



AMERICAN SOCIETY OF PLASTIC SURGEONS

[News](#) / [Blog](#)

What's trending in breast augmentation?

[Kevin Tehrani, MD](#) | [New York, NY](#) Tuesday, October 03, 2017

◀ 317

◀ 36



Call it the Kardashian effect: Today, everyone wants to talk about butt lifts, injectables, implants, and of course, dermal fillers and Botox. There's also a lot of discussion surrounding nonsurgical treatments to melt away or freeze off fat. But in an age when posting personal cosmetic treatments has become the norm, why isn't anyone talking openly about [breast augmentation](#)?

Though doctors are witnessing a rise in patients' requests for noninvasive aesthetic procedures, breast augmentations are still among the most popular surgical procedures. Over a quarter million breast augmentation surgeries were performed last year, according to the American Society of Plastic Surgeons. That number is up by almost 30% since 2000, so it's clear that women are still seeking bigger breasts. At the same time, however, we have also noticed an increase in women wanting smaller implant sizes (i.e., more C-cups than DD-cups). Throughout the United States, medium to full-size B cups are starting to trend as well. The desire for a more natural look is clearly driving this shift in preferences. At Aristocrat Plastic, more young women are requesting a subtle, rather than obvious, change in their breast size. New technology is also helping to facilitate this change. Today, patients have a number of different implant types to choose from. One of the most promising new varieties of implant, gel implants, are discussed below:

The gummy bear revolution

"Gummy bear" implants represent an important advancement in silicone implant technology. While the technology has been around for approximately three decades, this type of implant is a recent revolution in the United States. It's only become available here within the last five years. To give you an idea of what "gummy bear" implants are like, visualize an implant full of a cohesive silicone gel that would retain its form if cut in half.

How is this possible? To put it simply, the silicone inside the implant has a higher amount of crosslinking. It holds its shape better, and it won't wrinkle or ripple as much, increasing volume near the cleavage. If the implant were to rupture or leak, the gel wouldn't seep into the body.

That last bit is critical since ruptured or leaking implants can cause complications that need additional surgery. That's why doctors once recommended replacing your implants every decade. The new cohesive gel implants have a rupture rate of 2.6 percent over nine years, significantly decreasing the need for replacement. The gel is usually soft and natural to the touch, but some implant manufacturers make them stiffer than others. To get a full picture of what gel implants are like, you'll need to book a consultation and handle them in person.

Quick recovery

While breast augmentation is considered to be a major surgery, under-the-muscle breast augmentation is minimally invasive and therefore does not require an extensive healing period. An experienced plastic surgeon can create a breast pocket for the implant with extreme precision, dramatically reducing post-surgical bruising, bleeding, pain and inflammation. Furthermore, under-the-muscle placement usually yields more natural results, particularly when working with gel implants.

Many patients report a reduced need for opioid painkillers after under-the-muscle breast augmentation. They also typically experience less scarring after healing is complete and rarely request revision surgery. As such, we strongly recommend under-the-muscle breast augmentation to the vast majority of our patients. There are, of course, some exceptions. Women who naturally have a substantial amount of breast tissue may experience better results with over-the-muscle implants, for instance.

To lift or not to lift, that is the question

For most patients, planning breast augmentation surgery is fairly straightforward. However, if you are older (over 40), have had multiple pregnancies, or have lost a significant amount of weight, you may need to plan for a breast lift as well.

If a patient has minimal breast sag and minimal excess (but good quality) skin, then implants alone can provide the lift needed without additional surgical lifting. This is particularly true when the implants are being placed below the muscle. If the patient has minimal sagging, then placing the implant under the breast will ensure perky, natural and firm results.

