

THE WORLD'S MOST UNIQUE BEAUTY MAGAZINE

NEW BEAUTY

*** THE LATEST
ANTI-AGING DIET
AND SKINCARE PLAN**

MOISTURE MOLECULES THAT
**ERASE LINES
IN SECONDS**

MAKE IT OVER
ISSUE

**CELEBRITIES
WITHOUT
MAKEUP...**
THEIR PERFECT SKIN SECRETS

THE 10-MINUTE
**CELLULITE
SMOOTHING
MACHINE**



newbeauty.com

change your breast shape and size with implants

FROM 1992 TO 2006, SALINE IMPLANTS WERE THE ONLY IMPLANT OPTION (UNLESS BREAST RECONSTRUCTION WAS BEING PERFORMED). BUT SINCE 2006, SILICONE IMPLANTS HAVE COME BACK INTO PLAY AS THE FDA DEEMED THEM SAFE FOR USE, POSING NO SIGNIFICANT THREAT OR HEALTH RISK. WHEN IT COMES TO CHOOSING BETWEEN SILICONE AND SALINE IMPLANTS, TALK TO YOUR PLASTIC SURGEON ABOUT THE LOOK AND FEEL THAT YOU'RE AFTER. "SALINE USUALLY COSTS LESS AND REQUIRES A SMALLER INCISION. PLUS, IF THEY DEFLATE, IT'S EASIER TO NOTICE," SAYS DR. MARIOTTI. "BUT IF YOU'RE LOOKING FOR A MORE NATURAL-FEELING IMPLANT, OPT FOR SILICONE, WHICH TENDS TO FEEL SOFTER AND RIPPLES LESS," HE ADDS.

bigger breasts
without surgery

BEFORE



AFTER - CLEAVAGE
AND SHAPE



Pure Style Girlfriends Gather-the-Girls silicone bra instantly adds noticeable cleavage. Since the push-up demi-bra is strapless and adhesive, it can be worn with form-fitting tops and backless dresses. \$42, purestylegirlfriends.com



Implant placement

A NEW THEORY ON IMPLANT COMPLICATIONS

New research suggests that capsular contracture may not be caused by the body reacting to the placement of an implant but by, perhaps, a biofilm of bacteria.

> Since bacteria are present everywhere, including on the skin and in breast ducts, it is possible for a few bacteria to be present in the wound or on the implant, leading to a low-grade chronic inflammation that spurs capsular contracture.

> To reduce your chances of capsular contracture, it's crucial to find a properly credentialed plastic surgeon to perform your surgery.

> SUBGLANDULAR *over the muscle*

+ THE UPSIDE Since the implant is placed over the pectoral muscle and below the breast tissue, recovery time is usually shorter because there is less trauma to the underlying tissues. Placing the implant over the muscle can also give a slightly lifted look.

- THE DOWNSIDE The implant sits closer to the surface of the skin, making it more detectable through touch and more visible if your skin is thin. In a mammogram, additional views may be necessary.

WHAT THE DOCTOR SAYS

"Silicone implants allow for more patients to have their implant placed subglandularly [in front of the muscle] because there is less rippling and visibility with silicone," explains Dr. Spear.

> SUBMUSCULAR *under the muscle*

+ THE UPSIDE Positioning the implant below both the pectoral muscle and the breast tissue allows for the implant to be less visible and act as an internal bra, keeping the implant in place. The implant is also only partially covered by muscle, so it's less likely to cause problems with mammograms.

- THE DOWNSIDE It's a more painful recovery because the internal anatomy of the tissue behind the breast is changed more.

WHAT THE DOCTOR SAYS

According to Dr. Pfeiler, placing the implant under the muscle is good for those who are thin because it provides extra coverage over the implant, which gives a more natural look.

THE GUMMY BEAR IMPLANT

The form-stable silicone implant, also known as the gummy bear implant, is currently awaiting FDA approval. Unlike traditional silicone implants, which have a honey-like consistency, this new implant is more like Jell-O, so its shape will stay intact.

> Shaped like a teardrop (for what is claimed to be a more natural look) the implant—which requires a larger incision—contains the same type of silicone as what's currently used, but has three percent more cross-linking of the silicone molecules to make it more cohesive. "Think of silicone as having little bridges. This implant just has more bridges, which keeps the filler from moving around," explains Dr. Pfeifer.

> Although the implant has yet to be approved stateside (it is used in Canada, Europe and South America), it has a leakage rate of nearly zero and is great for reconstructive purposes or for someone whose breasts are really small or flat.



* The profiles shown above are all available in either silicone gel or saline.

