

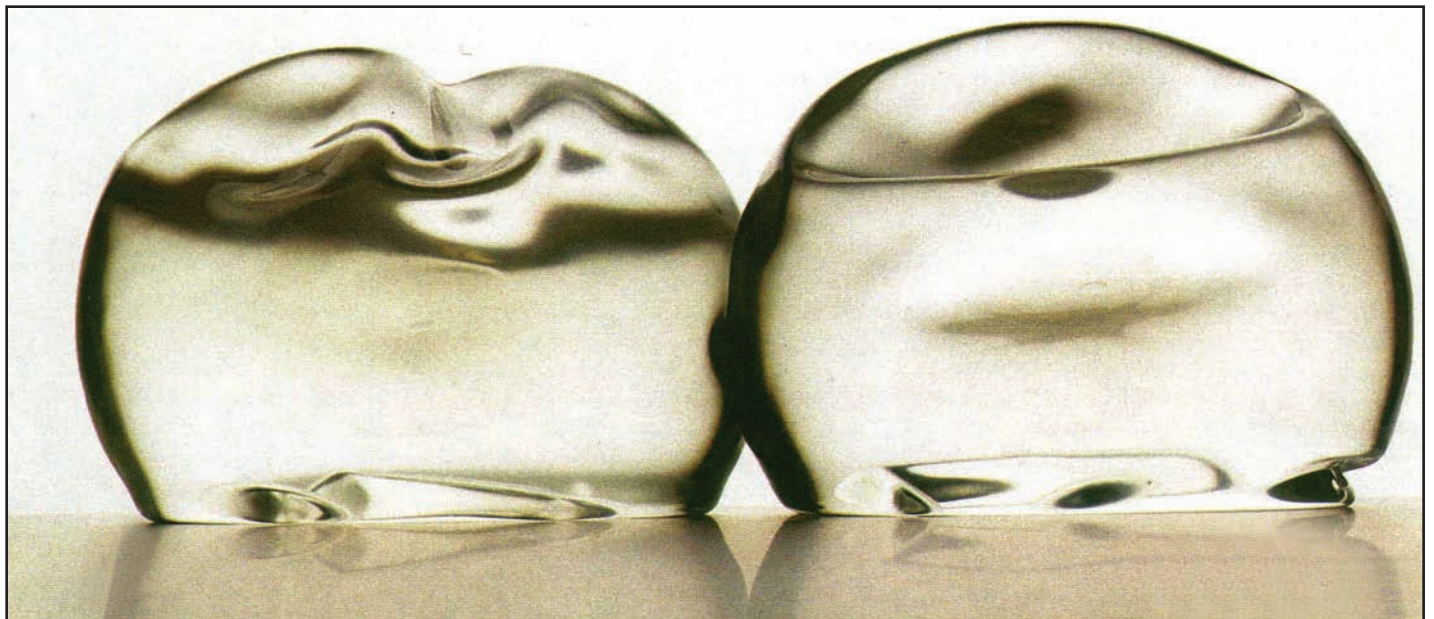
What no one ever tells you about breast implants

Whatever you think about breast enlargement—it sets feminism back 30 years; it helps some women find true body confidence—the fact is, more than 364,000 women will opt for it this year. This is what every one of them should know about the risks and decisions involved.

By Liz Welch

Our ideal world is a place where all women love almost all of their bodies and rely on a few simple fashion tricks to deal with the rest. But in this world, many young women take a more extreme approach to self-transformation and choose cosmetic surgery. The most common type? Breast augmentation. More than 364,000 women will get implants this year, according to the American Society for Aesthetic Plastic Surgery; that's an increase of nearly 40 percent from just five years ago. Yet surprisingly little good, unbiased information is out there about the procedure. Google it, and you'll see rosy tales on implant manufacturers' websites of women who love their new shape, or read horror stories of women who say implants robbed them of their

health. It's hard to get the whole story "Many of my first-time patients come in thinking breast augmentation is like a rhinoplasty or liposuction—you do it, it looks good and then you forget about it," says Foad Nahai, M.D., an Atlanta-based plastic surgeon and author of *The Art of Aesthetic Surgery: Principles & Techniques*. "One of the first things I tell them is 'This implant is not permanent and it will inevitably fail and have to be changed.' It's remarkable how many people aren't aware of that." Did you know that implants don't last a lifetime? Or that one quarter of all women will have a "redo" surgery within five years? Or that at least 20 different implant sizes now exist? Many women Glamour interviewed were unaware of these facts.



even as they were about to go under the knife—so we set out to compile a guide to the truth, with the latest information from surgeons and women's health experts.

