



A Girlfriend's Guide

to Breast Augmentation

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OK LADIES, if you're like most women considering a breast augmentation, you probably have lots of questions. More than likely you've talked to some friends or done research online. We know how quickly the information and opinions can get pretty overwhelming so we thought you would appreciate some straight talk from girlfriends in the know...us.

Sure, we work at Dr. David Reath's office. Yes, we're more than a little biased when it comes to recommending a great plastic surgeon, but you must know that we wouldn't say anything in this guide if we didn't believe it. Whether you end up choosing Dr. Reath, another board-certified plastic surgeon, or decide a breast augmentation isn't for you, we think the pages in this guide will be super helpful. If they are please pass this along to another girlfriend. If not, well...let's just keep that between us!

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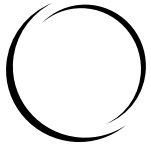


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FIRST THINGS FIRST



AMERICAN SOCIETY OF
PLASTIC SURGEONS



See that logo right there? You may not know it yet, but that logo is a sign of protection. Here's why: whenever you see that logo, you know the doctor behind it is certified by the American Board of Plastic Surgery. Believe it or not, there are doctors without surgical training who market cosmetic surgery procedures to the unsuspecting public. It's happening right here in Knoxville and as long as there is no law against it, it's buyer beware.

So this logo helps give you an idea about the credentials of the doctor you're considering. The credentials don't guarantee a successful outcome, but at least when you choose an ASPS member surgeon, you can be sure of these things:

- ✓ Has at least six years of surgical training, with 3 years specifically in plastic surgery.
- ✓ Is certified by the American Board of Plastic Surgery.
- ✓ Operates only in accredited medical facilities.
- ✓ Adheres to a strict code of ethics.
- ✓ Fulfills continuing education requirements, including patient-safety techniques.

This is all you have to remember,
four letters:
ASPS.



So now you know to look for that logo. If you can't find it easily, the doctor probably doesn't have it.

P.S. Dr. Reath is Board-certified and serves as Chairman of the Public Education Committee of the American Society of Plastic Surgeons.

VERY INTERESTING...

- Most women have one breast that is slightly larger than the other.
- A saline breast implant saved a woman's life during an otherwise tragic shooting in California this year.
- The Hong Kong Polytechnic University offers courses in manufacturing push-up bras.
- Breast Augmentation is the most popular plastic surgery procedure performed.*
- Over 376,000 women had breast augmentation or breast lift surgery in the US last year.*
- Most women who have breast augmentation are between 30 and 39 years old.*
- Surprisingly, almost as many women over 40 had breast augmentations as did women in their 20's.*
- Breast Implants, even silicone ones, do not interfere with breast feeding. In fact a recent study showed higher levels of silicone in canned formula, than in breast milk of women with silicone implants.
- The FDA approves saline implants for cosmetic breast augmentation in women over 18, and silicone breast implants for women over 22. There is no age-limit on breast implants for reconstructive reasons.
- China ranks #1 in breast augmentation surgeries, surpassing the US, Brazil, India and Mexico.

*Source: American Society of Plastic Surgeons 2009 procedural statistics

**Source: ISAPS.org





BREAST AUGMENTATION BASICS:

There are lots of reasons why women consider having breast augmentation surgery.

Many tell us they just want to be able to buy a bathing suit that fits! Despite some Hollywood stereotypes, the majority of women increase from one to two cup sizes to obtain that flattering figure they always wanted. Some come to us after they have had children and lost their breast size after breast-feeding. Others need to have a breast lift along with the enlargement. We'll tell you how to know if you'll need a lift later on.

From what we've seen in our office, we're right in line with the national statistics that say breast augmentation is one of the fastest growing plastic surgery procedures. We suspect it's growing because of the great results and the quick recovery time. A recent study revealed that 96% of women who had a breast enlargement surgery were either "satisfied" or "highly satisfied" with their results. We guess that's why over 200 of our patients chose breast augmentation last year alone!

WHAT TO LOOK FOR IN BEFORE AND AFTER PHOTOGRAPHS:

Have you ever looked in a magazine and found a hair style you liked only to be told by your hairdresser that it won't work for you because your hair is too fine, curly, straight etc.? That can happen with what you see in plastic surgery before and after pictures as well.

The important thing to do is to find BEFORE photos which resemble your own appearance. Be honest with yourself about what you are trying to change and be realistic if your pre-operation breast shape is not ideal.

How To Look At Before And After Pictures

Here's where to begin: Start with before photos that look like your body type and breast shape and then, and only then, find pictures of results you like.

Be sure that you are looking at pictures of women who are about your same height, weight, chest width and breast size.

Before and after pictures can tell you a lot about the surgeon's taste, so be sure it matches your own idea of beauty. It's clear from looking at his photo collection that Dr. Reath's ideal is a more natural looking breast size and shape, but that may not be what you want.

Technically Speaking

From a technical standpoint, the photos should be uniform in appearance and formatting (and the before and after pictures should be of the same patient! Look for telltale signs like moles and freckles if you are in doubt.)

Understandably, the photos you see are the results that the doctor and the patient particularly proud of, so it shouldn't be the only reason to pick your surgeon (although it can be reassuring to see a lot of pictures with good results rather than just one or two.) Think of the photos as more of a guideline to communicate the look you want and understand that you can't exactly reproduce the results you see in pictures.

It is good to have a collection of several pictures to look at so you know the surgeon performs breast augmentations often and well. It's even better if they are nice enough to include the patient's height, weight and choice of implants.



