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BREASTS

the best breasts for your body

The days of the colossal boob job may be numbered, as more and more women are going to plastic surgeons in search of a natural look. To find out more, Dan Childs dropped in on Brazilian plastic and cosmetic surgeon Dr. Marco Faria Correa to get his take on breasts and body type.

There was a time, decades back, when everyone seemed to want everything big. Big cars. Big hair. Big, beach-ball-sized boobs.

Since then, of course, many of us have traded in our huge Merces for Mini Coopers. Our permed and feathered coils have also shrunk down to more manageable proportions. However, some of the more... er... titillating relics of the super-size age are still quite apparent on the beaches and in the shopping districts of the world.

Thankfully, this, too, is a trend that is on its way out. Unsurprisingly, the charge against oversized, unnatural-looking breasts is currently being led by cosmetic surgeons who strive to achieve a natural look in their patients. One such surgeon is Brazil's Dr. Marco Faria Correa, who practices at Gleneagles Medical Centre and East Shore Hospital in Singapore. Dr. Marco says that improved implants have played a big part in the trend towards more natural-looking breasts; however, it is still up to both the surgeon and the patient to opt for the size and positioning of the implant in order to get the most natural results.

BREAST AUGMENTATION TODAY

These days, a wide variety of implants – as well as a number of surgical options for their insertion and positioning – ensure that breast augmentation surgery is far from a cookie-cutter approach to a larger bust. Dr. Marco notes that breast implants themselves have come a long way.

In Malaysia, both silicone and saline implants are available. While surgeons often have their own preferences in this arena, it is up to the patient to decide which option to go with in the end. The choice between round implants and newer, anatomically shaped devices adds yet more variety to the mix, as patients can now choose which shape best complements their bodies. Plus, a range of profiles, from low to high, gives variance in terms of projection and prominence. ▶



Dr. Marco



Frequently Asked Questions About Breast Augmentation

"How many millilitres are in a cup?"

When going for breast augmentation, women can expect to gain about one cup size for every 200ml of implant. So, for example, if a woman with A-cup breasts opts for 400ml implants, she will end up a C cup. The same implants on a woman with B-cup breasts would yield a D cup result.

"What about my mammogram?"

One of the top concerns that many women have about breast implants is that they will interfere with a doctor's ability to detect breast cancer. These fears are partially founded; when implants are placed below the muscle they obscure about 10 percent of breast tissue from a proper mammogram reading, while implants above the muscle can hide up to 25 percent of breast tissue from this screening. However, regardless of where the implants are placed, breast implants do not interfere with self-exams. There are also other methods of breast cancer screening, such as MRI and ultrasound, which provide results that are not affected by the presence of breast implants.

"What's the difference between placing an implant over the muscle and placing it beneath the muscle?"

Much of the decision whether to go above or below the muscle with an implant depends on the preferences of the patient, and to a lesser extent the preferences of the surgeon.

"There are three main advantages to placing it under the muscle," Dr. Marco says. "First, the muscles will cover the implant, so you cannot see the edges of the implant in the upper chest. Second, the muscle holds the implant, giving it a longer usable life. Third, when the implant is placed under the muscle, the natural muscular movements massage the implant, so there is less chance of hardening."

Dr. Marco adds, however, that there are tradeoffs. "One of these relates to the fact that in order to position the implant under the muscle, we need to cut part of the muscle. In this way, we damage the muscle, so people who like to participate in certain sports, such as tennis, swimming and golf, may find that their pectoral muscles take a long time to recover before they can participate in these sports again."

"Will my implants change position over time?"

Over the years, any breast implant will shift at least slightly due to the constant exertion of gravity. However, newer implants have a polyurethane coating that allow them to form a more durable attachment to the breast envelope. This coating also minimises the effect of capsular contracture and allows for the proper positioning of anatomically shaped implants.

BREASTS FOR YOUR BODY TYPE

Nowadays, breast augmentation is far from a one-size-fits-all prospect; on the contrary, a wide range of implant sizes and shapes combine with a host of surgical techniques to make any augmentation a remarkably customised operation. Thinking about breast augmentation? Then check the table below to find out how you can get the best breasts for your body!

If you have...



A short, square chest



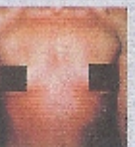
A long chest and abdomen



A slender body with small breasts



Taut, firm skin tissues in your breasts, no history of breastfeeding



Some flabbiness and loose skin in your breasts, possibly from breastfeeding

The best breasts for you may be...



You probably want to aim for an implant with a small or medium profile. Dr. Marco says that these implants, which tend to have a wider base and less projection, provide a more proportionate result when seen in context with the rest of the chest.



