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**Breast Augmentation:
Motives and the Role
of the Family Nurse
Practitioner**

Chris Howerton

American Society of Plastic Surgical
Nurses

Humans tend to compare themselves to their surrounding culture's idea of beauty. As a result of the influence exerted by the mass media, the American female's breast is closely linked to womanhood; the fuller the female's bosom, the sexier and more womanly she feels, or is perceived to be by individuals of both sexes. Due to these cultural expectations, small-breasted women often experience feelings of inadequacy compared to their larger-breasted counterparts, and may seek methods of increasing their breast size-such as breast augmentation. An estimated five to seven million women have opted to have this elective surgery since its development in 1963. In 2009, nearly 300,000 women chose to undergo breast augmentation - an increase of 36% from 2000, and an impressive 787% since 1992, when the American Society of Plastic

Surgeons began formulating yearly national cosmetic surgical statistics. These statistical findings reveal that a significant number of females are interested in this topic, and healthcare providers need an operational understanding of what is influencing these women's healthcare decisions. As a result of this need, the motives for breast augmentation have been researched and classified as either internal or external. Internal motives include low levels of self-esteem, body image dissatisfaction, and Body Dysmorphic Disorder; while, external motives are the desire to attract and retain a romantic partner, pressures from others, and occupational requirements. Understanding these motives allows primary care nurse practitioners to focus their assessments on these areas and to provide the appropriate counseling or referrals as needed.