

UPDATES IN AUGMENTATION **MAMMOPLASTY**

An Essay

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General surgery

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قَالُوا سُبْحَانَكَ لَا يِلْمَ لَنَا إِلَهًُا مَا عَلَّمْتَنَا إِنَّكَ
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List of Abbreviations

ASAPS: American Society for Aesthetic Plastic Surgery
BJPS : British Journal of Plastic and Reconstructive Surgery
CT :Computed tomography
FDA : Food and Drug Administration
GA :General anaesthesia
IMF :Infra mammary fold
IMN :Internal mammary node
IV :Intravenous
LA :Local anaesthetic
MCP : Mid clavicular point
NAC : Nipple areola complex
N-IMF: Nipple to inframammary fold
PEG :polyethylene glycol
PMM : Pectoralis major muscle
PRS :Plastic and Reconstructive Surgery (journal)
PT : Soft tissue pinch test
SC :Subcutaneous, subcuticular
SFCC : Spherical fibrous capsular contracture
SN-N : Sternal notch to nipple distance
SSN : Supra sternal notch
STF : Superficial thoracic fascia

Introduction

Breast augmentation increases the size and enhances the shape of a woman's breasts, but more importantly, it will improve her self esteem. The history of breast augmentation has been made interesting by such sentinel events as the introduction of silicone implants ,the subsequent placement of a moratorium on silicone gel implants by the FDA in 1992, and the repeal of that moratorium in 2006 after numerous studies demonstrating their safety. The idea that a well-planned operative approach will facilitate good long-term results is paramount. The various types of implants, incisions and pocket locations will be discussed. The indications, advantages, and disadvantages of the various techniques will be explained, including endoscopic transaxillary augmentation.

Understanding of possible complications, and knowing the techniques that are on the horizon are also key parts of the study (**Kreymerman, 2010**).

And By recognizing and analyzing the multiple variables that can affect the result and strategically applying the technical details outlined in this study, consistent and aesthetic results can be obtained(**Hoyer, 2005**).

Currently, there are several alternatives when selecting the surgical approach and the specific type of breast implant for a given patient. Ultimately, decisions about the size, shape, surface texture, and filling material must be made in conjunction with the recommendations of the surgeon and the desires of the patient. However, there is not one strategy for achieving all of the goals of breast augmentation for every patient. Recognizing

that augmentation mammoplasty is both a science and an art, it is imperative that the surgical approach, the creation of the implant pocket, the implant selection, and the implant position must always be tailored to the individual patient (**Maxwell, 2011**).

Surgeons performing breast augmentation have to be well informed, not only about the variety of techniques that are available but also about the possible risks and complications of the procedure. The surgeon should be capable of deciding which procedure to use to correct any defect or deformity and of avoiding or treating the variety of possible complications of the surgery. The patient should understand that the possibility exists for a second or even third procedure on the breast after augmentation.

Aim of Study

This study aims to discuss different techniques and updates of Augmentation mammoplasty in cases of small breast.