"If the patient has a thin, long chest, then they would do best with a high profile implant, which has more projection and less base," Dr. Marco says. Sticking with a narrow base ensures that the breasts do not end up too wide for the chest, while a high profile gives added definition. In this case, an anatomically shaped implant is a must.



These patients must pay special attention to keeping their implants proportionate to their frame. Go too large, and the results could be unnatural. Dr. Marco adds that where the implant is inserted in relation to the chest muscle is also an important consideration. "For very skinny people who have no flabby skin, we can still use the submuscular approach," he says.



The key here is to not go too big. Patients and surgeons should choose implants that are modest in size. Some experts note that placing the implants beneath the muscle may be a wise choice if the patient is planning on breastfeeding children later on in life. The periareolar (around the nipple) incision should also probably be avoided in these patients, as disturbing nipple function could make breastfeeding more difficult.



Most surgeons agree that it is imperative these women choose to have their implants inserted above the muscle. This will ensure that the emptiness in the skin envelope will be filled, which eliminates the loose skin and flabbiness that often follows breastfeeding. The size of the implants should be in proportion with the rest of the patient's body. In some cases, a mastopexy (breast lift) operation may be needed in conjunction with an augmentation in order to get rid of extra loose skin.

And here's what to avoid...

Implants that offer too much projection may have the unwanted effect of making the patient appear fatter rather than simply full-figured. Going too large can also over-emphasise an already short, squatish chest, making the thorax appear even broader than it actually is.

An implant with a small profile may come off looking round and artificial when placed onto a thin, long chest. Additionally, the added base of these implants could make them too wide for the rib cages of those with thin chests, which lends an awkward-looking result. Round implants will come off looking artificial as well.

Though the debate over whether to insert implants above or below the muscle in any case is a source of lively debate amongst cosmetic surgeons, Dr. Marco believes that an over-the-muscle approach can make the edges of the implant apparent. "If you see this edge, it can look very artificial, especially in skinny people," he says.

Going too big too fast can lead to complications in these patients, according to Dr. Marco. "There are certain problems that occur because you stretch the skin," he says. "If you go from nothing to very big, you will end up with so many stretch marks." Overstretching the skin can also result in skin redundancy - or flabbiness - in the years following surgery. Another consideration is recovery pain. "If you go from very small to big, it is painful," he adds.

Placing the implant beneath the muscle will not solve the problem of flabby, empty-looking breasts. "If you put the implant under the muscle, sometimes you will still be left without a very full breast," Dr. Marco notes. "So even though the breast is projecting and has more volume, you will still have the skin. It's a phenomenon that the Americans call the 'double bubble'."

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The Ministry of Health Singapore (MOH) Advertising Guidelines for locals clinics prohibits the display of "before and after" photos on websites and all electronic forms.

► Thus, the myth of a homogenous surgical breast is debunked. Yet, Dr. Marco notes that many patients remain woefully uninformed when it comes to knowing exactly what type of breast augmentation will best complement their physique.

"When the breast implants are too big they look so artificial," he says. "This is why I ask all of my patients to please go for an implant size that is in harmony with the rest of their body."

GOING TO THE EXTREMES?

It's often said that stereotypes are stereotypes for a reason. Believe it or not, surgeons still see their fair share of women who simply want the largest implants available, proportions and balance be damned. Whether it's a case of trying to get the most 'bang for their buck', or if they're trying to meet the demands of their significant others, Dr. Marco says that proper counselling is imperative in order to avoid a double-D disaster.

"As a doctor, it is very important that you never damage a person," he says. "A big part of your work is to protect them from their own ignorance."

Dr. Marco adds that aside from the obvious aesthetic implications, too-big breasts can also have severe implications for health and day-to-day life.

"Breast implants that are too heavy can also be bad for the woman's back, and the body's support for the breasts will not last so long," he says. "Additionally, the support bras that they must wear will be very tight, so you will also have pain in the shoulders."

Explaining these downsides often does the trick in dissuading a woman from choosing implants that are too big for her frame. However, sometimes a more direct approach is necessary, a strategy that Dr. Marco describes by saying simply, "The key word is 'fat'." He laughs. "That is, you tell her, 'that size breast implant will make you look fat,' and she will usually change her mind."

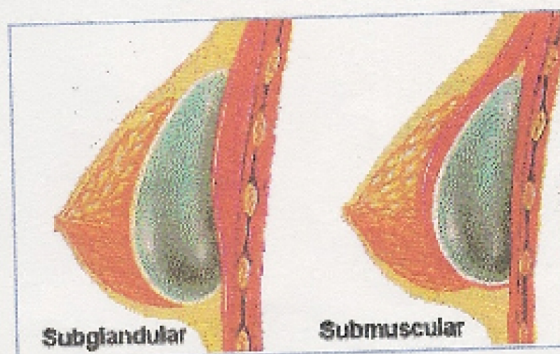
For those patients who refuse to budge, however, Dr. Marco says it is the surgeon's prerogative to choose whether or not he or she can proceed with the surgery. After all, whatever the motivations behind the augmen-

tation, the surgeon will ultimately be answerable for the results of the surgery.

