

Plastic Surgery Conf 2019: Minimization of Inframammary Incision in Breast Augmentation- Chia - Jung Chuang- Wish Aesthetic Surgery Clinic, Taiwan

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Inframammary approached breast augmentation has become increasingly popular in Asians, but the scars are often the Achilles heel of this surgery. How to minimize the incision and place it in a precise location is the key to reducing scars. In this presentation Dr. Chuang will share his 300 cases experience in minimally invasive breast augmentation through a 2 cm incision in the inframammary fold. He will also disclose his unique incision design, implant delivery, and wound suture techniques to achieve the most harmonious balance between the trauma of surgery and the beauty of the breast

Introduction: Mammary augmentation can be completed the use of the inframammary, periareolar, transaxillary or transumbilical technique. The healthcare professional's choice of technique is usually based totally on numerous elements including the visibility of the incision, the general practitioner's enjoy, the perceived surgical comfort level, the documented risks, the length of surgical treatment, the period of recuperation, the aggregate of the augmentation with different breast surgical procedures (together with mastopexies), the marketplace inclinations and the media hypes. Of a lot of these factors, the noticeability of the incision seems to be the principle reason why surgeons choose the periareolar, transaxillary or transumbilical approaches. Indeed, those methods allow for the incisions to be greater easily hidden or camouflaged. Interestingly, the inframammary method nevertheless stays the most not unusual one practiced by way of plastic surgeons, and this regardless of its perceived disadvantage: the visibility of the scar. The persisting recognition of this approach is due to its many blessings: it is straightforward to examine; it offers a right away get entry to to the submuscular, subpectoral or subglandular planes; the dissection may be exactly confined to the preferred pocket obstacles without the need to dissect an get right of entry to tract between the entry website online and the actual pocket (as is the case within the 3 other methods); it does not necessitate the acquisition of pricey surgical device including endoscopes; and it allows using established drains if the physician's technique includes them

The present article describes an inframammary method to mammary augmentation with saline-filled implants, using an incision that is shorter by means of about 50% than the one normally achieved. The ensuing smaller scar is significantly appreciated with the aid of sufferers, thereby elevating their pride fee, in addition to that of the health practitioner.

Results and Discussion: The primary contribution of the approach discussed above is the extensive shortening of the inframammary incision used for saline-crammed breast augmentation. According to surgeons and textbooks, the classical duration of this incision varies between three cm and 5 cm (a mean of four.25 cm). Our method suggests an incision of 1.7 cm, that is about 50% shorter than the classical incision. Although the discount of the incision from 3 cm, 4 cm or five cm to 1.7 cm may additionally appear noticeably

insignificant, the difference is most staggering clinically to sufferers and surgeons. The regular 3 cm to 5 cm classical incision turned into required primarily for two reasons: to allow the usage of one or extra hands, and occasionally a part of the hand, for near and far dissection of the pocket; and to accommodate a ramification of relatively massive retractors used to introduce the implant. Our approach lets in for a considerably smaller incision with the aid of substituting the fingers and hand with the steel finger, and the normal retractors with a totally thin one.

The metal finger is the metallic abdominal suction instrument comfortably to be had in any operating room. This device, which has about the diameter of a small finger, is maximum beneficial during this method of augmentation mammoplasty. It is blunt, slender and light, yet extraordinarily resilient and powerful. When used with a gentle contact, it offers the surgeon an correct experience for the pocket obstacles and can stumble on areas of incomplete dissection. When used with varying energy, it is able to dissect gently or mightily, with excessive precision. It lets in for cautious and particular dissection for even some millimeters at a time, under general manipulate, and this no matter whether or not the vicinity is near the incision or remote from it. It is stronger, more correct, and might attain in addition into the pocket than a surgeon's hand, even as requiring a miles smaller incision and less bodily force. The metal finger may also be used as a suction device, on and rancid, while the use of it as a dissector, which gives it in addition practicality.

The second critical device that we use is a skinny, slender (7 mm to ten mm extensive) angled retractor. Any retractor with similar specifications can be used. The longer arm of this retractor, that is approximately 4 cm long, is brought thru the top border of the incision, to lift the superficial component of the pocket and permit swift introduction of the implant.

It is vital to take be aware that the fast incision method presented here only alters the duration of the incision, the manner the pocket is dissected and the way that the implant is delivered; but, it does no longer have an effect on other steps of the augmentation mammoplasty method, such as the selected plane of dissection (submuscular, subpectoral or subglandular), the desired form and texture of the implant, the choice of the pocket irrigation answer, or the kind of incision closure, and so on. Therefore, the use of this technique simplest decreases the consequent scar duration and visibility. However, it ought to now not have an effect on the consequences or worry fees of the procedure.

This method has a few boundaries. It can simplest be performed with inflatable saline implants, due to the fact handiest an empty and folded implant can penetrate thru one of these small incision. There is likewise a theoretical possibility that a chronic deep intrapocket bleeder may additionally require the advent of an endoscope to visualise it, or genuinely the growth of the incision to attain it, but the authors have not begun to stand the sort of state of affairs after having executed over 700 processes.

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