Click here to see Dr. Reath's breast augmentation photo gallery.



FORGET CUP SIZE

You might not want to hear this but we're going to tell you anyway: you need to forget thinking about cup size. As women, we tend to think in cup sizes because that is how we buy our bras. The most common comment we hear is, "I'd like to be a C-cup". When we hear that we translate it to mean, "She wants her breasts to look like they fit the rest of her body."

This is because cup size for patients having breast augmentation is a very subjective measurement. Everyone wears their bras differently and every bra manufacturer makes them differently. You may be a 36C in one bra and a 34D in another. And when you check out all the different styles at your local Victoria's Secret, you can understand why we say *think proportion and shape, not cup size*.

THE FUN PART: TRYING ON SIZERS

All right, so we've realized that cup size isn't really a good way to figure out what's right for you. What you really want to do is try out our collection of silicone implant sizers when you come for your office consultation. This is always the best part of the visit because you really get to visualize what the end result will look like.

The "Sizer Sisters" Mandi and Jill



You'll want to consider your body frame, height, weight, shoulder width, hip width and current breast volume when you're choosing an implant. As you increase in size you will need to use a larger implant to maintain proportion (with the exception of starting breast volume of course.) So if you are 5' tall and petite, you will typically need a much smaller implant than if you are 5'9" with broad shoulders and wide hips.

Implant sizes are based on the amount of fluid or gel in the implant itself. They're available as small as 125cc (great for correcting asymmetry) and can go way up from there. Dr. Reath's patients are generally in the 300cc to 400cc range.

8 IMPORTANT TIPS TO GETTING YOUR SIZE RIGHT

1 Wardrobe: Bring in different types of outfits to try on with your sizers. You want to make sure that you are comfortable in your casual dress as well as your cocktail dress. Plain baby-doll t-shirts work best. We have some in the office you can use as well.

2 Personality: Think about your personality (outgoing or shy) and how you want to be perceived by the public. Then, make sure that you convey this to your surgeon. Breasts that are larger than what what would be proportionate may suit your style. On the other hand, you may lean towards looking great in a cocktail dress without attracting unwanted attention at work.

3 Fitness: Factor in your exercise routine. If you are a runner or serious athlete, you will want to choose implants that won't interfere with your fitness routine.

4 You're In Charge: Although your surgeon should be your guide, he shouldn't dictate what size you should be. It's a collaboration. However, there may be a situation when your surgeon doesn't recommend going with the size you want. If that's the case, you may want to have further discussions to make sure you understand the reasoning behind this. It's important for you to be comfortable that your prospective plastic surgeon has spent the proper time with you and is not dismissing your input. If you're feeling left out of the decision-making process, find another plastic surgeon (Board-certified of course!).

5 You Be You: Don't pick your implant size based on how it looks on a friend. Even though you and your friend may seem similar in terms of body size, there are other factors that must be considered. It's natural to think "My girlfriend has 350's so I should get the same size because they look perfect on her." But the important words are "...on her." If you are open to different implant options, it's more likely that you'll find the one that is just right for you.

6 Bring A Friend: You may find that you would enjoy bringing a friend or spouse with you when you try on sizers. Our staff is great at guiding you in this process but sometimes it's fun to have someone else there who knows you well. Also, there is a large quantity of information discussed during your consultation so it's nice to have an extra set of ears. (Speaking of ears, it's best not to bring the kids.)

7 Know When Enough is Enough: Remember that you are picking the size of your breasts not just for this year but for many years to come. If you choose an implant that is too big, you may have issues with back pain and sagging later on. Ask any of our breast reduction patients and they will tell you that much bigger isn't always better!

8 Ask For Another Sizer Session: Finally, if you're going back and forth between two choices, don't be afraid to ask to come back and play with the sizers again just to make sure you have it right.

THE GREAT CLEAVAGE CONFUSION— IT'S NOT ABOUT SIZE

When it comes to confusion, cleavage is right up there with cup size. It's important to understand before your surgery that increasing the size of your breasts is not what gives you cleavage. Rather, cleavage is a function of the shape and width of your chest and how close your breasts are together.

When you were little, do you remember looking down and crossing your arms to pretend you had cleavage? It's the same principal here.

If your breasts are set wide on your chest, you will have more fullness after your augmentation, but not more cleavage. Conversely, if your body is narrow below your shoulders and your breasts are close together, you'll have great cleavage even with a small implant.

If cleavage is important to you, be sure to talk about it before you have your surgery so you won't be disappointed. And remember, you can buy a bra that will help too.



HOW TO KNOW IF YOU NEED A LIFT:

Women who are unhappy with sagging in their breasts often choose to have a breast lift. Usually this sagging is a result of pregnancy and breast-feeding or weight-loss, but not always. Frequently a modest implant is used in conjunction with the lift to restore fullness in the upper part of the breast. Using an implant is completely optional and depends on the goal of the individual patient.

During a breast lift, also known as a mastopexy, the breast is lifted by removing the excess skin and restructuring the breast tissue. In many women a delicate incision around the nipple area (areola) is all that is needed. In others, who have a large amount of excess skin, the incision will need to be extended.

The Lift Test You Can Do Yourself

It can be a disappointment if you come to our office for breast augmentation and Dr. Reath explains that to achieve a pleasing shape and perkiness, you'll need a breast lift as well.

So here's a good way you can tell. Standing in front of a mirror, look at your nipples in relation to the natural crease beneath your breasts. If your nipples are lower than your breast crease before surgery, adding implants without removing excess skin will make them more saggy. And it will just get worse with gravity over time. Sad, but true. You will probably need a lift. If your surgeon tells you to just use bigger implants, don't go there girlfriend!



