

# COSMETIC SURGERY & BEAUTY

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# A BREAST TO FIT



Plastic surgeon Dr. Marco Faria-Correa, has done many breast augmentation operations.

**Stephanie Caunter** talks to plastic surgeon Dr. Marco Faria-Correa to get the low-down on how to tailor your breast augmentation procedure to suit you.

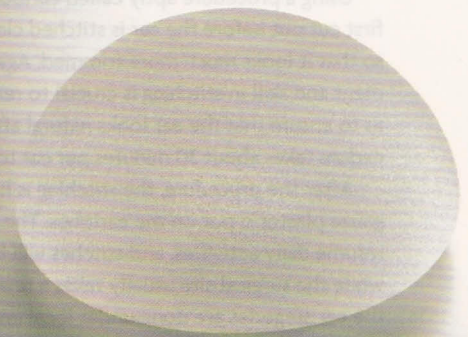
**B**reast augmentation is, without a doubt, one of the most popular cosmetic surgery procedures sought by women all over the world, including Malaysia and Singapore.

However, surgery is no simple matter and when it comes to augmentation with implants, the rule "one size fits all" does not apply; many different factors come into play to help produce the best results to suit your body type and lifestyle.

So how do you sift through the available information to make the right decisions when it comes to your breast augmentation procedure?

## SOME IMPLANT EXAMPLES

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thetia, although for children, general anaesthesia is a recommended option. “Based on experience, it is rare for a child to stay still for almost two hours while the procedure is being done,” says Dr. Wu.

## A YANKED EAR

Our earlobes are composed of fatty connective tissues that lack tautness and elasticity compared to the rest of the ear. It is here that piercings are commonly made so that one can accessorise with simple or elaborate earrings. In some cultures, stretched and elongated earlobes are seen as a sign of beauty and some go to great extents to achieve this look. However, in most parts of the world, this effect is not considered aesthetically pleasing, and is commonly observed as a result of wearing heavy earrings for an extended period of time.

Fortunately though, a procedure called earlobe repair, can help.

“Costume jewellery and big, heavy, chunky earrings, are what basically drags the earlobes down. This is especially common amongst the Indians because they wear very heavy jewellery – most of my patients are, in fact, Indians. I probably get one patient every week to every other week,” says Dr. Wu.

To repair this condition, a full-thickness wedge-shaped excision is done on the lobe, just like cutting a slice out of an orange. The earlobe then becomes a bi-pedal earlobe (two flaps of flesh), which will be stitched back together to make it whole again. Stitches are made at the back and on the front, including the intervening flesh.

Commonly done under local anaesthesia, this meticulous stitching process takes about 20 minutes per earlobe to complete. After the procedure, an antibiotic is applied before the wound is dressed and the patient sent off, able to resume all normal activities.

The procedure takes some amount of skill on the part of the surgeon – failure to properly stitch back the earlobe may lead to obvious scarring, a notch or a groove. “And if the patient is unlucky, they might develop keloid scars (raised scars) which are very difficult to treat. Scarring is always permanent. There is a common misconception about scars – they will always be there but it is a question of whether the scarring will be visible or not,” says Dr. Wu.

The scarring on the ear (provided it is not keloid prone) is usually quite minimal and only visible for about six months or so after the procedure.

## LOBBING OFF LOBES

Sometimes, unattractive earlobes can be congenital, especially huge, meaty, dangling earlobes – a very undesirable trait amongst the young. “But some patients like it, because it looks very Buddha-like, while some may see it as very good feng shui. But a huge earlobe is kind of like a sign of an overweight person. Also, some women, when they reach their 40s, might develop dangly earlobes, which can be fixed with a surgical procedure,” explains Dr. Wu.

Using a procedure aptly called earlobe rejuvenation, the earlobe is first cut out before the ear is stitched closer to the side of the head so that it looks much more trimmed. Again, some aesthetic judgement and skill in stitching is crucial to reduce obvious scarring as well as to ensure that the ear looks natural after the procedure. The procedure takes about 30 minutes per ear to complete.

After the procedure, the stitching is hardly visible and a simple gauze plaster is put on the earlobes. The patient can immediately resume daily activities, and stitches will be removed after 14 days, while the surgical site usually takes a few weeks to heal. “Almost all the ear surgeries are done under local anaesthesia, unless the patient is very young,” says Dr. Wu.

