OMICS Group Conferences
Accelerating Scientific Discovery

2nd International Conference and Exhibition on
Cosmetology & Trichology
November 12-14, 2013 DoubleTree by Hilton Hotel Chicago-North Shore, IL, USA

Review of implant sizes in 164 consecutive asymmetrical augmentation mammoplasties

Umar Daraz Khan
ReShape Cosmetic Surgery, UK

Background: Breast and chest asymmetries have been reported with varying incidences in patients requesting augmentation mammoplasty. However there is a paucity of information regarding the sizes of different implants used, their relative distribution on either side, complications and revision rates in this cohort when compared with primary augmentation mammoplasty using same size implants.

Methods: A retrospective analysis of data prospectively collected using the excel spread sheet was performed. All patients had muscle splitting technique for augmentation mammoplasty in asymmetrical breasts. Patients requiring augmentation with mastopexy, sternal notch to nipple areolar complex level discrepancy of more than 1 cm and patients having same size implants were excluded from the analysis. Insignificant asymmetries, not noticed by patients and not concerned about the difference on information, were not chosen for two different size implants. Patients, who chose two different size implants for mammoplasty, were divided into three groups based on the relative difference in the size of different implants used.

Results: A total of 1123 muscle splitting primary augmentation mammoplasties were performed between 2005 and 2011, out of these 164 (14.6%) patients received two different size implants for augmentation mammoplasty in asymmetrical breasts. Mean age of the patients (n=164) was 29.2+7.79 years (range 18-50), 46 (28.0%) were smokers. Over all mean size of the 294 implants (n=147) was 339.6+67.75 cc (range 230-630). Complete data on differential implant sizes used was available in 146 patients. Mean size of the implant on the right (n=146) was 346.27+70.581 cc (range 220-605). Mean size of the implant on the left (n=146) was 333.46+74.419 cc (range200-655). Out of these 146 patients, 46 (31.5%) patients had larger implants on the left as compared to 100 (68.5%) patients on the right. Mean volume difference between the two sides, when larger implants were used on left side was 55.76+37.785 cc as compared to 44.35+26.166 cc when larger implants were used on the right side. Low profile combination was used in 2.73%, moderate size implant combination was used in 9.58%, mixed profile combination in 3.42% and high profile combination was used in 84.24% of the patients. Over all revision surgery was performed in 3 patients (1.8%) and out of these three revisions only one (0.6%) patient needed surgery for volume correction.

Conclusion: Primary augmentation mammoplasty in asymmetrical breasts using differential size implants is a procedure with low revision rates, provided strict exclusion criteria is used along with adequate informed consent in this group.

Biography

Umar Daraz Khan is a Plastic Surgeon for the last 13 years in UK. He has published many techniques related to aesthetic breasts surgery, both for primary and corrective procedures. He had published over 50 peer reviewed articles and had given more than 150 oral presentations in different continents. He is a reviewer of many peer reviewed journals too.

mrumarkhan@aol.com