



PLASTIC SURGERY
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THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

The Silicone Breast Implant
Education Symposium

Primary Breast Augmentation –
Safe Choices For Patients, Smart Choices By Surgeons

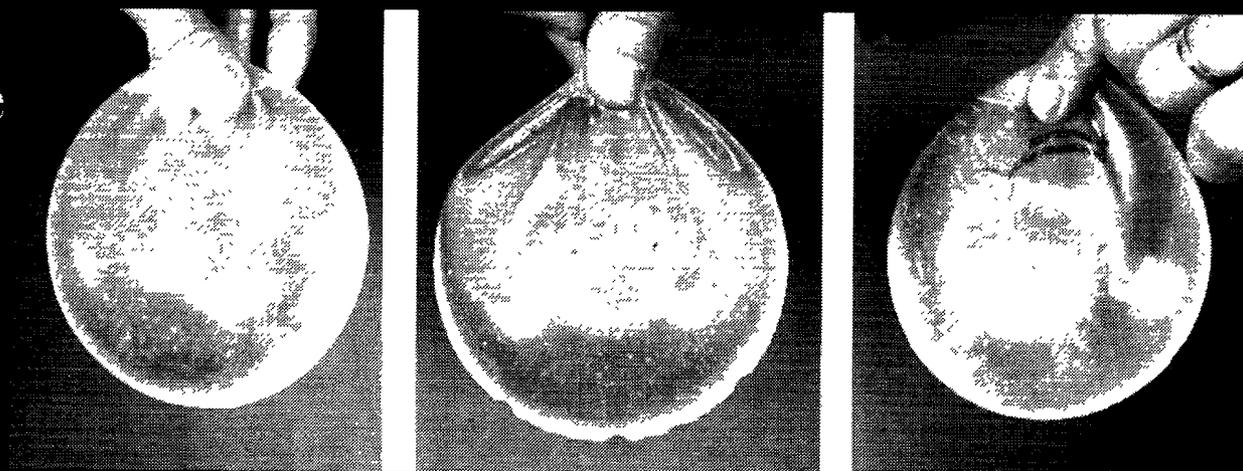
ASPS/PSEF – ASAPS

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William Adams, Jr., MD - DRAFT

Overview

- Pre-operative assessment
 - Patient education
 - Implant selection
- Intra-operative technique
- Post-operative management





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Pre-operative Assessment

**Result =
Implant + parynchyma +
envelope**



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End Result

**Result =
Implant + parynchyma +
envelope + surgical technique**



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How Well Are We Doing?

- Happy patients
- Lasting results
- Quick recovery
- Low re-operation rate

Pre-operative Assessment *Primary Breast Augmentation*

- Inform & educate the patient
- Objectively quantify dimensions and soft-tissues of the breast and translate to implant volume
- Select implant based on:
 - Dimensional analysis
 - Patient input



Peri-operative Planning

- Upright patient markings
 - Confirm on the table
- Incision planning
 - “new” IMF incision
- Anesthesia
 - Paralysis
- Positioning
 - Arms secured - supine



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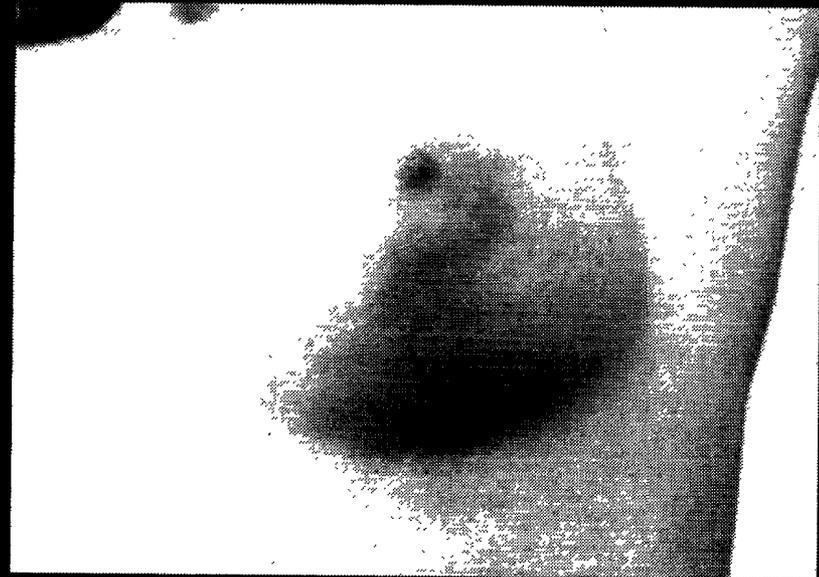
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Incision Planning

