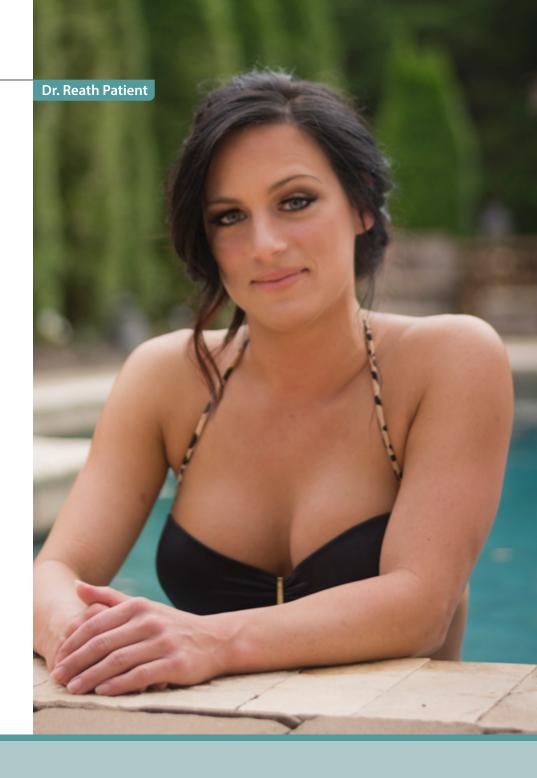




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OK LADIES, if you're like most women considering a breast augmentation, you probably have lots of questions. More than likely you've talked to some friends or done research online. We know how quickly the information and opinions can get pretty overwhelming so we thought you would appreciate some straight talk from girlfriends in the know...us.

Sure, we work at Dr. David Reath's office. Yes, we're more than a little biased when it comes to recommending a great plastic surgeon, but you must know that we wouldn't say anything in this guide if we didn't believe it. Whether you end up choosing Dr. Reath, another board-certified plastic surgeon, or decide a breast augmentation isn't for you, we think the pages in this guide will be super helpful. If they are please pass this along to another girlfriend. If not, well...let's just keep that between us!



Melissa



Natasha Surgical Coordinator



Cassina
Medical Assistant



Christy
Licensed Aesthetician



Morgan
Patient Care Assistant

FIRST THINGS FIRST



See that logo right there? You may not know it yet, but that logo is a sign of protection. Here's why: whenever you see that logo, you know the doctor behind it is certified by the American Board of Plastic Surgery. Believe it or not, there are doctors without surgical training who market cosmetic surgery procedures to the unsuspecting public. It's happening right here in Knoxville and as long as there is no law against it, it's buyer beware.

So this logo helps give you an idea about the credentials of the doctor you're considering. The credentials don't guarantee a successful outcome, but at least when you choose an ASPS member surgeon, you can be sure of these things:

- ☑ Is certified by the American Board of Plastic Surgery.
- Operates only in accredited medical facilities.
- Adheres to a strict code of ethics.
- ▼ Fulfills continuing education requirements, including patient-safety techniques.

This is all you have to remember, four letters:

ASPS.



So now you know to look for that logo. If you can't find it easily, the doctor probably doesn't have it.

P.S. Dr. Reath is Board-certified and served as Chairman of the Public Education Committee of the American Society of Plastic Surgeons.



HOW MUCH DO YOU **REALLY KNOW** ABOUT

BREAST AUGMENTATION?

TAKE OUR QUIZ: TRUE OR FALSE?

Silicone implants are a safe and more natural-feeling alternative to saline implants.

TRUE. Silicone implants had gotten a bad rap in the past, but the data that was gathered through a 14-year adjunct study proves these implants to be safe. There is a reason why only 2% of our patients use saline implants while the rest choose silicone despite the price difference.

Breast implants must be replaced every 5 to 10 years.

FALSE. Many people are under the mistaken impression that breast implants require routine replacement. This is not true. As Dr. Reath commonly says, "If it ain't broke, don't fix it."

Essentially, if you're not having any problems with your implants, there is no need to replace them. The most common reason for implant exchange is when a woman decides to change her size.

Bigger, after a certain point, isn't necessarily better.

SO TRUE. Remember that you are picking the size of your breasts not just for this year but for many years to come. It's smart to think about how the size and weight of the implants will impact your life. If you choose an implant that is too big, you may have issues with back pain and sagging later on. Going too big can actually make you look heavier in the upper body, and that's not what most women want.

More women in their forties and fifties have breast augmentations than women in their twenties.

TRUE. Surprised? Although the majority of augmentation patients are in their thirties, we see more and more mature women expressing interest in this procedure. After they have it done they tell us they didn't know why they waited so long.





With regards to teenagers having plastic surgery (ages 16-19), there are more boys having chest reduction surgery for gynecomastia than there are girls having breast augmentation surgery.

TRUE. Chest reduction surgery for boys is one of the most frequently performed operations in this age group. There were almost twice as many boys who had surgery to correct gynecomastia than there were girls having breast augmentation. Despite the stories you see on TV, teenagers account for only 5% of the elective cosmetic surgeries performed in the United States.

Most women have one breast that's bigger than the other.

TRUE. Just as you may have one arm that's longer or toes that don't match, it's rare for the human body to be symmetrical. In some women the difference in breast size and shape is more noticeable. It's quite common to use two different implant sizes to adjust for the difference. Interestingly, breasts often heal from surgery differently too.

To fix sagging breasts, just use larger implants.

NOOOOOO!!. Some inexperienced physicians will try to use large implants when the nipple falls below the natural crease of the breast. The results are breasts that are too big, which of course, makes them sag even more. A breast lift, with or without implants, is the only way to restore a pleasing shape and perkiness.

Physicians without any surgical training can legally perform plastic surgery.

