

ince the first breast augmentation operation with a silicone implants was performed in 1964, the procedure has come a long way. In the US alone, 200,000 such operations were performed in 2000, climbing in 2006 to 329,000. But stateside is apparently not the anomaly. Singaporean surgeon Dr Leslie Kuek reveals that "this almost 70 per cent increase is the same worldwide."

Although there is no exact data for Asia and Europe, breast augmentation, liposuction and eyelid surgery are widely acknowledged as the top three procedures in Singapore — the order varies depending on which health practice you speak to.

One of the most significant progressions in breast enhancement is in the substance used to fill the implant. The latest, developed over the last 10 years, is cohesive silicone gel and vastly different from the liquid-like silicone previously used. Even on the rare occasion that the shell does rupture, the gel will stay within the part of the breast where it was originally placed.

To compare, the thin shell of a 20-year-old silicone-filled implant bursts if squeezed really hard. In the new cohesive gel-filled implant, the gel will stay put even if the implant is sliced in half and held upside down. Almost impossible to burst, it neatly springs back to shape when pressure is added.

The shell is now made from a much stronger solidified silicone base called Silastic and the new gel is sticky to the touch, like glue. "Thicker than before but still soft," says Dr Kuek, "it has a sort of memory in that it has a propensity to stick to itself. In those days, the aim was for 'the softer the better' But they didn't think about long term implications. The two gel types are considerably different — like the difference between an old vintage car and a new Mercedes-Benz."

Anatomical implants are another significant advancement of the last five to 10 years. Teardrop shaped, this new generation implant mimics the natural shape of the breast and gives a more natural result, particularly in thinner patients. "While rounded implants give nice results," says cosmetic surgeon Dr Martin Huang, "anatomical implants give us even more natural results."

Technically, this new-shaped implant is complicated to work with — which is the reason why even an experienced surgeon like Dr Huang was at first cautious about its use. Earlier this year though, he started using it and there are over 200 variations to choose from.

"For the surgeon to determine the size of implant the patient should get and what the dimensions of the implant should be is not straight forward. We look at the width, height and projection. With the round type you only look at diameter and projection," he explained.

It is extremely important that the surgical technique employed prevents rotation. The pocket must be tight and accurate so it fits like a glove and the implant cannot move once inside. In addition, this new shell has a highly textured surface, so the body's tissues grow into it, adhering to it and in doing so, stops itself from moving about.

Advancement in technique is such that the incisions are now less conspicuous even though the points of implant insertion remain mostly the same — either under breast tissue or muscle tissue and inserted through an incision in either the armpit, nipple area or under the breast bone.

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## incremental issues

You don't have to wait till your breasts lose perkiness before you do a too-little-too-late job. The doctors assert that breast augmentation is suitable for a wide range of age groups. However, it is not suitable until physical maturity has been reached, usually in the early 20s.

Dr Andrew Khoo says: "We generally advise patients to proceed only above the age of 21. The only other obstacle would be if the patient had a major contraindication to general anaesthesia."

Those seeking the procedure fall into two groups: Women with small breasts who might seek the procedure relatively early in life, and those who have gone through pregnancy and breast feeding, consequently suffering breast shrinkage.

One of Dr Huang's patients, a 35-year-old mother of two who declined to be named, had always wanted to have breast augmentation since she was younger but waited till after she had children. She had the operation in April this year, opting to go two sizes bigger.

"It's great!" she said. "I am very happy, it has given me a confidence that I didn't have before and no one has judged me for it."

Self-esteem, all three doctors agree, is the main reason why women choose to go under the knife. "Ultimately, any patient coming to me to enhance her breasts wants to look better and feel better about herself," says Dr Kuek. "That equates to self-esteem and is a very powerful motivation. To say that it is merely vanity is nonsense."



Another of Dr Huang's patients, who also declined to be named, is 28 and has been seriously considering breast augmentation for three to four years. She is finally going ahead "because I have small breasts, and the lovely styles of the European dresses don't fit me on top. They are so nice, but I can't buy them! They are too big on the top half I have to wear push up bras with them."

## asset valuation

For all the medical advancements, breast augmentation, like any other surgery, is not a riskfree procedure. There are also several misconceptions surrounding it.

"The most common misconception," according to Dr Kuek, is that "silicone is poisonous and dangerous and causes breast cancer. This is totally untrue but has continued to be spread by word of mouth."

Also, breast implants will not make the breasts sag sooner. Cohesive silicone gel is inert and therefore harden only when compressed.

In the US, saline implants have been used exclusively since 1992 owing to the controversy around silicone implant safety. Before publication of the clinical studies results, the manufacturing company bowed to pressure from thousands of lawsuits against it, filed for bankruptcy, halting the litigation and settled the lawsuits. Ironically, after that, studies showed that silicone implants were safe. Recently, in November 2006, the FDA did a turnaround and approved the use of silicone gel implants deeming them "to be safe and effective".

The last word on going cup-size upwards? Do your research, know you have non-surgical, albeit temporary, solutions, and think about it. These are your own assets after all. **B** 

## What you should know before going ahead

**ALLERGY** to anaesthetic or antibiotics is possible with any type of surgery.

**BLEEDING OR SCAR** are almost always an after-effect of any kind of surgery. Only PROBLEMS the skill of your surgeon can vary the amount of scarring, but not eliminate it completely.

**INFECTION** a partial risk of contamination is on the cards if the patient's resistance is low. Fortunately, this is exceedingly rare.

**CAPSULE CONTRACTURE** is when the body grows scar tissue around the implant — this is usually extremely thin. In some cases, the scar tissue is robust, becoming quite thick, causing a compression which distorts the implant making it rigid. It is not dangerous, but in these cases, re-operating is necessary.

RUPTURE can happen owing to a physical trauma or accidents. With cohesive gel, there is sometimes a silent rupture, which is rare and not harmful. In the US, an MRI scan is recommended after three years and every two years subsequently.

THE AVERAGE LIFESPAN

of a silicone breast implant is 10 to 15 years. The change in appearance would be shrinkage of breast shape — a consequence of natural ageing. It isn't always necessary to change the implant.

**REMOVAL** of implants does not mean breasts will go back to how they were before. Permanent wrinkling or puckering can result.

REASONS don't go ahead for the sake of your partner as it won't solve the problems in a relationship.

NIPPLE SENSATION

PARTIAL LOSS OF face the facts that this is possible

BE AWARE breast augmentation will change your appearance, not your life — what you do with your change in appearance is entirely up to you.