



breasts

# A PICTURE PAINTS A THOUSAND WORDS

CANBERRA PLASTIC SURGEON **DR VLAD MILOVIC** EXPLAINS HOW VISUALISING THE EXPECTED RESULTS MIGHT HELP PATIENTS ENTER INTO BREAST AUGMENTATION WITH MORE CONFIDENCE. JENNI GILBERT REPORTS.

Rather than wanting an obvious increase in the size of their breasts, most Australian women seeking breast augmentation want to achieve natural-looking contours, according to Canberra plastic surgeon Dr Vlad Milovic. Whilst breast augmentation can increase the size of the breasts considerably, in his experience women are much more driven to achieve breasts that are not overly large and that are in proportion with the rest of their body.

'In my experience, most women here are very careful and conservative when proceeding with breast augmentation,' he says. 'We don't see the same trend as in some other

countries, where the tendency is to emphasise fullness.'

Rather, women want to balance their curves, and complement their overall body shape. 'In 90 per cent of patients I see, women want an improvement in the shape and firmness of their breasts, and a modest increase in size that doesn't look unnatural or draw glaring attention to the fact they have had an augmentation.'

As well as achieving a subtle enhancement, Dr Milovic says women want to ensure the breasts move naturally and feel soft to the touch.

To ensure his patients are comfortable with the changes

that will take place, Dr Milovic uses 3D scanning technology during consultation with his patient. This allows patients to see a detailed image of what they might look like following their breast augmentation, and helps them select an implant that they are comfortable with.

'No matter how much a patient may want a procedure, cosmetic surgery can have a profound psychological as well as physical impact,' says Dr Milovic.

Indeed, proposed changes to the breasts and face, for example, can lead to some level of anxiety surrounding the outcome, even when in the hands of the most trusted and experienced surgeon.

'In my experience, 3D visualisation helps alleviate much of the anxiety surrounding the outcome of surgery,' he says. 'It is particularly beneficial for breast surgery, where patients might be unsure about the size of implant they want.'

'In my clinic, patients are scanned with a bra or bikini top and "try on" different sizes, shapes and placements of implants to see how they would complement their figure and lifestyle before proceeding with surgery. It allows me to tailor the operation to their needs.'

According to Dr Milovic, 3D scanning is particularly helpful when performing breast reconstruction after mastectomy or other surgeries where tissue has been removed.

3D scanning technology uses clinical data to generate a series of anatomically accurate images of a patient's body in a three-dimensional matrix. This allows the surgeon and patient to view the patient's body as a figure in space. The surgeon then alters those views to simulate the effect of various surgical interventions, to show patients how they could look post-surgery. By visualising the desired outcome, the patient can be assured, becoming more confident in what the results will physically look like.

All implants have a thick outer shell made of silicone-rubber, which will either have a smooth, polished surface or a rough, textured surface. Whilst there are pros and cons to each implant, typically, smooth-shelled implants are thought to allow the breast to move and feel more natural than a textured breast, whilst textured implants can grip on to the surrounding tissue and therefore reduce the risk of capsular contracture by creating less friction between the implant and breast pocket.

Since 2008, polyurethane coated implants have been used in Australia, which have a coating of polyurethane foam over the silicone shell. These implants were designed specifically to further reduce the incidence of capsular contracture, which is the most common complication of

breast augmentation.

Dr Milovic uses both textured and smooth shells and will typically use round implants depending on the circumstances of each patient. 'If the implant is placed under the muscle, it doesn't matter whether it is textured or smooth,' he explains. 'If we need to put the implant over the muscle, I always use textured.'

As well as augmentation, Dr Milovic performs breast reductions, breast lifts and nipple procedures, and has a particular specialty in breast reconstruction with microsurgery, including post-mastectomy reconstruction.

For women who only require a breast lift, Dr Milovic favours a modified version of the Lejour technique, which was pioneered by Belgian plastic surgeon Dr Madeline Lejour in the 1990s. During this procedure, breast tissue is moulded into a cone of tissue, secured with internal sutures and then suspended at a higher elevation onto the chest wall.

For a reconstruction, Dr Milovic forms a breast mound by using an implant or by using tissue from the patient's buttocks, back or belly to restore the shape of the breast.

'The type of reconstruction will depend on the patient's body type or the surgical treatment they have previously received,' he explains.

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Breast reconstruction often requires more than one surgery. Additional steps may include adding a nipple, changing the size or shape of the reconstructed breast or operating on the opposite breast to ensure a match.

With any breast procedure he performs, Dr Milovic says achieving balance of the breasts is essential for an aesthetically and emotionally satisfying result.

'The introduction of 3D technology has allowed me to more accurately test the volumetric difference between each breast for greater symmetry and a better result overall,' he concludes. 'In turn, seeing how they are likely to look means that patients can enter into surgery fully prepared and more confident in the results they are going to achieve.' **csbm**