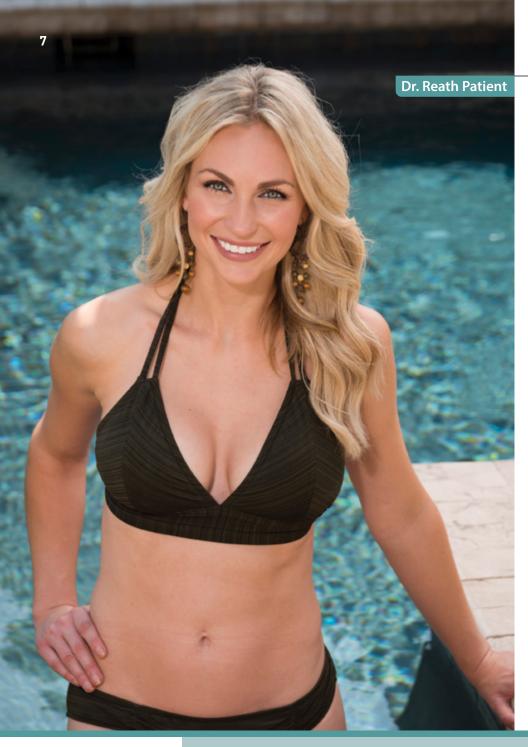
SCARY BUTTRUE! There are no regulations which govern who can perform plastic surgery procedures. Likewise, some practitioners perform plastic surgery in non-accredited facilities in an effort to reduce cost. Be sure to pick a member of the American Society of Plastic Surgeons to do your breast augmentation. ASPS member surgeons are all board-certified in plastic surgery and only perform surgery in accredited facilities.

Silicone breast implants can lessen gunshot injuries by slowing bullets.

TRUE, BUT DON'T TRY THIS AT

HOME. You may have read about breast implants saving women from gunshots, stabbings and even a kangaroo attack in Australia. After treating a patient with implants who survived a close-range gunshot, Dr. Christopher Pannucci, a plastic surgeon with the University of Utah, decided to see if there is any scientific credibility behind the theory. After using analysing bullets shot through breast implants into ballistics gel – a substance designed to mimic human tissue, he found the distance the bullets travelled into the gel was reduced by an average of 8 centimeters, or 20 per cent. "You can think of them as tiny airbags," he says. Of course, we aren't recommending women get breast implants simply to protect themselves from injury. It's an interesting study, but it would be a stretch to say they could replace bulletproof vests.





BREAST AUGMENTATION BASICS:

There are lots of reasons why women consider having breast augmentation surgery.

Many tell us they just want to be able to buy a bathing suit that fits! Despite some Hollywood stereotypes, the majority of women increase from one to two cup sizes to obtain that flattering figure they always wanted. Some come to us after they have had children and lost their breast size after breast-feeding. Others need to have a breast lift along with the enlargement. We'll tell you how to know if you'll need a lift later on.

From what we've seen in our office, we're right in line with the national statistics that say breast augmentation is one of the fastest growing plastic surgery procedures. We suspect it's growing because of the great results and the quick recovery time. A recent study revealed that 96% of women who had a breast enlargement surgery were either "satisfied" or "highly satisfied" with their results. We guess that's why over 200 of our patients chose breast augmentation last year alone!

WHAT TO LOOK FOR IN BEFORE AND AFTER PHOTOGRAPHS:

Have you ever looked in a magazine and found a hair style you liked only to be told by your hairdresser that it won't work for you because your hair is too fine, curly, straight etc.? That can happen with what you see in plastic surgery before and after pictures as well.

The important thing to do is to find BEFORE photos which resemble your own appearance. Be honest with yourself about what you are trying to change and be realistic if your pre-operation breast shape is not ideal.

How To Look At Before And After Pictures

Here's where to begin: Start with before photos that look like your body type and breast shape and then, and only then, find pictures of results you like.

Be sure that you are looking at pictures of women who are about your same height, weight, chest width and breast size.

Before and after pictures can tell you a lot about the surgeon's taste, so be sure it matches your own idea of beauty. It's clear from looking at his photo collection that Dr. Reath's ideal is a more natural looking breast size and shape, but that may not be what you want.

Technically Speaking

From a technical standpoint, the photos should be uniform in appearance and formatting (and the before and after pictures should be of the same patient! Look for telltale signs like moles and freckles if you are in doubt.)

Understandably, the photos you see are the results that the doctor and the patient particularly proud of, so it shouldn't be the only reason to pick your surgeon (although it can be reassuring to see a lot of pictures with good results rather than just one or two.) Think of

the photos as more of a guideline to communicate the look you want and understand that you can't exactly reproduce the results you see in pictures.

It is good to have a collection of several pictures to look at so you know the surgeon performs breast augmenta-



CLICK HERE TO SEE DR. REATH'S BREAST AUGMENTATION PHOTO GALLERY.

tions often and well. It's even better if they are nice enough to include the patient's height, weight and choice of implants.



FORGET CUP SIZE

You might not want to hear this but we're going to tell you anyway: you need to forget thinking about cup size. As women, we tend to think in cup sizes because that is how we buy our bras. The most common comment we hear is, "I'd like to be a C-cup". When we hear that we translate it to mean, "She wants her breasts to look like they fit the rest of her body."

This is because cup size for patients having breast augmentation is a very subjective measurement. Everyone wears their bras differently and every bra manufacturer makes them differently. You may be a 36C in one bra and a 34D in another. And when you check out all the different styles at your local Victoria's Secret, you can understand why we say *think* proportion and shape, not cup size.

TIPS TO GETTING YOUR SIZE RIGHT

- **1 Wardrobe:** Bring in different types of outfits to try on with your sizers. You want to make sure that you are comfortable in your casual dress as well as your cocktail dress. Plain baby-doll t-shirts work best. We have some in the office you can use as well.
- **2 Personality:** Think about your personality (outgoing or shy) and how you want to be perceived by the public. Then, make sure that you convey this to your surgeon. Breasts that are larger than what would be proportionate may suit your style. On the other hand, you may lean towards looking great in a cocktail dress without attracting unwanted attention at work.
- **3 Fitness:** Factor in your exercise routine. If you are a runner or serious athlete, you will want to choose implants that won't interfere with your fitness routine.
- **4 You're In Charge:** Although your surgeon should be your guide, he shouldn't dictate what size you should be. It's a collaboration. However, there may be a situation when your surgeon doesn't recommend going with the size you want. If that's the case, you may want to have further discussions to make sure you understand the reasoning behind this. It's important for you to be comfortable that your prospective plastic surgeon has spent the proper time with you and is not dismissing your input. If you're feeling left out of the decision-making process, find another plastic surgeon (Board-certified of course!).
- **5 You Be You:** Don't pick your implant size based on how it looks on a friend. Even though you and your friend may seem similar in terms of body

- size, there are other factors that must be considered. It's natural to think "My girlfriend has 350's so I should get the same size because they look perfect on her." But the important words are "...on her." If you are open to different implant options, it's more likely that you'll find the one that is just right for you.
- **6 Know When Enough is Enough:** Remember that you are picking the size of your breasts not just for this year but for many years to come. If you choose an implant that is too big, you may have issues with back pain and sagging later on. Ask any of our breast reduction patients and they will tell you that much bigger isn't always better!
- **7 Bring A Friend:** You may find that you would enjoy bringing a friend or spouse with you when you try on sizers. Our staff is great at guiding you in this process but sometimes it's fun to have someone else there who knows you well. Also, there is a large quantity of information discussed during your consultation so it's nice to have an extra set of ears. (Speaking of ears, it's best not to bring the kids.)