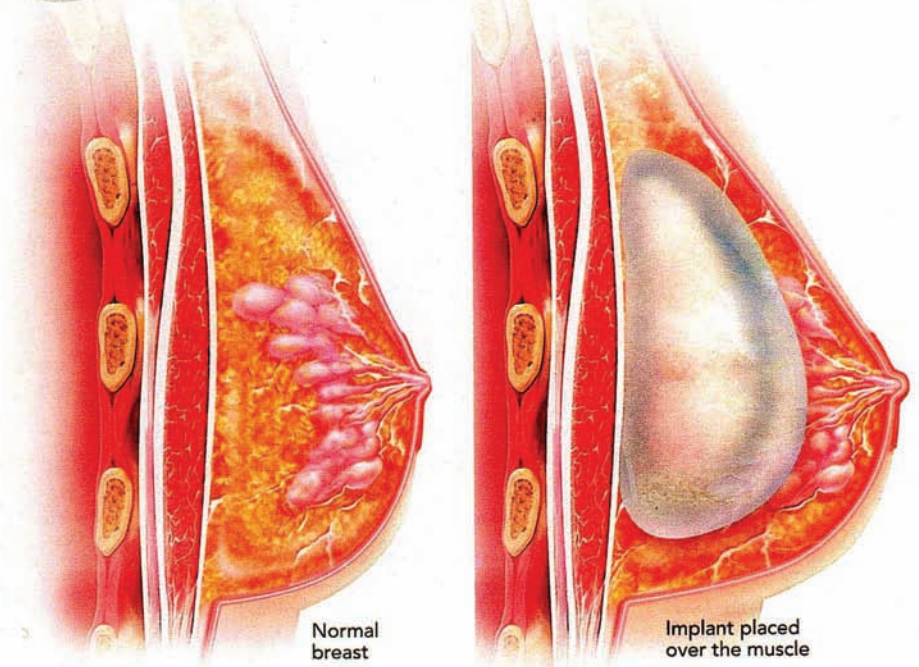
To truly understand the nitty-gritty details, I got permission from Darrick Antell, M.D., to observe a breast implant procedure. Dr. Antell is a board-certified plastic surgeon in New York City who has performed more than 1,000 implantations and is a spokesperson for the American Society of Plastic Surgeons. His patient, Diane Gorumba, a 28-year-old Macy's department-store clerk from Brooklyn who hoped to go from a 34A to about a 34C, agreed to let me sit in. If you want to get implants, have a friend who does or if you're simply an observer trying to understand America's desire for bigger and bigger breasts, you should know what I found out in the operating room.

Implants come with health risks, and your doctor should tell you about them. Despite many charges to the contrary, studies have thus far found no conclusive link between implants and autoimmune diseases (for more on that continuing debate, see "Silicone vs. Saline," p. 128). But there are other potentially serious complications. The most common—rupture and contracture, a hardening of the tissue around the implant that can be disfiguring and painful—affect up to 85 percent of women (see "What Could Go Wrong?" p. 126). In their initial consultation, Dr. Antell discussed these possibilities with Gorumba, which is exactly how a good doctor should counsel a prospective patient. But other women told Glamour that surgeons they'd seen downplayed the risks or brushed them aside completely. Marci Brehm, a 27-year old model living in Plantation, Florida, went into her first consultation in 2000 with a laundry list of questions. "When I asked, 'Is there any way these implants could hurt me?'" she recalls, "the doctor said, 'Absolutely not, they're 100 percent safe. I'd put them in my own mother.'" Within weeks, Brehm developed extremely painful complications that lasted until another surgeon replaced her implants 18 months later.

