

bosom BUDDIES

The experts' guide to breast augmentation.



Breast augmentation has been the number-one worldwide cosmetic-enhancement procedure for the past four years. Our breast augmentation experts offer their thoughts on making the whole process – from choosing the right doctor to the right size – as painless as possible.

DR KOUROSH TAVAKOLI, plastic surgeon, Double Bay, NSW

Dr Tavakoli, who performs hundreds of breast augmentations every year, says that thanks to the benefits of ongoing developments in both implants and procedures, there's never been a better time to have one. Surgical methods have become so refined that breast augmentation can now be performed as a day-only procedure with very little pain. And there's been a significant reduction in the incidence of the complications of capsular contraction and hardening scar tissue, thanks to the new,

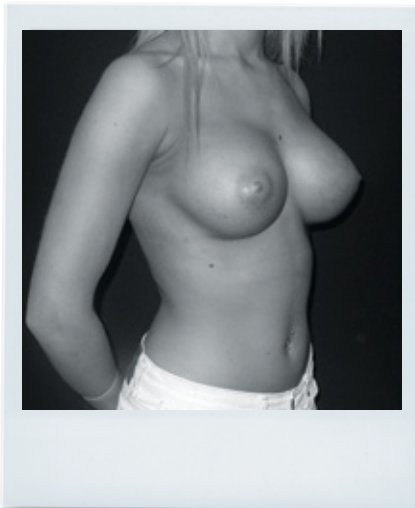
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improved silicone gel implants now available.

Dr Tavakoli specialises in a technique that requires minimal incisions and significantly reduces down time, and the results are more natural-looking than ever. He sees his patients at least twice both pre- and post-surgery, and he is dedicated to providing excellent after-care on an ongoing basis.

According to Dr Tavakoli, a greater number of young women are having breast augmentations before having babies, because new implant-placement techniques are

ABOVE: a patient of Dr Kourosh Tavakoli. Results may vary from person to person.



ABOVE: a patient of Dr Kourosh Tavakoli.
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more conducive to breastfeeding. Meanwhile, he says, older women desiring a more youthful, lifted look are turning to augmentation rather than more invasive breast lifts.

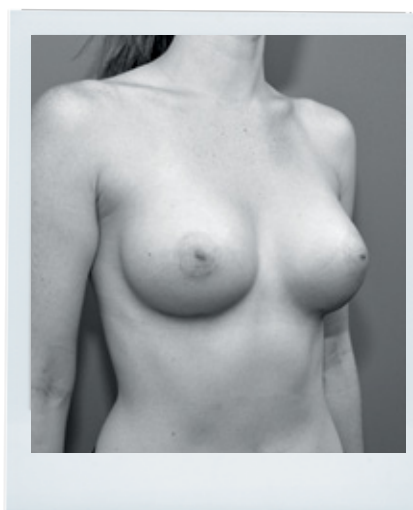
DR CHARLES COPE,
plastic surgeon, Mosman, NSW

In his practice Dr Cope has noticed a growing trend among women from the more conservative set to become interested in breast augmentation. In addition, he says, one of his patients' biggest concerns is getting the right size breasts the first time around. To help them make the best choice he uses the Vectra 3D imaging system, which allows you to see how your breasts would look with different sized implants. Dr Cope says the Vectra 3D has been a huge success in increasing patient satisfaction.

Dr Cope insists he would rarely use normal saline implants these days – the variety and safety of the newer silicone implants now available enable him to customise the shapes and sizes to meet each of his patients' needs. In most cases, Dr Cope will place the implants behind the breast muscle (rather than in front), where they look more natural and tend to keep their shape for much longer as well. (Exceptions would be for a woman who has a highly overdeveloped pectoral muscles, such as a weight-lifter.) The majority of his patients tend to be aged 30 and upwards, but recently he has more mothers coming in with their daughters – a sure sign of his patients' trust.

