

## Breast Augmentation FAQ

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Question #1: I am in my late 40s and I am planning to have breast surgery. Although I am still single and never had children I find that my breasts have sagged a bit. The upper half of my breasts looks like I have a ski slope instead of a small mound. I am a size 34 and a cup B and I like to maintain this size. I only want the breasts lifted up. Can you help me? Answer: From the way you describe your breast, you seem to have what we call a first or second degree ptosis or sagging of the breast. This means that your nipple is still above your inframammary crease or fold. This is important to point out because this kind of mild ptosis is best corrected by inserting a small breast implant behind the breast. This will correct both the lack of fullness in the upper half of the breast and the mild sagging without leaving scars on the breast. Other procedures where the breast skin is reduced entails cutting around the nipple and also in the lower half of the breast and sometimes these incisions will leave behind undesirable scars. With a small implant, your breast size will not change significantly so you should expect to still be a cup B with a slight increase in your chest circumference.

Question #2: If I had breast surgery, can I still breastfeed? Is it true that you will lose sensation on the nipple after the procedure? How about breast examinations like mammography, can it still be done? Answer: A real plastic surgeon will make sure that you will still be able to do everything that you were doing before you had the implants. This includes breastfeeding, still be engaging in active contact sports and definitely still be able to have breast diagnostic procedures like mammograms and other X-ray procedures. In about 1 percent of patients whose breast augmentation was done through a peri-areolar nipple approach, the sensory nerve to the nipple is cut and the nipple loses its sensitivity partially or completely. This is one of the reasons why I don't use this approach routinely. I put the implant through the armpit and no breast tissue is harmed or injured.

Question #3: I have a friend who had liposuction done by you and she is very pleased with the result because you transferred some of the fat into her butt. Her figure is now so "yummy" as her husband describes it. Can you transfer the fat from my tummy into my breasts to increase the size? Answer: It can be done but it is not advisable. During fat transplants or fat grafting not all of the fat cells transferred to the recipient site survives. Actually about only 60 to 80 percent will do and the rest will become scar tissue. In the butt, this is of no consequence but in the breast this might create problems with your mammographic results. Early breast cancer looks like scar tissue on mammography. Two things can happen. First you might have a false positive result. Your doctor might mistake the scar for cancer and might recommend removing your breast which in reality is cancer free. Second; you might have a false negative result where your doctor will think that an early cancer is just scar tissue from the previous fat transplant, then you lose the chance of a cure. The best and safest way to enlarge your breast is still to use silicone breast implants. For more information about breast surgery, please call Jane at 09279350405.

## About the Author

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