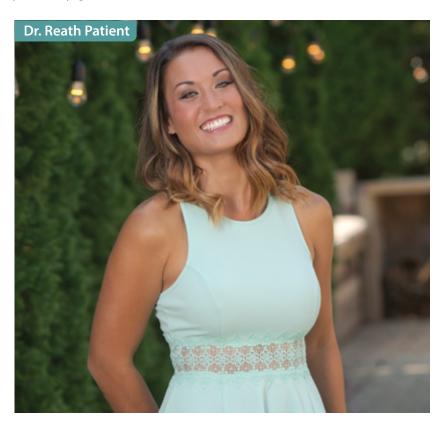
Here is a blog Dr. Reath's wrote for especially for guys *How to Be Helpful During Her Breast Augmentation Consult*. Feel free to share it with the man in your life before you have your consultation.

CLICK HERE TO READ IT.



THE FUN PART: TRYING ON SIZERS

All right, so we've realized that cup size isn't really a good way to figure out what's right for you. What you really want to do is try out our collection of silicone implant sizers when you come for your office consultation. This is always the best part of the visit because you really get to visualize what the end result will look like.



You'll want to consider your body frame, height, weight, shoulder width, hip width and current breast volume when you're choosing an implant. As you increase in size you will need to use a larger implant to maintain proportion (with the exception of starting breast volume of course.) So if you are 5' tall and petite, you will typically need a much smaller implant than if you are 5'9" with broad shoulders and wide hips.

Implant sizes are based on the amount of fluid or gel in the implant itself. They're available as small as 125cc (great for correcting asymmetry) and can go way up from there. Dr. Reath's patients are generally in the 350cc to 450cc range.

Here are some important things to keep in mind:

- There is no "perfect" size. Rather, there is a range of sizes that will work well.
- It's a process and your expectations may change as you go through the process.
- Bigger, after a certain point, is not necessarily better. Going too big can actually make you look heavier in the upper body, and that's not the look most women want.
- You are going to have these implants for a long time. It's smart to think about how the size and weight of the implants will impact your life many years from now.



THE GREAT CLEAVAGE CONFUSION—IT'S NOT ABOUT SIZE

When it comes to confusion, cleavage is right up there with cup size. It's important to understand before your surgery that increasing the size of your breasts is not what gives you cleavage. Rather, cleavage is a function of the shape and width of your chest and how close your breasts are together.

When you were little, do you remember looking down and crossing your arms to pretend you had cleavage? It's the same principal here.

If your breasts are set wide on your chest, you will have more fullness after your augmentation, but not more cleavage. Conversely, if your body is narrow below your shoulders and your breasts are close together, you'll have great cleavage even with a small implant.

If cleavage is important to you, be sure to talk about it before you have your surgery so you won't be disappointed. And remember, you can buy a bra that will help too.



HOW TO KNOW IF YOU NEED A LIFT:

Women who are unhappy with sagging in their breasts often choose to have a breast lift. Usually this sagging is a result of pregnancy and breast-feeding or weight-loss, but not always. Frequently a modest implant is used in conjunction with the lift to restore fullness in the upper part of the breast. Using an implant is completely optional and depends on the goal of the individual patient.

During a breast lift, also known as a mastopexy, the breast is lifted by removing the excess skin and restructuring the breast tissue. In many women a delicate incision around the nipple area (areola) is all that is needed. In others, who have a large amount of excess skin, the incision will need to be extended.

The Lift Test You Can Do Yourself

It can be a disappointment if you come to our office for breast augmentation and Dr. Reath explains that to achieve a pleasing shape and perkiness, you'll need a breast lift as well.

So here's a good way you can tell. Standing in front of a mirror, look at your nipples in relation to the natural crease beneath your breasts. If your nipples are lower than your breast crease before surgery, adding implants without removing excess skin will make them more saggy. And it will just get worse with gravity over time. Sad, but true. You will probably need a lift. If your surgeon tells you to just use bigger implants, don't go there girlfriend!





NO, YOU'RE NOT CRAZY. ONE IS BIGGER THAN THE OTHER.

Most women have one breast that's bigger than the other just like they might have a leg or arm that's slightly longer than the other. (And by the way, when you have your next pedicure, look and see if your toes exactly match.) The point is that it's rare for the human body to be symmetrical.

However, in some women the difference in breast size and shape is more noticeable, and this is where a breast augmentation and/or a breast lift can be a big help.

It is very common to use two different implant sizes to adjust for the difference in natural breast tissue. Sometimes, one breast may need a lift while the other one does not. (Interestingly, breasts often heal from surgery differently too.)

PODCAST ALERT: You'll never guess the doctor whom the The American Society of Plastic Surgeons chose to interview when they decided to produce a podcast on breast augmentation? Dr. Reath and one of his patients!



It is very informative and answers many questions about breast augmentation that patients across the country frequently ask. The 20-minute podcast is perfect to listen to while you are looking at before and after photos.

CLICK HERE TO LISTEN TO IT.



ALL ABOUT IMPLANTS

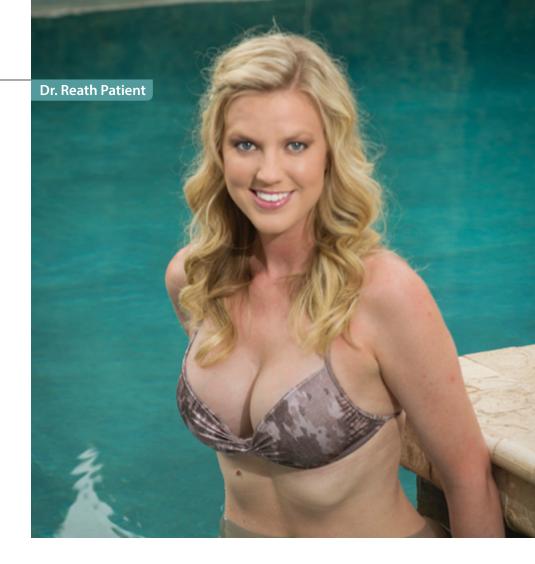
Ok, so let's talk about the details on implants. The overwhelming majority of implants used in the United States are made by either Allergan (Natrelle Inspira) or Mentor.



