



The following is a transcription of Dr. Don Revis' live question and answer session on ImplantInfo.com on November 19th, 2008. Dr. Revis is a Board Certified plastic surgeon practicing in South Florida, but he sees patients from all over the world. He is considered an expert at primary breast augmentation and breast augmentation revision surgery as well as combined procedures such as mommy makeover. Many women from around the country joined Dr. Revis to ask him questions about breast augmentation and breast implants. Read on and enjoy the discussion. (Please note that all visitor names have been deleted to protect their privacy.)

Dr. Revis:

Good evening everyone! If anyone has any questions for me, please post them now. I look forward to being here until around 8PM.

Q: Do Breast Implants Interfere with the Detection of Breast Cancer

Hi Dr. Revis, I am 52 and considering implants, but have had differing opinions on whether it would be a wise choice. I have very dense breasts and several cysts in each. I see a breast specialist/surgeon every year for my mammogram and ultrasound. She told me it would make her job harder to detect abnormalities if I had implants. The plastic surgeon I saw for a consultation said that if placed under the muscle, there should be no problem. My mother was diagnosed with breast cancer at the age of 64, and lived nearly 20 years with no recurrence. Is my age any consideration also? Your thoughts are appreciated.

Dr. Revis:

Age is never a consideration! My oldest primary BA patient was 65, and I performed a revision on a young lady who was 74 years young!

Regarding breast cancer and augmentation, I also agree that submuscular placement does not interfere with mammography or cancer detection. The mammographer will take one extra picture of each breast, called an Eklund view, which visualizes the little bit of breast tissue that wraps around the edges of the implant. Studies have shown that BA does not cause a delay in the diagnosis of breast cancer nor does it alter the ultimate outcome.

Best wishes!

Q: How Long Before I Need a Redo?

How do you answer the ? of redo's....I will be 10 years post in April...not one thing wrong with my BA..... a little sag but no complaints.... I know I will be facing a redo sometime in my life but just don't know when to do it??? I am 51 years of age, in good health and just wondering when the best time to redo....thanks so much...

Dr. Revis:

Good evening,

You are about ten years postop, so I assume you have saline implants unless you were a member of the FDA silicone study group. The only real problem it sounds like you potentially face is a deflation, when the implant leaks. In this event, the saline will leak out and your body will



harmlessly reabsorb it. In your case, I usually tell patients not to do anything unless you have a problem. One day you may indeed need a replacement, but I wouldn't do a thing right now.

Best Wishes, Don Revis, MD

Q: When Can I Go Back to the Gym?

Hello Dr Revis, I just had a lift with augmentation done 4 weeks ago. In your opinion when would it be OK for me to return to the gym?

Dr. Revis:

Depending on what type of lift you had. For a straight BA, my limit is three weeks. For a donut 4 weeks, vertical lift 6 weeks, and full lift 8 weeks.

Visitor Response:

I'm dying to get back to my normal routine and since I had a donut lift it looks like I would be ok to head back to the gym.

Q: How Much Time for Recovery?

How long should I take off work after a BA for recovery? I work in an office and don't lift more than 25 lbs or so. Thank you.

Dr. Revis:

Most of my patients have surgery Thursday or Friday and return to work Monday or Tuesday.

Best wishes!

Q: Revision cost and recovery?

Does a redo usually cost more, the same or less than the first BA? I'm 5 yrs post op and I want to go with the high profile implants.

I have unders round smooth now.

Dr. Revis:

In my practice a simple switch is less expensive than the original. However, if there are issues needing to be addressed such as lifting the breast tissue, adjusting the implant pocket, or even switching the pocket from above to below the muscle, this does take longer and does cost more because of the increased operating room and anesthesia times.

Best wishes!

Visitor Response:

Thank you very much. I wish I was in Florida because I heard so many good things about you.

Dr. Revis:

Thank you!



Q: Complex Revision Question

After mri showed 20 year old implants ruptured intracapsular removal implant was intact but under filled tacky exterior definition of rupture? leaking ??? remove replace new gummy bear left implant migrated up toward neck and side of body not in breast area after 9 months did not drop size too small to fill breast tissue 300cc from 220 cc breast tissue just hung like 90 year old dr recommended 450 500 mod plus second revision left implant migrate to side of body scar and breast tissue not filled in front large scar dent implant sits beside it and under the scar mammary fold lower on left and pain constant ps suggests second opinion can photograph be used or need mri and should I have ps order mri and third revision suggested after original over muscle second two under he suggests over muscle again should I see a revision specialist ????? suggestions or recommendations

Dr. Revis:

Wow that's a mouthful. If you wish, just email me some photos to drdonrevis@hotmail.com and I will review them, make my recommendations, and tell you what the cost would be!

Best wishes!

Visitor Response:

Thank you very much for your time and sharing information in this field of ever changing issues and technology

Q: Second Opinions?

How many times is normal for a ps to ask patient to get a second opinion on their work shouldn't they know???? what is going on??? when they did the work?????

Dr. Revis:

I don't have a good answer for that one!