NO, YOU'RE NOT CRAZY. ONE IS BIGGER THAN THE OTHER.

Most women have one breast that's bigger than the other just like they might have a leg or arm that's slightly longer than the other. (And by the way, when you have your next pedicure, look and see if your toes exactly match.) The point is that it's rare for the human body to be symmetrical.

However, in some women the difference in breast size and shape is more noticeable, and this is where a breast augmentation and/or a breast lift can be a big help.

It is very common to use two different implant sizes to adjust for the difference in natural breast tissue. Sometimes, one breast may need a lift while the other one does not. (Interestingly, breasts often heal from surgery differently too.)



PODCAST ALERT: You'll never guess the doctor whom the The American Society of Plastic Surgeons chose to interview when they decided to produce a podcast on breast augmentation? Dr. Reath and one of his patients!



It is very informative and answers many questions about breast augmentation that patients across the country frequently ask. The 20-minute podcast is perfect to listen to while you are looking at before and after photos.

[Click here to listen to it.](#)

HOW MUCH WILL IT COST?

Our breast augmentation price is **\$4,700**

This includes surgical and anesthesia fees, saline breast implants, the bra you wear after your surgery and all follow-up visits. It also includes our exclusive recovery kit and a CosmetAssure policy*.

Cash Discount: Great news! For our patients who would like to pay with cash or check we offer a 5% discount. (\$4,465 with cash discount)

If you want silicone breast implants, the price is **\$5,700**
(\$5,465 with cash discount)

Breast lift pricing varies from around **\$6000** to around **\$8000** before the cash discount. The difference in price depends on the incision site, the amount of skin to be removed and whether or not implants are used.

***Included in the price of your surgery is a CosmetAssure policy,** which protects you in the unlikely event of a complication within thirty days after your surgery. We are the only plastic surgeon's office in Knoxville to provide this important insurance. When you read more about CosmetAssure later on, you'll understand why Dr. Reath feels so strongly about offering this extra safety net to his patients.

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ALL ABOUT IMPLANTS

Implant Brands: Do They Matter to You?



Ok, so let's talk about the details on implant brands. Dr. Reath prefers both saline and silicone implants made by

Mentor, a company owned by Johnson and Johnson. He also has considerable experience with Mentor's competitor in the implant business, Allergan (formerly Inamed, which was formerly McGhan). As both implant brands are excellent, his preference is mainly because of the excellent service Mentor provides and the complicated sizes that Allergan uses.

Although implant brands matter a lot to your surgeon, they probably won't mean that much to you unless you need to have your implants replaced. If they are covered under the manufacturer's warranty, then you will need to use the same brand as the ones you are replacing. That's why most good plastic surgeons will have a good relationship with both companies in order to best take care of their patients.



QUESTION: WHY IS YOUR
PLASTIC SURGEON NOT LIKE JIFFY-LUBE?

ANSWER: YOU DON'T HAVE TO
REPLACE YOUR IMPLANTS EVERY 3,000 MILES!



Many people are under the mistaken impression that breast implants need to be replaced every five years, seven years, ten years etc. This is not true. Basically, if you are not having any problems with your implants, there is no need to replace them. In case you're wondering, the most common reason implants are replaced is when a woman wants to change her breast size.

SALINE VS. SILICONE

Over the next couple of pages, we are going to walk you through some choices you are going to make if you decide to have a breast augmentation. We're going to do this in a very straightforward way; laying out the pros and cons for you while avoiding complicated medical jargon, (hopefully!). So here goes.

Saline vs. Silicone

First let's talk saline. Saline implants were first introduced in 1965 as an alternative to silicone implants. Their outer shell is the same as silicone implants, but they are filled with saline at the time of surgery, which allows a smaller incision to be used (about 1.5 inches). Over the years there have been many improvements in the shell integrity to decrease the chances of deflation, and in the valve to prevent leaks.

Here are the advantages to saline implants:

- There is a smaller incision, and therefore you have a smaller scar.
- They cost less.
- There is greater variability in size, because the fill level is adjustable.
- It's obvious if you have a deflation.
- They have a physiologic filler (salt water).



The disadvantages with saline implants are:

- They are firmer implants so they don't feel as natural.
- They can cause rippling.
- They require a submuscular placement unless you have a lot of natural breast tissue.

SILICONE IMPLANTS

The Facts about Silicone Implants

Almost half of the women we see decide to use silicone implants rather than saline since the recent FDA approval. In the early 1990's, silicone breast implants were removed from the market due to safety concerns. However, data that has been gathered since that time has proven these implants to be safe. This data was gathered over 14 years through an adjunct study that allowed the use of silicone implants for only very select patients. Dr. Reath was one of the plastic surgeons who participated in this study, and has been using silicone cohesive gel breast implants since that time.

Now we can offer silicone breasts implants as long as you are over the age of 22. (The reason for this is that the FDA feels that in some women breast development may not be complete until age 22.) Silicone implants can also be used in women of any age seeking breast reconstruction, or the correction of developmental abnormalities, including breast asymmetry.

The History of Silicone Implants

Silicone implants were first introduced in 1962 (first produced by Dow Corning). Both the outer shell and the silicone used to fill the implants have been much improved over generations.

For example, changes in the shell have proven to decrease the silicone "bleed," (the amount of silicone that is shed by the implant) while the silicone fill has become more cohesive during the development and generations of implants. These changes explain why in a recent study, scientists found more traces of silicone in canned infant formula than in breast milk from augmented patients with silicone implants!