Both Mentor and Allergan implants are excellent and plastic surgeons have had relationships with them for a long time. Most plastic surgeons decide which to use based on the service and accessibility of their local representative, rather than the implants themselves. Dr. Reath uses Allergan's Natrelle Inspira silicone implants for most patients. Both manufacturers have a complete line of saline breast implants, silicone breast implants, and highly cohesive silicone gel implants (aka: "gummy bear implants").

THE **BOTTOM LINE:**

Although the choice of Mentor or Allergan may matter a lot to your surgeon, it probably won't mean that much to you unless you need to replace implants under warranty in the future. That's why most plastic surgeons will have a good relationship with both implant companies in order to best take care of their patients.



P.S. Sientra implants are used by a few plastic surgeons. Sientra, itself, is really a distributor of implants and not a manufacturer. Recently there have been concerns with the quality of Sientra products and they were removed from the market for a period of time. Sientra does not distribute any saline filled breast implants.

QUESTION: WHY IS YOUR PLASTIC SURGEON NOT LIKE JIFFY-LUBE?

ANSWER: YOU DON'T HAVE TO REPLACE YOUR IMPLANTS EVERY 3,000 MILES!

















Many people are under the mistaken impression that breast implants need to be replaced every five years, seven years, ten years etc. This is not true. Basically, if you are not having any problems with your implants, there is no need to replace them. In case you're wondering, the most common reason implants are replaced is when a woman wants to change her breast size.

SALINE VS. SILICONE

Over the next couple of pages, we are going to walk you through some choices you are going to make if you decide to have a breast augmentation. We're going to do this in a very straightforward way; laying out the pros and cons for you while avoiding complicated medical jargon, (hopefully!). So here goes.....

Saline vs. Silicone

First let's talk saline. Saline implants were first introduced in 1965 as an alternative to silicone implants. Their outer shell is the same as silicone implants, but they are filled with saline at the time of surgery, which allows a smaller incision to be used (about 1.5 inches). Over the years there have been many improvements in the shell integrity to decrease the chances of deflation, and in the valve to prevent leaks.

Here are the advantages to saline implants:

- There is a smaller incision, and therefore you have a smaller scar.
- They cost less.
- There is greater variability in size, because the fill level is adjustable.
- It's obvious if you have a deflation.
- They have a physiologic filler (salt water).



The disadvantages with saline implants are:

- They are firmer implants so they don't feel as natural.
- They can cause rippling.
- •They require a submuscular placement unless you have a lot of natural breast tissue.
- •They do not last as long as silicone implants.



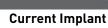
SILICONE IMPLANTS

The Facts about Silicone Implants

Over 95% of the women we see decide to use silicone implants rather than saline. In the early 1990's, silicone breast implants were removed from the market due to safety concerns, but the data that has been gathered through a 14-year adjunct study has proven these implants to be safe. Dr. Reath was one of the plastic surgeons who participated in this study and has been using silicone cohesive gel breast implants since that time.









New Option for upper pole fullness

"SOFTTOUCH"
SILICONE
IMPLANTS
ARE HERE

All of the silicone implants plastic surgeons work with are cohesive gel implants, but some are more cohesive than others. Breast implant manufacturers have been using cross-linking technology to create more implant options that may work well in different circumstances.

Recently, Allergan has introduced SoftTouch round implants with greater cohesivity. The advantage of this increased cohesivity is to have greater fullness in the upper breast (referred to in medicalese as "upper pole fullness.")

In breast lift patients, maintaining upper pole fullness is always a challenge depending upon the amount of natural breast tissue present. These newer implants may well help with this desired fullness, which is why I have started using them in most breast lift patients.

SILICONE IMPLANTS—PROS AND CONS



The best way to illustrate the properties of a silicone cohesive gel implant is by watching this brief video. The video shows a Natrelle silicone breast implant cut in half. You can see how the material holds together uniformly (no leaking) while still retaining the natural give of breast tissue. It does this because of a cohesive, gelatin-like substance that acts as a solid rather than a liquid.

Here are the advantages of silicone implants:

- They are softer and have a more natural feel.
- They have a slightly lower deflation rate.
- •They are less likely to ripple.
- They are more easily used above the muscle (subglandular) position.
- They last longer than saline implants.

The disadvantages of silicone implants are:

- It is harder to detect when they rupture.
- They require a longer incision.
- They cost more.
- The filler could be considered "less physiologic".

Now that you know the differences in the implants themselves, you can understand that they are not inserted the same way and they behave differently after the surgery too. Especially if you are considering silicone implants, make sure your doctor has experience working with them.

HOW MUCH WILL IT COST?

All our prices include just about everything: surgical and anesthesia fees, breast implants, the bra you wear after your surgery and all follow-up visits. It also includes our exclusive recovery kit. (The only thing it doesn't include is the cost of your prescriptions.)

BREAST AUGMENTATION:

With regular silicone implants \$5,865

With new SoftTouch silicone implants \$6,925

With saline implants \$4,865

Cash Discount: Great news! For our patients who would like to pay with cash or check we offer a 5% discount.

Breast lift pricing varies from around **\$6,400** to around **\$9,500** before the cash discount. The difference in price depends on the incision site, the amount of skin to be removed and whether or not implants are used.

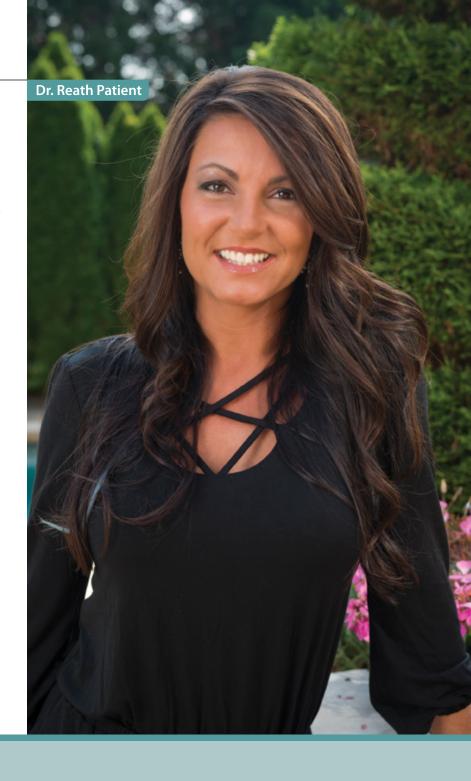
YES, YOU CAN SET UP A PAYMENT PLAN FOR YOUR PLASTIC SURGERY

If it's something you've always wanted to do, and finances are holding you back, we work with two companies that set up payment plans for plastic surgery procedures.

