

BUSTING OUT



the latest trends in breast
enhancement, augmentation,
reduction + lifts

TRUNK ARCHIVE

transform.



WHETHER YOU WANT THEM

BIG, SMALL,
NATURAL-LOOKING
OR A LITTLE "FAKE,"

getting your breasts to look how you want them to isn't as difficult as you may think. It's important to communicate your goals to your plastic surgeon because you may benefit from a different procedure than the one you thought you needed. "Breast surgery is not a one-size-fits-all procedure, so be sure to relay what you want to your doctor so you are able to get the results you're looking for," says Amherst, NY plastic surgeon Samuel Shatkin Jr., MD.

transform.

For women who want to amp up the size of their breasts, a breast augmentation is the way to go. Not only does it increase fullness in breasts that have become flat up top or shrunk over time, but it can also give a boost—major or minor—in size. “Women come to me with a whole host of breast-related complaints. For the most part, patients want to fix what’s bothering them and have their breasts match who they are and mirror their own view of attractiveness,” says Chicago plastic surgeon Peter Geldner, MD.

Is “bigger”
better?

MATERIAL MATTERS

Silicone gel and saline are the only FDA-approved filling agents to be used in breast implants—your own fat works, too, but it’s not put into an implant. Over the years, we’ve seen a variety of materials come and go to enhance the breasts.



1800s
Paraffin: During the 1800s, paraffin was injected into breasts to enlarge them. The side effects (lumps, ulcers and blindness) were not worth the trade-off.



1940s
Industrial-grade silicone: Women would inject nonmedical silicone directly into their breasts themselves with often-disastrous results.



1950s
Sponges: Polyvinyl sponges were implanted into the breasts to amp up their size. However, they made the breasts feel hard, and eventually the sponges would crumble.



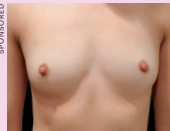
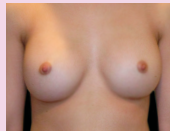


2014
Saline injections: For a temporarily larger look, saline was injected. But once absorbed, the breasts would go back to their original size.

05 THINGS TO KNOW BEFORE GETTING BREAST IMPLANTS

Immediately following surgery, your results may not appear exactly as you had pictured, but you need time to heal. In a few months, you’ll be left with brand-new, beautiful breasts.

- 1 They may sit high up on your chest.** According to Chicago plastic surgeon Steven Bloch, MD, it’s normal for your breasts to look almost as if they have been planted on your chest wall. “As the swelling goes down, your breasts will start to look more natural as they begin to move and soften. After three to six weeks, they should look great.”
- 2 They can appear square in shape or overly round.** Because the muscle and tissue have been manipulated, the breasts may push the implants into an elongated or square shape. “The weight of the implants and your breasts push down due to gravity, so the position of the implants may change,” explains Falls Church, VA plastic surgeon Saeed Marefat, MD.
- 3 They may be itchy.** As a result of your skin being stretched out to accommodate your new implants, as well as the incisions that were made, your skin may feel itchy. Some patients also experience itchiness due to post-procedure bras and dressings.
- 4 Your nipples may look different.** The larger the implants, the bigger your nipples and areolae will look because your skin has been stretched out. However, once your implants take their final shape, your nipples and areolae should look proportional to the size of your new breasts.
- 5 They may feel unnatural.** Dallas plastic surgeon William P. Adams Jr., MD says patients need to understand that implants will cause their breasts to feel unnatural at first. As your implants settle and you get used to them, you will feel like they are part of your body.