We currently use Mentor MemoryGel implants, which are Fourth Generation silicone implants (1993 to present). They contain a cohesive silicone gel in a thick, low bleed shell. Although the FDA approval for cosmetic breast augmentation is recent, don't be concerned that the Fourth Generation implants are new to us. They are the same ones we have been using in the study patients. So you can be confident that they are safe. Further, Dr. Reath has been using silicone implants since 1986 (even longer than this if you consider his training).



SILICONE IMPLANTS—PROS AND CONS



The best way to illustrate the properties of a silicone cohesive gel implant is by watching this brief video. The video shows a Mentor MemoryGel™ silicone breast implant cut in half. You can see how the material holds together uniformly (no leaking) while still retaining the natural give of breast tissue. It does this because of a cohesive, gelatin-like substance that acts as a solid rather than a liquid.

Here are the advantages of silicone implants:

- They are softer and have a more natural feel. They have a slightly lower deflation rate.
- They don't ripple.
- They are more easily used above the muscle (subglandular) position.

The disadvantages of silicone implants are:

- It is harder to detect when they rupture.
- They require a longer incision.
- They cost more.
- The filler could be considered "less physiologic".

Now that you know the differences in the implants themselves, you can understand that they are not inserted the same way and they behave differently after the surgery too. Especially if you are considering silicone implants, make sure your doctor has experience working with them.

Note: There is a fifth generation implants also known as "gummy bear implants" which are undergoing clinical trials so you may hear more about these in the future.

IMPLANT SHAPES: ROUND VS. ANATOMIC

Our pick? Round

✔ **Round:** Dr. Reath primarily uses round implants for cosmetic breast augmentation. He explains why, "Because round implants are totally symmetric, their orientation, when placed, is never problematic. Their advantages are that they are the most commonly used implants, probably look more natural in both the upright and lying positions, and they are not textured." They are also less expensive.

❑ **Anatomic:** Anatomic or tear dropped implants are asymmetric. There is greater projection at the bottom of the implants than at the top. Shaped implants provide shape when there isn't any but have the potential to rotate causing problems. They must be properly oriented or they will have the greater projection in the wrong place. They are textured and more expensive.

SURFACE TEXTURE: SMOOTH VS. TEXTURED

Our pick? Smooth

✔ **Smooth:** The surface of your implants can be either smooth or textured. Dr. Reath explains why they came up with the idea to add texture to the implants,

"It was originally thought that texturing implants would lead to a softer result with less capsular formation. However, this has not been borne out clinically. Textured implants do adhere to the surrounding tissues and do not move as well with massage. Additionally, rippling is much more common with texturing. So I definitely prefer smooth implants."



PLACEMENT PLANE: SUBMUSCULAR VS. SUBGLANDULAR

Also known as “Under the Muscle” or “Over the muscle”

Implants can be placed either beneath the pectoralis major muscle—submuscular (or subpectoral), or on top of the muscle, beneath the breast (glandular) tissue—subglandular. There are several considerations that determine what may look best for you, *and in some women either placement is a good option.*

Submuscular (Under the Muscle)

Here’s our recommendation: Choose the submuscular (under the muscle) placement if you have saline implants, a small amount of natural breast tissue or a strong family history of breast cancer.

Placing the implants under the muscle has the advantage of having more of your tissue over the implants, and may make the implants look more natural and less obvious. For this reason, Dr. Reath recommends that most saline implants be placed beneath the muscle. Saline implants are slightly firmer or stiffer, and may require the pressure of the muscle to give a better shape to the upper part of the breast. Implants may remain a little softer under the muscle and may be less easily felt, particularly with saline implants. Rippling, which is

more common with saline implants, will be less obvious under the muscle.

However, all implants beneath the muscle are subject to “animation distortion.” As the muscle contracts over the implant, it can temporarily change or deform the shape of the breast. While this is not a permanent situation (it goes away once the muscle is not flexed), it can be a concern to some patients, particularly body-builders. There will be a decrease in chest muscle strength after the surgery, but this will recover. Submuscular placement is more uncomfortable initially, and may always have a slightly different sensation to the patient. There may also be a slightly greater risk of “bottoming out” with submuscular placement than with subglandular placement.

Here are advantages to placing the implants under the muscle:

- The implant is less visible and looks more natural.
- It’s harder to feel the implant and therefore it feels more natural.
- There is less rippling if you decide on saline implants.
- Possibly there is better breast imaging with mammography.

The disadvantages to placing the implants underneath the muscle are:

- It is more uncomfortable and involves a longer recovery.
- There is animation distortion when the chest muscles are flexed.
- There is a possible increased risk of “bottoming out”.

PLACEMENT PLANE: SUBMUSCULAR VS. SUBGLANDULAR

Subglandular (Over the Muscle)

Here's our recommendation: Choose the subglandular (over the muscle) placement if you want silicone implants, have a large amount of natural tissue and want saline implants or require a breast lift.

The subglandular placement is more common with silicone implants because they are softer and do not require as much tissue coverage for a good shape. The above the muscle placement is also for women with greater amounts of natural breast tissue. If you already have a moderate amount of breast tissue, you may achieve a more natural shape with the implant in the above the muscle position, particularly with silicone implants, because there is no muscle between the implant and the breast tissue. Women with greater amounts of breast tissue, using a smaller (relatively speaking), saline implant, can also use the subglandular position.

There is no animation distortion of implants in the subglandular plane. The operation is less painful, the recovery a little shorter, and there may be a more natural sensation for the patient. However, rippling can be more visible which is why saline implants should not be



placed over the muscle in women with very little breast tissue.