For both earlobe repair and earlobe rejuvenation, a patient who had any piercings prior to their procedure will be left without a pierced hole, and will be left this way for the next six to eight weeks,

to ensure optimal healing. After which, the patient can return to their surgeon for a new one.

The cost of the above mentioned ear surgeries, though commonly performed, are difficult to predict and list. Dr. Wu explains, “Changes to the fees are dependent on the complexity of the procedure, and besides, patients must understand that it also depends on the surgeon’s experience and the quality of the surgeries.”

Regardless of cost, if you are unhappy with the shape or size of your ears, there is surgical help. Do not hesitate to pay your plastic surgeon a visit to explore your options. 📞

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Here we list some important facts to consider for your surgery to help you along the way.

## 1. SALINE OR SILICONE IMPLANTS?

Saline breast implants consist of silicone shells that are pre-filled or filled with saline during surgery. Silicone implants also have a silicone shell, but are pre-filled with silicone instead. The following table lists some of the defining characteristics between the two implant types:

<b>SALINE</b>	<b>SILICONE</b>
Saline isn't compressible – therefore, it is firmer to the touch, almost like a swimming float.	Silicone gel is a thick, sticky fluid – this viscosity allows it to mimic human fat in breasts.
When implants break, they deflate quickly and are immediately obvious.	Implant leakage is hard to detect. Patients are recommended to undergo regular MRI exams (costly for some).
Implants can be filled after they are inserted; therefore, the incision to insert them is smaller than for silicone implants.	There is a risk of capsular contracture, which may require correction through additional surgery.
More likely to cause cosmetic problems such as rippling or wrinkling, and to be noticeable to the eye or touch.	Has a higher deflation rate and is more complicated to replace.

## SOME NOTES ON SILICONE IMPLANTS

For many years, silicone implants were not approved by the United States Food and Drug Administration (FDA) because of a lack of conclusive evidence that they were safe and effective. In 2006, however, the FDA finally lifted the ban – with a caveat that patients should be at least 22 years old in order to undergo breast augmentation. The reason for this age restriction was due to the fact that breast tissue in women can continue to develop into their early 20s. FDA officials also felt that by that age, women are better able to make informed decisions on elective surgery.

Apart from the basic silicone implant, one can also opt for a “gummy bear” implant. This implant contains a cohesive silicone gel, which helps the implant maintain its shape

## WHAT IS CAPSULAR CONTRACTURE?

According to Dr. Marco, capsular contracture is a common risk observed in patients after breast augmentation, when scar tissue forms around the implant. “It can be an immediate reaction to the implant, or a late inflammatory reaction due to a virus or infection. The capsule contracts, squeezing the implant and making the breast feel harder. The more the capsule shrinks, the harder the breast feels,” he explains.

There are different degrees of capsular contracture. “Degrees 1 and 2 do not deform the shape of the implant. There is no pain or discomfort and surgical treatment isn't required. With Degrees 3 and 4, patients experience discomfort, slight pain and hardness in their breast(s). In the most severe cases, the shape of the implant is distorted,” says Dr. Marco.

Treatment for capsular contracture requires surgery to either remove the capsule or change the implant entirely. Dr. Marco says, “Continuous research is conducted to reduce the incidence of capsular contracture. When textured silicone wall implants and subsequently polyurethane implants were introduced, capsular contracture rates reduced dramatically. According to FDA studies, in textured implants, there is a 10 to 15 percent chance of capsular contracture; with polyurethane, the rate is only one to one-and-a-half percent.”

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over time – the gel in these implants is less liquid-like, almost like a soft solid.

Brazilian plastic surgeon practicing in Singapore, Dr. Marco Faria-Correa, has been performing breast augmentation procedures for the last 25 years. He comments that the benefits of the “gummy bear” implant are that, “They do not leak and are more like the real deal, as they don’t feel hard or plastic. There is also a lower chance of rippling, leakage or capsular contracture.”

“Gummy bear” implants are firmer than the standard silicone ones, and will most definitely impart their shape on the patient’s breasts; hence, one has to be utterly comfortable and sure about their procedure and the chosen implant shape. These implants are also more expensive and the incision for implant insertion is larger than normal, as the implants are not pliable and cannot be squeezed through small incisions.

### 2. ROUND OR TEARDROP SHAPED IMPLANTS?

The aesthetic outcome of your breast augmentation depends on the shape of the implants used i.e. round or teardrop (anatomical) shaped.

