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# The Sagging Story of Breast Implants

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Ever heard of cosmetic surgery financing plans? Me neither, but apparently they're all the rage in plastic surgery. Over the years, cosmetic surgery has followed a radical path — what once was available only to the elite has become a cultural commodity.

Particularly widespread are breast implants, a cosmetic surgery using prostheses to modify or reconstruct the appearance and feel of the breasts. The recent migration toward breast augmentation for the sake of beauty versus physical necessity, such as after the removal of a breast or both breasts due to cancer, has been greatly fuelled by the lowered cost of breast implants. However, it is still surprising to see such widespread use of something that was originally used as part of breast reconstruction options for cancer patients.

Breast implants. At the sight of these words, it is no longer Pamela Anderson's ample bosom that pops into one's mind; today, breast implants are a commonplace reality. In 2006, the American Society of Plastic Surgeons (ASPS) reported that 329,000 women underwent breast augmentation that year alone, making it more popular than rhinoplasty (nose reconstruction), liposuction, and abdominoplasty (tummy tuck). This number, of course, should not be misinterpreted as an indication of cultural vanity, as breast augmentation can be a part of physiological post-breast cancer reconstruction. The goal of the procedure, for this purpose, is to reconstruct a woman's self-esteem by reconstructing her body to what is a satisfactory image to her.

In Canada, breast surgery costs anywhere between \$5,000–\$9,000, according to canadaba.ca, a site dedicated to connecting individuals with Canadian surgeons and the required information to make an informed choice about breast augmentation. Much like car or furniture sites, the website also offers financing plans for plastic surgery patients through MediCard, which provides "patient financing for elective medical procedures," according to the official website. Their advertisement proudly reads: "Nose - \$87 per month\*, lips - \$50 per month\*, breast augmentation - \$115 per month\*, tummy tuck - \$120 per month\*, liposuction - \$80 per month\*," conveying the message that cosmetic procedures are an affordable option for the public.

The general procedure for breast surgery is not hard to understand. There are usually three incision sites available to the patient — auxiliary (under the arm), periareolar (around the nipple), and inframammary (within the breast fold). After the incision type is chosen at the discretion of the surgeon and the patient, it is time for the parties to discuss whether the placement will be partially under the pectoralis major muscle or on top of it and under the breast glands. Each location has its own advantages and possible complications applicable to different body builds — hence the amount of discretion available in the procedure, creating a customized fit for the patient. Lastly, one of the primary choices must be the type of implant that is to be inserted. In Canada the choice is usually between saline-filled breast implants and silicone-filled breast implants, which were taken off the market in 1992 by Health Canada; later research showed there were no atypical health treats from the use of silicone implants for breast augmentation, and they have since become readily available to the public once again. In October 2006, Health Canada issued licences to two companies — Allegran and Mentor Medical Systems — and these remain the only legal Canadian silicone breast implant marketers in Canada.

Generally, saline-filled breast implant have a silicone elastomer shell, which is inserted into the breast cavity and then filled with the saline fluid. The advantage of this type of implant is that in the case of rupture the liquid is easily and safely absorbed by the body. Silicone-filled breast implants have the same shell, only they are filled with a silicone gel, which is more cohesive than ever before and have the natural feeling that women seek when considering breast augmentation. On the downside, this type of implant needs a bigger incision — between 4.5–5 centimetres, usually placed under the fold of the breast.

Although the stipulations of breast augmentation are promising, the potential complications are a bit hard to swallow. INAMED Aesthetics' "Looking Your Best" website aims to connect customers to its selection of plastic surgeons as well as provide medical information about their services. The website lists 13 potential complications, but for the purposes of this article, I will discuss only two of them: deflation/rupture and breast-feeding concerns.

Breast implant rupture and deflation occur when the shell of the saline-filled implant ruptures, releasing the liquid into the body. An FDA study showed that over half of silicone breast implant recipients that had the surgery done 6 to 10 years ago, and 80 per cent of those who have had the implants for 10 to 15 years, will experience at least one broken implant, and 21 per cent will have their implants migrate to another part of their body. A broken implant requires surgery for removal and elective replacement of the ruptured implant.

Concerning breast-feeding, Dr. Marianne Neifert and colleagues at the Colorado School of Medicine conducted a study — the results of which showed that having any kind of breast surgery, including breast augmentation, makes it three times more likely that a woman will be unable to provide an adequate amount of milk when breast-feeding. The rate of women experiencing lactation deficiency after breast surgery is 64 per cent in comparison to women without implants, according to a study by Nancy Hurst, R.N. at Texas Children's Hospital. From multiple research projects, it is also

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evident that those subject to surgeries that access the breast with a periareolar incision (the area around the nipple), have a higher probability of difficulty breast-feeding.

Another concern about breast-feeding involves silicone contamination in the milk. Although this concern is certainly a serious one, contemporary research lacks proof of notable silicone contamination in breast milk nearly as much as it lacks studies showing the milk is safe for infant consumption. Considering the vast amounts of women seeking breast augmentation surgery each year, this topic is certainly in need of nationwide research.

The question of the morality of breast implants is always controversial: it engages female liberty just as much as it does contemporary beauty standards. Of course, some would argue that along with cup size the female ego inflates. My question is, why do esteem workshops cease to suffice?

Feel free to send lengthy rhetoric on this topic to my e-mail.