Breast Implant Surgery in Bangladesh: An Experience of 126 cases

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Abstract:

Augmentation mammoplasty is one of the common plastic surgical operations in the western countries. The procedure has received particular attention among patients with hypo-plastic breasts. The first silicone breast implant was performed in 1963 by Cronin and Gerow, and at present more than 250,000 breast implants are done every year in the USA alone. Due to skepticism and ignorance this surgery took a very long time to become popular in Bangladesh. We started breast implant surgery in Bangladesh in September 2001. Since then it gradually became popular and is now a rather common procedure in our centre. In spite of our conservative culture and religious taboos, women in Bangladesh are no longer lagging behind in deriving the benefit of this wonderful procedure.

The study was done at a private hospital from September 2001 to September 2008. A total of 126 cases were done, 125 being females and 1 male. Complications were minimal and the overall results very encouraging. The result of the present work evidenced that silicone breast implants can boost confidence by alleviating depression in women of different age groups with hypoplastic breasts. Research studies have further revealed that silicone implant does not impair lactation.

Key words: *Silicone implant, augmentation mammoplasty*

Introduction

The history of breast augmentation dates back to hundreds of years and over the centuries various materials like ivory, cartilage, wool, fat etc were used to enhance breast volume[1]. Since the past few decades this procedure has received particular attention and appreciation among patients with hypoplastic breasts. Research studies have evidenced that silicone implant does not cause breast cancer or cause impairment of lactation[2,3]. It is also not linked with collagen disease[2,3]. Breast feeding is also allowed in patients who have undergone breast implant surgery[4]. Breast implant surgery can alleviate the agony of social humiliation and embarrassment. Keeping this in view we undertook a study to find out the efficacy of mammoplasty using silicone implant.

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Materials and method

A total of 126 cases were done. All cases were performed as day cases.

Two different approaches were used for breast implants - inframammary and axillary. We used inframammary approach in 120 cases, and axillary approach in 6 cases. The pocket dissected for implant placement can either be subglandular (in between the breast and pectoralis major muscle) or submuscular (behind the pectoralis major muscle). In this study most of the implants were placed in submuscular plane especially in those patients with thin glandular element. The surgical procedure of augmentation encompassed three steps:

(1) Dissection of pockets
(2) Insertion of appropriate implants
(3) Closure of incisions

Dissection of pockets:

The inframammary folds and the proposed lines of incision were marked out with the patient in sitting position. Under general anesthesia submuscular pockets were dissected behind the pectoralis major muscle. Small incisions (2.5 to 3.5 inches) were utilized for access. Absolute hemostasis was ensured with diathermy. Particular attention to the perforators was given to avoid undue bleeding from retraction of the cut ends of these vessels. In only 11 cases subglandular pockets were dissected.

Insertion of implants:

After careful inspection of the pockets, 150 to 500 ml (depending on the desired size of the breasts) round, high profile, textured silicone implants were inserted into the pockets. Synchronized movement of the index fingers helps the implant to be inserted through an incision almost half its size.

Closure of incisions:

After assessing the implant position and external symmetry, closure of the incisions were done in two layers. The deeper layer took care of the inframammary fold with a view to preventing subsequent downward displacement of the implant. The skin was then closed by a continuous subcuticular 5/0 vicryl. Special care was taken to avoid pricking the implant during placement of sutures. Drains were not employed and the use of local steroids was avoided.

Results and discussion

The photographs presented exhibit the merit of breast augmentation. Figure 1 shows a round textured high profile implant ready for insertion. Figure 2 and 3 shows a patient before and after breast implant surgery. Figure 4 show a preoperative picture of a patient with small breasts and fatty abdomen. Figure 5 show the same patient

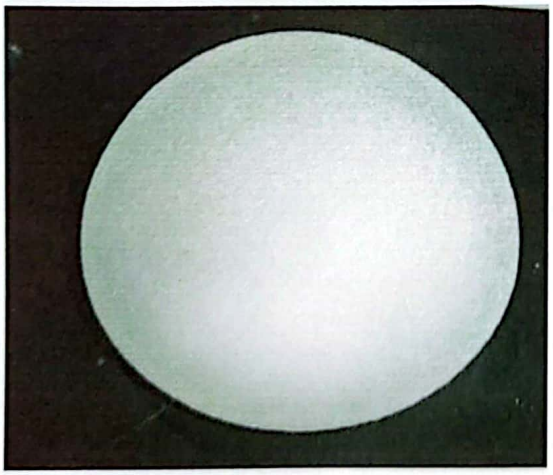

Fig -1: Silicone breast implant

as in figure 5 after breast implant and abdominal liposuction. This type of combo surgeries where 2 or more procedures (liposuction, abdominoplasty,

Fig -2: Preoperative picture before breast implant

Fig - 3:Postoperative picture after breast implant

rhinoplasty or vaginoplasty along with breast implant) are done in the same sitting has now become very common. The reason behind is that the patient gets more aesthetic result from a single sitting; and the total time as well as the cost required for total transformation is significantly reduced . Patients went home after 5 to 9 hours of the surgery where breast implant was done alone. But for patients undergoing combo procedures overnight hospitalization was advised. Table 1 shows the age distribution of breast implant patients.

Table I

Below 20 years	20
20 to 29 years	64
30 to 39 years	36
40 years and above	6
TOTAL	126

Fig - 4: Preoperative picture

Fig - 5: Postoperative picture after breast implant with abdominal liposuction

Table II shows the two surgical approaches for breast implant surgery

Table II

Inframammary	120
Axillary	06
Total	126

Table III shows the type of complications encountered.

Table III

Implant displacement	4
Infection	3
Capsular contracture	3
Hematoma	1
Excessive bleeding	0
Implant disruption	0

Regular follow-up of the patients were done during the first month for early detection of any complications facilitating immediate correction. Infection after breast implant surgery can result in collection of thick fluid around the implant. Usually implant removal should be done followed by replacement after a number of months. This can become very depressing for the patient and can cause disruption in their plans. Early detection and evacuation can help prevent explantation in some patients[5,6]. It is imperative to inform the patients of this potential complication and its implication before proceeding for the surgery.

Plastic surgeons all over the world feel that mammoplasty can alleviate psychological pain in women with hypoplastic breasts and can help regain their confidence and social status[7]. Studies in Canada and America have focused attention on the fact that a lower incidence of breast cancer in patients with long term exposure is attributed to silicone implants[8,9]. A word of caution by experienced surgeons is that they should use the commercial brand with which they are familiar with and avoid using implants whose efficacy is not known and unpredictable[4].

Capsular contracture can be encountered, but this could be minimized by careful dissection, adequate pocket size, absolute hemostasis, using the correct size textured implants and by instituting regular self-massage in the post operative period[10].

The use of transaxillary approach was reserved for patients who were unmarried and required small to medium size implants. Dissection becomes progressively difficult when approaching the inframammary folds in large frame patients [11].

Conclusion:

Ignorance and skepticism led to the delayed start in the use of breast implant surgery in our country. We believe that proper counseling of patient can alleviate unnecessary fear of this type of plastic surgery. If we can focus towards prevention of

complications and their management, breast implant surgery can be a regular operation for the plastic surgeons of this country in future.

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