Dr. Reath also notes that, "In breast lifts, it is more common—with the technique I use—to place the implants in the subglandular position. This allows a better ability to mold the shape of the breast and the implant as a single unit."

Here are the advantages of placing implants over the muscle:

- There could be a more natural-looking shape of the breast (particularly with silicone).
- The recovery is less painful with a shorter recovery time.
- There is no distortion when the chest muscles are flexed.

The disadvantages of placing the implants over the muscle are:

- The implants are more visible and palpable, especially with saline implants.
- There is a greater chance of rippling when using saline implants..

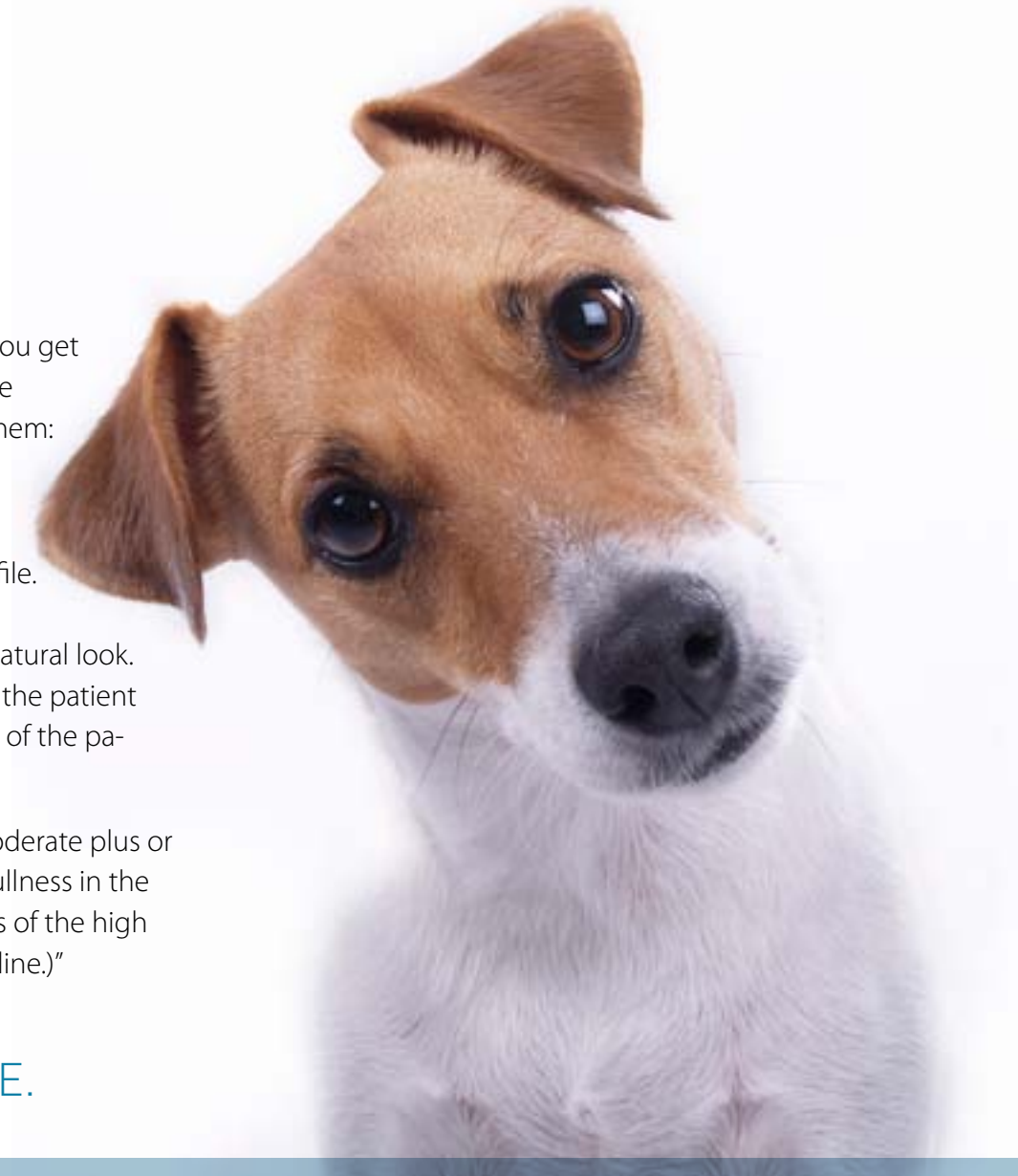
GET READY. DR. REATH EXPLAINS IMPLANT PROFILE.

You're probably going to hear something about implant profiles if you get serious about choosing implants so we asked Dr. Reath to give some perspective on what profiles are and his recommendations about them:

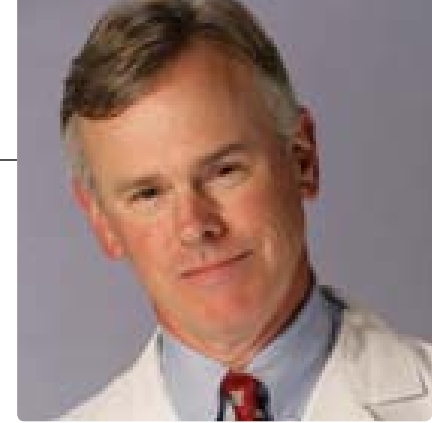
"Round implants come in different profiles. The profile relates to the relative projection of the implant for a given diameter, or base width. Profiles may be moderate, moderate profile plus, or high profile. The dimensions are different with silicone than they are with saline. Generally speaking the lower profile implants tend to give a more natural look. In choosing an implant, I recommend the lowest profile for the size the patient wants, without having the implant diameter exceed the base width of the patient's breast.