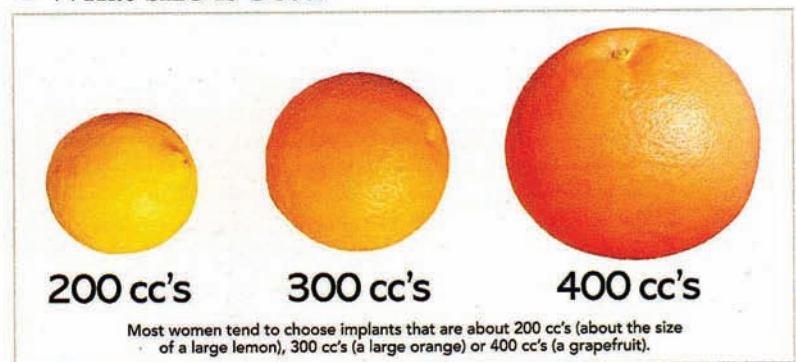
This is serious surgery. When I entered the surgi-center at Dr. Antell's office, Gorumba was fully sedated. Using a scalpel, he made a one-and-a-half-inch incision and then cut through the skin, breast tissue and muscle—to the point that her ribs were visible, looking like white sticks. (continued on page 126)

3 crucial implant

WHAT IMPLANT A WOMAN GETS IS LARGELY DETERMINED BY NATURAL BREAST SIZE AND OTHER SIMILAR FACTORS. BUT DECISIONS WITH HER DOCTOR, INCLUDING:



What size is best?

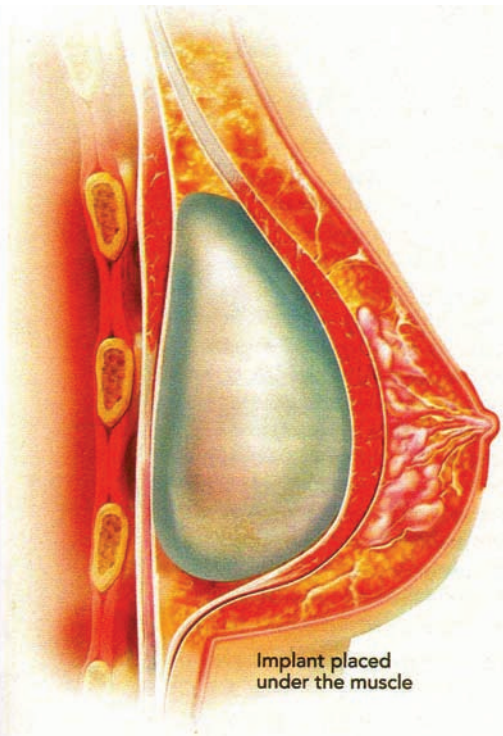


Because cup sizes can be misleading—they may vary by brand or with fashion trends—surgeons measure implants by volume, or cc's. Implants can be as small as 90 cc's or as large as 800 cc's.

While the typical patient wants to go from an A cup to about a C cup, that doesn't mean women all need the same size implant. "A six-foot basketball player with broad shoulders will need a much larger implant than someone who's 5'2" and 110 pounds," says Peter B. Fodor, M.D., a plastic surgeon in Los Angeles and medical editor of *A Comprehensive Guide to Aesthetic Plastic Surgery: Be Your Best*. Discuss size in detail with your doctor—bring him pictures of your "ideal" breasts and make sure he shares the same aesthetic you do. A recent survey of 1,350 augmentation patients found that 34 percent of them had a second operation just to change the size of their implants. While most went bigger, doctors say you should be cautious. "Women in their twenties often want their breasts to be big and sexy" says Marguerite Barnett, M.D., a Sarasota, Florida-based plastic surgeon "But I've taken implants out of many women because their breasts simply became too unwieldy and uncomfortable for their bodies." Responsible surgeons don't advise going up more than two cup sizes—or, as Dr. Antell describes it, "what your breasts would look like if you were nine months pregnant."