> PROJECTION

To maximize the probability that you'll be happy with the results of your surgery, make sure that you take into consideration the shape and projection (how far your breasts stick out) of your implant in addition to size. "Implants have different projection profiles, with some being higher or projecting more than others," says Beverly Hills plastic surgeon Garth Fisher, MD. You can choose from low, medium or high projections. "One advantage of high-profile implants is that you can put more volume in a patient with a narrower chest or breast space."

> SHAPE

> **Round implants** are usually placed under the muscle and can give fullness to the upper portion of the breast. Since they don't move much, they almost always keep their shape.

> **Teardrop implants** have more of a slope, like the breast naturally does, and less fullness in the upper part of the implant. Because of their shape, teardrop implants may provide better projection and a more natural look. They can potentially rotate, which may cause an unnatural distortion.

Incision options

> INFRAMAMMARY

*in the crease
of the breast*

+ THE UPSIDE Most plastic surgeons agree that an incision placed in the crease of the breast is the best method for providing symmetry. Also, if you ever need revision surgery in the future, your doctor can use your existing scar instead of having to make a new one.

- THE DOWNSIDE Your scar may be more visible.

WHAT THE DOCTOR SAYS

"This is the most commonly used incision because it's the easiest way to get the implant placed," says Dr. Hammond.

> PERIAREOLAR

around the nipple

+ THE UPSIDE Many surgeons and patients prefer this incision since it heals the best and the incisions are small. Once you are all healed, your scar should be virtually undetectable.

- THE DOWNSIDE Those with very small areola may not be appropriate for this incision. There may also be scarring of some of the breast ducts, which could interfere with breastfeeding, although most patients can breastfeed after surgery with this incision.

WHAT THE DOCTOR SAYS

"I have always felt that this incision provides the highest percentage of 'good' scars because there is an opportunity for the scar to blend with the color transition of the areola. Even if you heal poorly, this part of the body is not typically exposed," says Dr. Fisher.

> AXILLARY

through the armpit

+ THE UPSIDE This option is best if you're looking to be virtually scar-free on and around the breast.

- THE DOWNSIDE Placing an implant through the armpit can be difficult since it's hard to squeeze it in. If revision surgery is necessary, your surgeon will need to make a secondary incision in order to remove or replace your implant.

WHAT THE DOCTOR SAYS

"It's essential that an endoscope is used. It facilitates creating a precise pocket by adequately releasing the pectoralis muscle so that the implant doesn't sit too high," says Dr. Pfeifer.

DID YOU KNOW?

Implant shells are available as either textured or smooth. A textured shell may require a longer incision because the surface makes it harder to place. Smooth round implants are the overwhelming choice of most surgeons because they tend not to wrinkle as much as textured implants. Plus, if they happen to rotate, the breast does not look abnormal.



INSIDE
tip

Exercising and following a healthy diet may help eliminate extra fat around the chest area, but surgery alone is the only option to permanently reduce the size of your breasts.

can big breasts cause diabetes?

A new study conducted by Harvard University and the University of Toronto says that women with big breasts may be more prone to type 2 diabetes, according to the *Canadian Medical Association Journal*. Obesity and fat, specifically excess fat in the stomach, are precursors of diabetes and since large breasts contain considerable amounts of fat, they too may be a factor. The study, which began in 1989, followed approximately 92,000 volunteers between the ages of 25 and 42, who had not been diagnosed with or had a history of diabetes. Throughout the study, nearly 1,800 cases of diabetes were reported and the onset of diabetes among those with a D cup or larger was two years earlier than those who were an A cup or smaller. However, there are many other factors besides breast size that lead to the onset of diabetes.

SOLUTION 02 - Liposuction for smaller breasts

One of the main downsides to breast reduction surgery is the scars that it leaves. A recent study followed 150 women who were treated with liposuction, as opposed to traditional breast reduction surgery, to treat their pendulous breasts. The study revealed that the fat was easily removed in older women because of more fat in the breast. The reduction in size was sufficient in women of all ages. Post-procedure scars were also hardly detectable, and in some patients not noticeable at all.

> THE PROS AND CONS

Dr. Fisher points out that one of the potential advantages of liposuction to reduce the size of the breast is the absence of extensive scars that are associated with skin reduction. "Some surgeons will perform liposuction, in select patients, to reduce the volume and then perform more of a 'breast lift' on the remaining breast," he says. He also adds that liposuction is best for someone who is not undergoing a large reduction, has little excess skin with good elasticity, desirable nipple size and location, and enough fatty breast tissue so that it can be suctioned since liposuction alone in a patient with poor elasticity, will make the breasts sag more.