

# **DIFFERENT MODALITIES OF BREAST AUGMENTATION MAMMOPLASTY**

Essay

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*Presented by*

**Shehta Mostafa Shehta Zurub**

M. B. B. Ch.

*Supervised by*

**Prof. Dr. Alaa Abbas Sabry**

Professor of general surgery

Faculty of Medicine - Ain Shams University

**Dr. Hossam EL Sadek Ibrahim**

Lecturer of general surgery

Faculty of Medicine - Ain Shams University

**Dr. Ahmed Fathy EL Sherif**

Lecturer of Plastic and Reconstructive Surgery

Faculty of Medicine - Ain Shams University

**Faculty of Medicine**

**Ain Shams University**

**Cairo – Egypt**

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## *List of Abbreviations*

<b>Abb.</b>	<b>Description</b>
<b>Ac-In</b>	Acromion to inferior point
<b>Ac-LPB</b>	Acromion to lowest point of breast height
<b>Ac-Ni</b>	Acromion to nipple height
<b>Ac-Ol</b>	Acromion to olecranon
<b>A-He</b>	Areolar height
<b>Ar-In</b>	Areola to inframammary
<b>Ar-LPB</b>	Areola to lowest point of breast
<b>A-Wi</b>	Areolar width
<b>FDA</b>	Food and drug administration
<b>H/P</b>	Height over projection
<b>H/W</b>	Height over width
<b>M-Ac</b>	Manubrium to point of maximum lateral prominence of acromion
<b>M-LPB</b>	Manubrium to lowest point on breast
<b>M-N</b>	Manubrium to center of nipple
<b>M-Ni</b>	The distance from the manubrium notch to the center of the nipple
<b>M-Pub</b>	Manubrium to pubis
<b>M-Um</b>	Manubrium to umbilicus
<b>M-Xy</b>	Manubrium to xyphoid
<b>N-Ac</b>	Nipple to acromion
<b>N-Cl</b>	Nipple to clavicle
<b>N-N</b>	Nipple to nipple
<b>N-Ni</b>	Nipple-to-nipple distance
<b>PIC</b>	prosthesis introducing clamp
<b>SSN</b>	Suprasternal notch



# Introduction

The breast has always been considered as one of the landmarks of femininity, almost from the beginning of recorded human history. While preferred breast size varies according to the culture, level of education and standard of living. *Sarver et al. (2000)* quoted that not every woman with abnormal breast seeks augmentation; the ones who do are invariably psychologically uncomfortable with their breasts.

However, the breast appearance has been both accentuated and diminished over many years with many anthropometric studies for the female breast. According to patient's requirement, facilities and experience of surgeons, a protocol of breast augmentation could be settled.

*Sumner et al. (2007)* said that no procedure in plastic surgery has been the subject of greater controversy, both scientifically and politically than breast augmentation. Yet, augmentation mammoplasty is the second most commonly performed cosmetic surgical procedure.

There are a number of rationales where the woman may consider breast augmentation. An estimated 70-80% of breast implant procedures were performed for cosmetic purposes and 20-30% for reconstruction of congenital anomalies or post mastectomy defects (*Hall, 2004*).



*Stevens W.G. et al. (2007)* mentioned that one stage mastopexy with breast augmentation is an increasingly popular procedure.

*Spear et al. (2006)* stated that four separate incisional sites of breast implant are known; inframammary, periareolar, axillary, or endoscope transumbilical assisted breast augmentation (saline filled).

*Sumner et al. (2007)* focused on the great debates in plastic surgery, whether to place breast implants over the pectorals major muscle “sub glandular”, under the muscle ”sub pectoral” or at both planes “dual plane”.

Breast augmentation offers a high rate of confidence and satisfaction, yet the complications remain frequent, and the causes are usually multifactorial. *Grolleau et al. (2005)* mentioned that complications are dividing into local complications that include capsular contracture, malposition of implant, acute or infra-clinical infections, while systemic complications are mainly immune disorder symptoms, nausea, and vomiting.

Many females are worried about the risk of breast cancer following breast augmentation. *Miglioretti et al. (2004)* said that breast augmentation is not associated with an increased risk of breast cancer, however breast augmentation may interfere