choices

BY HER BODY TYPE—HER HEIGHT, CHEST WIDTH, SHE'LL STILL HAVE TO MAKE SEVERAL IMPORTANT

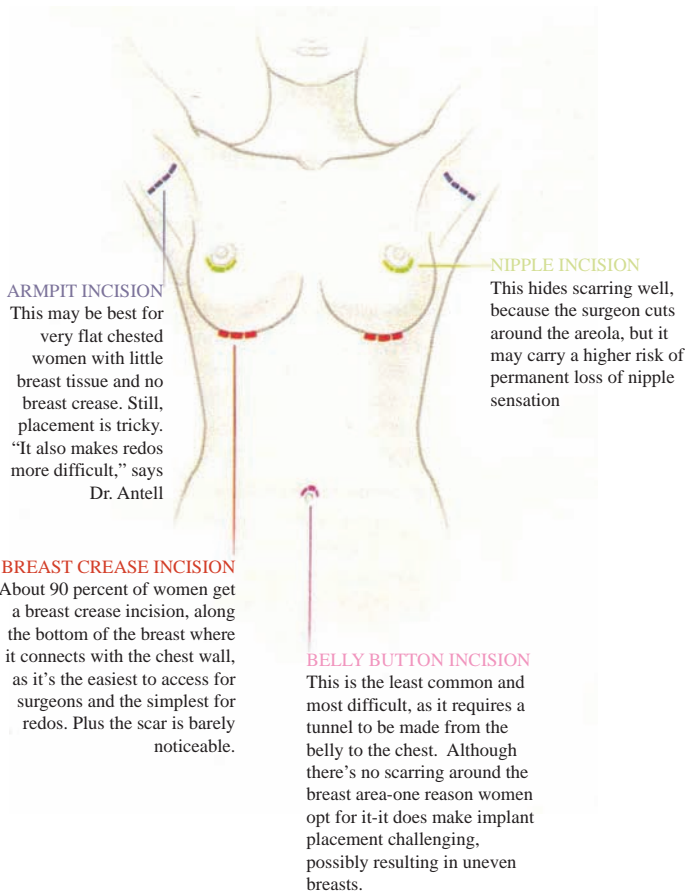


Under or over the muscle?

Implants can be placed on top of or underneath the chest muscle. Women with little breast tissue may prefer under-the-muscle placement, so the edges of the implant are less likely to be visible. Larger-chested women often have enough tissue to conceal the implant when it's placed over the muscle.

Which incision is best?

Incisions are based on both body type and personal preference," says Dr. Antell. "Sometimes patients can choose; other times they have to go with the best incision for their build."



How to find the right doctor

- **Check credentials.** Make sure your doctor's a board-certified plastic surgeon, his anesthesiologist is certified and his surgi-center is accredited.
- **Trust your gut.** Does your surgeon seem to be pushing bigger-size implants? Does she dismiss the possibility of any complications? Ask her point-blank about contracture and how she would deal with it. There's no single right answer, but if she brushes you off or says there is no reason to worry, keep searching.
- **Remember, practice makes perfect.** "You want a surgeon who does implants on a weekly basis, not once in a blue moon," says Dr. Nahai.
- **Don't choose based on price.** The cost of breast augmentation averages \$6,500, although it can be \$5,000 to \$10,000 depending on where you live. "Some patients quote me prices from other surgeons that are less than the price of the implants alone," Dr. Nahai says. "If you go into a back room of a doctor's office, you'll save money but risk your safety."

Implants don't last forever

Breast enlargement isn't a one-shot deal. In fact, if you're considering implants and you are, say, 25, you may need to get them replaced two or even three times over the course of your lifetime. Diana Zuckerman, Ph.D., president of the National Research Center for Women & Families, urges women to save enough for the initial operation plus other possible expenses. "If you're going to get implants, make sure you can afford them outright," she says. "And then have at least another \$5,000 saved for when you have to have them out, as insurance will not cover most complications." That's advice Kacey Long, 24, wishes she had heeded when she agreed to pay \$4,500 on an installment plan in order to get implants in 2001. Her implants felt so hard and tight, she says, it was "like my chest was being crushed." She didn't feel comfortable with her first surgeon, so she finally had them removed by another doctor. The irony: She still owes her first surgeon \$600 for implants that are now in the trash.

13 to 15 years

Very few good scientific studies have followed implants for this long, but Rod J. Rohrich, M.D., chair of plastic surgery at the University of Texas Southwestern Medical Center at Dallas, estimates this is the average lifespan of an implant. "After that," he says, "the incidence of rupture is 85%."

