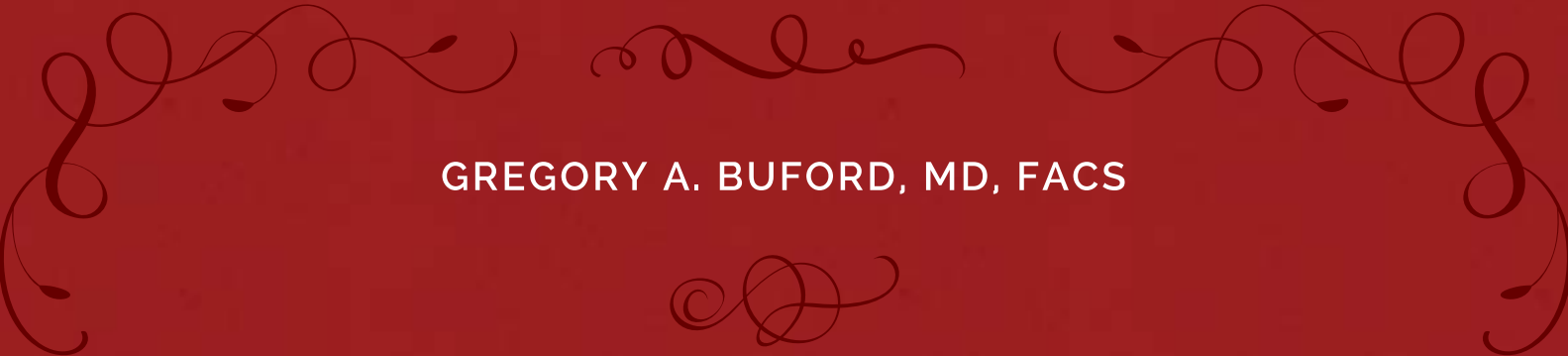




GREGORY A. BUFORD, MD, FACS

THE
BOOB JOB
BIBLE



*Your Ultimate Guide to
Breast Surgery*





ONE OF THE MOST COMPREHENSIVE GUIDES TO BREAST IMPLANT SURGERY

"[This] book is one of the most comprehensive guides to breast implant surgery I have ever read. Dr. Buford is an internationally recognized plastic surgery expert, who brings his long practical experience in breast augmentation to the public. He cuts through the disinformation prevalent online and patients will benefit by starting their homework in breast augmentation with this book. I am going to make this book readily available to my patients."

—Jason N. Pozner, MD, FACS
Board-Certified Plastic Surgeon in Boca Raton, FL

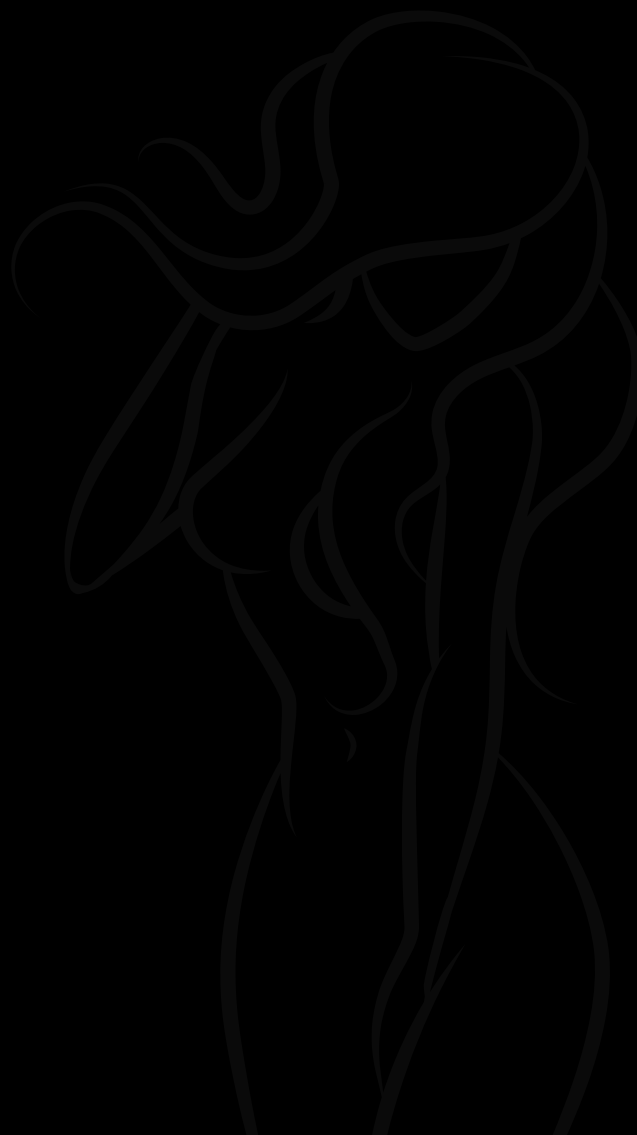
Without your support, all of us at BEAUTY by BUFORD would never have accomplished everything we have accomplished over the last 20 years. I humbly dedicate this book to all of our wonderful patients who have made us who we are today. Thank you!

—Gregory Buford, MD, FACS, PCEO



Breast augmentation consistently ranks as the most popular cosmetic surgery, bringing confidence and joy to nearly 300,000 women in the United States every year. If you're thinking of enhancing your breasts, you're joining scores of happy, fulfilled women on this path. This guide is crafted to answer your questions throughout this journey.

A lot of research goes into choosing the right surgeon, choosing the right time, and ultimately choosing the right procedure that will allow you to achieve your goals. Whether you're just now familiarizing yourself with the term "breast augmentation," or you're well on your way to choosing implants, you've come to the right place.



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A Brief History of Breast Implants

The strange ways
we enhanced
busts in the past



Every year, millions of women around the world choose to have breast augmentation for a variety of reasons. Whether they've always wanted a larger bust, have noticed some unfavorable changes after aging, childbirth, or weight change, hope to improve symmetry, or just want to enjoy a more pleasing shape, 97% of women who opt to have breast augmentation think it was totally worth it.

But these desires aren't unique to the modern era. People throughout history have relied on a variety of materials to help enhance or camouflage aspects of their appearance—including augmenting their décolletage.

While breast augmentation still courts some controversy from those opposed to putting anything foreign in their body, there is no denying that we've come a very long way in creating safe implants with low complication rates. Read on for a rundown of some of the bizarre, entertaining, and downright scary ways previous generations attempted to enlarge breasts.



The 1890s saw the first cosmetic breast surgery...and some *sketchy* injectables

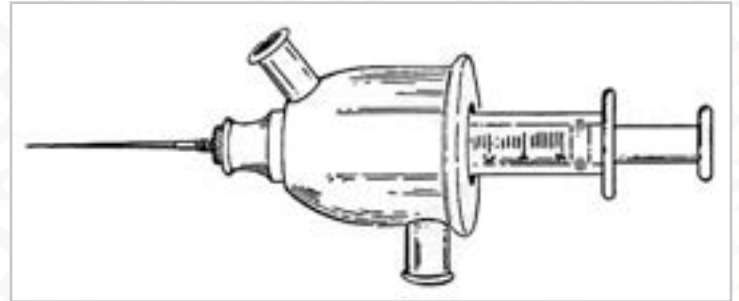
In 1895, history was being made at the University of Heidelberg in Germany, where renowned surgeon Dr. Vincenz Czerny successfully performed the first documented cosmetic breast procedure. While Czerny made his mark on medicine through his work developing new cancer surgery techniques and contributing to a number of other surgical fields, the plastic surgery field knows him as the “father of cosmetic surgery.”

After removing a cancerous tumor from a patient's breast, Czerny hoped to find a way to reconstruct the breast and avoid an asymmetrical appearance so the patient could go on to live a healthy, confident life. To do this, he removed a benign lipoma (a fatty lump beneath the skin) from her hip and implanted it into her breast to replace the removed tissue.

Meanwhile, Austrian surgeon Robert Gersuny was employing some questionable tactics to enlarge breasts. After discovering that paraffin—a petroleum jelly-

based soft solid often used in candles or as fuel—and vaseline could volumize tissue when injected, Gersuny first used this method to give a soldier a healthier sized testicle. When this worked out as expected, Gersuny began offering paraffin breast enlargement injections to the women of Austria.

But while breast size was increased, it came at a stiff cost. After just a few short years, women often developed large, hard lumps and ulcers, became totally blind, or in a few rare cases required breast amputation to save their lives.



Warming chamber for liquefaction of paraffin before injection. Image credit: US National Library of Medicine, National Institutes of Health

Breast implant experimentation took a weird turn in the early 1900s

Between the First and Second World Wars, physicians came up with some incredible innovations that changed the way we think, work, and produce. Unfortunately, this same human ingenuity originated some pretty dangerous methods for breast augmentation.

From ivory and glass balls, silk fabric, and ground rubber to ox cartilage, Teflon, and various oils, it seems doctors were up to injecting or inserting nearly anything into the female breast to see what worked. Unfortunately, most of these patients were left with some pretty serious infections, severe tissue reactions, and chronic inflammation.



