

Breast Surgeries: Less Is More

No two pairs of breasts are alike. In fact, there's plenty of room for variation between one breast and the other. Just ask these women – and men – who have undergone breast surgery:

- A 22-year-old woman who has always been self-conscious about her small breasts.
- A 45-year-old mother of three, who's generally happy with the size of her breasts, but notices more slackening and sagging with the passage of time. She's not certain she wants to commit to having implants, but simply would like to restore her breasts to their former natural shape and firmness.
- A 17-year-old girl with breasts so large that they cause backaches, shoulder pain and severe anxiety at school, which interferes with her studies.
- A 30-year-old man who has suffered from gynecomastia (enlarged male breasts) since adolescence.
- A 40-year-old woman who underwent breast augmentation five years ago and is not happy with the results, but is reluctant to undergo more surgery.

Our first patient is a candidate for [breast augmentation \(mammoplasty\)](#), which consists of implants placed either over or under the pectoral muscles. Because she plans to have children and breastfeed in the future, her plastic surgeon chose to place the incision under the fold of the breast rather than through the nipple (periareolar), in order to reduce the risk of losing sensation. Her surgeon also helped her to choose between silicone and saline breast implants. Saline implants are moderately less expensive (about €1000 less) and may require periodic maintenance to replace lost volume over time, while silicone implants look and feel more like natural breast tissue and tend to last longer.

After consulting with a board-certified plastic surgeon, the second patient opted to have a [breast lift](#) (mastopexy) rather than full augmentation. This involved removing excess skin and tightening surrounding tissue to reshape and “uplift” the contour of each breast. Their size and shape remains largely the same, similar to the profile she enjoyed fifteen years ago, and she's very pleased with the results.

Girls and women with overdeveloped breasts (macromastia) may experience physical pain and emotional suffering, best treated with [breast reduction](#) surgery. Normally, our 17-year-old patient would not be a candidate for surgery, but both board-certified plastic surgeons with whom she consulted (as well as her parents) agreed that requiring her to wait until age 18 would result in further harm. After a few months on a carefully monitored diet and exercise program, the patient underwent reduction mammoplasty to remove excess skin, tissue and fat, relieving much of the physical and emotional discomfort she'd been experiencing. Afterward, the patient's nipples appeared smaller as well, and shifted to a higher position, enhancing their “perky” appearance.

[Male breast reduction](#) surgery is similar to female, though the end goals are different. Rather than being contoured into a traditionally feminine shape, the excess fat and glandular breast tissue is removed altogether. Since gynecomastia is a hormonal condition, exercise alone will not achieve the desired flat, masculine appearance; reduction mammoplasty is a safe, permanent treatment.

Finally, [revision breast surgery](#) may be needed if implants rupture, deflate or reposition. Women may want to change the size and/or positioning of their implants, or may experience distortion caused by scar tissue. The best way to minimize the need for revision surgery is to choose a board-certified plastic surgeon with membership in ISAPS. Our website search tool makes it easy to [find a breast specialist](#) near you. All ISAPS member surgeons are guaranteed to be highly qualified and experienced, trained in the most up-to-date techniques and treatments and committed to the highest standards of safety and ethics. [Visit the ISAPS website](#) to learn more about breast surgery, and how it can help you ask the right questions if you're considering it for yourself.