- IMF
- Peri-areolar
- Transaxillary*
- Trans-umbilical*
- New IMF

“New” IMF Incision

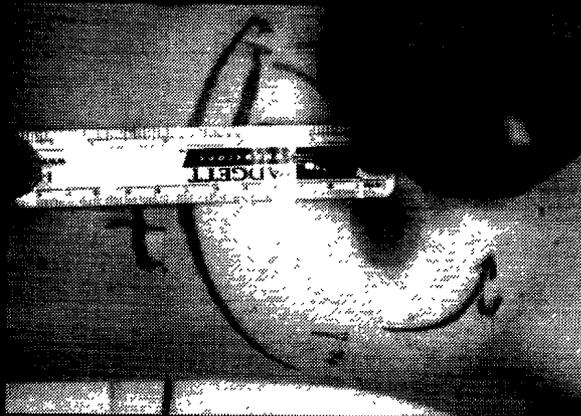
- Lies precisely on new IMF
 - Predicted/ planned by pre-op measurements





"New" IMF Incision

- N:IMF vs. Implant volume



200cc	7.0cm
225	7.0
250	7.5
275	7.75
300	8.0
325	8.25
350	8.5
375	8.8
400	9

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"New" IMF Incision

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Intra-operative Technique

- Instrumentation
- Dissection sequence
- Pocket Irrigation



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Instrumentation

- Double arm retractors
- Headlight
- Hand switching mono-polar cautery