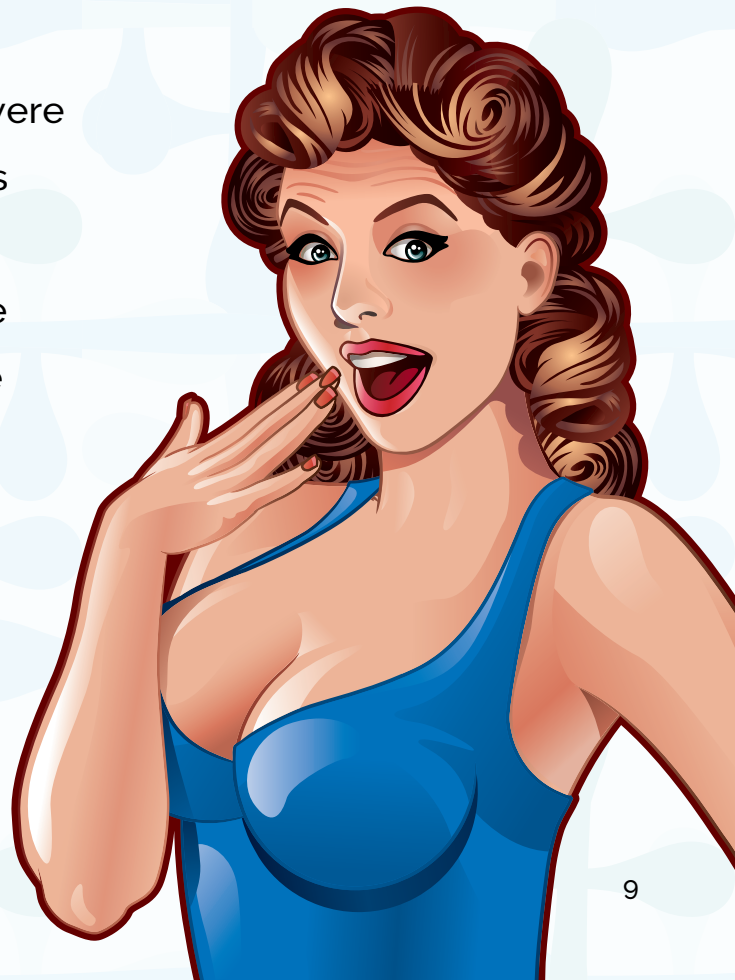
Moving into the mid-century, liquid silicon and cobra venom injections enjoyed a brief and dangerous surge in popularity. This concoction inevitably broke down in the body, forming painful granulomas that could migrate, leading to a number of complications. Not to be deterred, the industry around breast enlargement began experimenting and inventing products to achieve the pointy aesthetic of the 50s, including the Ivalon sponge and polyethylene tape. While these were less dangerous than previous augmentation methods, women often ended up with rock hard breasts and a shrunken appearance after only a year.

The creation of modern generation saline and silicone breast implants

The 1960s produced the first augmentations with technology that we would recognize today as breast implants. The first saline implants could be filled with sterile saltwater after they were placed, just like today's saline implants. The major difference? They were encased in a hard silicone shell, where today's are soft and comfortable.

Silicone breast implants, on the other hand, were inspired by the newly-developed plastic bags used in blood banks. Once filled with blood, these bags felt much like breast tissue. At the same time, surgeons were learning about the various consistencies possible with silicone. They arrived at a silicone gel-filled implant with a soft outer casing.

By the 1980s, both saline and silicone implants were being used for breast



augmentation surgery. But the FDA did not begin to closely regulate breast implants until 1991, and in 1992, they asked manufacturers and surgeons to stop selling and implanting silicone gel-filled implants due to safety concerns.

Saline implants reigned in popularity throughout the 90s and early 00s, along with the trending aesthetic of large, somewhat unnatural looking breasts that seemed to defy the laws of gravity. As the Pamela Anderson era came and went, saline breast implants saw a decline in favor of the newly FDA-approved silicone implants, which eventually returned to the market in 2006 after years of safety studies.



Enhancing Your Breasts with BREAST REDUCTION

While this guide is dedicated to breast augmentation with implants, there's another kind of boob job that doesn't involve implants but is just as life-changing: breast reduction.

"Breast augmentation" and "breast reduction" may sound like opposite procedures, but for many women, breast reduction is the breast enhancement procedure that helps them achieve their ideal shape and lifestyle. Large breasts can disrupt your daily activities, giving you pain in your shoulders, neck, and back, as well as causing chafing or skin irritation. Shopping for bras, bathing suits, and tops can be difficult, and many women feel self-conscious of their prominent breasts.

If your breast size is too large for your frame, breast reduction surgery may offer these benefits:

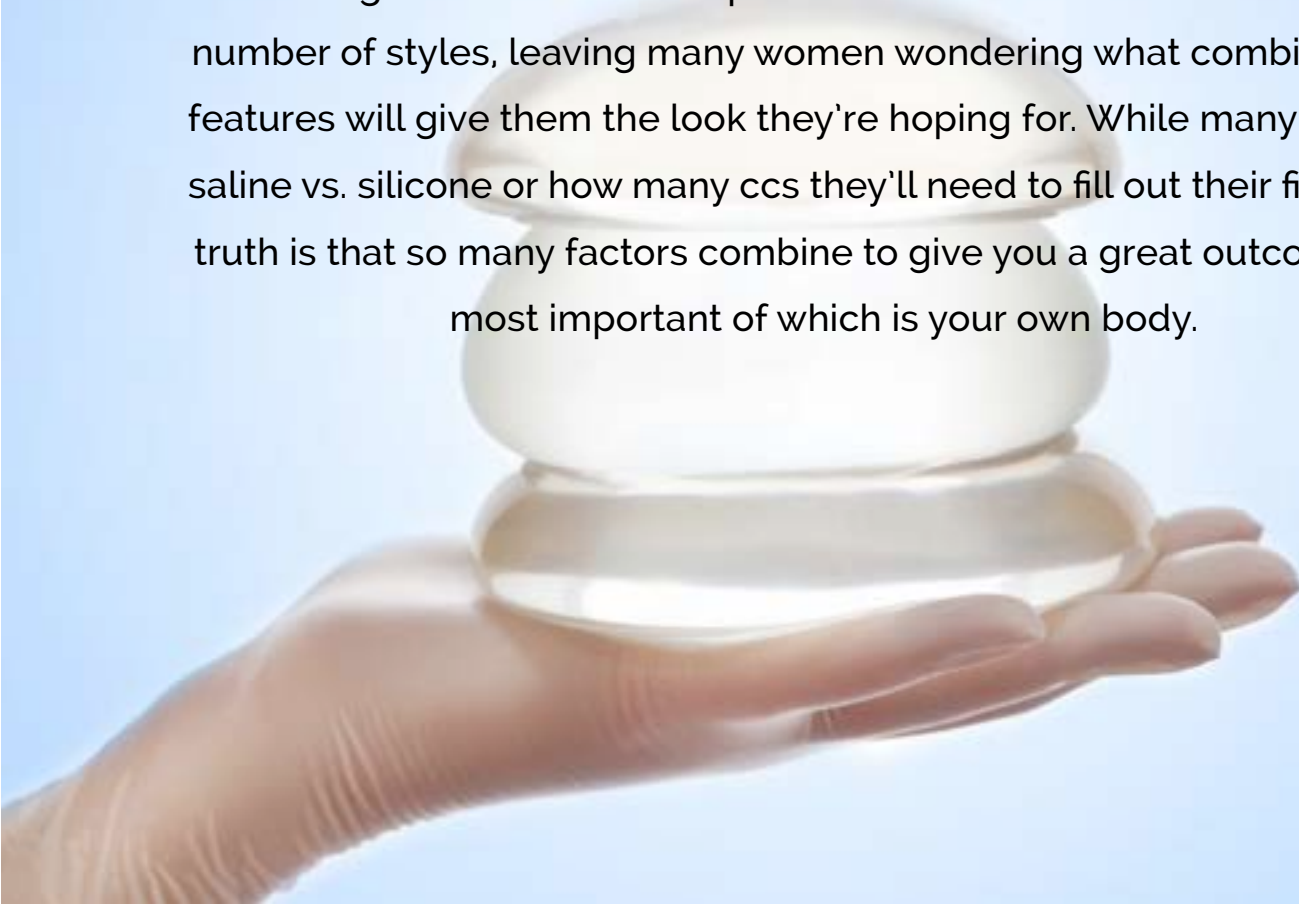
- **Remove excess tissues**, achieving an optimal size for your frame
- **Create firmer breasts** with your desired shape and profile
- **Restore symmetry**
- **Alleviate skin irritation and any pain** caused by your breasts
- **Reposition the nipple and areolas**

Depending on the makeup of your breast tissue, liposuction may be used to reduce your breast size while allowing you to heal faster than you would after a traditional reduction mammoplasty (the technical name for breast reduction). For most patients, breast reduction is performed in combination with a breast lift in order to best achieve all of the above goals. No matter what kind of breast enhancement you seek, an excellent board certified plastic surgeon will help you determine the surgical plan that allows you to enjoy firmer, more youthful breasts that are perfectly suited to your lifestyle.



Decoding Breast Implant Types

Modern generation breast implants come in an almost overwhelming number of styles, leaving many women wondering what combination of features will give them the look they're hoping for. While many focus on saline vs. silicone or how many ccs they'll need to fill out their figure, the truth is that so many factors combine to give you a great outcome—the most important of which is your own body.



SALINE BREAST IMPLANTS

Saline breast implants are made of a flexible silicone outer shell that is filled with sterile saltwater. They are filled *after* being placed in the breast cavity during your procedure, so they require a smaller incision and can be used for specialty techniques, such as transaxillary breast augmentation (through the armpit) or the less popular approach of TUBA (transumbilical breast augmentation).



SILICONE BREAST IMPLANTS

These days, silicone breast implants are by far the most popular implant type—in 2019, **silicone breast implants were used in 88% of breast augmentation procedures performed.** Improvements in cohesivity of silicone implant filling, variety of styles, and the more natural look and feel of silicone gel breast implants make them a great choice for many women.

Silicone breast implants have a silicone outer shell that is pre-filled with cohesive silicone. Available in a variety of sizes, shapes, and styles, silicone breast implants provide an array of options for patients to personalize their look.