The Life Cycle of Implants

Within 1 year of surgery

1%–3% chance of rupture

3 years

3%–5% chance of rupture;

13%–21% of women have a redo surgery.

5 years

7%–10% chance of rupture;

20%–26% of all women have a redo surgery to correct size, contracture or other problems.

(continued from page 124) He then used two gloved fingers to gently separate the muscle from the chest wall and create a space the size of the implant. This is when I realized the procedure shouldn't be taken lightly by anyone, and right on cue, I began to feel light-headed and sweaty. Sensing I might faint, the nurse placed her hand on my back and quickly ushered me out of the operating room. "It happens to everyone the first time," she assured me. "When I was an intern, I passed out during my first amputation; I was holding the leg." Minutes later, I was back in the surgi-center.

The doctor really will remake you on the table. Gorumba and Dr. Antell had zeroed in on the final look she wanted during an earlier consultation by stuffing dummy implants into a granny bra. Still, it was clear during the procedure that Dr. Antell would ultimately be deciding her size. "The consultation gives me an idea of what size implant I will use," says Dr. Antell. "But because saline implants are inserted empty and filled during the course of the operation, I won't know the exact volume until a patient is on the operating table." As it turns out, a same-size implant can look very different in different women; existing breast tissue, musculature and other biological factors can play a role in how big or small an implant appears beneath the patient's skin. So to get the desired effect the patient wants, the plastic surgeon may use a slightly larger or smaller implant than what was discussed in the consultation.

Alison Macdonald told her plastic surgeon she wanted to go from an A to a B cup—nothing more. She asked for 275 cc implants, but the minute she woke up from surgery, she knew something was wrong. "I felt like I had two huge torpedoes sitting on my chest," the 48-year-old Sarasota, Florida, acupuncturist says. "Even after the swelling went down, I looked like I had gallon jugs sitting on my waist." She finally had them replaced with smaller implants by another surgeon 18 months later. "That's when I found out he had put 390 cc's in my right breast and 360 cc's in my left," she says. "I felt violated." While he relies on his own aesthetic eye,

Dr. Antell tries to stick closely to the size he has discussed with his patients. Before he chooses the final implants, he inserts sterile sizers to assess the look. I watched as he blew up the sizers, balloonlike, and surveyed Gorumba's chest. "I guessed 300 cc's would be right for her," Dr. Antell said. "And I was right." He replaced the sizers with the saline implants. Then came the most surprising moment of all: Once the implants were filled with saline, Dr. Antell asked the nurse and anesthesiologist to sit Gorumba up. Still unconscious, she looked like a real-life rag doll, head limp to one side. Her breasts, once small and athletic, were now plump and round. Dr. Antell took a step back to view his work, like an artist surveying his painting, before he asked, "What do you think?"

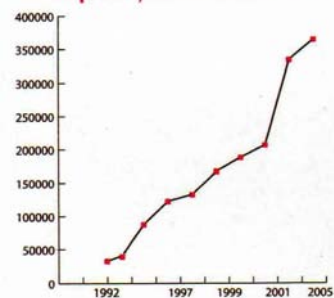
"Nice," the head nurse concurred.

"Beautiful," said the anesthesiologist.

"You need to see the implants in when the patient is upright for symmetry and size before you close the incision," explained Dr. Antell. He helped lay Gorumba back down and finished the surgery. Still unconscious, Gorumba had no idea that the final decision on her breast size had just been made for her. Thankfully, when she woke up, she loved the results.

Implants are a lifetime commitment. After the surgery, the nurse went over the post-operation rules with Gorumba: no blood thinners (e.g., aspirin), no raising her arms above her head for a week and no strenuous exercise for two to three weeks. And finally, she handed Gorumba a serial number and a lot and style number from each implant (the doctor also keeps two copies of these on file), in case of complications or even an unthinkable product recall. I later learned how important this information could be. Just before Marci Brehm, the Florida model, had her implants removed, she found out—thanks to the implants' serial number—that her unscrupulous doctor had given her ones that were manufactured in 1979. "I was so naive," she says. "I should have done my homework." Brehm is right—before any woman considers elective surgery, she has to do some research. Start by taking a hard look at the health issues raised on these pages.