Round implants are the more popular of the two, and are a good choice for

patients who want more of a lift or fullness in the upper part of their breasts, which also produces more cleavage. However, this same lift and fullness may produce an artificial appearance in skinny patients who have small breasts opting for large implants.

For women who want a less obvious enhancement, teardrop-shaped implants are a better choice. Dr. Marco comments, “Anatomical implants are suitable for patients with long and bony chests, and with small breasts.” This type of implant produces a more natural appearance due to their gentle sloping contour, much like real breasts – but, they are also more expensive.

When using teardrop-shaped implants, Dr. Marco prefers those made of polyurethane, which will not rotate or flip around. He explains, “Polyurethane implants have a rougher outer surface much like a sponge, which sticks to the breast tissue as a whole unit. This reduces the probability of capsular contracture.”

### 3. SMOOTH OR TEXTURED IMPLANTS?

Breast implants either have a smooth or textured surface. Implants with a smooth outer shell (like the surface of a balloon) only come round-shaped.

Textured implants have a rough surface (like fine sandpaper) and were originally designed to reduce the risk of capsular contracture. Because of the way scar tissue forms around an implant, a textured surface is supposed to prevent scar tissue fibres from laying down uniformly in a parallel fashion and thus tightening up. However, there is no conclusive evidence to prove that this is what happens.

Smooth implants can move freely in the breast pocket, which makes them feel more natural. The other benefits include longer implant life, lower cost and less risk of surface rippling.

A textured surface is necessary when using teardrop implants as the rough surface prevents the implant from moving or flipping around. Unlike a round implant (in which movement would not cause any obvious change in breast shape), teardrop implants cannot risk movement due to the distortion that will follow. Unfortunately, textured implants sometimes have a greater tendency to leak and cause breast rippling. There may also be discomfort to the surrounding tissue.

### IMPLANT PROFILES

There are a few choices for implant profiles (the forward projection of the implant from the chest wall): Low, Moderate or



High – with high profile implants projecting the furthest from the chest wall.

"If you have a short and square chest, you want an implant with a small or medium profile. These implants have a wider base and less projection. The end result looks proportionate when seen in context with the rest of the chest," explains Dr. Marco.

"A patient with a thin, long chest, would have the best results with a high profile implant (more projection and less base) or just with an anatomical-shaped implant with a round or oval base (depending on the nipple location and after tailoring the implant shape case-by-case). When you use a narrow base, you ensure the breasts do not end up too wide for the chest. The high profile gives added definition," he adds.

Dr. Marco stresses that, "Breast augmentation is the fine art of matching a patient's physical needs to her personality. Some want to show off their chests – and I might go for an implant that produces higher or fuller breasts. Others just want a better silhouette without drawing too much attention to the chest. Therefore, careful plan-

ning and tailoring of the implant is critical."

### IMPLANT PLACEMENT

The decision on where to place the implants depends on the thickness of your breast tissue and its ability to adequately cover the implant. Implants are placed either below or above the chest muscle:

1. Sub-pectoral placement (below the muscle) – The implant is placed under the pectoralis major muscle. Because of the structure of this muscle, the implant is only partially covered.
2. Sub-glandular placement (above the muscle) – The implant is placed directly behind the mammary gland, in front of the muscle.

Dr. Marco explains, "If breasts are firm, have no extra skin, and are not saggy, below the muscle placement works well. If there is breast atrophy after breastfeeding, resulting in excess skin, placing the implant below the muscle won't refill the skin envelope; you end up with the 'double bubble' phenomenon – projection in the upper chest and a hanging empty breast

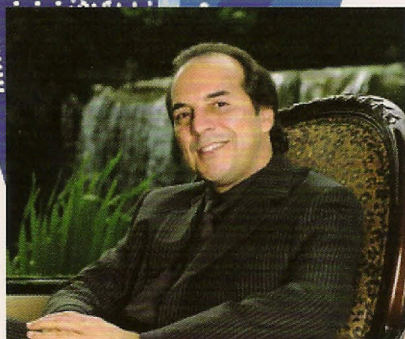
skin envelop."

He adds, "In order to properly position the implant under the muscle, we need to cut part of the muscle. It can take the pectoral muscles a long time to recover; this may be especially inconvenient for sports-women.