PROS

SALINE IMPLANTS

- ✓ Typically cost less than silicone
- ✓ Require a shorter incision
- ✓ Easy placement and adjustability
- ✓ Saline is safely absorbed by the body should a rupture occur
- ✓ Easier to address and fine tune pre-existing breast asymmetry
- ✓ FDA approved for use in women 18+

SILICONE GEL IMPLANTS

- ✓ Lighter, softer, & smoother than saline
- ✓ Typically cannot see edges or any wrinkling under the skin
- ✓ Look, feel, and behave very similarly to natural breast tissue
- ✓ Come in different levels of cohesivity for a customized look

CONS

SALINE IMPLANTS

- ✗ Heavier and firmer than silicone
- ✗ Prone to visible wrinkling in patients with less breast tissue
- ✗ Can often be felt through the skin
- ✗ May look and feel unnatural depending on amount of breast tissue
- ✗ If a rupture occurs, breast implant will visibly deflate

SILICONE GEL IMPLANTS

- ✗ Cost more than saline
- ✗ Necessitate a slightly bigger incision
- ✗ May require an MRI or ultrasound to detect a rupture
- ✗ Available to women under 21 following discussion of off-label use

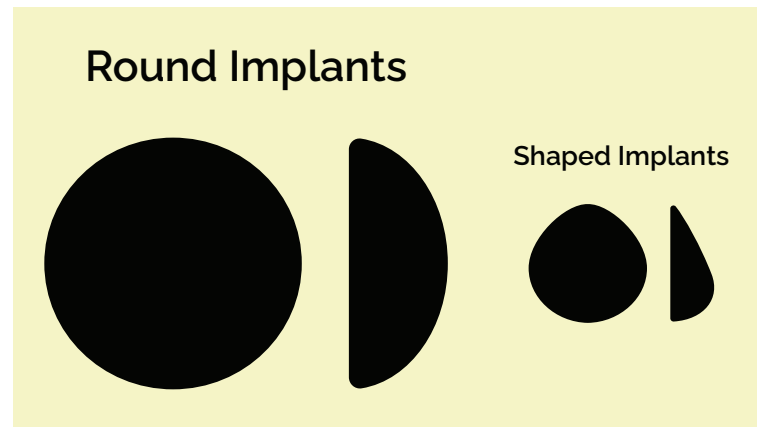
Breast implant shape

Depending on the final look you're hoping for, your natural anatomy, and your personal preference, there are two shapes of breast implants to choose from: **round or shaped**. The shape of your breast implant will factor into your final look in a few ways:

- » *How your breast implants naturally move with your body*
- » *How full the upper pole of your breast will look*
- » *How your breasts feel once fully healed*

ROUND BREAST IMPLANTS

have been a staple in breast augmentation and are the most popular option among patients. Because of their round, unstructured shape, round breast implants create a well-proportioned look that flows with

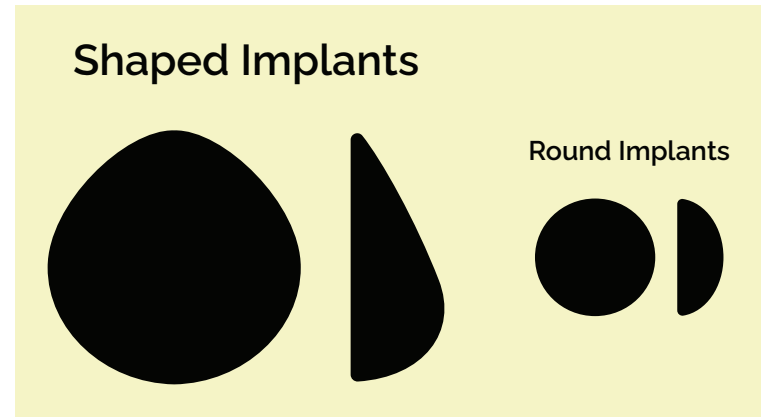


your body. They may provide more upper pole fullness than shaped implants but have a softer feel. Depending on the projection and profile of the implant, round implants provide a flexible option for achieving a variety of final looks. Both saline and silicone breast implants are available in the round shape.

SHAPED BREAST IMPLANTS,

also known as anatomical implants or teardrop implants, are structured to look like the natural shape of a breast: a smaller upper pole that tapers into a fuller lower breast.

Available in cohesive silicone gel only, shaped breast implants provide a firmer feel than round breast implants.



For women with very little natural breast tissue, **shaped breast implants can provide a more natural look**. However, given recent data pointing to a causal link between textured breast implants and a very rare form of cancer called ALCL (anaplastic large cell lymphoma), shaped implants (which are textured to reduce the risk of implant rotation) are being used far less in contrast to their smooth, round counterparts.

BREAST IMPLANT TEXTURE

A close-up photograph of two breast implants. The implant on the left is smooth and white, while the one on the right is textured and a light beige color. They are positioned side-by-side against a light background.

Breast implants are available with either a **smooth or textured surface**. The surface texture of the breast implant plays a role in how the implant naturally moves in the breast pocket and how the capsule of scar tissue will form around the breast implant.

SMOOTH BREAST IMPLANTS have an unmarked outer shell that allows for some movement within the breast pocket. By and large, **smooth implants are favored for most patients**. Both round and shaped implants are available with a smooth surface.

TEXTURED IMPLANTS are developed with different levels of pockmarking on the surface, intended to encourage soft tissue growth into the small pockets and keep the implants in place. For the most part, textured breast implants are **primarily used for women with little-to-no breast tissue**, such as those with naturally small breasts or women who have had a mastectomy to treat breast cancer. Typically, anatomically shaped breast implants come with a textured surface to reduce the risk of implant rotation.

Because of safety concerns along with improved breast implant technology, textured breast implants have fallen out of favor in the United States. Smooth implants are available in a variety of styles and can be used to achieve most aesthetic outcomes.

Breast implant projection & profile

The architecture of breast implants can also play a role in the final shape of the breasts by not only adding overall volume but also by adding volume specifically in certain areas.

Implant profile describes how the volume of an implant is effectively structured. Given the same amount of overall volume, the wider-based implant profiles will be just that—wide-based—while the “higher profile” implants (with the same amount of volume) will be more projected. This is important because it allows us





to dial in a more specific final look of the breasts depending on whether we are looking to create more forward projection (by using a higher profile implant) or a wider, more natural look (by using a wider-based implant).

After recently reading patient reviews on various online informational sites, it was apparent that many consumers are completely confused as to how the profile of an implant will ultimately affect the final outcome. **And many, in fact, actually have the facts backwards.** One review talked about how using a high-profile implant would create more upper pole fullness than a wider-based implant. This is completely wrong. If you think about round implants like a circle, wider-based implants will tend to be just that, wider based, but will be wider in all dimensions (including height). That being said, a wider implant will provide slightly more volume to the upper pole than a narrower-based "high profile" implant of the same volume. This is why breast measurements are critical in helping you, and your plastic surgeon, decide on not only the optimal fill volume but also the most optimal profile that will help you accomplish your goals.

BREAST IMPLANT SIZING

It may come as a surprise to some, but **the volume of your breast implants is one of the least important characteristics when it comes to your final look.** That being said, it is one of the choices that patients dwell on the most when trying to figure out their options. In reality, what your breasts look like before surgery is really the most important determinant of how they are going to look after surgery.

To assist in narrowing down a size range, we ask that each of our patients research online to find a volumetric “look” that they are trying to accomplish. This look is not focused on the shape of the breasts, the nipple position, degree of upper pole fullness, etc., but instead is simply an overall idea of how a certain amount of volume looks in relation to the size of your hips, shoulders, etc.

By identifying a **desired volumetric appearance** before surgery, our patients are then better able to convey to me





what they are actually trying to accomplish. We then talk about not only an appropriate implant profile but also a size range that will be used during surgery to help accomplish this goal.

During the initial consultation, we also talk about the importance of keeping an open mind when it comes to choice of volume. Many patients are concerned about going too big and so opt for too conservative of an implant. And when initial swelling goes down after their procedure, they are left with a result that may be less than satisfying.

Many of these same patients will get advice from friends and family to "never go bigger" than a certain volume because of someone else's experience. Unfortunately, although the advice was well-intended it all-too-often misdirects the patient and potentially undermines the decision-making process.

I have personally seen a handful of these cases over the last two decades with almost all of them requiring reoperation when too conservative of an implant was chosen by the patient and my size range limited during the procedure.

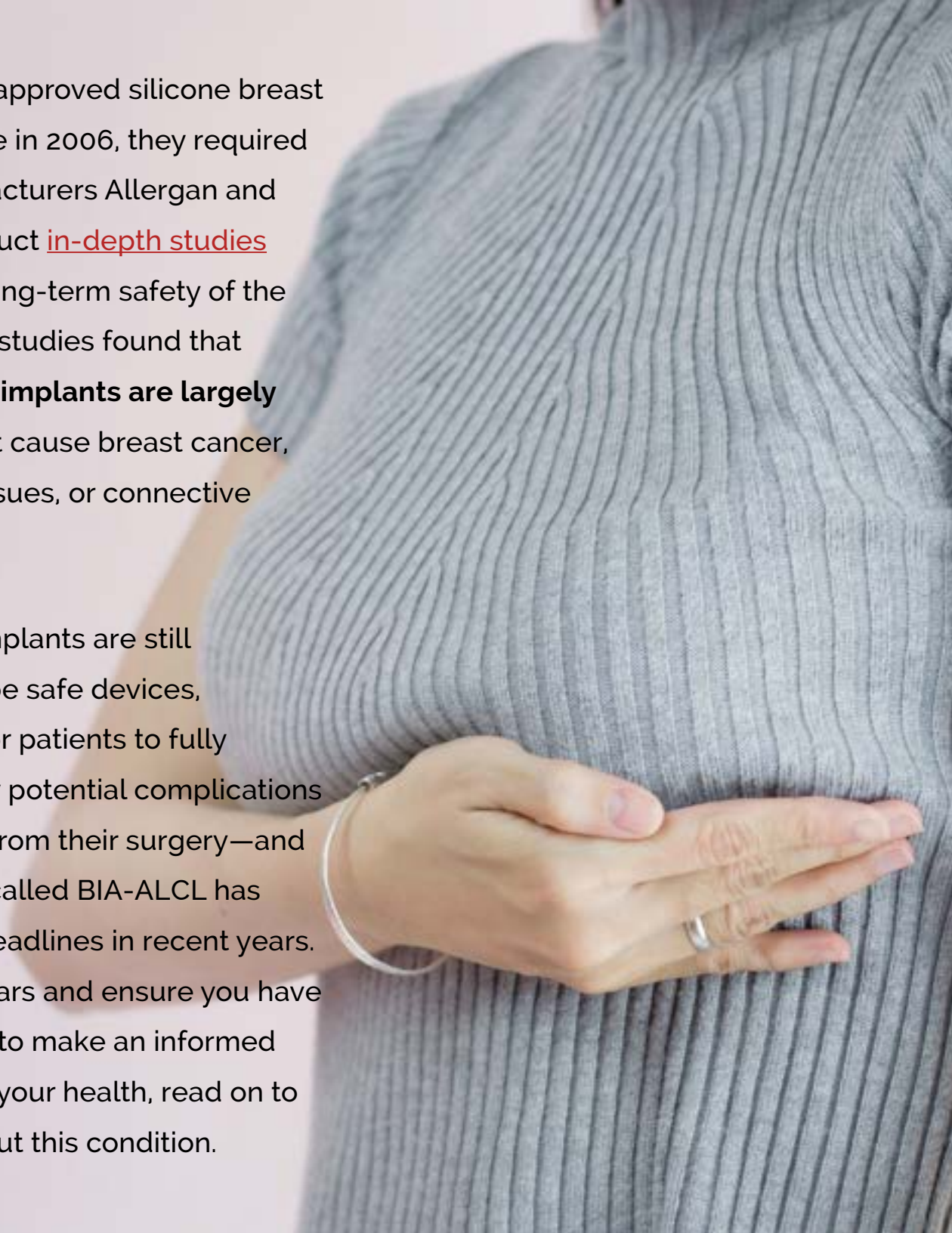
Breast Implant Safety

Should I Be Worried About BIA-ALCL?



