



Designing of “beautiful Breast”

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I. Hypoplastic breast in ultrathin women

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Asian Breasts

- Hypoplastic breast in ultrathin women
- Lower pole hypoplasia (Short N-IMF)
- Constricted lower pole breast
- Small ptotic breast

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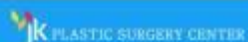


Asian Female Breast Augmentation in Past Years

1. Anatomic characteristics

- Small and thin body figure
- Scanty breast parenchymal tissue

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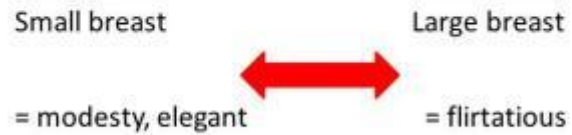


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Asian Female Breast Augmentation in Past Years

2. Prevalent concept of the breast size in 80's~90's



Asian Female Breast Augmentation in Past Years

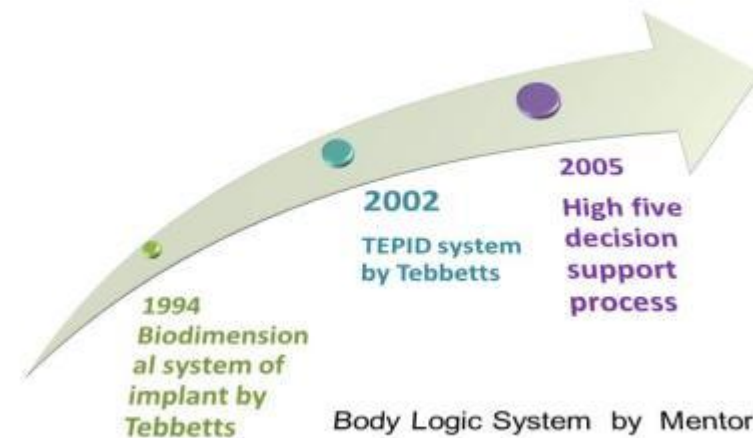
3. Operative techniques depending on Caucasian standards

- 120 to 180cc breast implants were mostly used in 1980~90's.

Dimensional Planning of Breast Augmentation in Asian female

- Basis for a successful outcome
- To assess adequate size of implant

History of Dimensional planning



Cosmetic

Five Critical Decisions in Breast Augmentation Using Five Measurements in 5 Minutes: The High Five Decision Support Process

John E. Tatham, M.D., and William P. Adams, M.D.
John E. Tatham

High Five Decision Analysis and Operative Planning

1. PATIENT HISTORY	2. BREAST PHYSIOLOGY	3. IMPLANT SIZE AND TYPE	4. IMPLANT POSITIONING	5. IMPLANT INCISION
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BODYLOGIC PREOPERATIVE WORKSHEET

Patient Name: _____
Age: _____ Weight: _____ Height: _____
Body Bra Size: _____
Nipple's Vertical Distance: _____
Nipple's Horizontal Distance: _____
Breast Profile: _____
Stooping Breast Characteristics: _____
The Inverse Relationship: _____
Lett: _____ Distance: _____



FIG. 1. Base width of the existing breast parenchyma.

- TEPID system & Bodylogic system depend on BBW as a **Primary Parameter**.

Why Do We Need Different Guidelines for Asian women?

- Dimensional planning based on patient's **Chest** rather than Breast
- Differences of **Skin Quality** between Asian & Caucasian
- Differences in desired **Size** of implant

Personal Decision making Process

1. Examine torso, thorax, and soft tissue
2. Assess maximal implant width
3. Consider NAC position
4. Consider patient's wish
5. Decide implant height, type, manufacturer
6. Decide IMF location
7. Choose incision site