WHAT SURGERY CAN FIX

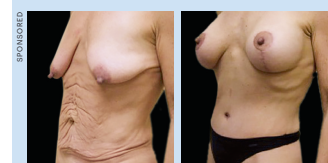
BEFORE	AFTER	THE PROBLEM	FIX IT WITH
 To create the look of larger, fuller breasts, Chicago plastic surgeon Michael Horn, MD placed smooth, round, silicone gel implants under the muscle and through the breast fold.		“I want my breasts to be full again.” Weight loss and pregnancy are two reasons for a loss of volume and fullness in the breasts. But a lack of fatty tissue in the breasts, either because there’s naturally a small amount of fat in the breasts or weight loss has occurred, can also make them look smaller. The best way to increase their size is with breast implants. Eugene, OR plastic surgeon Mark Jewell, MD says implants made with soft gel are great for accentuating the lower part of the breast, while implants with firmer gel give more roundness when volume has been lost.	Breast implants As Dr. Adams explains, when the breasts lack volume in the upper region, it’s because of gravitational changes. When smaller breasts show signs of loose skin, too, it may require a lift to fully amend it, but in most cases, implants can add fullness by filling in the deficient pockets. “Three-dimensional photographic simulation gives a good idea of the end result,” says Dr. Geldner. Both silicone and saline gel implants are safe to use; however, a full surgical evaluation is imperative to confirm implants are the best route to take.
		“I have no cleavage.” Cleavage can be sexy, but the width of your chest and amount of natural breast tissue should be considered to maintain a natural look. “Cleavage is something most women want when they get breast implants, but it can’t always be achieved,” says Dr. Marefat. “Cleavage has more to do with the mobility and looseness of the skin and breast tissue than it does the size of the breasts. Most augmentation patients have little or no breast tissue, and adding an implant does not equate to more tissue in the breast.”	Implants placed under the muscle When it comes to cleavage, you may want to first invest in a good bra. Step two in the equation may involve surgery, and where your implants are placed will impact your cleavage. Most implants are placed under or partially under the muscle, but if major cleavage is what you want, you may want them over the muscle. “Implants on top of the muscle provide the possibility of more cleavage because the muscle doesn’t act as a barrier,” says Dr. Marefat. “But, there may be an increased risk of capsular contracture (scar tissue around the implant), causing complications.”
 Prior to her breast augmentation, this patient was unhappy with the asymmetry of her breasts and her 32A bra size. New York plastic surgeon B. Aviva Preminger, MD achieved a larger size, better symmetry and a more feminine shape with smooth, round, moderate-profile implants.		“My breasts are too small and have no shape to them.” If you had small breasts as a teenager, they probably haven’t changed in size as an adult. While genetics may be to blame for small breasts, in some cases, age itself can cause them to lack a youthful, feminine shape. But, if your breasts are little with a well-defined fold and no drooping or sagging, Campbell, CA plastic surgeon Kamakshi Zeidler, MD says a breast augmentation, or even fat transfer, should do the trick.	A standard breast augmentation or fat transfer to the breasts When small breasts are a problem, one of two procedures can be done: a breast augmentation with implants, which allows you to go as large as physically possible, or a breast augmentation with fat, which has its limits. According to Dr. Shatkin, if a modest increase in size is what you’re after, then fat can be used. “Unlike an implant, not all of the volume that’s transplanted will stay,” says Dr. Shatkin. “If you want big or firm breasts, you’ll be better off with implants.”
		“One of my breasts is bigger than the other.” According to Dr. Bloch, surgical procedures to fix asymmetrical breasts can be a challenge. Asymmetry is usually due to how the breasts developed during puberty, and when the breasts are not equal in size or shape, surgery can help lessen the degree of visible difference, but oftentimes it will still exist at some level. “My criteria is to achieve the same amount of overlying breast tissue and position the nipples evenly for a more symmetrical yet natural look,” he says.	A breast augmentation using implants in two different sizes, or fat transfer It’s normal for one breast to be larger, but the easiest way to correct asymmetrical breasts is with implants in two different sizes. “Some come in small size increments, which can help normalize size differences,” explains Dr. Jewell. Another way to even out unbalanced breasts is with fat transfer (used with or without implants). “I offer fat as an option for all patients, and especially those who want to fix asymmetries,” says Dr. Zeidler. “If an implant is used, I can layer fat over it to give a soft, naturally full look.”

