

# breast couture

Sydney plastic and cosmetic surgeon **Dr Michael Miroshnik** discusses the latest advancements in the realm of breast augmentation. Kirsty Doolan reports.



**A**ccording to Sydney plastic and cosmetic surgeon Dr Michael Miroshnik, there have never been more options available for women who are considering breast augmentation.

'There is more precision and science involved than ever before, offering patients more aesthetically pleasing and predictable results,' he says. 'I believe we now have the perfect blend of art and science to achieve beautiful, natural-looking results.'

'Fears of the breasts looking unnatural can be a thing of the past. The technology available allows implants to be tailored to each individual patient. It's similar to making a couture dress for someone – you take the patient's measurements and assess what they are hoping to achieve before creating the right look for that person,' he explains.

## **The dual-plane technique**

Depending on the individual patient, Dr Miroshnik prefers to use the dual-plane technique for implant placement.

'This involves placing a variable portion of the implant under the muscle and the rest of it under the breast tissue. The ratio between the two can be adjusted during surgery,' he says. 'I believe this technique makes the procedure much more customisable and improves breast shape.'

## **Round vs anatomical**

In addition to the actual placement of the implant, the choice of breast implant – whether round or anatomical (teardrop) – is extremely important to the end result.

Although round implants are a popular choice, Dr Miroshnik believes anatomical implants may sometimes achieve better long-term results. 'Large studies conducted in Sweden have shown that anatomical implants are more likely to keep their original shape and last longer than

round implants,' he says. 'Results also tend to appear more natural in women who have very little breast tissue to start with.'

Dr Miroshnik believes this information could be vital to the future of breast implants. 'It has resulted in many of the surgeons in Scandinavia switching to anatomical implants,' he says. 'Although they cost more, I believe from my own experience that teardrop implants may offer superior results over round implants in certain patients.'

## **Incision mapping**

An undesirable side effect of breast implant surgery can be the resulting scars. Although these should fade over time in the majority of cases, Dr Miroshnik believes lining up the scar to sit in the inframammary fold (breast crease) can create a more aesthetically pleasing result.

'When placing an implant via the inframammary fold, it is possible to predict where the scar will be and hide it as much as possible,' says Dr Miroshnik. 'If this is not properly planned, the scar can end up too high or too low. Incision mapping can enable surgeons to plan where the incision will be made so that the scar will be less obvious.'

## **Non-surgical augmentation**

Another exciting development, which is currently in the process of Therapeutic Goods Administration approval, is the use of an injectable gel filler to increase breast size.

'This is currently a hot topic in cosmetic surgery,' says Dr Miroshnik. 'The hyaluronic acid-based filler will allow patients to increase their breast size by around one cup, although they will typically need to have annual top-ups. It can be ideal for women who are considering implant surgery and want to see how it looks and feels to have larger breasts.' **acsm**

## Case study 1

This 37-year-old patient wanted to increase her breasts from a B cup to a D cup. Dr Miroshnik employed the dual-plane technique and used round, textured 325g implants. 'After surgery, the patient's breasts have an improved shape and more lift,' he says. 'Incision mapping was used to ensure the scar lies directly in the inframammary fold and is barely visible.'



BEFORE



AFTER breast augmentation by Dr Miroshnik

## Case study 2

This 36-year-old patient was concerned about the amount of breast volume she had lost after breastfeeding her two children. During the procedure her breasts were enlarged from a B cup to a C cup, but restoring lift and fullness was her priority. Dr Miroshnik used anatomical 310g, moderate height, full projecting implants with the dual-plane technique to achieve optimum results, as well as incision mapping to ensure the scar was well hidden. 'I chose a high (type 4) dual-plane technique so the implant would have maximum contact with the existing breast tissue to create a natural-looking result and a significant breast lift,' he explains.



BEFORE



AFTER breast augmentation by Dr Miroshnik

## breasts

### Case study 3

This patient wanted to increase her breast size from an A cup to a D cup. 'She had a naturally small frame but wanted to be "busty" so we decided on 350cc round, textured implants inserted using a standard (type 2) dual-plane technique,' says Dr Miroshnik. 'Again, I used incision mapping to ensure the scar was contained within the inframammary fold.'



BEFORE



AFTER breast augmentation by Dr Miroshnik

### Case study 4

This 38-year-old patient had widely separated breasts which became more noticeable post-pregnancy. She wanted to increase her breast size from an A cup to a C cup, as well as improve her overall breast shape. Dr Miroshnik used round, cohesive 325cc implants and incision mapping to disguise the scar. He opted for a dual-plane technique and moved the breasts closer together to enhance her cleavage. 'I dissected pockets that were more medial than her natural breasts to create more cleavage,' explains Dr Miroshnik. 'This achieved a more harmonious and symmetrical appearance.'



BEFORE



AFTER breast augmentation by Dr Miroshnik