If the patient has poor skin quality, stretch marks, too much sagging skin, low-resting nipples, or there appears to be a disengagement between the skin, gland, and chest wall, then a lift is mandatory to achieve the best cosmetic outcome. While most women who fall into these categories are older, some young women do as well. As stated above, if you have had multiple pregnancies, chances are high that the repeated expansion and contraction of the breast tissue has resulted in loose skin, stretch marks, and the loss of breast volume (especially in the upper portion of the breast). Women under 40 who have lost a significant amount of weight also frequently struggle with flat, drooping breasts. If you have battled obesity in the past, you will almost certainly need a breast lift along with implants.

Mastopexy incisions vary based on certain variables. It is therefore important to have a detailed discussion concerning incisions during your consultation in order to ensure the best breast augmentation outcome. Understanding the relationship between the skin, the breast glands, the muscles, implants and chest wall is critical.

Some surgeons avoid combining breast lift and augmentation surgery owing to the added complexity this represents, but in the long run, mastopexy augmentation tends to be less stressful and more cost-effective. Combining breast lift and breast augmentation into one single procedure is easier for the patient and more likely to result in a successful outcome.

It's important to understand that combined lift and augmentation surgery must be performed by a skilled, experienced surgeon. While combined lift and augmentation surgery has many benefits for the patient, it's more challenging for the cosmetic surgeon. Lift and augmentation surgery requires

extensive knowledge to complete correctly, otherwise, complications may arise during healing.

Combination of lift and augmentation is just as safe as single surgery

No surgery is without risk. With that being said, however, combining breast augmentation with a breast lift can be as safe as a single-procedure surgery, as cited by [Plastic and Reconstructive Surgery](#).

Moreover, in addition to being able to address the various aesthetic issues described above, augmentation-mastopexy surgery confers a number of unique benefits. There are many reasons, both cosmetic and reconstructive, to combine these breast surgeries:

- There is less scarring
- There is less removal of skin
- The implant helps fill out the breast and improves its overall appearance so that less lifting is needed
- Combining surgeries is less expensive than having both surgeries separately
- Combining surgeries can reduce overall recovery time

According to the study cited by PRS, risk levels are similar whether procedures are done alone or combined. The study also revealed that most patients prefer to have just one surgical procedure wherever possible. After all, each individual surgery carries with it a certain amount of inconvenience: Patients must book time off work, secure a caregiver to help them in the initial stages of recovery, and (if they have children) find someone to help out with childcare duties. Doing all of these things twice rather than once not only represents additional hassle, it also typically results in a number of additional expenses.

Fat transfer breast augmentation

If you have ever heard someone jokingly say they wish they could take the excess fat around their waist and send it to their breasts, we have some good news for you: This is actually possible thanks to a procedure called "[fat transfer breast augmentation](#)."

This surgery includes harvesting fat through liposuction from one part of the body (the thighs, arms, love handles, or back) and injecting it into the breasts. This process is ideal for patients who desire only a modest increase in breast size. It can help smooth out irregularities, improve breast contour, and increase the size of your breasts using your own natural fat cells. Additionally, instead of having a revision surgery that replaces implants, a fat transfer allows patients with existing implants to further increase their breast size. You might say it's "augmentation light," but it's augmentation nonetheless.

However, it's important to note that although a surgeon may only use local anesthesia to perform fat transfer to the breasts, it is still a surgical procedure. While the recovery from fat grafting usually takes only three to five days and involves minimal soreness and swelling, it's still very important to follow your surgeon's instructions for safe healing.

Fat transfer procedures are popular because they essentially kill two birds with one stone. Removing fat from an area with excess fat ultimately contours and shapes the body, allowing the patient to define their figure. Meanwhile, that fat can be reused to create a completely natural looking (and feeling) enhancement to the breasts. This idea gives many women greater peace of mind. After all, there is no risk of allergic reaction, rupture, or implant rejection with fat grafting.

There are some drawbacks to fat transfer, however. One con is that thirty to fifty percent of the fat grafted doesn't become integrated into the breast, making the procedure's outcome somewhat unpredictable. Fat cells are surprisingly delicate and easily damaged, and once they become damaged, the body excretes them – this is why nonsurgical interventions like CoolSculpting work to get rid of abdominal fat.