When the FDA approved silicone breast implants for use in 2006, they required implant manufacturers Allergan and Mentor to conduct [in-depth studies](#) exploring the long-term safety of the devices. These studies found that **silicone breast implants are largely safe** and do not cause breast cancer, reproductive issues, or connective tissue disease.

While breast implants are still considered to be safe devices, it's important for patients to fully understand any potential complications that may arise from their surgery—and a rare disease called BIA-ALCL has been making headlines in recent years. To help allay fears and ensure you have what you need to make an informed decision about your health, read on to learn more about this condition.



What is BIA-ALCL?

Anaplastic large cell lymphoma (ALCL) is an uncommon form of non-Hodgkin lymphoma that typically occurs in the lymph nodes when abnormal T-cells are present. **Breast implant associated ALCL (BIA-ALCL)** is an even rarer condition that specifically occurs in women who have breast implants.

The prevailing theory is that high-surface-area textured breast implants lead to an increased risk of developing BIA-ALCL because of the way the tissue interacts with the textured surface. Even with that increased risk, occurrences of BIA-ALCL are still incredibly rare—to date, **only 573 confirmed cases of BIA-ALCL have been reported worldwide**. Considering millions of women have breast implants, the risk of developing this condition is very low. While staying informed about your health is crucial, we urge patients not to panic.

Why did Allergan recall their textured breast implants?



In July 2019, breast implant manufacturer Allergan voluntarily recalled their BIOCELL textured breast implants at the request of the FDA. This decision

was made due to growing evidence linking high-surface-area textured breast implants with an increased risk of developing BIA-ALCL.

This recall does not mean Allergan’s textured breast implants will cause BIA-ALCL—nor does it mean you need to have your Allergan breast implants removed if you do not have any symptoms.

Rather, this recall halts the further sale and implantation of BIOCELL textured breast implants until further research has been performed and we have a better understanding of the factors that lead to BIA-ALCL in some women.

The BIOCELL textured breast implants that have been recalled are as follows:

- **Natrelle Saline-Filled Breast Implants** (Styles 163, 168, 363, & 468)
- **Natrelle Silicone-Filled Textured Breast Implants** (Styles 110, 115, 120, TRL, TRLP, TRM, TRF, TRX, TCL, TCLP, TCM, TCF, TCX, TSL, TSLP, TSM, TSF, and TSX)
- **Natrelle 410 Highly Cohesive Anatomically Shaped Silicone-Filled Breast Implants**
- **Natrelle 133 Plus Tissue Expander**
- **Natrelle 133 Tissue Expander with Suture Tabs**

Smooth Natrelle implants and Microcell implants in the Allergan line have not been recalled.

SHOULD I HAVE MY TEXTURED BREAST IMPLANTS REMOVED?

As of right now, **the FDA does not recommend having your breast implants removed if you have no symptoms** or have not been diagnosed with BIA-ALCL. Because BIA-ALCL is such a rare occurrence, breast implant removal in healthy patients who are happy with the appearance of their augmented breasts is likely an unnecessary cost and trauma to your body.

If you have noticed any symptoms related to your breasts or simply want to change your look, make sure to consult with a board certified plastic surgeon who has experience in breast implant removal. Explantation and breast augmentation revision are complex procedures that require an experienced hand for optimal results.

BREAST AUGMENTATION INCISIONS

Plastic surgery used to be shrouded in secrecy, and women didn't want to risk having visible scars after their surgery. This limited the incisions plastic surgeons could use, despite the reality that, in most cases, breast augmentation scars are barely perceptible.

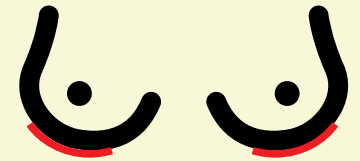


In recent decades, the stigma around breast augmentation has fallen away. At my practice, I meet professional women—judges, firefighters, models, or otherwise—just looking to realize the breast contour they’ve always wanted. As such, women aren’t hiding their breast augmentations and are less concerned about risking some visible scarring after breast augmentation. This has enabled surgeons to use the safer, preferable inframammary fold (IMF) incision, which places the incision along the base of the breast.

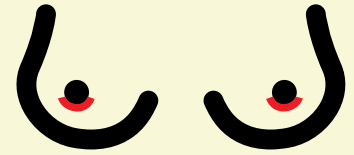
Still, surgeons usually offer multiple incision options for you to choose from based on your desired results.

Inframammary fold incisions

IMF incisions run along the base of the breast, giving your surgeon a complete anatomical view of your breast and optimal control over your implant’s placement. I prefer this incision because there is a smaller chance of capsular contracture, which is a rare side effect of breast augmentation in which the breast hardens around the implant. While the scar is longer than that of other incisions, IMF scars are usually hidden below the lower pole of the breast, and proper scar care will minimize their appearance.



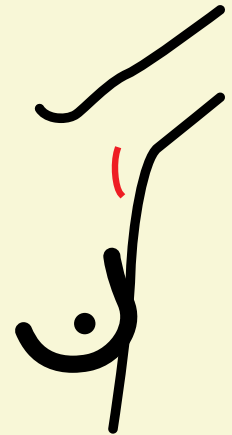
Periareolar incisions



Still, some patients may prefer the periareolar incision around the nipple. Compared with IMF incisions, the periareolar incision carries about a 10-15% higher chance of capsular contracture. And while the incision usually heals nicely, if the wound isn't properly cared for, you could end up with a prominent scar. Importantly, women who want to preserve their ability to breastfeed are best served with an inframammary fold incision, which is most likely not to interfere with breastfeeding.

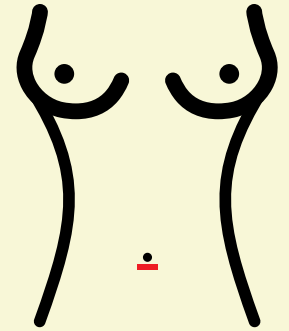
Transaxillary incisions

Transaxillary incisions are made in the underarm, and the implant is placed from the side. While these were once thought to leave more discreet scars, the scar is actually quite visible in certain clothes. The primary reason they are no longer commonly performed is that this incision comes with an increased chance of contamination with bacteria. Further, this incision placement gives the surgeon imperfect control over your implant placement, increasing the chance of malposition.



Transumbilical incisions

Like transaxillary incisions, transumbilical incisions around the naval have fallen out of favor, and I caution my patients against them for similar reasons. The surgeon creates the incision around the naval and places the implants via a tube along the abdominal wall. This incision was used in the past to avoid scars for women who worked in the adult entertainment industry, when breast augmentation came with more of a stigma than there is today.



Is it possible to have a “scarless” breast augmentation?

Don't let anyone tell you that the transaxillary or transumbilical incisions are “scarless.” Let me explain: many women return to their surgeon for a breast implant revision procedure in their lifetime. This is especially likely after aging or pregnancy affect their body contours, leading them to want a change in size or shape.

In those cases, surgeons can minimize extra scarring by using the same incisions originally used to place the implants—**unless the original implant was placed with a transaxillary or transumbilical incision.** Because implant revision surgery isn't possible through these incisions, most women eventually *will* end up with a scar.