Questions to ask your doctor if you are considering breast augmentation:

1. Are you a qualified surgeon?
2. How many years have you been performing breast augmentations?
3. In which accredited hospitals do you operate?
4. Am I a good candidate for a breast augmentation?
5. What brand of implants do you use, in light of the fact that some have recently been taken off the market?
6. Where will you do the incision? I have heard that the most common incision is in the supramammary area under the breasts.
7. What size and shape and type of implant do you suggest?
8. Are saline implants safer than silicone? Is it true that the new silicone implants are just as safe as the saline implants, as the silicone is thicker and therefore less likely to leak?
9. What are the risks associated with breast augmentation?
10. How long will the implant last? (Some implants now offer a lifetime guarantee.)
11. What should I do to prepare for the procedure? Should I avoid vitamin E and fish oil supplements, red wine and aspirin and cut down on my consumption of green tea?
12. How long will I need to stay in hospital?
13. What is the recovery time and when can I return to work and resume going to the gym and/or running?
14. Will I still be able to breast-feed after the procedure?
15. What will my breasts look like if I decide to have the implants removed in the future?
16. Do you have before-and-after photos I can look at? Can I speak to any patients who have had the procedure?
17. Is there an increased risk of breast cancer among patients who have had breast augmentation? (There are no figures to indicate an increased risk. Make sure before you have a mammogram that you make the doctor aware. He may suggest an ultrasound or MRI.)



ABOVE: a patient of Dr Charles Cope.
Results may vary from person to person.

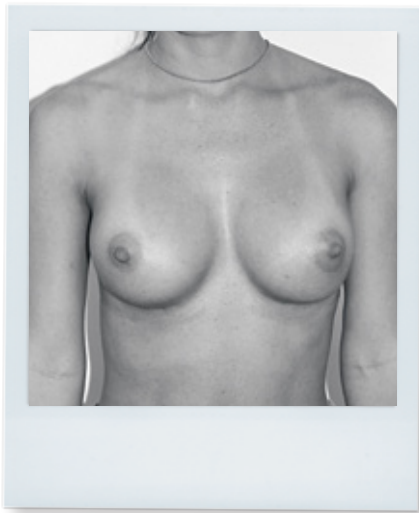
DR MICHAEL MIROSHNIK,
plastic surgeon, Bondi Junction, NSW

Breast augmentation is a major component of Dr Miroshnik's

Dr Miroshnik's patients are home the same day as the operation and back to work within a week

practice and, like Dr Tavakoli, he believes that 2014 is the best time to get it done. Dr Miroshnik says he often has close friends or mothers and daughters book in at the same time – their mutual support throughout the whole experience helps them handle the process extremely well.

Dr Miroshnik's patients are home the same day as the operation and back to work within a week. He uses a variety of implants from five different companies, each offering slight variations in shape and texture, in order to meet each patient's individual needs.



ABOVE: a patient of Dr Michael Miroshnik.
Results may vary from person to person.

Dr Miroshnik says there are two distinct age brackets for women considering breast augmentation. The first, from 19 to 24, is comprised of women who have never been happy with the size or shape of their breasts since development – many have never been seen by their friends in a swimsuit. The augmentation procedure is designed to give them a whole new level of confidence, creating volume and curves where they haven't existed, and achieving better proportions.

The second peak is 30 to 35, when women who have had children are seeking restorative procedures to address the post-natal changes to their breasts. Both groups are equally satisfied with Dr Miroshnik's procedures.

**DR RAJA SAWHNEY,
plastic surgeon, Southport, Qld**

While Dr Sawhney performs conventional breast augmentation, he also offers fat-transfer breast augmentation, a technique requiring no incisions or implants, in which fat is taken from a donor site, such as the thighs, stomach or bottom. This procedure, he explains, is only suitable for more modest enlargements. It usually requires wearing a special bra device called the Brava, a breast expander to prepare the skin for the extra fat, for eight to 10 hours a day for up to six weeks prior to surgery.

For patients requiring breast reconstruction following



A patient of
Dr Stephen Liew.
Results may vary from
person to person.

Fat-transfer breast augmentation is suitable for more modest enlargements

a mastectomy, Dr Sawhney can use fat or an expander followed by the placement of an augment, as alternate reconstruction methods.

Because each patient has an individual issue to address when it comes to requesting breast augmentation – whether it's lost volume after childbirth, underdevelopment, weight loss or just a desire for a larger size – Dr Sawhney is keen to offer different alternatives. In order to remain on the cutting edge of his industry, he regularly attends overseas workshops detailing the latest breakthroughs in breast-augmentation procedures.

For further information on breast augmentation, contact:

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