"Usually this will be moderate, or moderate plus with saline, and moderate plus or high with silicone. High profile saline implants can give too much fullness in the superior (upper) breast and tend to look unnatural. (The dimensions of the high profile silicone are equal to the dimensions of the moderate plus saline.)"

GOT THAT? OUR ADVICE: **LET YOUR SURGEON PICK YOUR IMPLANT PROFILE.**



TEN QUESTIONS YOU SHOULD ASK YOUR PLASTIC SURGEON.



1 What are your credentials and training experience?

Patients are often referred to a surgeon by their primary care physician or a friend; however, it is important to know what qualifies the surgeon to perform your procedure. Ask your surgeon if he/she is "Board-certified" in plastic surgery. ASPS member surgeons are certified by the American Board of Plastic Surgery and are trained specifically in plastic surgery. They operate only in accredited medical facilities, adhere to a strict code of ethics and fulfill continuing education requirements, including patient safety techniques.

2 How many procedures of this type have you performed?

In addition to knowing your surgeon's credentials, it is important to know the level of experience he/she has in performing your procedure. Choosing an experienced surgeon is one way to ensure good results.

3 What do I need to do to prepare for surgery?

Certain surgeries require that you stop smoking, lose weight or follow a specific diet limiting the food you eat. Make sure that you speak to your surgeon and your anesthesiologist about any allergies or about any conditions for which you are taking medication. You should mention any vitamins, supplements or over-the-counter medications as well.

4 What are the risks?

Every surgery has some associated risk. Weigh the benefits of the procedure against the risks of side effects and complications (e.g. nausea, vomiting, pain, infection, or bleeding) before making your decision.

5 How can I better manage post-surgical side effects and complications such as nausea, vomiting, pain, infection or bleeding?

Some post-surgical side effects and complications are more manageable than others. Make sure you speak to your surgeon about your risk of experiencing side effects and complications, and about any medications he/she may prescribe to minimize these symptoms. For example, your surgeon may prescribe a medication before surgery to minimize nausea and vomiting or prescribe something for pain.

6 How long of a recovery period can I expect? What kind of help will I need during my recovery?

Some surgeries take longer to recover from than others. Make sure you speak to your surgeon about how long it will take to heal, as well as how you might physically feel immediately following your surgery. Your surgeon will be able to inform you of the arrangements necessary to ease your recovery.

TEN QUESTIONS... continued

7 Will my recovery keep me from my usual daily activities such as work?

The recovery time associated with your surgery depends on the nature and length of the procedure and also on the type of work you do, if it involves physical activity. To ensure that you don't slow your recovery, make sure you speak to your surgeon about the things you may or may not be able to do in the first few days, weeks and months after surgery.

8 Where and how will you perform my procedure?

Find out if your surgery will be performed in a hospital, office, or ambulatory facility. Dr. Reath performs most procedures at the AAAAHC accredited Physician's Surgery Center of Knoxville with a Board-certified anesthesiologist present at all times. It is his personal preference, for the safety and well being of his patients, not to perform procedures under general anesthesia in an office setting.

If the surgery you are considering is performed in an office or ambulatory facility, make sure it is accredited, which means the facility has passed strict guidelines for equipment, staff, hospital access, anesthesia administration, and more. ASPS requires all members who perform surgery under anesthesia to do so in an accredited facility.

All surgeries require some type of anesthesia, and certain types have a greater risk of post-surgical side effects or complications. Make

sure you speak to the person administering it to find out what type of anesthesia is required for your procedure and the side effects or complications that may be associated with it.

9 How will side effects or complications be handled?

If you should experience a side effect or complication after surgery, find out who will be available to address your concerns, and when. Ask if any additional costs will be incurred should you need additional treatment.

10 Are you a CosmetAssure participating physician?

Speaking of additional costs, you'll have one less thing to worry about if your plastic surgeon participates with CosmetAssure. You'll know that you're covered for complications occurring within 30 days of your cosmetic surgery. And you'll know that your doctor cares about your safety as well as your finances.

IMPORTANT: If your procedure will be performed in an office or ambulatory facility ensure that your doctor has privileges to perform the same procedure at an accredited hospital. Hospitals check credentials, so if a doctor can't perform the surgery you want in a hospital, that's a big red flag.

ARE YOU READY? QUESTIONS TO ASK YOURSELF

Am I choosing to enhance my appearance for me?

I know that others may support me, but no one is pressuring me.

Am I realistic about the results of the surgery?

I understand that cosmetic surgery can improve my appearance, but it cannot change my life.

Do I fully understand and accept the potential risks associated with my procedure?

I know that there are no guarantees and realize that additional procedures may be necessary. I have been (or will soon be) given informed consent documents and pre- and post-procedure instructions.

Am I in good shape physically and emotionally?

There are no underlying health disorders or mental health conditions I have not disclosed to my surgeon.

Can I afford this?

I can afford all the costs of surgery, including non-monetary costs such as the time to recover.

Why is now the right time for my surgery, rather than a month or a year ago, or, conversely, a month or a year from now?

The timing fits my schedule. I have not been offered special incentives to schedule surgery and I am not feeling pressured to commit to a plan before I am ready.

Am I completely comfortable with my surgeon and the staff in his office?

