

ESSEX

COSMETIC SURGERY & BEAUTY

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BREAST AND BODY SURGERY: THE OPTIONS



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Always a controversial and emotive subject, breast and belly surgery has received much press recently, not all of it positive especially when related to the post pregnancy body. A personal choice, the decision is never easy but to help you make an informed judgment we have asked London's premier female plastic surgeon, Ms Angelica Kavouni to outline some procedures to help you along the way.

Most plastic surgeons would agree that the majority of female clients contemplating breast and body intervention are post pregnant women seeking help for either one or a combination of the following: sagging breasts; empty breasts; breast asymmetry; sagging abdominal skin and stretch marks. Another growing patient group consists of those (both men and women) who have lost a considerable amount of weight leaving them with exactly the same problems.

EMPTY or SMALL BREASTS

Breast augmentation or boob job

Neither Jordan nor Posh Spice have served to help the amount of negative controversy surrounding breast enlargement but they are extreme cases for what has become a very subtle procedure.

Ms Kavouni: "The majority of ladies I see just want to throw away their 'chicken filets' so outwardly their shape does not change – even their mothers wouldn't guess. Proportion, not disproportion is the key to successful breast augmentation in the 21st Century and with the modern small incisions used, become undetectable very quickly."

DROOPING BREASTS

Mastopexy or breast uplift

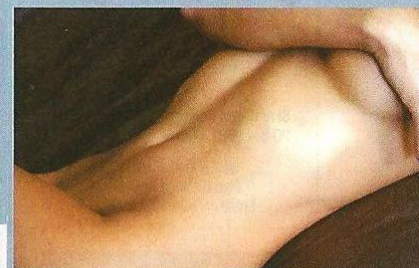
Following child rearing, weight loss or ageing many women find that their breasts have drooped with skin losing its elasticity and volume. In a normal 'average'

breast, the nipple and areola are positioned at a point level with the centre of the upper arm. Breast skin stretches during pregnancy, breast feeding or weight gain – in many cases the skin does not retract to its initial state and the breasts droop leaving the nipple at a lower level. Mastopexy (breast uplift) aims to change the shape of the breast, reclaiming any residual breast tissue and placing it in a tighter pocket higher on the chest wall whilst slack and redundant skin is removed. The most common and effective incision is the vertical scar, 'lollipop' technique which leaves a scar around the nipple and extends vertically to the underside of the breast. This procedure may remove a few stretch marks, but most remain although maybe less noticeable. Ms Kavouni: "This operation may be considered before you have finished childbearing as, dependent upon the technique, it may not interfere with breast-feeding. Clients must be informed that breast uplift surgery will not prevent the breasts from drooping again if presented with the same circumstances that made them droop in the first place."

BREAST ASYMMETRY

Breast asymmetry or uneven breasts can be caused by several factors. Genetics plays a big part in how our bodies grow however this is not the sole reason for lopsided breasts – hormones, pregnancy and breast feeding all leave their individual mark.

Ms Kavouni: "Correcting breast symmetry is often tricky and you must be cautious if a surgeon



promises you an exact improvement. Ask which solution is best for you as there are many options – ranging from one sided breast reduction with uplift; one sided augmentation; bilateral augmentation to bilateral uplift with one sided breast reduction."

SAGGING ABDOMINAL SKIN AND STRETCH MARKS

Abdominoplasty/tummy tuck/apronectomy. During this procedure excess skin and fat is removed and the abdominal muscles re-sutured if separation has occurred (mainly due to pregnancy). The majority of patients opting for this procedure




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will inevitably be women who, following the birth of their child/children, dislike the effects childbirth has had on their body shape and appearance. Mothers often dislike their stretched abdominal skin, especially if it contains the scar of a Caesarean operation, and no amount of cream or exercise will ever reduce stretch marks.

Ms Kavouni: "For best results, the patient should be within several pounds of their ideal weight. This procedure can be combined with liposuction to the waistline to enhance the cosmetic effect."

Carefully consider the following prior to making your decision:

SCARRING eventually the scars will thin and become hardly noticeable, it can take a good year for them to settle and a couple of years to fully mature. **LENGTHY POST OPERATIVE RECOVERY:** You will need to rest for at least 2 weeks after both breast or tummy surgery. This means NO hovering or housework; NO driving; NO exercise except for short walks; minimal stair climbing in the first week; NO lifting heavy objects (such as children) **COST:** As for all cosmetic procedures we discourage patients incurring debt to pay so if you can't afford it don't do it!

Breast enhancement specific:

- **NIPPLE SENSATION** might be impaired
- **BREAST FEEDING** might not be possible
- **CAPSULAR CONTRACTION:** Although this occurs in a minute number of cases – less than 10% – it is never-the-less a distressing problem and requires surgical correction. The pocket can tighten around one or both of the implants causing misshapen breast(s) and in some cases discomfort. Top of the range implants and placing the implant under the muscle can help reduce this risk but not remove risk entirely.
- The **WEIGHT** of your 'new' breasts. Patients are always surprised how different it feels having breast implants – they are not used to the weight of full breasts and can seem quite heavy in comparison.
- IMPLANT PLACEMENT:** Always remember you have the options of placement either under the muscle or on top of the muscle. Placing implants on top of the muscle is technically simpler and takes less time to perform.
- LONG RECOVERY:** Build up of fluid between the implant and the tissue wall can be a problem after surgery and is called a seroma. Rest as above to avoid this complication

• The Definitive Local

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