We offer both CareCredit and Alphaeon Credit to help you move forward with getting the procedure you've always wanted. Both have convenient monthly payment options, no up-front costs, no pre-payment penalties and no annual fees, so you can get your procedure sooner.









IMPLANT SHAPES: ROUND VS. ANATOMIC

Our pick? Round

▼ Round: Dr. Reath only uses round implants for cosmetic breast augmentation. He explains why, "Because round implants are totally symmetric, their orientation, when placed, is never problematic. Their advantages are that they are the most commonly used implants, probably look more natural in both the upright and lying positions, and they are not textured." They are also less expensive.

☐ **Anatomic:** Anatomic or tear dropped implants are asymmetric. There is greater projection at the bottom of the implants than at the top. Shaped implants provide shape when there isn't any but have the potential to rotate causing problems. They must be properly oriented or they will have the greater projection in the wrong place. They are textured and more expensive.

SURFACE TEXTURE: SMOOTH VS. TEXTURED

Our pick? Smooth

✓ Smooth: The surface of your implants can be either smooth or textured. Dr. Reath explains why they came up with the idea to add texture to the implants,

"It was originally thought that texturing implants would lead to a softer result with less capsular formation. However, this has not been borne out clinically. Textured implants do adhere to the surrounding tissues and do not move as well with massage. Additionally, rippling is much more common with texturing. So I only use smooth implants."



PLACEMENT PLANE: SUBMUSCULAR VS. SUBGLANDULAR

Also known as "Under the Muscle" or "Over the Muscle"

Implants can be placed either beneath the pectoralis major muscle—submuscular (or subpectoral), or on top of the muscle, beneath the breast (glandular) tissue—subglandular. There are several considerations that determine what may look best for you, *and in some women either placement is a good option*.

Submuscular (Under the Muscle)

Here's our recommendation: Choose the submusular (under the muscle) placement if you have saline implants, a small amount of natural breast tissue or a family history of breast cancer.

Placing the implants under the muscle has the advantage of having more of your tissue over the implants, and may make the implants look more natural and less obvious. For this reason, Dr. Reath recommends that most saline implants be placed beneath the muscle. Saline implants are slightly firmer or stiffer, and may require the pressure of the muscle to give a better shape to the upper part of the breast. Implants may remain a little softer under the muscle and may be less easily felt, particularly with saline implants. Rippling, which is

more common with saline implants, will be less obvious under the muscle.

However, all implants beneath the muscle are subject to "animation distortion." As the muscle contracts over the implant, it can temporarily change or deform the shape of the breast. While this is not a permanent situation (it goes away once the muscle is not flexed), it can be a concern to some patients, particularly body-builders. There will be a decrease in chest muscle strength after the surgery, but this will recover. Submuscular placement is more uncomfortable initially, and may always have a slightly different sensation to the patient.

Here are advantages to placing the implants under the muscle:

- The implant is less visible and looks more natural.
- It's harder to feel the implant and therefore it feels more natural.
- There is less rippling if you decide on saline implants.
- Possibly there is better breast imaging with mammography.

The disadvantages to placing the implants underneath the muscle are:

- It is initially more uncomfortable and involves a day or two longer to recover.
- •There is animation distortion when the chest muscles are flexed.

P.S. Dr. Reath uses under the muscle placement for most of his patients.



PLACEMENT PLANE: SUBMUSCULAR VS. SUBGLANDULAR continued

Subglandular (Over the Muscle)

Here's our recommendation: Choose the subglandular (over the muscle) placement if you want silicone implants, or have a large amount of natural tissue and want saline implants.

The subglandular placement is more common with silicone implants because they are softer and do not require as much tissue coverage for a good shape. The above the muscle placement is also for women with greater amounts of natural breast tissue. If you already have a moderate amount of breast tissue, you may achieve a more natural shape with the implant in the above the muscle position, particularly with silicone implants, because there is no muscle between the implant and the breast tissue. Women with greater amounts of breast tissue, using a smaller (relatively speaking), saline implant, can also use the subglandular position.

There is no animation distortion of implants in the subglandular plane. The operation is less painful, the recovery a little shorter, and there may be a more natural sensation for the patient. However, rippling can be more visible which is why saline implants should not be placed over the muscle in women with very little breast tissue.



Here are the advantages of placing implants over the muscle:

- The recovery is less painful with a shorter recovery time.
- There is no distortion when the chest muscles are flexed.

The disadvantages of placing the implants over the muscle are:

- The implants are more visible and palpable, especially with saline implants.
- There is a greater chance of rippling when using saline implants..



WHY the Keller Funnel May Make Breast Augmentations Better

NEWS FROM **DR. REATH**

The Keller Funnel is a recent advance in breast augmentation surgery that I have started using with my patients who have silicone breast implants. It is a sterile plastic sleeve I put the breast implant in prior to placing it in the body. The sleeve, which has a special coating, allows the implant to slide through it, eliminating all contact between the implant and the patient's skin.

The goal of using the Keller Funnel is to affect the formation of the capsule – the layer of (scar) tissue which surrounds the implants. You want to have a supple layer of tissue that will allow the implant to move naturally like a normal breast would, and to feel soft. If the capsule become thickened (a capsular contracture) the breast can feel firm. Anything that might increase scar formation is to be avoided. One such thing might be exceedingly small amounts of contamination from the skin (such as bacteria) through which the implants must be placed.

I am not sure that we can scientifically prove yet that using the Keller Funnel decreases the rate of capsular contracture, but it seems to make sense. It also allows a slightly smaller incision to be used.

HERE'S HOW IT WORKS:





Breast Augmentation & Nipples: **Dr. Reath Answers Questions**

You Didn't Know You Had

WHEN WOMEN ARE HAVING SURGERY TO IMPROVE THE APPEARANCE OF THEIR BREASTS, ONE OF THE QUESTIONS I AM OFTEN ASKED IS "DOES HAVING BREAST IMPLANTS AFFECT THE SHAPE AND SIZE OF THE AREOLA?" BECAUSE INQUIRING MINDS WANT TO KNOW. I WILL DISCUSS THIS.

NIPPLE NOMENCLATURE

Let's start with defining the lingo. When most women talk about their "nipples" what they are really referring to is the areola. The nipple is the centerprojection column of the nipple areolar complex, otherwise known as the NAC. This is where milk comes when breast feeding, and also has the erectileproperties when the breast is cold or stimulated.

The areola is the darkly pigmented skin of the center of the breast. Sometimes areolas have some small bumps called Montgomery glands. Most women contemplating breast surgery have some concerns regarding the size and shape of the areola, so this is something that I work with much more than the nipple itself.