1. Examine torso, thorax, and soft tissue

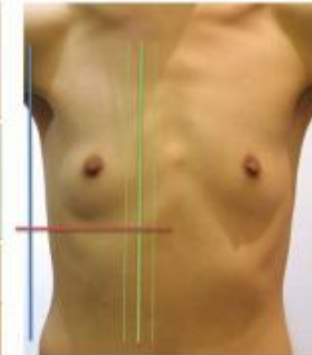
- Torso
- Thorax
- Soft tissue



2. Assess maximal implant width

- Dissection boundary

Med.	Leave at least 3cm of skin as an inviolate area	
Lat.	Ant. Axillary line	
Inf.	Short N-IMF	Sufficient N-IMF
	Lower IMF(7.5~8.5)	Maintain IMF



3. Consider NAC position

- Horizontal dimension
- Vertical dimension



4. Consider the patient's wish

- Size
 - Bra Cup : B, B~C, Full C, D or larger
 - Patient's desire
 - ① Modest "natural" result
 - ② Large "natural" result
 - ③ Large "slightly out of proportion" result
 - ④ Large "significantly out of proportion" result





4. Consider the patient's wish

- Shape
- Cleavage



5. Decide implant height, type, manufacturer

- Saline vs. Cohesive gel
- Smooth vs. Textured
- Anatomic vs. Round



6. Decide IMF location

Adequate N-IMF	Short N-IMF
Use it as it is	Lower IMF
Lower IMF as low as needed	



7. Choose incision site

- Transaxillary
- Periareolar
- Inframammary
- Transumbilical



II. Lower pole deficiency (short N-IMF)



III. Constricted lower pole breast

IV. small ptotic breast



Forms of Breast Ptosis

- Pseudoptosis
- Glandular ptosis
- Constricted lower pole breast
- True ptosis



Evaluation of Ptosis

- *Personal Key elements*
- Degree of nipple ptosis
: nipple position in relation to IMF
- Amount of gland ptosis
: vertical distance that breast overhangs fold
- Amount of skin in lower pole : N-IMF_{max}
- Characteristics of IMF : Position & Constriction

True or False?

“High IMF” = “False” ptosis

- Breast : look ptotic
- NAC : not low
 - likely to be considered ‘Ptotic’

- *Tuberous breast deformity*
- *Lower pole(hemisphere) hypoplasia*
- *Constricted lower pole breast*

- No mastopexy! Lowering IMF!

Wishes & Concerns

- **Primary motivation** : Size, Ptosis, Asymmetry
 - Increasing the fullness in the upper pole
 - Creating a firmer consistency to the breast
 - Lifting the position of the NAC
 - Lifting the entire breast higher on chest wall
 - Reducing the diameter of an enlarged areola

- **Tolerance & Preference** (trade-off : shape vs. scar)

Long, low breast



Mastectomy scar



Personal Strategy

for Breast Ptosis correction

Decision Making Process

1. **Evaluation of breast ptosis**
 - NAC, Gland
 - IMF : position, constriction
 - N-IMF, BBW, APSS

2. **Wishes & Concerns (Goals of the patient)**
 - Motivation : size, ptosis, asymmetry
 - Tolerance & Preference

3. **Operative strategies**
 - Augmentation only
 - Incision selection
 - Lowering IMF
 - Augmentation mastopexy : Crescentic, Circumareolar or Circumvertical
 - One stage or Two Stage



Indication for Staged Operation

Mastopexy first	Augmentation first
<p>Severe nipple ptosis : below IMF (>4cm)</p> <p>Severe asymmetry (esp. reduction one side)</p> <p>Patient's wishes :</p> <p>Lifting the position of the NAC Lifting the entire breast higher on chest wall Reducing the diameter of an enlarged areola No use of breast implant No more breast volume</p>	<p>Moderate nipple ptosis : below IMF (2~4cm)</p> <p>Small-sized areola</p> <p>Patient's wishes :</p> <p>More breast volume Increasing the fullness in the upper pole Creating a firmer consistency to the breast Minimal scar No rejection of breast implant</p>



Wishes & Concerns

- Cleavage
- Asymmetry
- Incision & Scar

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THANK YOU
for your attention

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