Less is more

In the United States, 38,000 women had their breast implants removed in 2015. Plastic surgeons see this trend continuing as hundreds of thousands of women are visiting breast implant removal forums in the online community.

It seems that nowadays, women are either downsizing their implants or removing them altogether. Of course, many of these women had their implants placed at a time when the culture seemed to demand bigger breasts and implant technology was inferior. Additionally, many patients do not listen to their cosmetic surgeon's advice and opt for larger implants even when their frames or existing breast tissue simply won't accommodate them. This results in stretched skin and unnatural-looking implants that patients end up disliking and having removed. To save time, hassle, and expense, we recommend that you adhere to your surgeon's recommendations. Remember that you can always choose to upgrade to larger implants during a later revision, without stretching your skin or enduring unnatural-looking implants in the interim.

Explant patients cite implants wearing out

Implant removals or implant exchanges were highest among women 35-50 years of age. One factor driving this substantial exchange rate is simple "wear and tear." Unfortunately, older implants tend to wear out more than modern day implants. Lifestyle changes also play a role. Most older women are no

longer hitting local nightclubs or rushing to happy hour after work, but rather taking their kids to soccer practice. Very large breasts that are no longer being enjoyed in the way they once were can feel cumbersome, making revision surgery desirable.

Decades ago, breast implant manufacturers recommended implant replacement every ten years. Because of the then-current propensity for larger breasts and the inferior implants of the day, this advisory made sense. Today, however, implants often last much longer than this. As a result, most young women who opt for implant explantation are merely looking for a change in look or feel.

Natural look and active lifestyle

Today, a greater number of women wish to balance having a voluptuous figure with other considerations. While women are still undergoing breast augmentation in droves, we have noticed a strong focus on keeping healthy and active, too. As such, many women choose more modest implants so as not to impair their ability to exercise. While it's possible to stay in shape after having large implants inserted, there's no arguing the fact that heavy breasts make high-impact exercise more challenging.

Breast augmentation has always been popular, and most cosmetic surgeons foresee little change in this area, regardless of society's shifting preferences. Women will always want to increase their self-confidence, improve their figures and proportions, and boost their body image.

SIGN UP FOR ASPS NEWS

Updates, advice and lifestyle tips from the ASPS delivered directly to your email inbox.

Email

Submit

RELATED POSTS

- ▶ [Saline vs silicone implants for breast augmentation](#)
- ▶ [What is capsular contracture and how can it be treated?](#)

- ▶ [Is a breast augmentation right for you?](#)
- ▶ [Cosmetic procedures for the nipples and areolas](#)

Why Choose A Board Certified Plastic Surgeon

Choose a board-certified plastic surgeon and be confident you are in the care of a highly-trained surgeon you can trust.

[Do Your Homework](#)



Surgeons In Your Area

Kevin Broder, MD

4510 Executive Drive
San Diego, CA 92121

[\(858\) 4537224](#)

Craig Salt, MD

34800 Bob Wilson Drive Dept. of Plastic Surgery
San Diego, CA 92134

[\(619\) 532-6950](#)

Barry Handler, MD

6699 Alvarado Road Suite 2305
San Diego, CA 92120

[\(619\) 583-4222](#)

Raluan Soltero, MD

4510 Executive Drive Suite 105
San Diego, CA 92121

[\(858\) 457-8686](#)

Amanda Gosman, MD

200 West Arbor Drive Division of Plastic Surgery...
San Diego, CA 92103

[\(619\) 543-6084](#)

Laura McMillan, MD

5893 Copley Drive
San Diego, CA 92111

[\(858\) 616-5011](#)

Kian Samimi, MD

711 Fourth Avenue Suite 200
San Diego, CA 92101

(619) 232-3040

Marek Dobke, MD

200 W Arbor Drive
San Diego, CA 92103

(619) 543-6084

Copyright © 2018 American Society of Plastic Surgeons