DO BREAST IMPLANTS CHANGE THE SIZE OF THE AREOLA?

To answer this question, I looked back through the photos of breast augmentation that I have on our website (all 313 of them). The answer is "not really." The nipple areolar complex (NAC) will either be unchanged or may look a bit fuller, but it does not get larger or smaller from a breast augmentation alone.



CAN THE SHAPE OF THE AREOLA BE CHANGED?

Yes, but to do this a surgeon must perform some type of breast lift (mastopexy). Frequently a peri-areolar mastopexy can correct this. During the procedure, some of the areolar skin is removed and a purse-string suture is used to cinch up the skin. In other types of mastopexies, the areola diameter is narrowed as a result of how the excess skin is removed.

CAN YOU FIX INVERTED NIPPLES?

Yes. There are ducts attached to the nipple from the underlying breast tissue which invert the nipple, and they can be divided to restore a normal appearance. However, the correction can affect nipple sensitivity or breast feeding. It's usually done in conjunction with a breast augmentation, but it can also be a separate procedure.

ANYTHING ELSE?

For most women who are self-conscious about their nipples showing through their clothing, DIMRS are just the ticket and we carry them in our office.



SHOP FOR DIMRS IN OUR ONLINE STORE.





YOUR INCISION DECISION

Without getting too elemental, the purpose for the incision is to allow the safe placement, and accurate positioning of the breast implant. As such, the incision must allow complete and direct vision of the entire pocket that is being dissected for the implant. The size and shape of the pocket is very important to the final outcome. And the better you can see what you are doing, the more accurately you can do this. If shaped implants are being used, pocket shape and dimensions are even more critical than with round implants.

Also, we have learned that there are a number of things that can increase the thickness of the capsule that the body makes around the implant. Small amounts of blood can increase capsule thickness and make the breasts feel firmer than desired. So, you need to see the entire pocket to make sure there are no small areas of bleeding.

A couple of other things before I talk about the different incisions. Everybody heals a bit differently. Some people will naturally make scars that look better than others. It's a genetic thing. And, the length of the incision will depend upon the type of implant being used.

Saline implants have the shortest incision because they are filled after they have been placed in the pocket. The length of incision for silicone implants will depend upon the size of the implants: the larger the implants, the longer the incision. Shaped silicone implants will have the longest incisions and I don't use them.

There are four different incisions that have been used for breast enlargement:

- In the fold beneath the breast (inframammary)
- Around the areola (peri-areolar)
- The arm pit (trans-axillary)
- Around the belly button (aka: TUBA or trans-umbilical breast augmentation)

THE TWO INCISIONS I DO RECOMMEND

The two incisions that I will use are the peri-areolar incision and the inframammary incision — more frequently the latter. These two incisions allow complete visualization of the surgical field, so the surgeon can do what needs to be done. (continued)



THE INCISION DECISION:

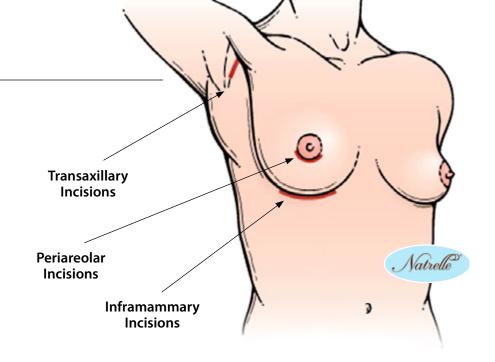
The Inframammary Incision:

The inframammary incision is the most versatile incision, and allows the best access to the surgical site. I try to keep this right in the grove beneath the breast so that it will not be seen when the breast falls naturally against the chest wall. In many women, this heals so well that it is hard to see unless you look for it very closely. Also, if your body makes good looking scars, then either an inframammary scar or a peri-areolar scar will look good. However, if you are prone to making more obvious looking scars, it's probably best not to have this at the edge of the areola.

The Peri-Areolar:

Not all women are a candidate for the peri-areolar incision. If the diameter of the areola is too small, or if a much larger incision is needed for a larger implant, this won't work. Also, this approach will probably not work for shaped silicone implants.

There have been some concerns about the peri-areolar incisions with regard to the potential for sub-clinical infections from bacteria in the milk ducts. Very small amounts of bacteria can get in around the implant. While these are not enough to create an infection, they can increase the thickness of the capsule and lead to a firmer feeling breast. So, some surgeons shy away from this incision because they are concerned about the possibility of bacteria in the milk ducts



which are right next to the incision. Personally I am not sure whether this is more of a theoretical or real concern. Probably it is an issue for some women but not all.

Under The Arms:

Next is the trans-axillary approach which I do not use because you cannot see the entirety of the pocket. There are a few surgeons who use this approach with an endoscope and this can alleviate some of the concerns about bleeding.

However, it is not recommended by any of the implant manufacturers because of a greater likelihood of damage to the implant. Plus if you ever had an issue with the surgery and had to re-operate later on, you would probably need to use a different incision. And the trans-axillary scar can be seen in normal clothing. (continued)

THE INCISION DECISION

Trans-Umbilical Incision:

Let's just get rid of the TUBA right away. Bad idea, in my humble opinion. I've seen some of these scars and they don't always look great and they're never covered by a two piece bathing suit. But more importantly the operation is done blindly. You cannot see the surgical field or see what you are doing. Does this make sense to you? Not to me! Pocket dimensions cannot be controlled as well, and there is nothing you can do about bleeding. It makes no more sense to me to put implants in through the belly button, than it would to take your



appendix out through you knee. So, for any of you who have wondered about a trans-umbilical approach, here's my take on it.

If you are thinking about breast augmentation, don't contemplate your navel. (I know, I really shouldn't have but.....)

THE BOTTOM LINE:

Bottom line for me is that the best incisions are the peri-areolar and inframammary incisions. Incidentally, the major breast implant manufacturers, Allergan and Mentor, agree with this. These incisions allow for the most effective creation of the pocket for the implant. Definitely stay away from the trans-umbilical approach, and be careful with the trans-axillary approach. Without a doubt, the inframammary approach is the most common approach used today.

(By the way, there are women who can be seen in certain publications without wearing a top or much else for that matter. You may or may not have seen such magazines. And it's apparent that some of these lovely ladies have been very good patrons of plastic surgery. But where, you might ask yourself, are their scars? Well, consider the art of air- brushing. Again, just saying...)



GET READY.

DR. REATH EXPLAINS IMPLANT PROFILE.

