

# AESTHETICA



Reveal your inner beauty

**Laser Surgery Center  
Cosmetic and Plastic Surgery  
Cosmetics and Skin Care**

**Gregory G. Caputy, M.D., Ph.D.**  
chief surgeon  
**Joy A. Bliss, R.N., B.N., M.Sc., Ph.D.**  
clinic administrator

---

## About your surgery

### Breast Surgery

---

**S**urgery of the breast falls into two categories: *Breast Augmentation* and *Breast Reduction*. *Breast Lifts* (*mastopexy*) actually fall between these two categories and will be discussed first. As the breast matures, with the cyclic changes induced by monthly hormonal influence as well as, possibly, through pregnancies, breast feeding and maturity, the skin envelope and supporting ligaments of the breast sag and drooping (*breast ptosis*) occurs. If there is only a small amount of ptosis and an increase in breast size is desired, a breast augmentation procedure can correct the problem. In some cases, a small amount of elevation of the nipple and *areola* (dark skin around the nipple) is also necessary and can be performed at the same time. This small procedure is very cosmetically acceptable with a scar being located on the upper edge of the areola. For many women, a combination of these procedures allows for a very nice correction of early breast droop with loss of breast volume. The big advantage of these procedures is the minimal scarring involved as compared to a standard breast lift procedure. This type of correction is only possible for a small amount

of droop. The breast lift procedure, in most cases involves similar incisions to breast reduction procedures and the risks are similar although they occur less often (see below for breast reduction information).

**B**reast Augmentation is a commonly performed procedure with a very impressive record of patient satisfaction. Despite all of the media attention to the silicone implant controversy, all studies to date have shown no increase in the rates of autoimmune diseases among those women with implants compared to those women without. Having said that, Dr. Caputy is of the opinion that some women have and are experiencing many health problems as a result of silicone-filled implants. Indeed, these women may even have problems with the silicone shell which surrounds all currently available implants. He believes that a test will be available in the near future in order to differentiate those women who may have problems and, hopefully, alternative implants for those who desire them. The currently available saline-filled implants are not optimal. The salt water is not viscous (thick) enough and the silicone shell is too thick (particularly in the textured implants). This leads to implants which are discernible through the skin, particularly in those women with very little breast tissue. As surgeons, we do not like the appearance of these implants when they are placed on the front of the large chest wall muscles (*pectoralis*) unless there is sufficient breast tissue to cover the implant thickly and well. Many surgeons will place the implant under the muscle but this is a very unnatural position for them and they tend to be much more lateral (further apart) than true breasts. In this position, often, there is a line across the implant where the pectoralis muscle ends ie.

Muscle does not cover the entire implant. The implants often have unnatural movement when placed beneath the muscle as well, particularly in very physically active women. We are slowly working towards better implants which will be less discernible but the studies involved in their manufacture and the costs involved are rather prohibitive. We should have better implants available within the next 4 or 5 years.

**C**onsiderations which should be given prior to implant surgery involve, mainly, two things: first, the size desired and, second, where the incisions should be made in order to be the least conspicuous for the woman's particular lifestyle. First, although many studies have been done which suggest that the majority of women, when polled after this surgery, wish they had been made larger, Dr. Caputy suggests conservative augmentation for his patients. Very large breasts, particularly in someone who has not had large breasts throughout their lives can cause rather dramatic changes in lifestyle, particularly in very physically active women. He suggests, for most women, a C bra cup size to be optimal. Within reason, any size breast can be considered. The second major consideration is the location of the 1½ to 2 inch scars required for implant placement. Although these scars are usually almost undetectable, proper placement for the individual is always desired. The incisions can be placed either at the junction of the areola and chest skin (best for very fair patients or those requiring a concomitant mastopexy), in the armpit (best for those who desire no scar on the breast itself) or, the preferred site for most women, on the side of the chest where the new breast meets the chest wall. This last location is almost always hidden by either clothing or the