"The upside to this placement is that there is no hindrance to mammograms as the implant is placed fully behind the area that needs to be examined."

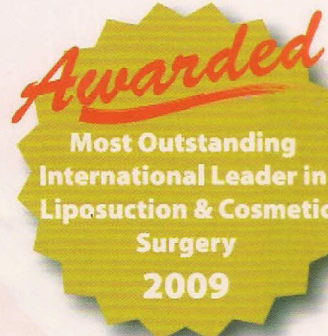
Sub-glandular placement is less complicated, less painful and has a quicker recovery rate. However, mammograms in this instance are more difficult to analyse. Luckily, this can be countered with frequent self-breast examinations – with this type of placement, patients are able to easily feel the presence of any lumps.

Other considerations to note when it comes to implant placement is the shape of the implant (anatomical implants should not be placed below the muscle as they risk being moved out of position by the muscle) and the patient's desire for obvious results (for more apparent results, implants should be placed above the muscle).



## DR MARCO FARIA CORREA PLASTIC SURGERY

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### AVAILABLE SERVICES

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- MINIMALLY INVASIVE ENDOSCOPIC BROW LIFT
- FACE AND NECK LIFT
- EYELIDS SURGERY
- NOSE SURGERY
- CHIN & CHEEKS SURGERY
- EARS- COSMETIC & RECONSTRUCTIVE

#### BREAST SURGERY

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- BREAST REDUCTION & LIFTING
- MINIMALLY INVASIVE ENDOSCOPIC BREAST LIFTING
- NIPPLE REDUCTION

#### BODY CONTOURING SURGERY

- LIPOSUCTION & LIPOSCULPTURE
- ABDOMINOPLASTY / TUMMY TUCK
- BUTTOCKS AUGMENTATION / BUTTOCKS LIFTING
- ENDOSCOPIC ABDOMINOPLASTY
- OBESITY SURGERY

#### MEN SURGERY

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- BOTOX, FILLERS AND FAT INJECTIONS
- HANDS REJUVENATION
- FEMALE GENITAL REJUVENATION

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## INCISIONS

As breast augmentation is performed for cosmetic purposes, the location of the incision made to insert the implants should be as inconspicuous as possible to minimise the appearance of scars. Possible routes include:

### • Inframammary

The incision is created in the inframamma-

ry fold (the crease between the breast and the chest).

"This is a simple procedure which works well on patients with sagging breasts that naturally have the fold. The recovery process is smooth, as no trauma is inflicted during surgery, and patients don't run the risk of losing any sensation in the breast," explains Dr. Marco.

However, he cautions, "This method

leaves the patient with an incision scar. Although the scar location is mostly obscured by the breast, the scar is still more visible compared to incisions made in other areas."

### • Transaxillary or Armpit Auxiliary

The incision is created through the natural folds of skin in the armpit – the scar is hidden by the patient's arm.

Dr. Marco says, "This method produces a nice appearance as it doesn't scar the breast. However, some patients won't feel comfortable going sleeveless for six months to a year until their scar fades."

This procedure is often performed with an endoscope (a small tube with a camera at the end to provide visibility). "Because the endoscope is so thin, the incision is minimal. The surgeon has better sight, which is important as there is quite a distance between the incision site and the breast itself," adds Dr. Marco.

### • Periareolar

This type of incision is semi-circular and is done along the outline of the areola (the region surrounding the nipple).

"It is easy to place the implant this way, and scars usually fade well. Due to the location of the incision, the scar is only obvious to the patient or her intimate acquaintances," says Dr. Marco.

There is, however, potentially greater trauma to the breast tissue this way. Dr. Marco explains, "It is not often the first choice if you are concerned with preserving function and sensation of the nipple. Although 80 percent of sensation returns in a few months, a patient can experience residual numbness."

## STAYING POWER

Everyone's body is different and these differences – no matter how small – are key factors when deciding how to go about your procedure. If you have a friend who is happy with her breast augmentation after opting for a saline, teardrop-shaped implant that was placed above the muscle, the same approach won't necessarily work for you. Depending on your skin and breast tissue characteristics, the symmetry or width or your breasts, and the result you want to achieve, your surgeon will, and should, tailor your procedure accordingly.

As always, have in mind a picture of your breasts after surgery, do your research, and work with an experienced surgeon. Remember, a good surgeon will take time to understand your needs and help in making the decisions that will work best for you. ☺