You're probably going to hear something about implant profiles if you get serious about choosing implants so we asked Dr. Reath to give some perspective on what profiles are and his recommendations about them:

"Round implants come in different profiles. The profile relates to the relative projection of the implant for a given diameter, or base width. Profiles may be low, moderate, full or extra full.

The dimensions are different with silicone than they are with saline. Generally speaking the lower profile implants tend to give a more natural look. In choosing an implant, I recommend the lowest profile for the size the patient wants, without having the implant diameter exceed the base width of the patient's breast.

"Usually this will be moderate, or full with saline, and moderate, full or extra full with silicone. Full saline implants can give too much fullness in the superior (upper) breast and tend to look unnatural."

GOT THAT? OUR ADVICE: LET YOUR SURGEON PICK YOUR IMPLANT PROFILE.



TOP QUESTIONS YOU SHOULD ASK YOUR PLASTIC SURGEON.

What are your credentials and training experience?

Patients are often referred to a surgeon by their primary care physician or a friend; however, it is important to know what qualifies the surgeon to perform your procedure. Ask your surgeon if he/she is "Board-certified" in plastic surgery. ASPS member surgeons are certified by the American Board of Plastic Surgery and are trained specifically in plastic surgery. They operate only in accredited medical facilities, adhere to a strict code of ethics and fulfill continuing education requirements, including patient safety techniques.

How many procedures of this type have you performed?

In addition to knowing your surgeon's credentials, it is important to know the level of experience he/she has in performing your procedure. Choosing an experienced surgeon is one way to ensure good results.

What do I need to do to prepare for surgery?

Certain surgeries require that you stop smoking, lose weight or follow a specific diet limiting the food you eat. Make sure that you speak to your surgeon and your anesthesiologist about any allergies or about any conditions for which you are taking medication. You should mention any vitamins, supplements or over-the-counter medications as well.

What are the risks?

Every surgery has some associated risk. Weigh the benefits of the procedure against the risks of side effects and complications (e.g. nausea, vomiting, pain, infection, or bleeding) before making your decision.

How can I better manage post-surgical side effects and complications such as nausea, vomiting, pain, infection or bleeding?

Some post-surgical side effects and complications are more manageable than others. Make sure you speak to your surgeon about your risk of experiencing side effects and complications, and about any medications he/she may prescribe to minimize these symptoms. For example, your surgeon may prescribe a medication before surgery to minimize nausea and vomiting or prescribe something for pain.

How long of a recovery period can I expect? What kind of help will I need during my recovery?

Some surgeries take longer to recover from than others. Make sure you speak to your surgeon about how long it will take to heal, as well as how you might physically feel immediately following your surgery. Your surgeon will be able to inform you of the arrangements necessary to ease your recovery.



TOP QUESTIONS... continued

Will my recovery keep me from my usual daily activities such as work?

The recovery time associated with your surgery depends on the nature and length of the procedure and also on the type of work you do, if it involves physical activity. To ensure that you don't slow your recovery, make sure you speak to your surgeon about the things you may or may not be able to do in the first few days, weeks and months after surgery.

Where and how will you perform my procedure?

Find out if your surgery will be performed in a hospital, office, or ambulatory facility. Dr. Reath performs most procedures at the AAAAHC accredited Physician's Surgery Center of Knoxville with a Board-certified anesthesiologist present at all times. It is his personal preference, for the safety and well being of his patients, not to perform procedures under general anesthesia in an office setting.

If the surgery you are considering is performed in an office or ambulatory facility, make sure it is accredited, which means the facility has passed strict guidelines for equipment, staff, hospital access, anesthesia administration, and more. ASPS requires all members who perform surgery under anesthesia to do so in an accredited facility.

All surgeries require some type of anesthesia, and certain types have a greater risk of post-surgical side effects or complications. Make sure you speak to the person administering it to find out what type



of anesthesia is required for your procedure and the side effects or complications that may be associated with it.

How will side effects or complications be handled?

If you should experience a side effect or complication after surgery, find out who will be available to address your concerns, and when. Ask if any additional costs will be incurred should you need additional treatment.

IMPORTANT: If your procedure will be performed in an office or ambulatory facility ensure that your doctor has privileges to perform the same procedure at an accredited hospital. Hospitals check credentials, so if a doctor can't perform the surgery you want in a hospital, that's a big red flag.

ARE YOU READY? QUESTIONS TO ASK YOURSELF

Am I choosing to enhance my appearance for me?

I know that others may support me, but no one is pressuring me.

Am I realistic about the results of the surgery?

I understand that cosmetic surgery can improve my appearance, but it cannot change my life.

Do I fully understand and accept the potential risks associated with my procedure?

I know that there are no guarantees and realize that additional procedures may be necessary. I have been (or will soon be) given informed consent documents and pre- and postprocedure instructions.

Am I in good shape physically and emotionally?

There are no underlying health disorders or mental health conditions I have not disclosed to my surgeon.

Can I afford this?

I can afford all the costs of surgery, including non-monetary costs such as the time to recover.

Why is now the right time for my surgery, rather than a month or a year ago, or, conversely, a month or a year from now?

The timing fits my schedule. I have not been offered special incentives to schedule surgery and I am not feeling pressured to commit to a plan before I am ready.

Am I completely comfortable with my surgeon and the staff in his office?

My surgeon spent time with me, answered my questions and recommended a surgical plan that is designed to achieve my stated goals. The staff is friendly, helpful and supportive. I don't feel like just a number.

Once you've worked through the guestions, you may want to talk about them with a trusted friend or family member and certainly with your plastic surgeon. After all, you and your physician will make the final decision about your surgical plan. Realistic expectations will better prepare you for surgery, and a prepared patient has the best recovery.





RECOMMENDED TIME OFF FOR **BREAST AUGMENTATION**

Helping you manage a speedy recovery is one of our primary missions. One of the reasons breast augmentations surgery is so popular is because of the quick recovery time. Breast augmentation takes about an hour and is done as an outpatient procedure under general anesthesia (you will be put to sleep). It does not involve an overnight stay in the hospital.

Whether you choose to have your implants over or under the muscle may impact your recovery by a day or so. Either way, most women are able to return to normal activities in 7 to 10 days and usually need no more than a week off from work.

One idea that typically works well is to have your surgery on a Thursday and take the next week off work. That way, you can easily go back early if you're feeling up to it, but you don't feel pressured to go back before you're ready.

Another thing to keep in mind is how physical your job and normal activities are. A good guideline is not to lift anything, and certainly nothing heavier than a gallon of milk, for the first week after surgery. If you have small children running around or your work involves heavy lifting, you may need to have more help during your recovery or more time off.