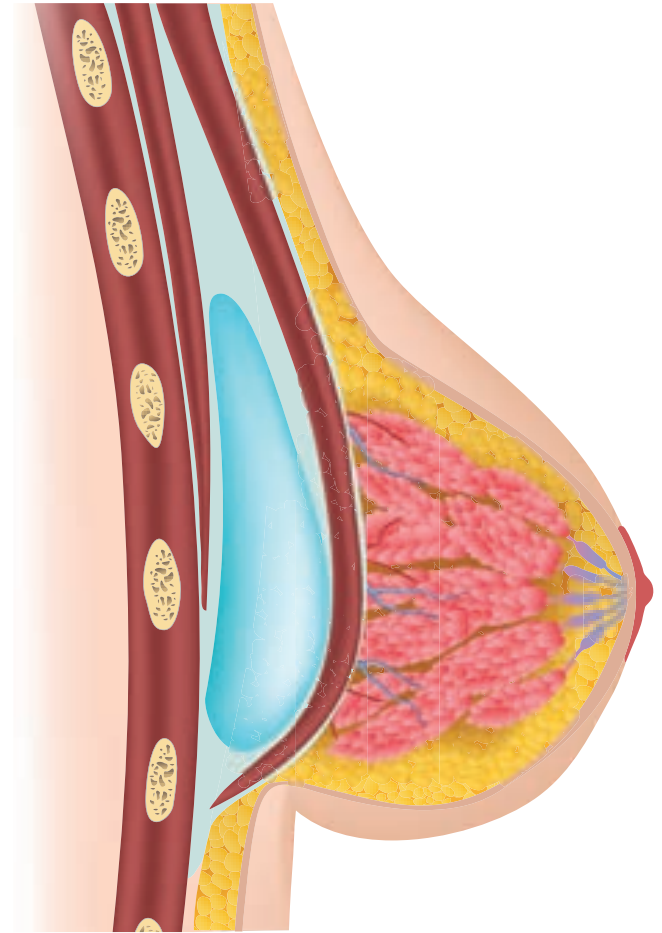
Breast Implant Placement

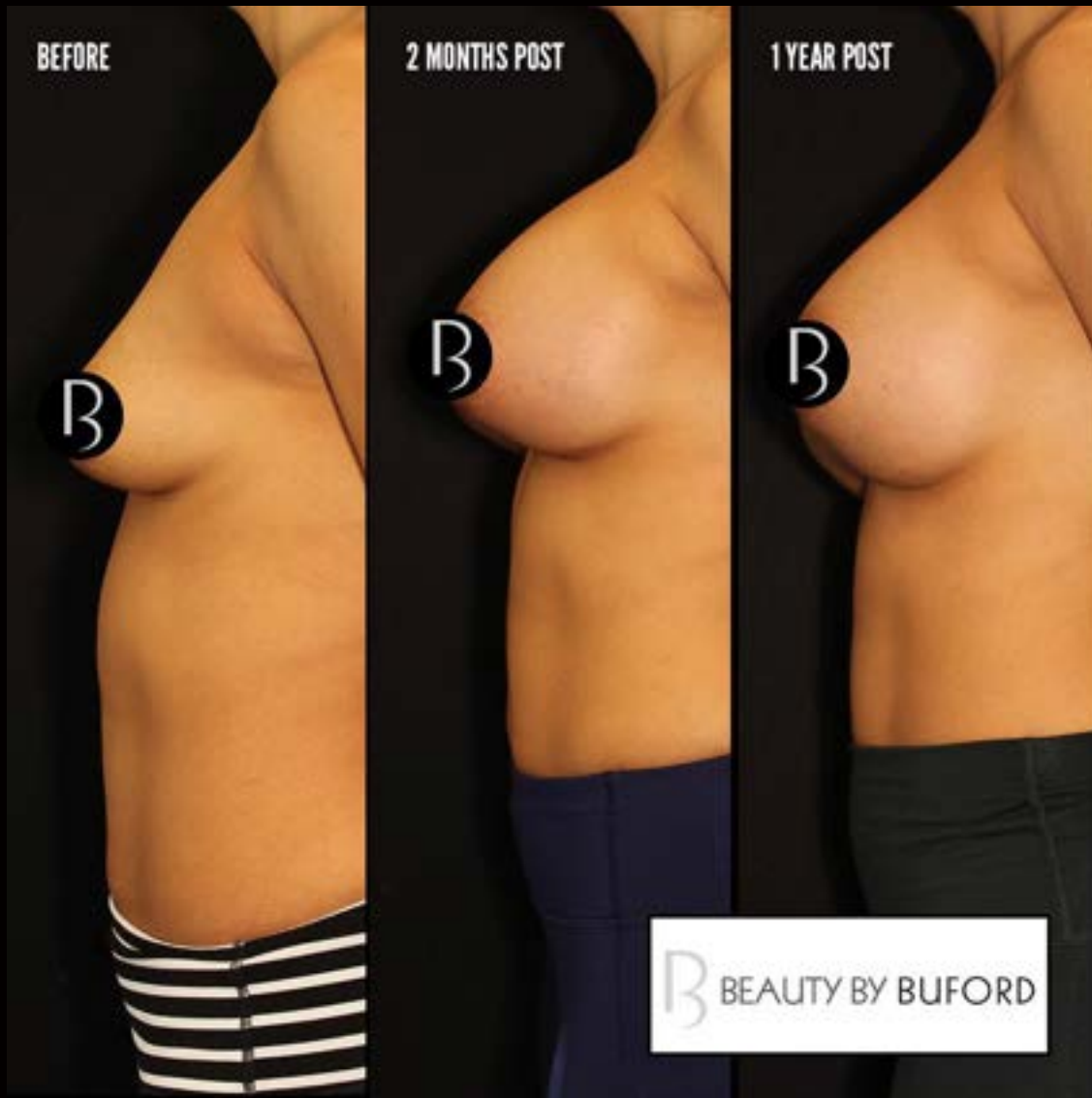
Should you have your implants placed over or under the pectoral muscle? This decision is an individual one. For a majority of my patients, I place the implant under the muscle. But each placement has its merits and works out beautifully for the right patient. The decision boils down to your anatomy and your priorities.

Under the muscle (Submuscular)

In a submuscular implant placement, the implant is placed below the pectoralis major muscle. This method has become the standard because it creates a more natural-looking final result that moves and feels like a natural part of your body.

You'll need to be patient, though—this final result may take longer to appear compared with subglandular. After the implant is first placed, the implant stretches the pectoralis muscle, prompting it to tighten around the implant, creating a high and hard appearance. This is completely normal. Within the first few months to a year, the implants settle (sometimes referred to as the “drop and fluff” process).





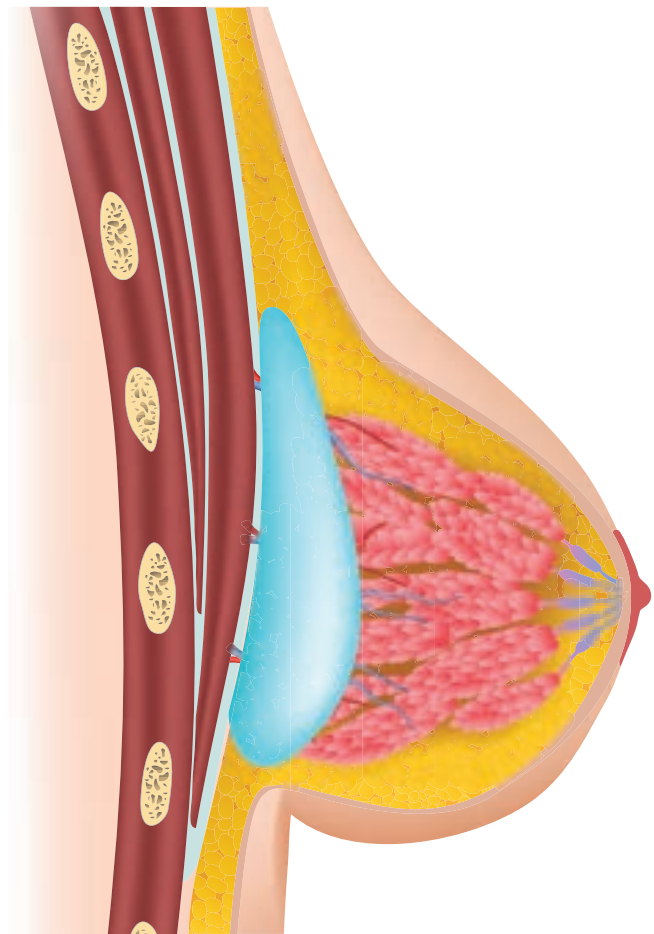
This patient's results show the gorgeous payoff after her implants, which were placed under the muscle, fully settled one year post-surgery.

Over the muscle (Subglandular)

With subglandular placement, implants sit below the breast tissue, fat, and glands, just over the muscle. For this implant placement to create a natural-looking result, it's important for you to have enough breast tissue to cushion the implant.

Patients who require a minor breast lift with their augmentation can potentially avoid this additional procedure by choosing an over-the-muscle implant placement because, in some cases, this placement has the same effect as a minor breast lift.

Breast lifts require a vertical incision from the areola to the base of the breast, as well as horizontally along the base. For the right patient, subglandular implant placement prevents the need for additional incisions.





Breast augmentation without implants

We've come a long way from the sketchy injectables of the 1890s. Not only do you have options among implants, you can also choose to add injections of your own fat to precision-contour breasts that look and feel natural. I've used this incredibly useful procedure for years to achieve individualized, aesthetically-sound results.

For patients who have little natural breast tissue (or very small breasts), I include fat transfer along with breast implants to:

- Prevent the appearance of implant wrinkling or rippling
- Soften visible implant edges
- Decrease the inner gap between your breasts

For patients looking for a small adjustment to their completed breast augmentation, or an enhancement to their natural breast shape, fat transfer can be used in precise amounts to:

- Add extra volume to your breasts
- Improve breast symmetry
- Enhance cleavage between wide-set breasts
- Perfect your shape

In a fat transfer procedure, I remove fat from one area (i.e. love handles and abdomen) using liposuction, then purify and inject that fat into the breasts. I approach the liposuction as I would any liposuction procedure—with an eye for your full body contour. So you'll enjoy the added benefit of *body contouring with your breast augmentation*. My patients find that the synergistic effect of their new contours throughout the body complement and enhance each other.

Do I need a breast lift?

In a breast lift, or mastopexy, I remove and reshape sagging skin, lift the breasts higher and into a perkier, more youthful position, and reposition the areola. There are a number of reasons that you may need a breast lift in combination with your augmentation:

- Your breasts have taken on a **deflated appearance** after pregnancy, breastfeeding, or weight loss.
- You have **tuberous breasts**, which means that your breasts have developed in a conical shape with downward-facing, herniated (puffy) nipples and very little fullness or tissue between the nipple and base of the breast. Tuberous breasts require a specialized lift technique.
- You have **drooping breasts** due to aging, which may be accelerated by environmental factors.

If you need a breast lift, it's critical that you not forego the lift and just go for an augmentation. This is a beginner's mistake and an option that less experienced plastic surgeons will often propose. **For women with significant sagging or excess skin, breast augmentation alone can lead to an unattractive result.**

Drooping of your breasts is a process that involves laxity to structures both internal and external to your breasts. If you then place very large (and heavy) implants, it only makes sense that gravity will ultimately win. The short-lived volumization that you see right after surgery will ultimately lead to the same or even greater droop in the long run as gravity takes its toll. If one surgeon tells you that you need a breast lift, but you're skeptical of their opinion, consult with a second (and maybe even third) surgeon.

» [Keep reading for more tips on how to find the right surgeon for you.](#)



A woman in a white lab coat is seated at a desk, writing on a notepad with a pen. Her hands are visible, and she appears to be a healthcare professional. In the foreground, a patient's hand is visible, resting on the desk. The background is softly blurred, showing a clinical setting. The overall tone is professional and calm.

What Happens During a Breast Augmentation Consultation?

You've decided to have a breast augmentation. Now what?



Feeling overwhelmed by the number of breast implant options you have? That's normal! And that's where the expertise of your board certified plastic surgeon and their team comes in handy. Your breast augmentation consultation is a crucial step in your journey—and many patients think it's one of the most fun aspects.