"In extreme cases I think there may even be a competition issue, as some women want their breasts to be bigger than those of their friend. It's like men with their penises," Dr. Marco says. "But if their request is too out of the normal, then I deny them the surgery."

THE BOTTOM LINE

Thankfully, breast augmentation today for most women isn't just about bigger boobs.



When inserting an implant, the surgeon can choose to place it either above the muscle or below the muscle. Each choice has its own set of pros and cons.

WHERE TO CUT & INSERT

More Than One Way To Boost a Breast

One of the major decisions when it comes to any breast augmentation surgery is where the incision will be made to insert the implant. Here are the most common methods, along with their pros and cons:

Transaxillary

An incision is made in the armpit, and the implant is passed through and positioned in the chest. After recovery, the patient's arm hides the scar from view.

Pros: This approach offers a more easily concealable scar than the inframammary approach while still offering the surgeon a fairly direct route to the chest. "This method is getting more and more popular, since you don't get any scars in the breast area," Dr. Marco notes.

Cons: Women who like to wear sleeveless tops must remember that even though the incision site will remain hidden as long as their arms are by their sides, raising their arms will expose a visible scar. Also, some doctors have brought up concerns that this method could hinder a particular type of breast cancer screening later on in life. "The only question that some doctors bring up is that of the sentinel node in the armpit, which is important when it comes to determining when cancer has spread," Dr. Marco says. However, he adds, many surgeons now use a surgical technique that avoids damage to the sentinel node through a curved entry approach, bringing the implant in at the top of the pectoral muscle rather than from the side.

Periareolar

An incision is made in a semi-circular manner along the bottom edge of the areola (the border where the nipple meets the breast). The implant is passed through this incision.

Pros: This is pretty much the penultimate procedure when it comes to hiding a scar from the insertion of a silicone implant. Because of the location of the scar, it is likely that only the patient and her intimate acquaintances will be able to see any evidence of surgery. Modified techniques incorporating an irregular incision pattern make the scar even less distinguishable.

Cons: The small size of the incision limits the size of the implant that may be used, and if the patient already has small nipples, this approach is impossible. Also, this procedure is riskier than some other options because of the potential for damage to other tissues. "Many doctors like it, and many patients like it," Dr. Marco says. "However, it is not often the first choice when you are concerned with preserving function and sensation. A cut to the nipple can cause some numbness in nipple area, and while 80 percent of sensation can come back in a few months, a patient can have residual numbness." Another consideration is that the incisions and sutures used in this approach can damage the glands and block the ducts of the breast.

Inframammary

An incision is made along the bottom of the breast. After the surgery, the breast tissue hangs over the scar from the surgery, hiding it from view.

Pros: "This approach is generally a very easy, safe and straightforward approach," Dr. Marco says. "It is the oldest method, but it is still in use." He adds that this method also allows for minimal disturbance of important muscles, glands and nerves due to its direct nature.

Cons: There is no avoiding the creation of an incision scar along the bottom of the breast – an area that, though obscured by the breast, is still more visible than some other areas where the incision could be made. If a woman has a tendency towards keloid scarring, the evidence of surgery can be even more obvious – and in some cases, aesthetically displeasing.

TRANSAXILLARY
INCISIONPERIAREOLAR
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Image courtesy of Capital City

Rather, women are considering more and more how they can achieve a look that is as natural and as much in harmony with the rest of their body as possible. Dr. Marco says that this is a promising trend, and it is up to the surgeon to capitalise on this healthier patient mentality for the best possible results.

"You must explain and show examples and be realistic," Dr. Marco emphasises. "You must talk not only about the good things but also about the risk. You must say that yes, the risk of a complication like capsular contracture is minimal, but it's

still around 6 percent. Scars may also be a consideration, especially if the patient's tendency for keloid scars is very strong."

Women must also be aware that breast augmentation surgery is no picnic. Pain, drowsiness and nausea are common on the day of surgery. Afterwards, the chest may feel tight and uncomfortable, and soreness is to be expected. The overly firm, high, and swollen breasts that usually follow surgery will settle in time, but it may take up to a year for the breast implants to finally achieve their permanent position.

With these concerns in mind, however, Marco says that breast augmentation surgery is a safe way for a woman to improve the way she feels about her physique – provided, of course, that she trusts an experienced surgeon with her body.

"The surgery is safe because the doctors know how to handle the situation," he says.

"Any kind of surgery is taking a risk, however small, and they must know about this." **CSLB**