IT IS ALWAYS BETTER TO SCHEDULE MORE RECOVERY TIME THAN YOU THINK YOU'LL NEED.

It will be a nice surprise if you can back to your routine early, and you'll avoid the stress of worrying about whether or not you'll be ready.



VITAMINS

Most people take some sort of multivitamin or herbal supplement, but very few think to disclose their vitamins to their doctor and anesthesiologist prior to surgery. After all, they're just vitamins, they don't count as a medication, right? Wrong!

Many people facing surgery fail to disclose their herbal supplement use out of fear of being ridiculed by their doctor. (Who would think that licorice could be dangerous?) The fact is, your doctors want and need to know what you are taking to ensure your safe recovery.

Why? Some vitamins cause post-surgical bleeding, worsen Inflammation, raise blood pressure or alter your sugar levels. The best advice is to quit all herbal supplements three weeks prior to your surgery.



DO TAKE THESE

Vitamedica Clinical Support for Surgery: These multi-vitamins are specifically designed for patients pre- and post-surgery, so they contain all of what you need and none of what you don't. Start taking them two-three weeks before your augmentation and continue taking them two weeks after. **\$44**

You can pick some up at our office during your pre-op appointment or **CLICK HERE TO ORDER THEM ON OUR ONLINE STORE.**

DON'T TAKE THESE

- Aspirin, Advil or Motrin
- Any diet pills or herb blends designed to control appetite
- Chromium
- Echinacea
- Ephedra
- Feverfew
- Flaxseed
- Fish oil
- 1 1511 01
- Garlic
- Ginger

- Ginkgo
- Ginseng
- Goldenseal
- Kava-Kava
- Licorice
- Melatonin
- Saw Palmetto
- St. John's Wort
- Valerian Root
- Vitamin E

Phentermine: If you take the diet pill Phentermine, you MUST stop it at least 4 weeks prior to your breast augmentation.





DON'T GO THERE GIRLFRIEND.

Smoking: It's no secret that smoking is bad for you. Most people are aware that it can hinder your recovery after surgery, but not many people understand that this is a much bigger issue when you're having plastic surgery.



In order for you to heal properly, you need to have adequate blood flow to your breast tissue. Certain things can affect this blood flow and the biggest and baddest of these is nicotine. If you smoke or use eCigarettes, you have a much greater chance of infection and delayed healing after your breast augmentation.

Seriously, we don't want you to have any problems after you've invested so much in your surgery. We can't emphasize this enough. **You are now a non-smoker.**

NO NICOTINE! Many patients ask about "vaping", thinking that it's healthier before surgery. Vaping with nicotine is as bad, or worse, than smoking.

Tanning Beds: Speaking of taking care of your new investment, don't even think about going to the tanning bed after your breast augmentation for at least 6-8 weeks. Besides being horrible for your skin, it makes the incisions much more visible. You wouldn't drive your brand new Mercedes through the mud now, would ya?



OUR SURGICAL RECOVERY KITS: A GREAT PERSONAL TOUCH

We hear rave reviews about the kits we put together for all of our patients. Everyone tells us that they are a big help during recovery. Our goal is to put together everything you need after surgery so you don't have to.

One of the most important things we include is silicone sheeting strips (say that three times fast!) Silicone strips put direct pressure on the incision site, which is the best way to minimize the appearance of scarring. In contrast to scar creams which don't apply pressure, silicone sheets are easier to use because they are not greasy, don't stain, and won't stick to your clothes. Oh! And did we mention the kits come free with your surgery?!

NOT OUR PATIENT? NO PROBLEM.

All of our breast augmentation recovery must-haves are available on our online store including surgical bras, silicone strips, TheraPearl ice packs, surgical vitamins and medical-strength Probiotics. We'll even send you a hard copy of our Plastic Surgery Planner free with your Breast Augmentation Recovery Kit.

CLICK HERE TO ORDER THEM ON OUR ONLINE STORE.







ALMOST TIME FOR BRA SHOPPING...ALMOST

It's inevitable. Once you have your surgery, the first thing you are going to want to do is go out and buy a bunch of pretty new bras to celebrate the change in your figure. We understand completely. It's just that you are going to hate us when we tell you that it's better to wait a month or two. (Sorry. Sorry.) Here's why:

The final results of your breast augmentation surgery take a while, especially if you have saline implants or you have your implants placed under the muscle. Saline implants are heavier than silicone implants and they will continue to "settle in" over the first two months. If you go "under the muscle" your chest muscles will need some time to accommodate the new implants. In addition, you may have some swelling which you want resolved before you invest in a bunch of new bras.

Obviously your old bras won't fit anymore. So what's a girl to do?

You will probably be very comfortable in the bra we provide you after your surgery because it will give you the support you are going to need. We fondly call it the "granny bra" so that gives you an idea of how sexy it is. From there, buy one or two sports-type bras that will be comfortable and are able to expand and contract as your breasts change. During your follow-up visits, we will tell you when you get the green-light to head to Victoria's Secret.

P.S.... No underwires for at least a month!





STILL IN YOUR RESEARCH STAGE? CHECK OUT THESE OTHER USEFUL RESOURCES:



SUBSCRIBE NOW

Get your **free copy** of our 145-page glossy magazine called *Your Beauty*. It has all kinds of good stuff including interviews with beauty pioneers, quizzes, recipes and more.

PlasticSurgeryPlanner.com We drill down into the nitty gritty of how to prepare for your plastic surgery, and what to do to recover well and quickly. These are best practices that we have learned throughout the years, mainly by listening to our patients, but also in some cases by having the procedures done ourselves. Whether you are having your surgery with Dr. Reath or another Board-certified plastic surgeon, we think you'll find these pages super-helpful.

Realself.com Read comments about breast augmentation from women around the country and check out their popular "Was it worth it?" feature.

Still have Questions? Click here to Ask Dr. Reath



Facebook.com/plasticsurgeryknoxville

Visit our active facebook page. It has lots of patient comments and lively discussions about all-things plastic surgery.

We love to have you "like it".

Read Dr. Reath's informative blogs about breast augmentation.



THAT'S ABOUT IT

We hope you've enjoyed reading A Girlfriend's Guide to Breast Augmentation as much as we've enjoyed putting it together for you. Again, feel free to link to it and forward it to anyone you know thinking about breast augmentation.

We welcome your suggestions! Shoot us an email at **Lisa@plasticsurgeryknoxville.com** Please tell us what you liked and let us know if we missed anything.





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