Finding a plastic surgeon

When you're seeking a cosmetic procedure, the most important choice you will make is your surgeon. While there are many proven techniques, technologies, and products, your plastic surgeon's judgment, experience, and aesthetic choices will play a significant role in your results. Your safety will also be largely in their hands.

To begin your search for a surgeon, review a number of board certified plastic surgeons' websites. You should see membership in societies such as the American Society of Plastic Surgeons. Look for proven expertise in breast augmentation: Explore their gallery of before and after photos, looking for the sort of results that you want. Look for patient testimonials and reviews. An excellent breast augmentation surgeon should love what they do—and you can usually glean that from their website.



**American Board of
Plastic Surgery**



Member
AMERICAN SOCIETY OF
PLASTIC SURGEONS



What to expect in your consultation

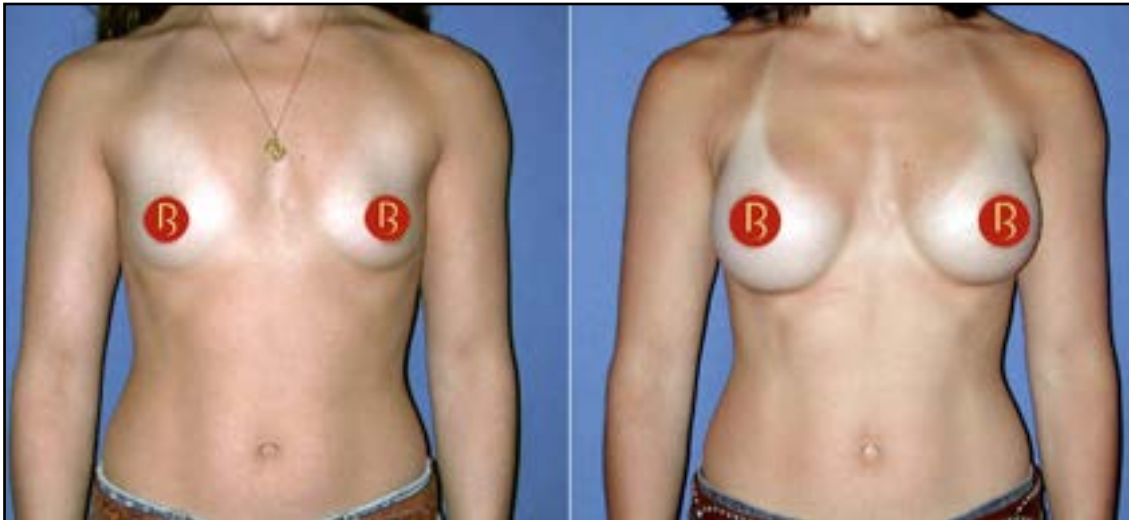
My consults begin with a simple question: “What can I do for you?” By starting the conversation with this broad approach, I hope to identify not only why a patient is seeking breast enhancement but also why they are seeking it *now*.

We'll have an open discussion about your goals for this procedure and discuss your lifestyle. Patients who have very active lifestyles, such as professional

athletes, may not want to go above a certain size to maintain comfort while they are active. I'll also ask about how interested you are in upper pole fullness, or a rounded look at the top of the breast, and find out if you have any other concerns you want addressed, such as asymmetry.

Using “wish pics” and before & after photos

If my patients already have assembled photos of their desired volumetric look, we will often discuss these photos at the initial consultation. If no photos have been chosen yet, then I will encourage you to email these to my Patient Care Coordinator for discussion during your pre-operative visit. These photos are a powerful tool that allows us to ensure we are on the same page from a visual standpoint.



BEAUTY by BUFORD Breast Augmentation Patient

Before and after photos are also a great tool you can use to get a sense of what results are possible with your surgeon. Look in your surgeon's gallery for photographs of results the surgeon has provided for other patients with similar anatomy to yours. The patients who look similar to you in the "before" photos will have "after" photos that demonstrate the kind of results the surgeon might achieve for you.

What happens during a sizing session

The goal of the sizing session in my office is for us to get on the same page about what you want your breasts to look like. This is key for me to arrive at results that both fit your lifestyle and look fabulous. It's a red flag if the surgeon expects you to know the size, shape, or type of implant you need, or if they say they know best and will choose the implant size during surgery without your input.



During your consultation, I will measure your breast base and projection in order to establish a "blueprint" of your breasts. This helps me identify which style of implant

profile will be appropriate for your frame. I'll also perform a breast exam to determine:

- **Degree of asymmetry**
- **Overall quality of tissue**
- **Upper pole fullness**
(or lack thereof)
- **Nipple position**
- **Presence of chest wall asymmetry**
(i.e. pectus excavatum vs. pectus carinatum)

You will be able to try special implant sizers under your clothes that mimic the look of a completed breast augmentation for various sizes of implants. You will also be able to handle real implants. The goal of this session is twofold: (1) To agree on a range of potential implant sizes that will help achieve your desired look, and (2) To choose your desired implant profile. Once in surgery, I will have a better sense of your anatomy (such as the amount of natural breast tissue you have to cover the implant) and will use the selected range of implants to choose a specific volume that accomplishes the look you want.

After sizing, I discuss which procedure(s) will help you accomplish your goals as well as details of the surgery, anticipated recovery time, and any other specifics related to helping you achieve the most optimal outcome.



I cannot overemphasize how important this initial meeting really is. I use this opportunity to not only identify what my patient tells me she is looking for but also what she may not be telling me. Many times we cannot put into words what our true goals are. One of the critical goals of this meeting is to help form these words and create a relationship based upon effective communication.

*Red flags to watch out
for in your consultation*



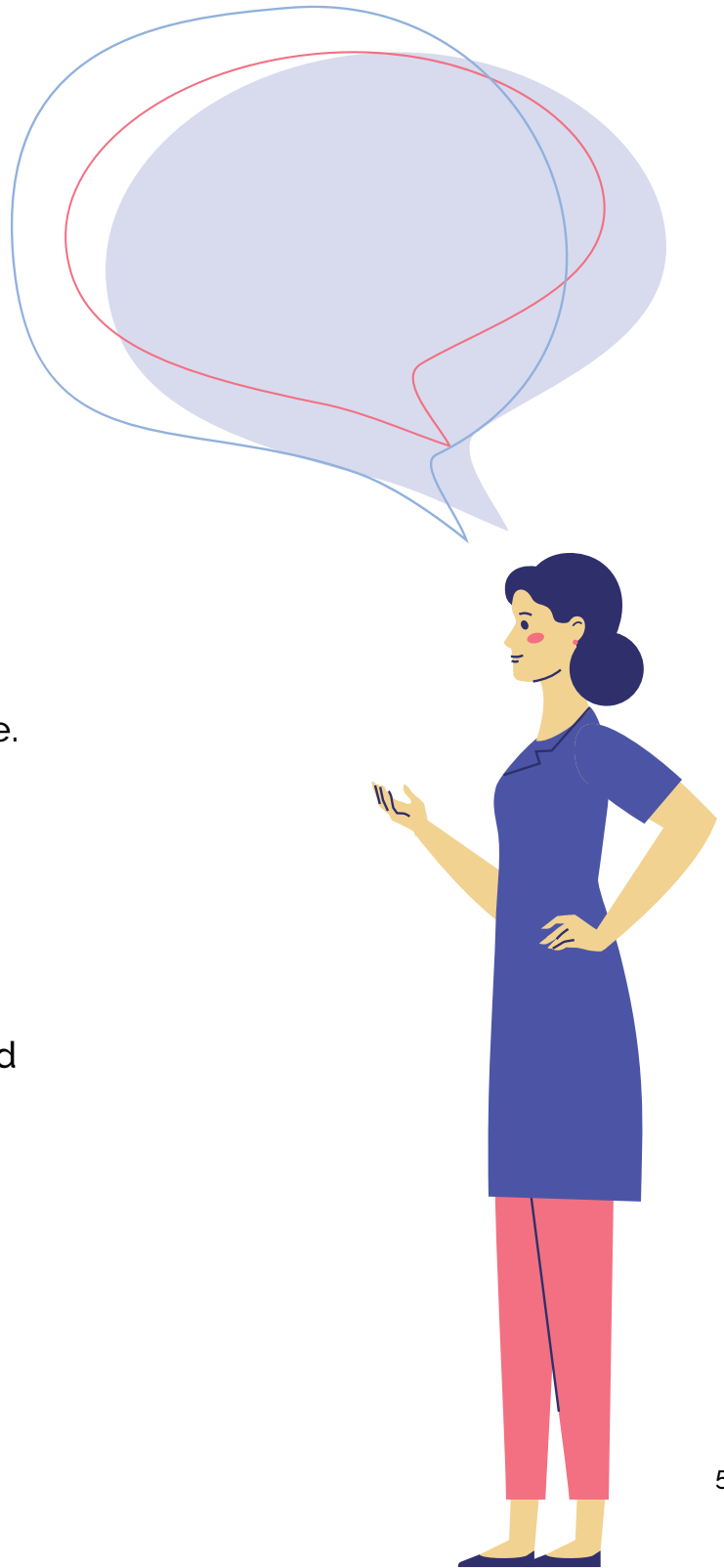
Once you've scheduled a consultation with a few of your top choices for your surgery, you've made it to the fun part! But remember that not every surgeon will be right for you. Going into the consultation, keep an eye out for these red flags:

- 1.** The surgeon's credentials are unclear.
- 2.** Your consultation is with someone other than the surgeon.
- 3.** You don't know what the procedure and recovery will be like.
- 4.** Nobody asks you any questions.
- 5.** The surgeon asks you to choose your implant size.
- 6.** There is no mention of risks or possible complications.
- 7.** The surgeon has no before and after photos.
- 8.** The surgeon promises unrealistic results.
- 9.** The cost of the procedure is drastically low compared with other surgeons' quotes.
- 10.** Your gut tells you that something is not right.

A reason not to choose one specific cosmetic surgeon is a reason to keep looking. Surgery is far too serious of a matter to decide based on price or any other single measure, so look at the surgeon holistically and trust your gut. You'll know it's the right time and the right plastic surgeon when you feel absolutely ready and eager to move forward.