My surgeon spent time with me, answered my questions and recommended a surgical plan that is designed to achieve my stated goals. The staff is friendly, helpful and supportive. I don't feel like just a number.



Once you've worked through the questions, you may want to talk about them with a trusted friend or family member and certainly with your plastic surgeon. After all, you and your physician will make the final decision about your surgical plan. Realistic expectations will better prepare you for surgery, and a prepared patient has the best recovery.

HOW TO RECOVER WELL

Helping you manage a speedy recovery is one of our primary missions. One of the reasons breast augmentations surgery is so popular is because of the quick recovery time. Breast augmentation takes about an hour and is done as an outpatient procedure under general anesthesia (you will be put to sleep). It does not involve an overnight stay in the hospital.

Whether you choose to have your implants over or under the muscle may impact your recovery by a day or so. Either way, most women are able to return to normal activities in 7 to 10 days and usually need no more than a week off from work.

One idea that typically works well is to have your surgery on a Thursday and take the next week off work. That way, you can easily go back early if you're feeling up to it, but you don't feel pressured to go back before you're ready.

Another thing to keep in mind is how physical your job and normal activities are. A good guideline is not to lift anything, and certainly nothing heavier than a gallon of milk, for the first week after surgery. If you have small children running around or your work involves heavy lifting, you may need to have more help during your recovery or more time off.

TO PATIENTS FROM, PATIENTS

When you are in the office, be sure to look through our "To patients From, Patients" book. It can usually be found in our waiting room. We asked some of our previous patients to write down their thoughts and advice about the surgery process and share things they found helpful during their recovery.

Our Surgical Recovery Kits: A Great Personal Touch

We hear rave reviews about the kits we put together for all of our patients. Everyone tells us that they are a big help during recovery. Our goal is to put together everything you need after surgery so you don't have to.

One of the most important things we include is silicone sheeting shapes (say that three times fast!) Silicone sheets put direct pressure on the incision site, which is the best way to minimize the appearance of scarring. In contrast to scar creams which don't apply pressure, silicone sheets are easier to use because they are not greasy, don't stain, and won't stick to your clothes. Oh! And did we mention the kits come free with your surgery?!

HOW TO RECOVER WELL continued

Taking “the Girls” for a Run

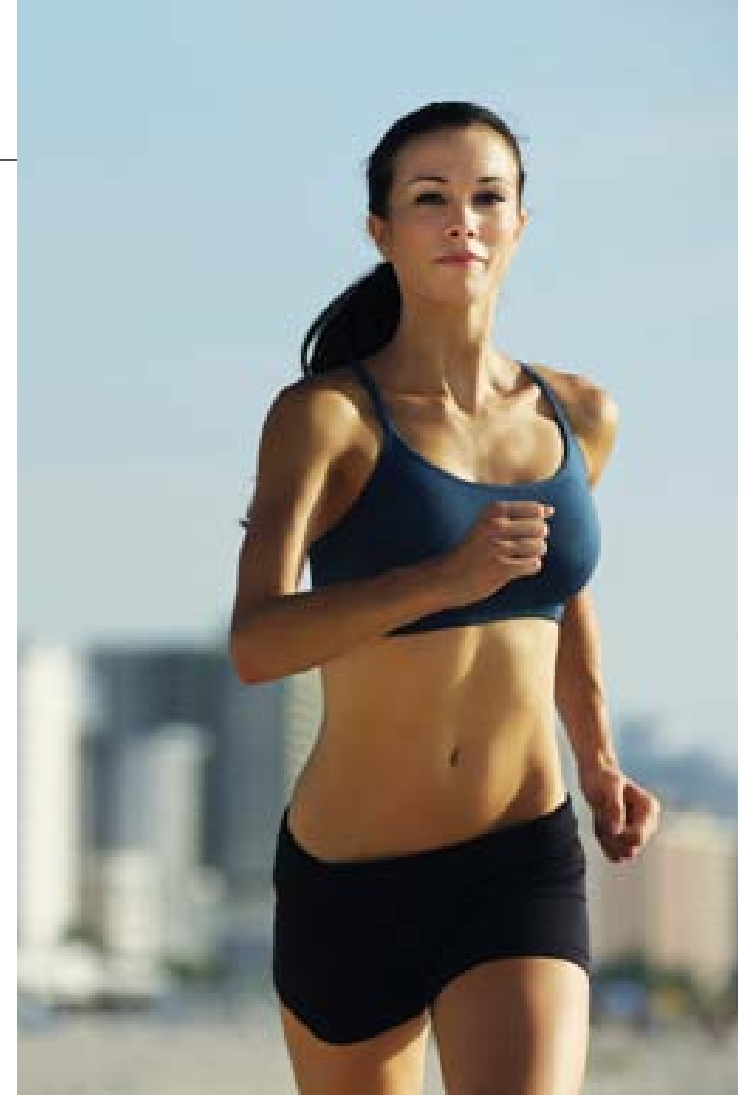
Many people ask us how soon they can get back into their exercise routine. A good general guideline is that you can start slowly (walking) after a week and work up to more aerobic activity as you feel comfortable. For chest presses and weight lifting, you should give it at least two weeks (you won't feel like doing it anyway!) It will be longer if your implants are under the muscle.



No Tanning Beds...

Speaking of taking care of your new investment, don't be going to the tanning bed after your breast augmentation for at least 6-8 weeks. Besides being horrible for your skin, it makes the incisions more visible. You wouldn't drive your brand new Mercedes through the mud now, would ya?

For those of you who are set on all-over color with no tan lines, we have a better idea. It's called Fake Bake. We carry it in our store and highly recommend it.