fold of the breast itself when in upright or reclining posture. The risks involved in this surgery, although small, include prominent scars, capsular contracture (the development of scar tissue and hard breasts with time necessitating further surgery), visible implant outline, unnatural feel of the breast, bleeding, infection (at times necessitating implant removal), implant leakage or extrusion (warranted by the manufacturer but necessitating further surgery), development of a hypersensitivity to the implant and possible systemic immune modulation, loss of sensation or increased sensation of the nipples or at the scar line, the development of increased numbers of blood vessels on the chest which may be visible, reaction to the anesthetic agents used and the possible delay in diagnosis of breast cancer due to the implants' presence (special views are required to examine implanted breasts by mammography). Dr. Caputy feels that all breast augmentation patients should prepare themselves for the likelihood of surgery in the future to alter the implants in some manner. Hopefully, in the not too distant future, to place better implants with more natural characteristics, feel and appearance.

**B**reast reduction surgery is almost uniformly loved by all of the women who have the procedure performed. There are many different techniques which allow me to reduce the size of the breast yet still leave an attractive breast mound and nipple/areolar complex following the procedure. In very minor cases, liposuction can yield the desired result although by this method, there is very little change to the skin

envelope and support of the breast. In all except the most minor of reductions where limited scarring is possible, the biggest shortcoming of all of these techniques is the scarring. The scars are in the shape of an anchor with a circumferential scar around the areola followed by a down going scar centrally on the breast mound as well as a scar along the entire fold where the breast meets the chest wall. This scar is limited so as not to infringe on the central chest except in the case of very large reduction procedures. The nipple is usually left attached to deep tissue which allows both sensation and the ability to breast feed to be preserved in most cases. In extremely large reduction procedures and, usually in elderly patients, the nipple and areola are placed as grafts which appear normal but lack sensation or breast function. The cost of breast reduction surgery can be partially or fully covered by insurance if there are medical problems associated with the large breasts such as back pain, intertrigo (infection of the skin under the breasts), recurrent infections or shoulder pain and sensory loss due to the weight of the breasts on bra straps. The risks involved in the surgery are prominent scars, loss or change of sensation or function of the breast, bleeding, infection, slow healing of the incision, reaction to anesthetic, altered mammographic detection of tumors and uneven breasts or prolonged drainage (usually a result of fat necrosis or seroma formation). Mastopexy or breast lift procedures, as noted above, are performed in an almost identical manner but, simply, without the removal of breast tissue.

**A**ll of the above breast surgeries are performed on an outpatient basis if the patient is healthy. This means that the patient is able to go home in the care of a competent adult or to an overnight care facility following the procedure. These can be arranged by the staff of **AESTHETICA** if desired. In the case of very large reductions or in a patient with health problems, the procedure can be done in the hospital but, as always, at increased expense. Dr. Caputy has privileges at each of the major local hospitals to perform all of these procedures. The office surgical unit is fully accredited and general anesthesia is provided only by board certified M.D. anesthesiologists. Breast surgery is usually performed under general anesthesia for patient comfort and safety although smaller procedures may be performed using conscious (intravenous) sedation. Most patients find the former to be preferred due to shorter action in the body and, therefore, faster recovery. You will remain in our facility to recover for about 1 1/2 to 2 hours following your surgery and visit a number of times with Dr. Caputy for your postoperative care. You should plan on not driving for a minimum of one week following the procedure and not to lift anything heavier than 10 to 15 pounds for about two weeks. Arm movements should be minimized for the first week or so following the procedure. Preoperative preparation is minimal with simple avoidance of substances known to increase the risk of bleeding. A complete list of these is available for you.

**W**e hope that this short informational brochure answers some of the questions which you have about

---

*One Kapiolani Building, 600 Kapiolani Boulevard  
Suite 409, Honolulu, HI 96813  
Phone: (808) 536-8866, (800) 488-9855  
Facsimile: (808) 536-8867  
e-mail: caputy\_bliss@msn.com*

breast surgery. Please ask either the staff of **AESTHETICA** or Dr. Caputy should you have any other questions about any of these procedures.

---

*One Kapiolani Building, 600 Kapiolani Boulevard  
Suite 409, Honolulu, HI 96813  
Phone: (808) 536-8866, (800) 488-9855  
Facsimile: (808) 536-8867  
e-mail: caputy\_bliss@msn.com*