

The Plane Truth

When a woman is considering Breast Augmentation there are many questions that need to be answered, including what plane is best for insertion of the prosthesis.

Traditionally, the prosthesis has either been inserted in front of the muscle (prepectoral) or behind the muscle (subpectoral).

More recently a third plane, situated in front of the muscle but underneath a thickening of tissue, has been utilised (subfascial).

So which produces the best result?

The aim of Breast Augmentation is to produce a natural looking and feeling breast enhancement with minimal problems both in the short-term and the long-term.

Each of these planes has their pros and cons.

In front of the muscle the surgery is generally less traumatic and the patient's recovery can be quicker.

However, if the patient is slim and has a large prosthesis inserted it may be more obvious and there may be an increased potential for dropping of the breast with the prosthesis over time.

Behind the muscle the surgery is more traumatic and the recovery is generally slower. There is also a probability of distortion of the prosthesis when the muscle is flexed, resulting in a change in shape of the breast and in the longer term the prosthesis may be moved up or even down by the muscle action. There may even be scarring of the muscle that shows through onto the breast resulting in a "double bubble" appearance.

On the other hand the muscle does provide an increased amount of tissue to cover the prosthesis which may be a distinct advantage in a slimmer patient and there may be a lesser tendency for the prosthesis to drop.

The third subfascial plane is perhaps a combination of the best of the two traditional planes as the muscle action is not present but the position does provide a smoother appearance of the prosthesis on the chest wall. Although the experience with this plane is short there is hope that it will hold the prosthesis up and minimise dropping.

Whilst a surgeon may prefer a particular plane, the decision should be individually based. It should depend upon the cover for the prosthesis once it is inserted and should relate to the size and the type of the prosthesis chosen.

In short, if a patient has adequate cover to disguise the prosthesis and if the prosthesis chosen is not too big, then one of the planes in front of the muscle is probably the preferred choice. The subfascial plane appears to offer some advantages over the more traditional plane in front.

If a patient is slim with little tissue to cover the prosthesis and if she chooses a larger prosthesis then behind the muscle is probably the preferred plane.

The plain truth is that the position of the prosthesis depends on the individual and her implant choice.

It should also be stressed that anyone considering any kind of plastic surgery, should consult a accredited plastic surgeon and discuss their expectations about looking and feeling better, keeping in mind that the desired result is improvement, not perfection.

Plastic surgeons accredited by the Australian Society of Plastic Surgeons must train for over eight years to be qualified to practice their speciality.

Further information about procedures and qualified plastic surgeons is available at the Australian Society of Plastic Surgeons website: www.plasticsurgery.org.au

Their telephone number for direct enquiry is (02) 9437 9200.

Dr Newton's surgery is located at 14 Howard Street, Warners Bay.

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