

ST DTION



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."

ensure the breasts move naturally and feel soft to the touch.

As well as achieving a subtle enhancement, Dr Milovic says women want to

To ensure his patients are comfortable with the changes that will take place, Dr Milovic uses 3D scanning technology during consultation with his patients. This allows them 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.

Although there are a number of technologies, Dr Milovic has invested in Axis Three 3D, and he offers each breast augmentation patient a complimentary preoperative breast scan using the device at their pre-surgery consultation.

'Axis Three 3D helps patients visualise their new look in a matter of seconds, helping them to make their decision with greater confidence,' Dr Milovic says.

During the breast scan, Dr Milovic uses Axis Three 3D to capture the patient's 3D form, drawing on the device's anatomical and photorealistic accuracy. He can then select and position implants directly from a manufacturer's catalogue, which incorporates the specific parameter and profile of that implant in order to accurately show the patient what her own body will look like after surgery. Because the implant profile is known and stored in the software, Dr Milovic then has the ability to control position and rotation.

Unlike other available methods, this technique uniquely utilises the patient's own physiological characteristics to accurately portray postoperative, 3D images of their body, incorporating these changes. Algorithms calculate the effect of the implant on each patient's body, based on their particular physiological characteristics and adjust the outcome, resulting in an anatomically accurate, photorealistic simulation.

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 patients can enter into surgery fully prepared and more confident in the results they are going to achieve.'

MILOVIC PROMOTION





Case Study:
My breast implant revision & lift

ONE PATIENT OPENS UP ABOUT HER BREAST SURGERY WITH CANBERRA PLASTIC SURGEON **DR VLAD MILOVIC**.

ere, a 53-year-old woman shares her journey to seek revision surgery with Dr Milovic following a number of disappointing augmentation procedures.

I first had silicone implants in 1996, with a surgeon I had researched well before the procedure. Looking at the patient portfolio beforehand, I could see before and after glamour shots and was definitely influenced by these

A few years later, I noticed the right implant had started to drop, or slip down, resulting in a 'double bubble' in the right breast. I also noticed a bulge in the upper region of my left breast, which made my breasts look awkward and uneven. I was most unhappy and spent a great deal of time researching other plastic surgeons, going as far as Melbourne for a second opinion.

photos. The procedure was very straight forward and had no complications.

I settled on a high profile surgeon in Sydney. I believed this time I could have another operation that would give me the desired result. It was difficult to decide what size implants due to the fact I had implants already. I chose saline implants that were ultimately larger than I should have decided on.

I was assured by the surgeon that the implants would be placed in a different position to avoid the same problem occurring. He seemed a little concerned at the time, but not overly, nor did he offer any other suggestions or ways that might offer a better outcome.

Unfortunately, and to my huge disappointment and distress, I noticed the exact same problem had occurred again and, over the next few years, my breasts got worse. The right implant had bottomed out, and the left breast was so high it seemed like it was almost under my chin. I couldn't believe that I was going to have to face yet another breast operation.

In December 2009, my right implant failed and I spent the Christmas break researching plastic surgeons. The stress of not knowing what to do actually made me very depressed over the next month. I spent several weeks intensely researching photos of breast implants, surgeons both in Australia and overseas, websites, looking at photos of women's breasts with and without implants, older women with revision surgery, the effects of the breast after implant removal, mastopexy (breast lift). I really could not make a decision. I had three doctors appointments looking for referrals before I chose Dr Milovic.

Two of the doctors I spoke to knew of Dr Milovic's reputation, particularly with breast reconstruction and microsurgery procedures.

At 52, I did not want to take another risk. I made the appointment with Dr Milovic, and was pleasantly surprised to notice there were no glamour photos anywhere in the room – just authentic patient reviews detailing positive results.

I was also very happy with the way the staff handled my concerns, they were most obliging and considerate. Nothing was too much trouble.

I spent a long time with Dr Milovic who was very sympathetic, and extremely honest. He assured me that he could manage the procedure, even though I could not give him accurate details of the previous implants, or their correct position or size. Unfortunately both previous surgeons had retired and I had been unable to obtain my records. We then discussed the various options thoroughly.

I left it up to Dr Milovic to examine both my breasts and the history I gave him, and make the best decision for me based on my age, chest wall dimensions, skin and breast condition, and my desire to have natural-looking breasts with no droop. I wanted lower pole fullness as opposed to high profile round breasts. I wanted the best outcome possible!

Dr Milovic decided to give me a breast lift with 375cc silicone implants, with the assurance of a new procedure that would minimise implant failure and contracture or deformity.

What I didn't know, until I saw Dr Milovic post-surgery, was just how difficult this operation had been due to the limited information I had given him.

In this respect, I fully praise Dr Milovic for his experience and knowledge, as without that, I may have been in the same position all over again.

Dr Milovic was easy to talk to, with a wonderful sense of humour to complement his expertise and knowledge, and I recommend him to anyone in a situation similar to mine.

I cannot emphasise enough the importance of finding a surgeon who not only performs breast implant operations, but who is experienced enough to correct post-operative problems such as in my case, in the even of an unknown complication. I would like to make this information available to women like myself, who have had disappointing or multiple breast surgeries (with other surgeons) and are not sure what to do.





Meet Dr Vlad

am a Fellow of the Royal Australasian Society of Plastic Surgeons (FRACS) in the specialty of Plastic Surgery. Plastic surgery is a general term that covers reconstructive surgery and cosmetic surgery. It should be noted that cosmetic surgery actually developed from reconstructive surgery. Therefore, I am able to use the title 'Specialist Plastic Surgeon'. However, I choose to go by the colloquial title 'Plastic & Cosmetic Surgeon'.

The Royal Australasian College of Surgeons (RACS) is the only college that is recognised by the Commonwealth government (via the Australian Medical Council) to train surgeons. Regardless of any other claims in the public domain, the RACS is the only accredited training college for surgeons in Australia.

Therefore, the letters FRACS are important acronyms to remember – they mean that a surgeon has completed a specialist surgical pathway and achieved formal qualifications in surgery. The letters (Plast.) after FRACS mean that the specialist has specialised in plastic, reconstructive and cosmetic surgery, one of the nine surgical specialities formally assessed by the RACS. These letters take eight to 10 years to earn through detailed training and rigorous assessment. The surgical specialist pathway includes a minimum of 12 years medical and surgical education, with at least five years of specialist postgraduate training.

I learned very early on that in plastic surgery – and this particularly applies to cosmetic surgery where this surgery is not 'I must have' surgery but rather 'I want' – that knowledge, training, clinical judgement and experience in this specialty is fundamental to achieving the best results. From my experience, I can say that there is rarely a textbook answer to a given problem. Every patient must have their chosen treatment personalised for them, and that requires a high level of clinical skill, training and judgement as well as consultation with the patient – that is, discussion about what it is that they want to achieve and further, whether the result is achievable or realistic given the person's anatomy, as well as their general health and wellbeing. This is why surgery, in my view, should not be based purely on cost, though it is understandably a consideration. Detailed consultations with a specialist plastic and cosmetic surgeon prior to surgery form an important step in the process.

I am very involved in the entire process of a patient's surgical journey; from the first consultation through to their post-operative care, which will comprise a number of appointments over a 12 month period after surgery.

I look forward to meeting with you to discuss your breast enhancement procedure. All the best,

Dr Vlad Milovic FRACS (Plast.)





6 weeks AFTER breast augmentation and lift in one procedure





4 weeks AFTER breast augmentation





6 weeks AFTER breast augmentation

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