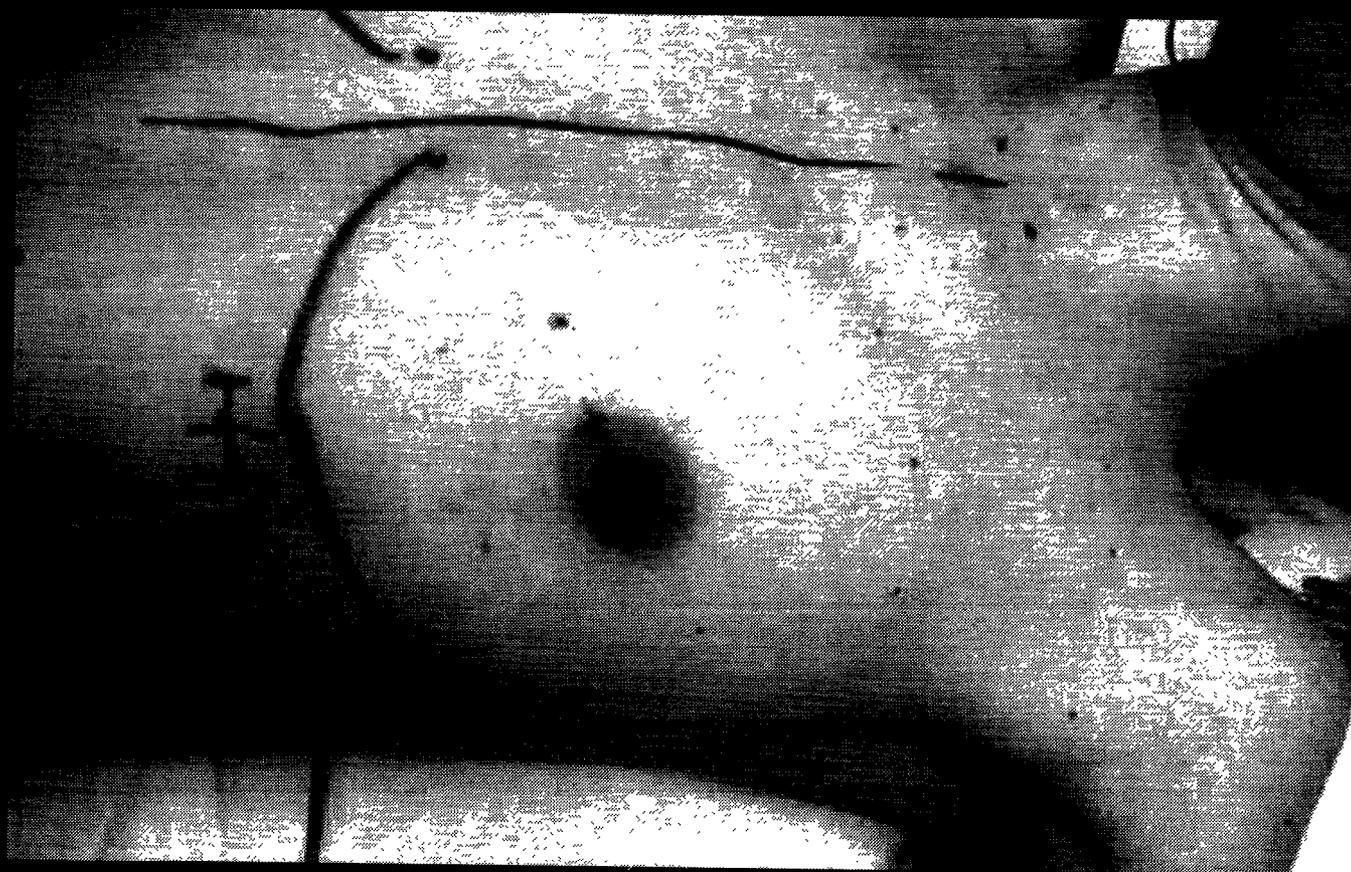


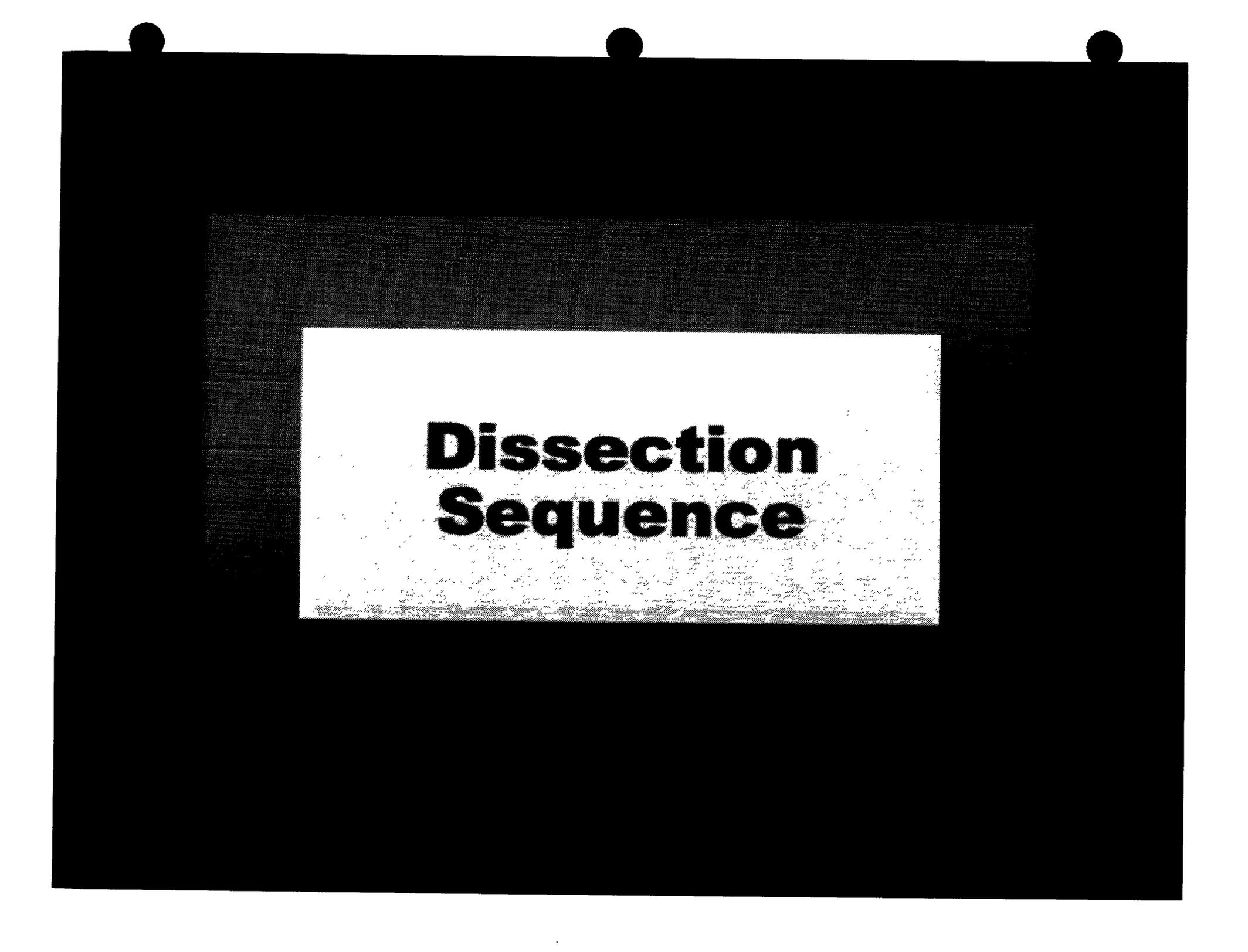
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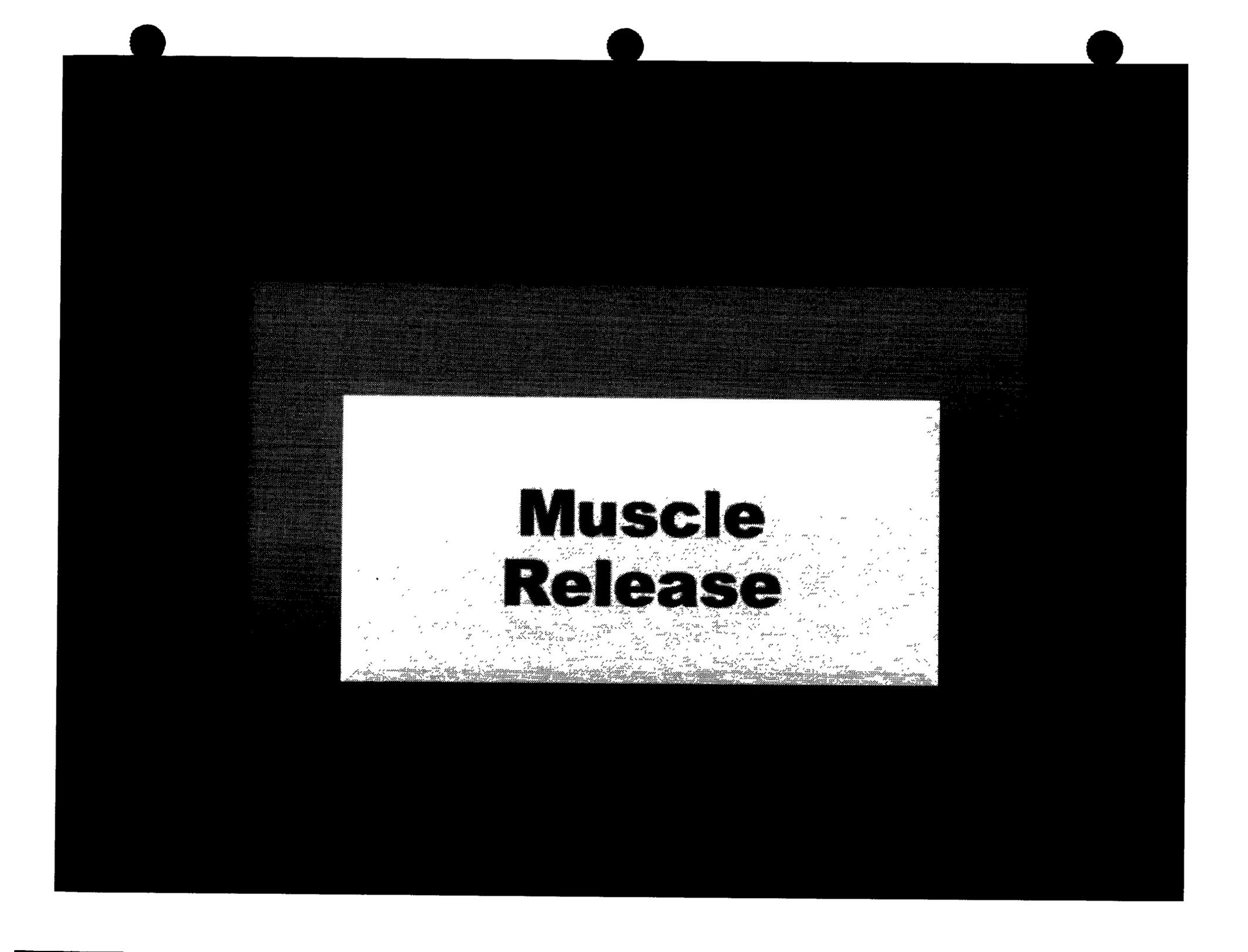
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Dissection Sequence

