## The Health Issues with Implants

For the record: Neither silicone nor saline implants cause breast cancer, studies have shown. Women with both kinds appear to have a very small increased risk of developing a different, extremely rare kind of cancer—anaplastic large cell lymphoma—in scar tissue around the implant, according to the FDA. The FDA also says that studies to date do not show a link between silicone gel implants and connective tissue diseases such as lupus and rheumatoid arthritis.

However, there is a small but very real concern about implants and mammography: “Implants make it slightly more difficult to image 100 percent of a woman’s breast tissue, especially if the implants were placed on top of the chest muscle,” says Therese Bevers, MD, medical director of the Cancer Prevention Center at MD Anderson Cancer Center in Houston. As a result, women with implants will likely need additional films. If you have implants, Dr. Bevers recommends asking your ob-gyn for a referral to a high-volume breast center, with dedicated breast imaging specialists (rather than general radiologists) reading the films.

Some women find that the mere chance of a compromised mammogram is a health risk they’re not willing to take. Reports Stuart A. Linder, MD, a plastic surgeon in Beverly Hills, “I’ve had patients with the breast cancer gene mutation tell me, ‘My mother had a bilateral mastectomy, my sister’s been diagnosed with breast cancer, I don’t want anything prohibiting a mammogram from finding even the tiniest change.’ They choose to explant because they want to do everything possible to catch breast changes early.”

Experts are now worried about the relatively new trend of women with implants skipping mammograms, and not because they fear the results. “It’s kind of lunatic—some women with implants don’t get mammograms because they’re worried about rupture,” says Lavinia Chong, MD, a plastic surgeon in Orange County, Calif., echoing what *Health* heard from surgeons around the country. Imaging machines rarely ever press hard enough on breasts to damage implants, experts say, but the fear is there, despite the proven benefits of mammography.

## Some women with implants skip mammograms out of fear of rupture.



### A New Normal

Women who get their implants removed don’t always look fabulous right away. Breasts can appear deflated and wrinkled for weeks—even if there’s an accompanying breast lift, which 50 to 70 percent of women may require for optimal results. (Some breasts will eventually rebound on their own.) Not all women are good candidates for explantation procedures, says Las Vegas plastic surgeon Michael Edwards, MD, immediate past president of the ASAPS: “A naturally small-breasted woman who’s had a big boob job for years may have

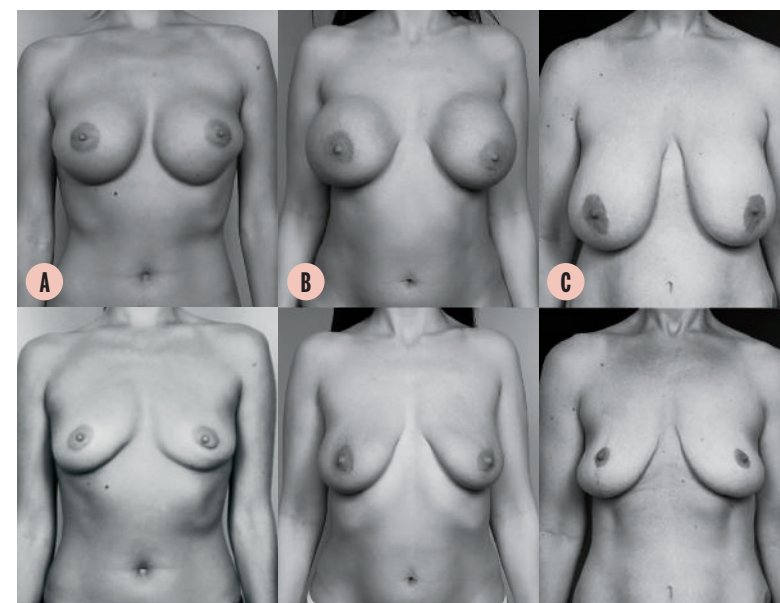
such thinning of her tissue that her nipples could appear to collapse in on themselves without the implant to give them structure.”

Then there are the emotional side effects of downsizing. Though there’s surprisingly little research on the psychological impact of implant removal, one study published in 1997 found that women had increased distress after the procedure. “I felt a little sad—even though implants are foreign objects, they were a piece of my body for 10 years,” recalls Dana. “I remember waking up the day after surgery, moving my arm and thinking, ‘Where did my body go?!’ It was bizarre. Not recognizing yourself in the mirror is an odd feeling.”

Women also report having awkward conversations about where their chests went, and experiencing challenges simply shopping for clothes. “For 12 years, I tried to find loose tops that wouldn’t bring attention to my huge boobs,” says Aimee. “Now I have to find clothes that accent that area because I’m flat again.”

Still, all women interviewed by *Health* noted a surge in self-confidence after the removal. “I feel more in shape without my implants and more confident in a bikini,” says Dana. “Before, I felt like all that people saw was the girl with the big, fake boobs. Now they see *me*.”

While many women get implants to please a partner, removal is something they’re likely to do for themselves. An added incentive: serving as a role model for the next generation. That’s in part what led Jennifer O’Callaghan, 41, a health care worker and mother of two in Port Jefferson, N.Y., to reverse her 36C boob job. “When my daughter hit 6 years old and was full of questions about her body, I



## BREAST MAKEUNDERS, EXPLAINED

How women’s chests looked before their implants were removed—and following corrective surgery done by Steven Teitelbaum, MD, associate clinical professor of plastic surgery at UCLA School of Medicine:

- A)** “Implants placed through the nipple, as hers were, can disrupt the distribution of tissue if a surgeon isn’t careful,” notes Dr. Teitelbaum.
- B)** This is capsular contracture—scar tissue that can form around implants, leading to hardening and discomfort.
- C)** “She got implants much too large for her breast tissue, and their weight caused droop,” says Dr. Teitelbaum. The fix: removal and a lift.

started seriously thinking about getting rid of my implants,” she says. “I would never want her to feel that she had to change her body with surgery to live up to some ideal, as I did.”

Many women ultimately find comfort in their reduced chests; it’s like meeting up with an old friend. “The first time I showered post-surgery, my natural breasts felt so soft, wonderful and so familiar,” says Suzanne Magdalena Rolph-McFalls, 51, a writer and owner of a home renovation company in Hebron, Ky., who had her 38DDs removed a few months ago. “I took a picture of myself naked right afterward, and I’m

smiling so big. I felt like myself for the first time in 20 years.”

Reversing a boob job turned out to be the right decision for these women, but it’s not for everyone. Plenty of women appreciate and adore their implants, and lots more continue to get them. It’s simply important, going in, to understand the upkeep and not delay mammograms.

Ultimately, it’s all about what makes you content. As Zen Buddhist monk Thich Nhat Hanh put it, “To be beautiful means to be yourself. You don’t need to be accepted by others. You need to accept yourself.” ■

For more information on implant removal, go to [health.com/implants](http://health.com/implants).