TRUNK ARCHIVE



While some women may want to enlarge their breasts to make them fuller and bigger, others want their chests to be more in line with where they used to be. While a breast lift itself won't do much to change the size of the breasts—Dr. Bloch says it can, in some patients, make the breasts look fuller because it makes them sit higher on the chest—it does improve the shape of the breasts and permanently lifts them back up to a more youthful position. “If you’re seeking an improvement in shape, a breast lift is probably best,” adds West Lake Hills, TX plastic surgeon Robert Whitfield, MD. “Any time the nipple sits below or close to the breast fold, it needs to be lifted.” Oftentimes, an implant is placed during a lift to restore lost volume from weight loss or pregnancy for a more cohesive look. But, not every breast lift case calls for implants. According to Dr. Shatkin, if you’re happy with the size of your breasts, but not their shape or position, then you may not need an augmentation. “If you want to be bigger, in addition to correcting sagginess, then you also need implants,” he explains.

A major factor when choosing to undergo a breast lift comes down to the type of scar that will ensue, which is a direct correlation to how much sagging there is. “For the most part, the scar will be pretty discreet about six to 12 months after surgery,” says Dr. Geldner. “And, while there are techniques to help reduce the visibility of the scar, such as lasers and topicals, they won’t guarantee that the scar will go away completely, especially if you have dark skin and tend to scar darkly.” What your scar initially looks like will, most likely, improve over time as your skin heals.



Guilford, CT plastic surgeon Beth Collins, MD performed a breast lift and augmentation to remove excess skin, reposition the nipples and restore volume. A tummy tuck was also performed.



WHY SAGGING BREASTS CAN'T BE TREATED WITH IMPLANTS ALONE

Want to correct droopy breasts and lift them back up to where they belong? Implants aren't the best option, and here's why:

1

You'll sag even more.

Dr. Jewell is adamant about this one, and says sagging breasts should never only be augmented (without a lift) because you'll only end up with larger sagging breasts. “You have to tighten the skin and add volume, which needs to be done with a lift and implants,” he explains.

2

Your nipples will look bizarre.

“The nipples need to be situated just right on the breast, and implants will only make them look bigger, saggier and older if a proper lift isn't done,” says Dr. Zeidler.

3

They can make you look top-heavy.

Adding volume to already-droopy breasts can actually do a major disservice to your entire body. “Making some breasts bigger, instead of lifting them, can make patients look top-heavy and disproportionate,” Dr. Adams adds.

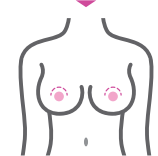
FLORIAN SOMMERTRINK ARCHIVE

DOES A SURGERY-FREE LIFT ACTUALLY EXIST?

With the wide range of noninvasive technologies on the market, it was only a matter of time before plastic surgeons started using them on the breasts. Recently, doctors like Dr. Bloch and Dr. Whitfield have begun using radio-frequency machines such as BodyTite by InMode to heat up the breast tissue and encourage skin tightening. “This method might be effective in mild cases of ptosis where the patient refuses the scars in a traditional lift, but the amount of lift achieved may be less predictable,” explains Dr. Bloch. Dr. Whitfield believes noninvasive lifting techniques will rise in popularity over the next five years, giving other options to those not wanting surgery. However, La Jolla, CA plastic surgeon Robert Singer, MD advises that the results of these procedures are unpredictable.

THE LIFT LOWDOWN

CIRCUMAREOLAR OR CRESCENT LIFT



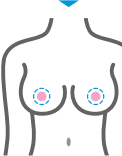
INCISION POINT
A semicircle incision around the top part of the areola

BEST FOR

A small adjustment of the nipples

WHAT THE DOCTOR SAYS
The circumareolar technique only removes some skin. “It pulls things together like a purse string,” says Dr. Marefat. However, some doctors shy away from using it because it can make the breasts take on an oval shape, flatten them or even distort the size of the areola.

DONUT OR PERIAREOLAR



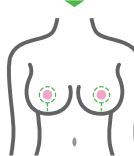
INCISION POINT
Around the areola

BEST FOR

Minimal sagging

WHAT THE DOCTOR SAYS
“If you’re only looking to get 2–3 centimeters of lift and don’t want an obvious scar (this one blends in with the areola), this works well,” says Dr. Whitfield. However, this type of lift isn’t right for very large or saggy breasts because irregularities can occur around the nipple-areola complex. “You can end up with blunt-shaped breasts that look like mounds,” adds Dr. Geldner.

