

Time and Again

Even a successful breast augmentation can be affected by the ravages of time. Leading plastic surgeon Mr Gary Ross explains how he deals with revision breast augmentation, an often complex and difficult operation

Breast augmentation is one of the most common aesthetic procedures with the aim being to provide a natural long-lasting result. However, over time both the skin and breast tissue and the implant itself can change and this can affect the overall result. Although this is uncommon and occurs infrequently the change can be devastating for the patient.

There are a number of possible aesthetic changes associated with the implant and its surrounding tissues; these

include migration of the implant higher in relation to the nipple/areola/breast tissue or migration of the implant lower in relation to the nipple/areola/breast tissue and loss of integrity of the

implant/its capsule leading to a change in shape.

The migration of the implant upwards can lead to the nipple/areola and breast tissue lying lower than the implant. This

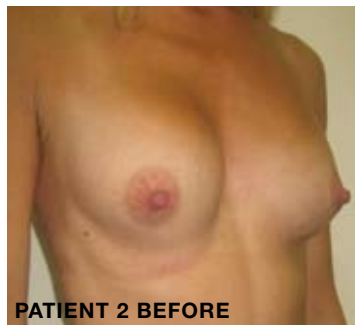


leads to an unnatural aesthetic appearance that exaggerates any natural ptosis or drooping that occurs with age. The correction of this deformity requires a manipulation or removal of the capsule that surrounds the implant. It may be necessary to move the pocket of the implant from sub glandular to sub pectoral or vice versa and to close the original pocket (see patient one).

In severe cases where there is associated capsular contracture the natural definition of the breast inframammary fold can be completely lost and redefining the fold requires recruitment of abdominal wall skin and a recreation of the fold (see patient two). There may also be a requirement to change the pocket placement and removal of the previous pocket.

Migration of the implant downwards can occur due to relaxation of the inframammary ligaments. This results in the unnatural appearance of the nipples/areola sitting too high in relation to the implant. This bottoming out effect can be corrected by manipulation of the implant pocket to raise both the fold and the implant. In cases where the skin has not been stretched excessively there is no need to remove any further skin and the original inframammary scar can be used for the procedure (patient three).

Capsular contracture is probably the most common reason for change in shape and in severe cases can be associated with intracapsular and extracapsular leak with seroma formation. The aesthetic results of this are unpredictable and any revisionary surgery is extremely difficult. In almost all cases the capsule must be removed in its entirety and the pocket



PATIENT 2 BEFORE



PATIENT 2 AFTER



PATIENT 3 BEFORE



PATIENT 3 AFTER



PATIENT 4 BEFORE



PATIENT 4 AFTER

All revisionary surgery was performed by Mr Ross and in this article Mr Ross explains the approaches he uses to address these issues. **None of the initial breast augmentations were performed by Mr Ross.**

changed to accommodate the new implant. Due to excessive expansion of skin it may be necessary to not only re-manipulate the inframammary fold but also to elevate the areola with a combination mastopexy (patient four).

The main principals of breast surgery, namely size, shape and symmetry still remain, but the techniques to achieve an improved aesthetic outcome need to be altered to meet each individual requirement.

I aim to change and improve the patient's appearance by concentrating on these individual expectations and needs. Pre-

operative consultations are crucial in developing the patient/surgeon relationship and are a means to discuss any concerns and prioritise needs and expectations.

CS&AM

Treatment: Revisionary breast augmentation

Price: From £4,000

Anaesthetic type: General

Hospital stay: Overnight

Available from: For more information on Dr Ross and the procedures he offers visit www.garylross.com or contact him by calling 0800 955 8551 or emailing glross@gmail.com