Well-informed patients bring questions

Many patients bring a list of questions they have either drawn from the internet or taken from discussions with friends and family who may have already undergone a similar procedure. I find that a majority of my patients arrive at their initial consultation well educated and with solid questions for me not only about the procedure, but also about my specific background and overall experience. Some of the more popular questions I am asked, as well as questions that I suggest you ask, include the following:



Are you board certified?

If so, board certified in which specialty?

Make sure that you are actually meeting with a plastic surgeon. Many physicians identify themselves as “cosmetic surgeons,” which requires completely different training from that completed by a true board certified plastic surgeon. However slick they may appear, cosmetic surgeons are NOT plastic surgeons.

Will I be able to breastfeed after surgery?

Despite various claims on the internet that breast augmentation can inhibit the ability to breastfeed, in almost twenty years of practice I have not seen this—and a recent study supports this.

What is your policy on revision surgery if I experience complications?

We have a surgical revision policy which we discuss with all of our patients before their surgery. Make sure that your plastic surgeon has the same.

Do you specialize in breast enhancement? If so, how many of these procedures do you perform in a typical month?

While it's natural to look for a surgeon who you trust personally, you also want to ensure that the surgeon is a good match based on the procedure you seek. If you are planning to undergo breast augmentation, find a surgeon who specializes in breast augmentation and loves to perform the procedure. Not only will they be up-to-date on techniques, chances are they will have operated on numerous patients similar to you. If breast augmentation is not one of the surgeon's primary specialties, then keep looking.

What is the most common complication with breast augmentation that you see?

For a majority of plastic surgeons, the answer will be capsular contracture. If your plastic surgeon has more infections or post-operative bleeds, you might want to ask why, as these do not tend to be as common worldwide.

Where is the procedure performed?

Make sure that you are comfortable with the actual location of the surgery. Each office or surgery center has its own vibe, so you might want to learn more about where your plastic surgeon performs most of their procedures. If the surgeon operates from a private, accredited surgical center, you'll encounter fewer other patients than you would in a hospital, you'll be looked after by a nursing staff that specializes in cosmetic procedures, and you can rest assured that the facility and staff are prepared to handle any life-threatening emergencies. But this is not to say that you won't get a great result and experience in a hospital setting.

How many years have you been practicing?

Some younger physicians may be less comfortable with this question, but it is definitely appropriate for you to ask. It matters less how long a surgeon has been in practice than how many breast augmentation procedures they've performed, if breast augmentation is your chosen procedure. Many specialized breast procedures, such as secondary revisions or augmentation for tuberous breasts, require a nuanced technique. Look for a surgeon who is qualified to take care of your specific needs.

How soon can I get back to exercising after my surgery?

Although the answer to this really depends on the specific type of procedure(s) being performed, most patients are back to the gym as soon as 5-6 weeks following surgery.

What's included in the cost of the procedure? Is this quote all-inclusive?

Make sure that what you see is what you get and that there are no hidden costs. We lay out all costs before surgery so that there are no surprises. Make sure that your plastic surgeon does the same.

If I have questions after hours, how will I reach your office?

There should always be someone that you can call. My patients have my direct cellphone. If I'm away for any reason, I make sure that someone is covering me.

How long will it take before I see my “final” results?

Under-the-muscle breast augmentation patients usually don't see their actual results until about 6-12 months post-surgery, when the implants have settled.

What type of anesthesia will be used?

There is a ton of misinformation on the internet related to which type of anesthesia is the safest. I personally recommend general anesthesia because it allows me to use muscle relaxant during surgery and best identify what your breasts will look like once they have settled. Do not fall prey to the myth that “twilight” anesthesia or IV sedation (in which you remain conscious) is the safest. There is no literature to support this and, quite honestly, the decision to use anything but general anesthesia is often based on cost and credentials. Some “cosmetic surgeons” (who are NOT plastic surgeons) cannot get credentialed to perform breast surgeries in their local surgery centers and so instead will perform the procedure in their office. Because they may not have access to general anesthesia, they will tell you that IV sedation is much more gentle and so on. This is not the truth—do not be misled.



Above all, do not be afraid to ask the hard questions. As a board certified plastic surgeon myself, I encourage my patients to ask the real down-and-dirty questions of both myself as well as anyone else who they may see to really get a solid idea of not only what my experience is as a plastic surgeon but also who I really am as a person.

B

Preparing for Your Breast Augmentation



Timing your procedure

When is the best time for surgery? There's really no single best answer, but rather the time that makes the most sense based on your lifestyle, whether you plan to become pregnant in the near future, and your overall health.



Breast Augmentation and Pregnancy

On a scale of 1-10, how badly do you want to have a breast augmentation? If you've taken the time to research breast augmentation, you (like most patients) are probably quite motivated to have the procedure. If you also want to have kids in the future, you'll have to weigh this in a way that makes sense to you. While it is completely safe to become pregnant after breast augmentation, pregnancy can affect your breast size and shape dramatically and alter your results in ways that may or may not enhance your breasts' appearance. This means that you may need a secondary cosmetic surgery later. Be prepared for those changes and the possibility that you may need a secondary surgery as a result.



Health and nutrition pre-surgery

The more optimized your nutritional status is before surgery, the more likely you are to experience a smooth recovery. A healthy healing process also helps ensure that you end up with gorgeous results. Before surgery, choose food that will be helpful and supportive of your healing process. Most of what you eat should be whole, organic foods, including plenty of high-quality proteins and good fats. I provide my patients with my book on surgical nutrition, *Eat, Drink, Heal: The Art and Science of Surgical Nutrition* to empower them to not just heal, but to heal well.



Planning your procedure with your lifestyle

Plan your procedure for a window of time when you can afford to give yourself a break to heal. Many patients schedule procedures around work holidays, accumulated PTO, childcare availability, or a time of year when other responsibilities won't interfere with a stress-free healing process. If you are active, find a time in your calendar that allows you to go a full 6 weeks without significant exercise.



Smoking and surgical health

If you're planning surgery, you'll need to quit smoking at least 2 weeks before surgery and for 2 weeks afterward during the critical part of the healing process. Better yet, take this opportunity to quit for good!

How much time should I take off work?

The amount of time you'll need away from work is not the same for everyone. Plan your days off based on your personality, what your profession requires of you, your overall lifestyle, and your chosen procedure.



The Person

Some people are comfortable going back to work quickly while others like to err on the side of caution and wait until they are 100% ready to get back on the job.



The Procedure

The more extensive the procedure is, the more time you'll need to focus on healing. For example, if you're undergoing a breast lift or a breast reduction, you will require more downtime than you will need after breast augmentation alone, which normally requires just 2 days of rest.



The Profession

The nature of your job will likely be the deciding factor in how long you need to take off work. If you move your arms throughout the workday—as a dental hygienist or massage therapist, for example—then you will need more time off to protect your healing incisions. If you're a police officer who wears bulletproof vests every day, you'll need more than a few days before you're comfortable putting the uniform back on.

Preparing for a stress-free recovery

Before the day of surgery, you'll need to make some preparations.

Here are some ways that most of my patients prepare:

- **Plan your recovery space.** Clean and prepare a designated place to support you as you rest.
- **Learn to sleep on your back.** You'll need to sleep on your back for 1-2 months following breast surgery, so prepare in advance. There are many tricks you can use to become a back sleeper, including using extra pillows to prevent you from rolling onto your side.
- **Prepare meals ahead of time, do your laundry, and run any errands.**
- **Recruit someone to drive you home and stay with you for 24-48 hours** as the effects of anesthesia wear off.
- **Keep a friend on call** to drive you around in case of any emergencies or needs that arise. While you are taking prescription pain medication, you won't be able to drive.

- **Plan outfits with tops that button up the front** so that you can get dressed without lifting your arms after the procedure. (Set aside one of these tops to wear the day of surgery.)

Above all, do not be shy about asking for help. Recruit your friends and family for help with any heavy lifting you anticipate in the first few days, including taking care of small children. If your pets require walks, find someone to cover for you for a few days. Be sure that everything you're normally responsible for is taken care of so that you can have a peaceful, stress-free recovery.



BREAST AUGMENTATION RECOVERY



*What to expect in the days, weeks, and
months following surgery*

While you're still in bandages, it can be frustrating not to be able to see the results of your surgery. This is exacerbated if you have unrealistically sunny expectations for your post-surgical comfort level—and you will be uncomfortable at first! But recovery from breast augmentation is manageable if you set realistic expectations, and as your surgeon, I do everything I can to get you back to normal quickly.

Most patients only need **1-2 days of pain medicine (narcotic) and 1-2 days off work**. While the first few days may be uncomfortable, the bell curve flattens quickly thereafter.

After surgery, be sure to walk around to prevent blood clots. Take a few extra laps around your house each time you get up to use the bathroom or go to the kitchen.

The day after surgery, you can shower. This may not sound like a big deal, but it can actually make you feel tremendously better to rinse off any residual surgical cleanser, etc. following your procedure.

As soon as **1-2 days after surgery**, you should be able to return to normal activities like working at a desk or cooking for yourself.

Two weeks following your breast augmentation, you will begin to see early but clear signs of healing.

For a few weeks following surgery, **swelling and inflammation will continue**. After a few weeks, some mild swelling usually remains and will gradually fade for 3-4 months following surgery.

For 6 weeks, avoid any exertion that over-stretches your muscles, increases your heart rate, or raises your blood pressure. Exercises like yoga, pilates, running, and weightlifting are off limits.

Wear your post-surgical bra (compression garment) for 2 months following surgery. Continue to wear it as much as possible after that to minimize swelling and optimize your results.

Immediately following breast augmentation with under-the-muscle implant placement, your breasts will appear high and hard. Over the course of 6-12 months, the muscle will naturally relax (or “drop and fluff”), after which you’ll see your final, most natural-looking results. (See “Breast Implant Placement” for more information.)

There’s a difference between feeling ready to be out in public, with your post-surgical bra covered, and feeling like the new, improved you. While most patients feel ready to be out in public after the first week of recovery, it takes a few months before the swelling subsides and you get a glimpse of your final results. You’ll need to wait to buy new bras and bathing suits, as your healing incisions can’t handle an underwire yet. Your results will be final once swelling has subsided and the implants have settled. Expect this delay, and the payoff will be that much more rewarding.

