

Breast Augmentation vs. Boob Jobs

What makes an excellent breast augmentation different from the classic “boob job”? Los Angeles plastic surgeon **Dr. Grant Stevens** suggests breasts that don't look augmented, but rather completely natural, are the ultimate goal for any breast surgeon. Sophie Gordon reports.

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AFTER breast augmentation by Dr. Stevens



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An excellent breast augmentation can look natural, feel real and have a natural shape. Plastic surgeon Dr. Grant Stevens, Los Angeles, makes a distinction between successful breast surgery and the obvious “boob job” where it's easy to tell a woman has had surgery.

“Part of an excellent breast augmentation is the fact that the breasts look as if they could actually occur in nature,” he explains. “There should be a question in the viewer's mind as to whether or not these are real or are surgically created.”

A good breast augmentation has a natural fullness and gentle sloping off the chest wall. There should be natural cleavage, without webbing between the breasts and a certain amount of perkiness. Dr. Stevens lists five basic considerations that make for a desirable breast augmentation:

- which incision to use
- what type of implant to use
- placement of the implant
- texture of the implant
- size of the implant

Before having surgery, you should go over photographic examples of the breasts you want with your surgeon so that you both have a clear, visual understanding of the desired result. “My job is to make the breasts look like the photographs,” says Dr. Stevens.

There are four choices regarding where to make the incision for a breast implant: underneath the arm, around the nipple, or in the inframammary fold (where the breast meets the chest wall). The fourth is the umbilical incision, but is not as preferred as the others. There are advantages to each incision.

"I allow the patient to direct me as to which incision she wishes to have," says Dr. Stevens. "We know that each incision has a certain amount of scarring, but our goal is to have the scar so minimal it's inconspicuous."

Sometimes there are ethnic factors (in terms of skin type and color) that might encourage one incision over another. Dr. Stevens refuses to recommend any incision *per se* but notes that: "Of all the breast augmentations I have performed on nurses, physicians or even my own employees, none have ever asked me to do either the inframammary fold or armpit approach. I find it highly significant that women who have been surrounded by the plastic surgery industry, and have seen the most results, have never asked for an incision other than beneath the areola."

The type of implant used has certain limitations in terms of availability. Currently, there is a moratorium on silicone implants; the silicone gel implant has been limited to women who fit into specific inclusion criteria.

"If there were no moratorium I would be putting in far more silicone gel implants than saline implants," says Dr. Stevens. "The silicone gel implants, in general, feel more like a breast and look more like a breast. However, we can certainly adjust the saline implants and in most cases are able to give the woman a natural-looking breast."

The next question is where to put the implant. It can be placed either on top of or behind the muscle. "I place implants behind the muscle so the implants are partially covered," says Dr. Stevens. "The muscle allows a nice smooth take-off from the chest wall. If put directly on top of the muscle they can look like a half-grape fruit or rounded ball on the chest."

The fourth criterion in an excellent breast augmentation is the choice of specific implant. Should it be smooth, textured, low profile, high profile or anatomic? It's important that each implant is individualized to achieve the size and shape the patient desires. According to Dr. Stevens, that individualization should dictate the decision.

"It's my feeling that if the surgeon is wedded to only one type of implant then all the breast augmentations will look the same. This is not cookie-cutter surgery. Cookie-cutter breast augmentations are, in my opinion, 'boob jobs'."

Finally, although there is a size range from which to choose, the breast implant must be appropriately sized for the individual.

"When a breast augmentation is extremely large compared to the woman's body, in my mind, it falls into the category of a 'boob job' because anyone can certainly spot it," notes Dr. Stevens. "If you take a little woman and you give her size double-D breasts, most people would agree that this is inappropriate. For a larger

woman however, that size may be reasonable. Most of my patients want to be in the C to D range but certainly some women want to be a large D and some women only desire to be B-cup size."

"Boob jobs" are often hard, round balls on a woman's chest. Beautiful breast augmentations have a natural shape and size. Allowing natural movement, the implanted breasts slope gently off the chest and feel soft to the touch. **AA&CSM**

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BEFORE



BEFORE



AFTER breast augmentation by Dr. Stevens



AFTER breast augmentation by Dr. Stevens

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BEFORE



BEFORE



AFTER breast augmentation by Dr. Stevens



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