Number of women getting implants, 1992–2005



What could go WRONG?



HERE, SOME OF THE MOST COMMON—AND MOST WORRISOME—COMPLICATIONS:

- **Rupture** Doctors believe most implants rupture eventually (see "Implants Don't Last Forever," p. 125). Trauma—car accidents, needle biopsies, bad falls—can cause the break, but aging of the implant is the primary cause. "The shells simply break down in the body over the years," says Dr. Rohrich. According to the FDA, about 10 percent of implants rupture within five years. When a saline implant breaks, the breast deflates and saltwater washes through the body. While potentially embarrassing, it causes no health risks. Silicone ruptures, however, are harder to detect because the silicone oozes out more slowly and, some argue, could make a woman ill.

- **Capsular contracture** Occurs when the scar tissue that forms around every implant (called the capsule) constricts and galls tightly against the implant. It can make the breast hard, misshapen (see photo) and painful and may happen within months or years after surgery. The problem varies based on implant type and other factors but can occur with 8 to 41 percent of saline implants and 36 to 81 percent of silicone ones.

- **Permanent loss of sensation** About 10 to 18 percent of women still have no nipple sensation five years after surgery.

- **Hematoma** A collection of blood inside the chest cavity that usually occurs within 24 hours after surgery. The body absorbs small hematomas; large ones may require surgery.

- **Other, minor risks** While rare, these problems may require removal or replacement of the implants:

- **Synmastia**, in which the implants pull the skin away from the breast bone, is often due to too-large implants.

- **Infection** of the pocket or incision.

- **Necrosis**, when tissue around the implants dies, can cause permanent scarring or deformity.

Natural or not, big breasts have long inspired envy.



History of implants

Women have been inserting foreign objects into their breasts to enhance size since the 1890s. By the 1940s, materials like paraffin became the norm—with ill effects. Below, a brief history:

1962 The first silicone implant is introduced. But the thick shell felt unnatural, plus the silicone leaked, causing high complication rates.

1968 The first saline implant was made, but the fragile shells led to a high deflation rate. Plus, a distinct "sloshing" sound could be heard.

1970s "Second-generation" silicone implants with thinner shells and fillings debut. But 50 to 95 percent of them rupture after 12 years.

1980s "Third-generation" silicone implants are introduced, with stronger shells and a thicker filling. Complication rates appear to be lower than previous models.

1992 When the FDA bans silicone implants, saline implants are used in 90-95 percent of all surgeries.

1990s-present "Cohesive" silicone implants are developed (though not yet approved). Proponents say you can stick a needle in them and no leakage occurs.

Saline implants are the only Food and Drug Administration-approved option for most women (silicone is limited largely to reconstruction patients), but the agency could green-light silicone implants as early as the end of the year. Some women's health advocates doubt that a decision will be made so soon. "What we'd like to see is a reasonable consensus in the medical community and a well-established body of evidence," says Susan Wood, Ph.D., the former director of the FDA Office of Women's Health. "But we don't see that with silicone implants."

The approval process has already ignited a debate that dates back to 1992, when the FDA banned silicone implants after thousands of women claimed they had caused chronic fatigue, arthritis, lupus and other problems. Subsequent research from the Institute of Medicine did not find any such link, but some experts aren't convinced. "There are lots of questions about these studies," says Wood. "In my opinion, we need more research." Edward Melmed, M.D., a plastic surgeon in Dallas, supports that view. He now only does explantations, or implant removal.

In the early nineties, I thought these women complaining of silicone related illnesses were being overly dramatic," he says. "But 67 percent of my patients, all of whom are being explanted, have had similar complaints: fatigue, short-term memory loss, joint and muscle pain. Most plastic surgeons say these women are insane or want money—I disagree. If saline is a good option, why experiment with something that might make women sick?"

These experts worry most about silicone implant rupture. Often, silicone from a leaking implant stays within the "capsule" around the implant, but if it escapes, it's tough to get rid of. "Silicone is clear and feels like fat," says Dr. Barnett. "In some patients, it's like motor oil—I have to scoop, scrape and cut it out." The manufacturers say that the silicone in the next generation of implants, which is more like the consistency of a gummy bear, won't migrate after a rupture. But Dr. Barnett is skeptical: "I think it is a mistake to think a more cohesive gel will solve the problems of silicone implants."