ALMOST TIME FOR BRA SHOPPING...ALMOST

It's inevitable. Once you have your surgery, the first thing you are going to want to do is go out and buy a bunch of pretty new bras to celebrate the change in your figure. We understand completely. It's just that you are going to hate us when we tell you that it's better to wait a month or two. (Sorry. Sorry. Sorry.) Here's why:

The final results of your breast augmentation surgery take a while, especially if you have saline implants or you have your implants placed under the muscle. Saline implants are heavier than silicone implants and they will continue to "settle in" over the first two months. If you go "under the muscle" your chest muscles will need some time to accommodate the new implants. In addition, you may have some swelling which you want resolved before you invest in a bunch of new bras.

Obviously your old bras won't fit anymore. So what's a girl to do?

You will probably be very comfortable in the bra we provide you after your surgery because it will give you the support you are going to need. We fondly call it the "granny bra" so that gives you an idea of how sexy it is. From there, buy one or two sports-type bras that will be comfortable and are able to expand and contract as your breasts change. During your follow-up visits, we will tell you when you get the green-light to head to Victoria's Secret.

P.S.... no underwires for at least a month!

(Funny story, we recently had a patient who thought we said no underwear for at least a month. She was quite relieved when we cleared up the confusion that we meant under**wire** bras NOT underwear!)

What can you do with all of your nice (clean) bras that no longer fit? Don't throw them away! Bring them into our office.



We are now a collection center for Breast Oasis, a charitable organization that provides clean, gently-used bras to women who need them. We were surprised to learn that bras are one of the most needed, least donated items to women's shelters. We are excited about the opportunity to give back in such a positive way. If you know of a group who is in need of our bras, please let us know!

VITAMINS

Most people take some sort of multivitamin or herbal supplement, but very few think to disclose their vitamins to their doctor and anesthesiologist prior to surgery. After all, they're just vitamins, they don't count as a medication, right? Wrong!

Many people facing surgery fail to disclose their herbal supplement use out of fear of being ridiculed by their doctor. (Who would think that licorice could be dangerous?) The fact is, your doctors want and need to know what you are taking to ensure your safe recovery.

Why? Some vitamins cause post-surgical bleeding, worsen Inflammation, raise blood pressure or alter your sugar levels. The best advice is to quit all herbal supplements three weeks prior to your surgery.

DO TAKE IT

We now carry multi-vitamins in our store that are specifically designed for patients pre-and post-surgery. They contain nutrients that aid in healing and reduce bruising while excluding supplements that can cause problems. You should start these two to three weeks before surgery.

VitaMedica Clinical Support for Surgery
AM/PM Vitamins **\$44**

DON'T TAKE IT

- Aspirin, Advil or Motrin
- Any diet pills or herb blends designed to control appetite
- Vitamin E
- Chromium
- Garlic
- Ginger
- Ginkgo
- Goldenseal
- Flaxseed
- Fish oil
- Echinacea
- Licorice
- Saw Palmetto
- Ephedra
- Ginseng
- Feverfew
- Kava-Kava
- St. John's Wort
- Valerian Root



MEDICAL INSURANCE MAY NOT BE ENOUGH: THAT'S WHY WE HAVE COSMETASSURE

Another way we care for our patients: CosmetAssure

Complications after cosmetic surgery are rare, thankfully, but they can occur as with any type of surgery. You may think that your insurance will cover this. Surprise! The majority of major medical health insurance policies now or will soon exclude treatment of medical complications if those complications are a result of an elective aesthetic surgical procedure.

Complications can be stressful enough without the additional worry about who is going to pay the bill. That's why we enroll all of our patients in the CosmetAssure program (except if you have reconstructive surgery, revisional surgery or surgery done under local anesthesia because CosmetAssure does not offer policies to cover those.) CosmetAssure is endorsed by the American Society of Plastic Surgeons and covers the cost of caring for complications within the first 30 days after cosmetic surgery. Best of all, your policy is included with all eligible surgeries Dr. Reath performs.

PS. We are the only plastic surgeon's office in the Knoxville area to provide this important insurance to cosmetic surgery patients...and it ain't cheap. But, to quote our friends at L'Oreal, "You're worth it."



STILL IN YOUR RESEARCH STAGE? CHECK OUT THESE OTHER USEFUL RESOURCES:



Get your **free copy** of our 74-page glossy magazine called *Your Beauty*. It has all kinds of good stuff including interviews with beauty pioneers, quizzes, recipes and more.

PlasticSurgery.org

This is the official website of the American Society of Plastic Surgeons and the most comprehensive source of plastic surgery information online.

LoveYourLook.com

Learn more about cohesive gel implants and research breast augmentation on this site powered by Mentor.

Realself.com

Read comments about breast augmentation from women around the country and check out their popular "Was it worth it?" feature.

Still have Questions? Click here to Ask Dr. Reath

Facebook.com/plasticsurgeryknoxville

Visit our active facebook page. It has lots of patient comments and lively discussions about all-things plastic surgery. We love to have you "like it".

Click here to get Dr. Reath's blog directly into your inbox.

BreastOasis.com

Read all about the non-profit program to deliver gently-used bras to women in need.

THAT'S ABOUT IT

We hope you've enjoyed reading A Girlfriend's Guide to Breast Augmentation as much as we've enjoyed putting it together for you. Again, feel free to link to it and forward it to anyone you know thinking about breast augmentation.

We welcome your suggestions! Shoot us an email at lisa@dbreath.com. Please tell us what you liked and let us know if we missed anything.



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