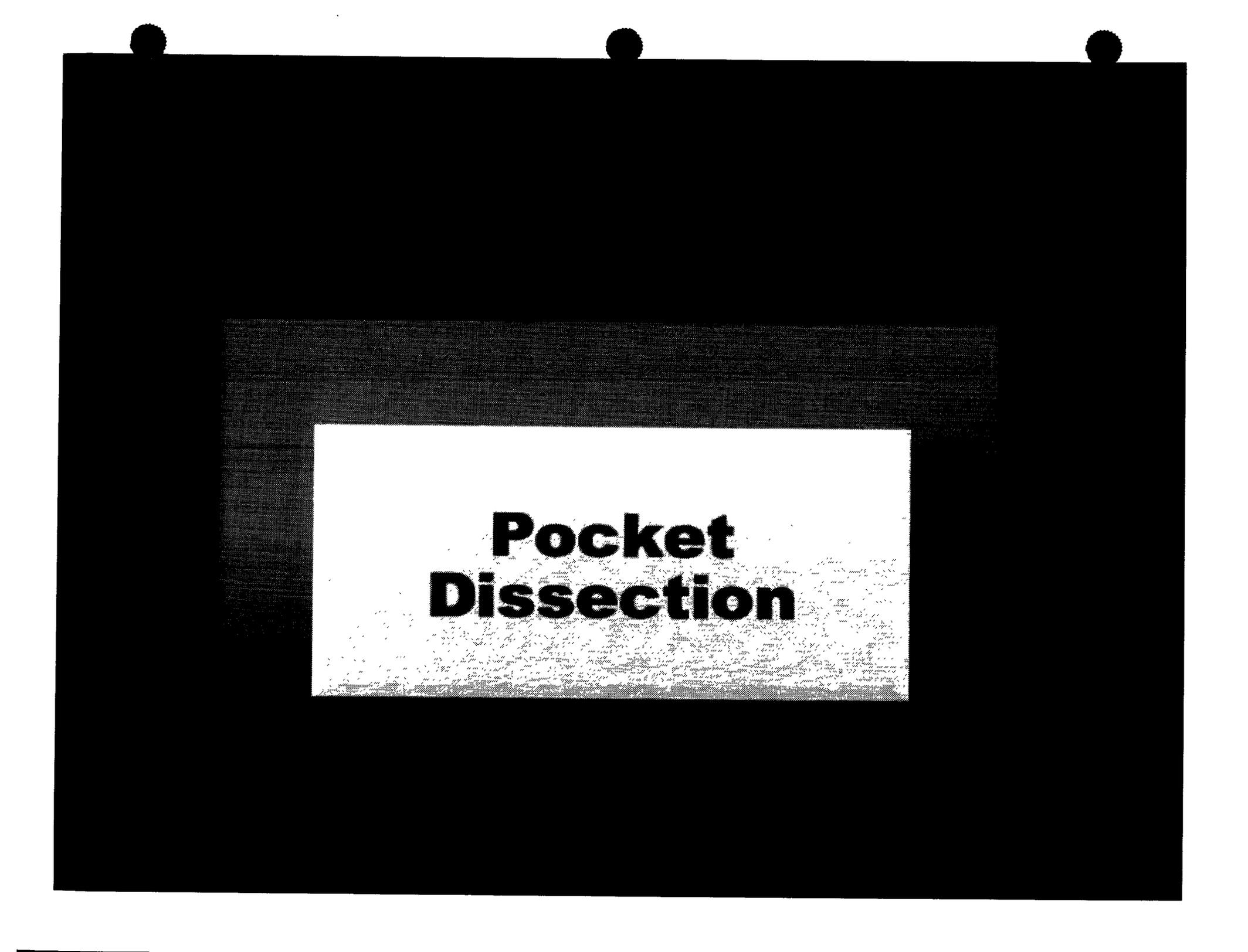




**Dissection
Sequence**



**Muscle
Release**



**Pocket
Dissection**

Intra-operative Sizers

- Excuse for inadequate pre-operative planning
- Indicated for isolated cases of significant breast asymmetry

Pocket Irrigation

- Prevention of capsular contracture
 - Triple anti-biotic irrigation
 - Glove change
 - Atraumatic technique



Triple Antibiotic Non - betadine Irrigation

- 50,000 units bacitracin
- 1 g cefazolin
- 80 mg gentamicin
- 500 cc normal saline
 - 150cc-5 minute contact time
 - Implant soak time
 - No active evacuation

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Best Chance To Sterilize *The Pocket Is The 1st Time?*