LOLLOPOP OR VERTICAL SCAR

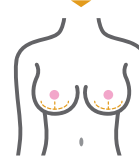


INCISION POINT
A circular incision around the areola and a vertical incision down the center of the breast

BEST FOR

Tightening up the lower part of the breast
WHAT THE DOCTOR SAYS
“These scars on the breast are almost always hidden by a bathing suit,” explains Dr. Shatkin. “I like to use the lollipop incision for the patients that need lifting of the areola and only minor lifting of the lower part of the breast.”

ANCHOR OR INVERTED SCAR



INCISION POINT
A circular incision around the areola, a vertical incision down the center of the breast and an incision in the fold

BEST FOR

Significant sagging and full tightening
WHAT THE DOCTOR SAYS
“This incision addresses both vertical and horizontal skin laxity in the breasts. While the scar may be larger than a lollipop or donut scar, patients universally appreciate their new shape and feel the slightly longer scar is worth it,” says Dr. Adams.

TRIM, TIGHTEN, TONE

Weight loss for all shapes and ages

ARMAGEDDON WEIGHT LOSS PROGRAM was created by 22 medical doctors, scientists, fitness experts and champion athletes. All programs are designed based on your fitness level.

All programs come with personalized dietitian-designed nutrition, cardio and easy-to-follow, complete body-toning exercise programs. They even target trouble areas to get rid of chronic cellulite, stubborn belly fat and a sagging butt, and they also provide a personal coach who is there every step of the way!



TAMARA, Age 50

- ✓ Lost weight
- ✓ Cellulite is gone
- ✓ Results in just 10 weeks

“I am a 50-year-old mother of four and nurse practitioner with a focus in cardiology, aesthetics and skin care. You would think I should know how to work out, lose weight and get in shape. However, no matter what I tried, I could not seem to achieve results. My body was riddled with cellulite, a lack of muscle tone, low energy, a sagging butt and the old ‘middle-aged spread.’”

PROMOTION

BODY

HELPERS

Most of us (although there are always exceptions) don't want to look like we had our boobs done, which is why it's important to know the ins and outs of each and every type of breast surgery, including the recovery process. We asked five top plastic surgeons for their best breast advice, and here's what they had to say.



1

DR. REGINA FEARMONTI,
San Antonio

"When a patient shows up to my office asking for 700-cc implants because that is what her sister has, I explain that a large implant on a wide chest may look small, and a small implant on a small chest may look large. Size is relative, so don't get caught up on the numbers of cc's."

2

DR. JOSEPH GRZESKIEWICZ, San Diego

"People are hung up on bra cup and implant volume size when selecting their implants, but in today's day and age, dimensions are more important than just about any other measurement. This shift in thinking is necessary because implants are now more form-stable and have distinct dimensions, like base width and projection height. Volume has taken a second-place seat in my mind. From my patients' perspectives, I am way more interested in knowing their preferences about dimension and proportion than I am about the cup size they desire post-op."



3

"Healing time is variable. The number-one thing you can do is follow your surgeon's pre- and post-op instructions."

—DR. ROBERT SINGER, La Jolla, CA

4

DR. LARRY LEVERETT,
Phoenix

"In today's fast-paced, 'ultra-connected' world, there is so much urgency to multitask and work remotely, but you need to follow your surgeon's orders and give yourself an appropriate amount of time away from work and other obligations. Once you are cleared to get back to the gym, ease back into your routine gradually. A healthy diet is also important pre- and postoperatively. Pineapple is a great food to incorporate into your diet before surgery and as you heal, as it contains bromelain, an enzyme that can reduce swelling and bruising."

5

"Prior to getting breast augmentation, get laser hair removal on your armpits. Shaving after breast augmentation can be difficult. This is true for any area with cosmetic procedures."

—DR. RYAN DIEDERICH, Glen Carbon, IL



THE FEAR OF LOOKING FAKE

When it comes to implant placement, where your doctor puts them—above the muscle, under the muscle or partially under the muscle—plays a big role in how they will look and feel. "For the most part, patients are happiest when implants are placed under the muscle or under the muscle fascia (a strength layer that surrounds muscles that can hold the implant in place without having to go under the muscle)," says Dr. Zeidler. "When really high-profile implants are placed over the muscle, you can end up with a very obvious top curve."

ANDY EATON/THE LICENSING PROJECT

transform.