Q: 3rd Revision Question

I am going in for my 3rd revision coming up in the spring. Will be 4th surgery since July 5, 2007. I have 500cc, HP smooth silicone, placed sub-fascia. After 3 surgeries, and now bottoming out, I am very scared to have another surgery. This whole process has turned into a nightmare for me. Could you please explain to me what you do to correct bottoming out issues in over the muscle placement. I have been told that going under the muscle at this point would require removing the implants for 6 months and inserting a drain to help with healing. And even after all of that that my breasts would still not look normal. The PS that I have consulted with wants to do a Benelli lift, pocket revision, capsulotomy (this will be the 3rd time now) and repair to only one side for bottoming out. Any advice on what I should be asking? What to expect? Thank you so much. I have been to your website and have even considered coming to Florida for this repair work. I live in Oklahoma. Any advice is greatly appreciated.

Dr. Revis:

Good evening,

Coincidentally I have a patient from Oklahoma that I am operating on this Friday.



I perform an internal bra for bottoming out, which is a double row of permanent sutures that closes off the bottom of the pocket while I open up the top of the pocket. I have had very good results that have lasted for many years.

Because of your continuing problems with subglandular placement, I also would recommend that you switch to unders, perform the lift, but I would do it all at the same time. You would have a drain in the subglandular pocket for 2-4 days as this pocket is closing.

Of the 100 or so revisions I perform every year, not more than 1 or 2 are staged (removing the implants and waiting until a later date) and this has worked very well for me.

Best wishes!

Q: How Old is Old Enough for Breast Augmentation Surgery?

My daughter is interested in having her breasts done but she is only 21. Is that too young?

Dr. Revis:

I don't believe 21 is too young. In my own practice the two groups of patients most commonly seen are the 18-25 year olds who never developed very much breast tissue, and the 35-45 year olds who have had children and lost some of the volume they earlier had.

As long as your daughter is emotionally mature and her breasts have stopped growing, I see no reason not to proceed.

Best wishes!

Visitor Response:

Thanx!

Q: Up-sizing Question

Hi Dr. Revis, I only recently got my implants. so far I am quite happy with them, but I was very conservative and ended up much smaller than I would like. I am thinking of a revision to go bigger. how long should I wait? do subsequent surgeries carry more risk of complications?

Dr. Revis:

I recommend waiting at least 3-6 months prior to switching to larger implants and patients seem to do well in this time frame. Subsequent surgeries usually do entail greater risks, but a simple implant exchange for larger has very few additional risks when compared to the original BA.

Best wishes!

Q: Overfill & Warranty

I had 250 saline under muscle done with tuba procedure. I had them overfilled to 290. My left breast is still a bit smaller a right (must have had more breast tissue in the right). My question is can I get the left filled with more or am I at the limit for warranty?



If yes, what would the procedure be to put more saline in?

Thanks in advance

Dr. Revis:

You would not invalidate your warranty to add saline to your implants, but you would have to have an incision placed on the breast, either around the nipple or in the crease, which I assume you were hoping to avoid by going with the TUBA procedure. So it is certainly okay to do, but it depends on whether or not correcting the asymmetry is worth adding a new scar.

Best wishes!

Visitor Follow-up Question:

How many more cc's do you think the implant can take with 250's. Could I go to 330 cc? What would the limit be?

Dr. Revis:

If you have a 250-275 implant I generally would not fill it more than 10% over, or to 300cc's. Any larger than that I would actually switch you to a larger implant.

Best wishes!

Q: Questions on Massage and Chin Implants

Dr. Revis, What is your stand on massage? Do you have your patients do it? Which method? How often, and how long? Do you have them massage for the lifetime of the implants?

Also, if you don't mind my asking an off-breast question, how long do your chin implant patients normally have numbness and distortion with their lower lip and chin? I had an open rhino and chin at the same time as my BA (5 weeks ago), and my chin is still numb and doesn't move properly. My lower lip and chin seem to need to stretch, because I can't smile normally yet. This has gotten better since surgery, but there is a long way to go.

Thank you!!

Dr. Revis:

Good evening,

The numbness and stiffness from the chin can last up to three months. For the breasts, I use massage selectively. I do not believe it prevents a CC. I do believe it can be useful to help implants drop and fluff in patients with large implants or with tight muscles. In these cases, I have patients massage 15 minutes 2-3 times a day.

Best wishes!



Visitor Response:

Thank you, Dr. Revis!

Q: What Causes Capsular Contracture?

What do you think causes cc? I have a BA scheduled for 12/16 and am worried about issues regarding cc. TIA

Dr. Revis:

We really don't know why one patient gets it and another doesn't or why one breast will develop it while the other is fine.

Thoughts include lint, powder or other foreign material on the surface of the implant, a buildup of blood or serous fluid around the implant in the pocket, low grade infection, etc., but nothing has been proven with certainty.

Because of these multiple different possibilities, I practice a no touch technique whereby the implant is opened only when the pockets have been created and the skin is resterilized, I have placed new sterile towels and changed my own surgical gloves. The implant never touches anything but the surgical gloves on my hands- no instruments or towels. In treating implants with this level of respect, my own CC rate is less than 5%.

Best wishes!

Dr. Revis:

Good night- feel free to email me directly with any other questions!