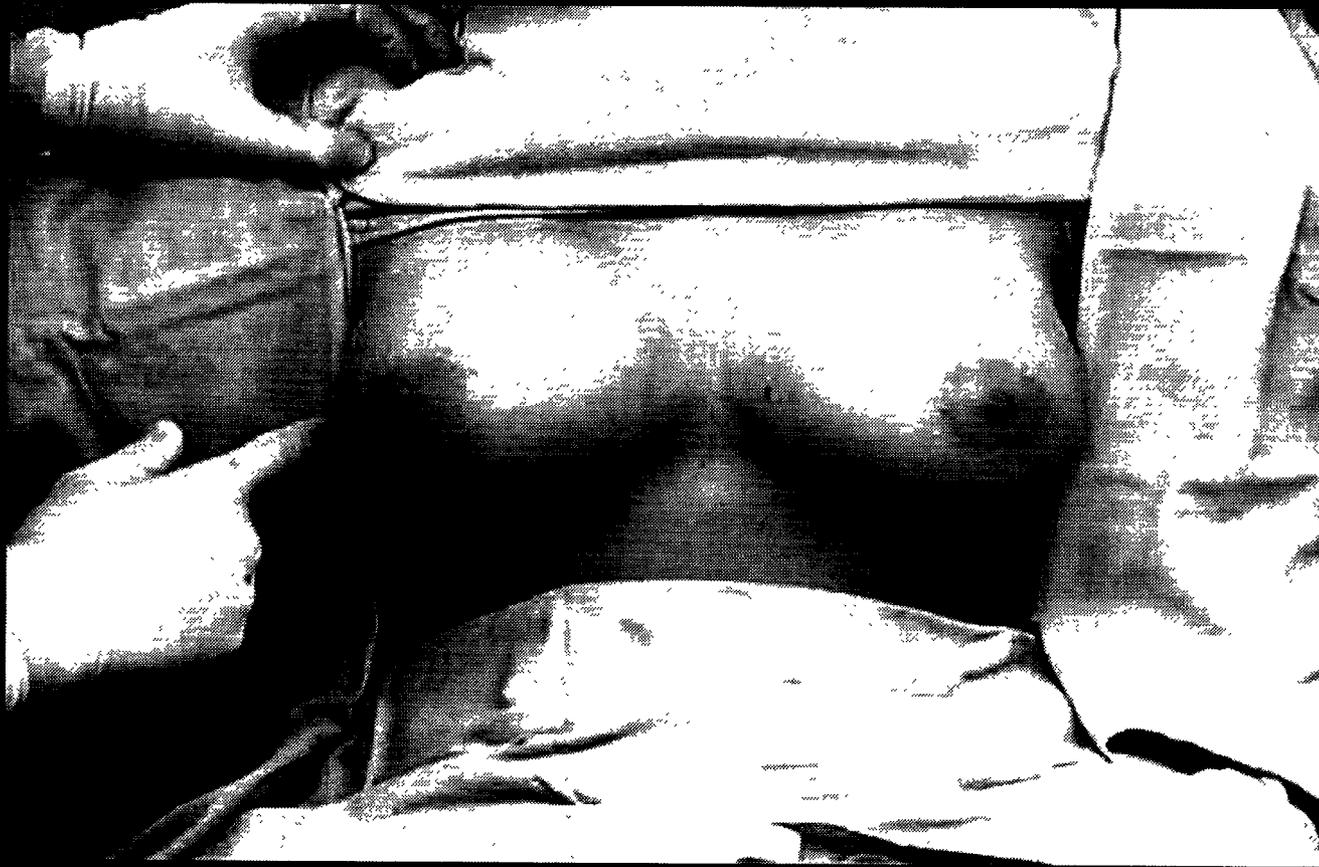
- Triple antibiotic breast irrigation
 - Soak implant in solution in package container
 - 150cc-5 minute contact time
 - No active evacuation
 - Wipe surrounding skin
- Glove change prior to implant handling
- Minimize technique breaks/ potential points of contamination

Conclusion

- Triple antibiotic breast irrigation performs favorably in vitro and in vivo
- Capsular contracture rates significantly reduced
- Clinical Contracture remains a significant risk in breast implant surgery
- Recommend
 - Triple antibiotic irrigation Bacitracin, cefazolin, gentamycin recommended for all aesthetic and reconstructive breast procedures

Avoid Implant Contamination!

Intra-operative Sit-up to 90 degrees



Post-operative management

- Bra?
- Round vs. shaped
 - Implant displacement in round implants only
- Minimize narcotics post-op
 - Cox-2 inhibitor pre-op
- Follow-up
 - 5d, 2weeks, 6 weeks, 3m, 6m, 9m, 1 year



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Conclusion

- Breast augmentation is a process
 - Comprehensive pre-operative planning and education
 - Meticulous intra-operative technique
 - Close post-operative follow-up