The "stripper breast" obsession



You know the look of breasts that are very large yet still melon-perky? That's what an increasing number of women want, to the dismay of many doctors. "Sadly, some women are asking for Pamela Anderson-like breasts," says Dr. Fodor. "But too-big implants have a much greater risk of problems, including capsular contracture. In fact, many women today are walking around with capsular breasts—breasts that are hard, too large and sit very high up on the chest. Now some women are asking for this look," essentially requesting the appearance of implants gone medically wrong. And it's tough to undo, says Dr. Fodor. "Once you remove them, the tissue may not shrink back evenly, which could lead to permanent deformity."

THESE MEDICAL PHOTOS GIVE AN INTIMATE LOOK AT THREE WOMEN'S BREASTS PRE AND POST-SURGERY. (THOUGH IF YOU ASK US, THEY ALL LOOKED GREAT BEFORE)



5'3", 135-Pound Physical Therapy Assistant who had 390 cc saline implants



5'5", 125-Pound model who had 475 cc saline implants



5'7", 120-Pound executive who had 400 cc saline implants

Wait!

Still want Breast implants? Ask Yourself?

FAQ

Do implants cause cancer?

There's no proof implants affect the risk of breast cancer, but they can make it harder to detect the disease

Can I still breast-feed?

One study found that up to 64 per-cent of women with implants will not be able to produce enough milk to nurse their babies exclusively. But if you can, most experts say it's safe to do so.

Can a guy tell during sex?

Almost all the men Glamour inter-viewed said they could tell a woman had implants without being told. Some men didn't mind the 'fake' factor. "My friend let me do a touch test," admits Joe, 33. "They were really tasteful—not too big—and felt great." But many men found Implants to be a turnoff "My ex's boobs seemed too big for her body, and her skin seemed stretched to a painful point," says David, 40. "They looked like science fiction and were really hard. I didn't even enjoy touching them."

Who are the implants for?

Many surgeons say that it is not uncommon for a boyfriend or husband to buy his significant other implants as a "gift." Says Dr. Fodor, "I can't tell you how many times I've had to counsel couples in which the man wants her to get implants. A patient's motivation for surgery has to be her own—not because her boyfriend wants her to do it."

Do you think implants will change your life?

"People try to correct things on the outside to fix something wrong on the inside," says Amy Flowers, Ph.D., a psychologist in private practice in Macon, Georgia. "But if you're shy, for example, implants will not change you into a social butterfly." Many women do report feeling more confident soon after getting implants, but there's no evidence that other people treat them more positively, and they may get some unexpected flack. "For everyone who says, 'Wow, she looks great,' another person may snicker and say, 'Those aren't real,— says David B. Sarwer, Ph.D., associate professor of psychology at the University of Pennsylvania School of Medicine. Any positive effects may be short-lived. "Women who undergo plastic surgery usually are happier than they were with the body part that has been changed, but they are not happier with themselves generally, with their lives or even with their social lives," says Diana Zuckerman, Ph.D. "In fact, some evidence suggests women felt worse about themselves in many ways two years after breast augmentation."

Is your body image realistic?

"If a woman is a 34C and the envy of her friends," says Sarwer, "yet still wants implants, then we worry about body dysmorphia," a mental disorder in which a woman's view of her body is severely distorted. In these cases, surgery is never the fix.

WHAT WOMEN SAY

WOMEN WHO HAVE UNDERGONE BREAST AUGMENTATION DESCRIBE HOW THEY FEEL ABOUT THE UPSIDES AND DOWNSIDES OF IMPLANTS.



“At first I had horrible complications, but now I'm happy with my breasts. They feel natural.”

—MARCI BREHM, 27, PLANTATION, FL.



“Implants gave me the confidence I lost after my breasts 'deflated' from nursing four babies.”

—MELISSA HINTZ, 29, HARVARD, ILL.



“I got so sick from my implants that I truly believe I would have died had I left them in.”

—KACEY LONG, 24, WAXAHACHIE, TEX.