Pain Management at Home

After working with patients in over 4,000 breast augmentation procedures, I have figured out a few ways to minimize discomfort and pain to ensure the best possible healing process. You will be prescribed pain medication after surgery, but our goal is to manage pain with as little narcotic medication as possible—while also getting you back to normal as soon as possible.

During the surgery, I administer local anesthesia in three steps to help block pain at the source:

1. *Injection of numbing medication before the procedure*
2. *Washing of the implant pocket with numbing medicine before the implant is placed*
3. *Intercostal nerve block following placement of the implants and closure of the incisions*





I am currently the only doctor in Colorado to offer my breast enhancement patients the intercostal nerve block. Having performed this procedure for over 20 years, I have found it to be an especially effective pain management technique for improving comfort during the early healing period. By injecting local pain medication specifically into these local nerves as well as part of the pectoralis muscle, most patients can stop taking pain medication and get back to work within a day or two and quickly return to normal life.

Still, pain tolerance varies from person to person: I've had patients recover from breast augmentation entirely on Tylenol, while others have required a few weeks of prescription pain medication.

Muscle spasms, shooting pains, soreness, and pectoral muscle tightness—the “wonder woman” effect described under “Breast Implant Placement”—are all interconnected.

This supplemental pain protocol helps with all of these common post-surgical issues:

- **Wear your breast band.** We will send you home with a post-surgical bra that supports your implants during recovery and helps to reduce swelling.
- **Practice implant massage.** I recommend breast implant massage beginning 36 hours after surgery and continuing on a regular basis throughout the first month with your implants.
- **Supplement with CBD.** CBD, both taken sublingually or massaged onto the pectoral muscle, can often help with spasms and pain—with literally zero side effects.
- **Take oral magnesium.** This mineral is a natural muscle relaxant.
- **Stretch.** Gentle pectoral stretches against a door frame help with pain, spasms, and implant settling. Extend your arms back slowly and gently—but don't flap them.
- **Indulge in an epsom salt bath.** Epsom salts are primarily composed of magnesium. Combined with the muscle-relaxing warmth of a bath, this is an old-fashioned, tried and true way to help relax your tight pectoral muscles. You'll need to wait about 4 weeks after surgery to take a bath, after your

incisions have healed. If you're unsure about whether or not you are ready, talk to your surgeon.

- **Time.** Realistically, it's going to take time for your implants to settle. Expect this, and be patient.

In rare cases, patients' constricted pectoral muscles are especially slow to respond to the above methods. To help the muscle relax, I can inject BOTOX® into the pectoral muscle, which blocks nerve signals to the muscle and thereby stops it from contracting. I have found this to be a very effective means to help relax the muscles and allow the breast implants to settle more effectively.



Minimizing Your Scars

Part of your recovery involves a few simple measures that can minimize the appearance of your breast augmentation scars. For the first week, your incisions will be covered in dressings. The second week, we apply Steri-Strips over your incisions. I will also encourage you to use a scar minimizing topical cream, such as Stratamed, to reduce inflammation and promote skin health.

“Is this normal?”

In the days and weeks following surgery, you may wonder if what you're experiencing is a normal part of the process. Here are a number of questions my patients ask during their recovery, and the typical answers I give them. Still, if you are experiencing unwelcome symptoms during your recovery, I encourage you to talk to your surgeon. Only your surgeon knows your unique case. Your healthy recovery is at stake, so please do not turn to Google or ask other physicians online to help guide you through the healing process. This is something that I, as your surgeon, will want to do to make sure that you are healing as expected and not taking any unnecessary risks or overdoing it with your activity.



Is it normal to be bloated and constipated after surgery?

Yes, it is completely normal to feel bloated or experience constipation after surgery. After the trauma of surgery, your body's hormones respond in a way that increases the accumulation of water throughout your body. As your hormones return to normal, this will subside. Constipation, on the other hand, may be exacerbated by pain medication, anesthesia, hormonal changes, and even stress after surgery. Treat this as you would normally. I recommend avoiding stool softeners and instead adding a little psyllium to your protein shakes and bumping up your intake of healthy fiber-containing vegetables.

Is it normal to have extra breast or nipple sensitivity after surgery?

While it is uncommon to lose sensation, it is completely normal to experience hypersensitivity in your breasts for a month or two after surgery. This can be managed by wearing pasties, nursing pads, or gauze over your nipples to prevent friction. Rest assured that this discomfort will subside with time.

Will I lose sensation in my breast tissue or nipples?

Loss of sensation is uncommon after breast lift or a primary breast augmentation procedure. When it does occur, it can be due to the placement of larger-than-usual implants or secondary revision surgery. While there are a number of reasons this can occur, your surgeon's skill and care minimize the likelihood that you will lose sensation after surgery, so look for a board certified plastic surgeon who is highly qualified and experienced in the surgery that you need.

Is it normal to feel depressed after breast augmentation?

In my experience, most breast augmentation patients are so happy that they are glowing when they arrive for their follow-up visits. Still, it's normal to feel depressed after any surgery, including breast augmentation. This is most likely related to the hormonal changes that your body experiences after surgery, and is exacerbated by pain medication. Because these two factors are short-lived, feelings of sadness usually are, as well. If your depression persists, we will encourage you to seek professional help.

Why am I having shooting pains and spasms?

Shooting pains, twinges, minor muscle spasms, and aches are common, and can occur out of the blue for 3-6 months after surgery. Patients often experience these in one breast and not the other—this is also completely normal. If the pain persists or worsens, on the other hand, contact your surgeon.

What if one implant settles faster than the other?

Patients sometimes worry when one implant settles faster than the other, but this is normal. We do not know why this occurs—and, contrary to popular belief, breast implant settling doesn't correlate with whether a person is right handed or left handed. If the uneven settling persists for more than two months, you should contact your surgeon to schedule a physical exam.

Life With Implants

Most patients are beaming when I walk into the room for their 6-month postoperative checkup. My patients' happiness is one of the reasons that I love to perform breast augmentation: for the right patient, it's a gift of confidence that only a plastic surgeon can provide.



After the bandages come off, you may have unforeseen questions. That's completely normal! Do not be shy about talking to your surgeon about what you're going through. You can rest assured that they have seen it all before, and they'll be happy to share their wisdom with you and help to remedy any issues you're facing. Here are some common questions I hear from women in our post-operative visits.

What if I am unhappy with my breast augmentation scars?

There is no such thing as a scarless breast surgery, and no surgeon can erase scars—it's problematic if they say that they can. Your surgeon's skill will potentially help optimize the appearance of your scar, as will adherence to your aftercare instructions. But other factors can come into play during healing, and scars are unpredictable. Most patients have no problem with the minimal scars they are left with, but you should talk honestly with your surgeon if you are concerned about your scars' appearance. Some individuals are prone to abnormal scarring, and there may be a treatment to help minimize your scar's appearance.

Do I need to get special mammograms if I have breast implants?

Because a majority of our implants are placed behind the muscle, you should still be able to get routine mammograms. You may require what is called an Eklund Displacement View. Discuss this with your radiologist before your scan.

Do I need to exchange my breast implants every 10 years?

This is one of the biggest myths on the internet, and *the answer is a resounding no!* However, I do inform my patients that implants are medical devices which may need to be replaced down the road. But simply changing implants out on a regular basis (like changing oil) is definitely not necessary.

How many additional surgeries can I expect over time?

Any physician that says that you're never going to have to have another surgery is not being transparent. (Nor should you believe any surgeon who insists that you switch out your implants every ten years.) You should expect additional surgery over time, but the timing of that surgery boils down to what your needs are and how you age.

Many patients return to either have their implants repositioned or their breasts lifted after pregnancy, weight loss, or other changes to their body shape. A number of patients will return after 15-20 years, saying their implants are fine, but

that they're thinking of going bigger or smaller. Others visit my office for 20- and 30-year checkups, still happy with their implants.

What if I want to have my breast implants removed?

Over the years, I have heard a wide range of reasons why patients chose to remove their breast implants. Some have undergone a personal transformation, and they no longer identify with their augmented breasts. Others no longer like the way they look or find that they get in the way of their new, active lifestyle (think: rock climbing). Just as you may outgrow a tattoo, you may no longer want augmented breasts. There is no wrong reason. To ensure you get a beautiful



result from your removal procedure, find a board certified surgeon, and vet them just as rigorously as you would for your breast augmentation procedure. I emphasize to my patients that this is your body and your decision. If you want to remove your breast implants, then I am happy to help.

Why do some women choose to have breast implant revision surgery?

Patients may seek breast implant revision surgery to address a complication, revise an unsatisfactory result, or (most frequently) to simply update their overall look. The most common complication worldwide related to breast implants is capsular contracture, in which the body's inflammatory response causes a capsule (scar tissue around the implants) to form and ultimately leads the breasts to become painful and firm. Some patients present to us disappointed with their results and often report a negative experience with an unskilled surgeon—and a result that is less than what they had hoped for. In many cases, patients seek out revision because they want to exchange their implants for a different size or fill type, i.e. the natural-feeling new generation of silicone implants.

The Future of Breast Augmentation

The story of breast augmentation, and of plastic surgery itself, is one of incredible innovation. In recent years, I have observed two parallel trends: a breakdown of the stigma around cosmetic surgery as well as an increasing offering of non-invasive procedures that often require little to no anesthesia and little to no downtime (and yet get powerful results). With more technological advances and with popular culture embracing more and more definitions of "beauty," I envision a future in which breast procedure options range widely, including minimally invasive options (think: routine filler injections, but for the breasts). Here are a few ways I foresee technology advancing to make breast augmentation a catch-all term that continues to be flexible with fashion and cultural trends.



MORE COMBINED PROCEDURES

We're already combining procedures. I have long offered breast implants with fat grafting in addition to breast augmentation as a natural way to customize and fine-tune the appearance of your breasts. And in the face, it's not uncommon to combine neurotoxin, dermal fillers, and a wide variety of other procedures to help achieve full facial rejuvenation. In the future, I predict that we will see the development of more procedural combinations like these as we learn how to better combine products and procedures to create results that are even longer lasting and even more natural. And it is this type of customization which truly allows the surgeon's artistry to shine.

A LARGER MENU OF INJECTABLE FILLERS

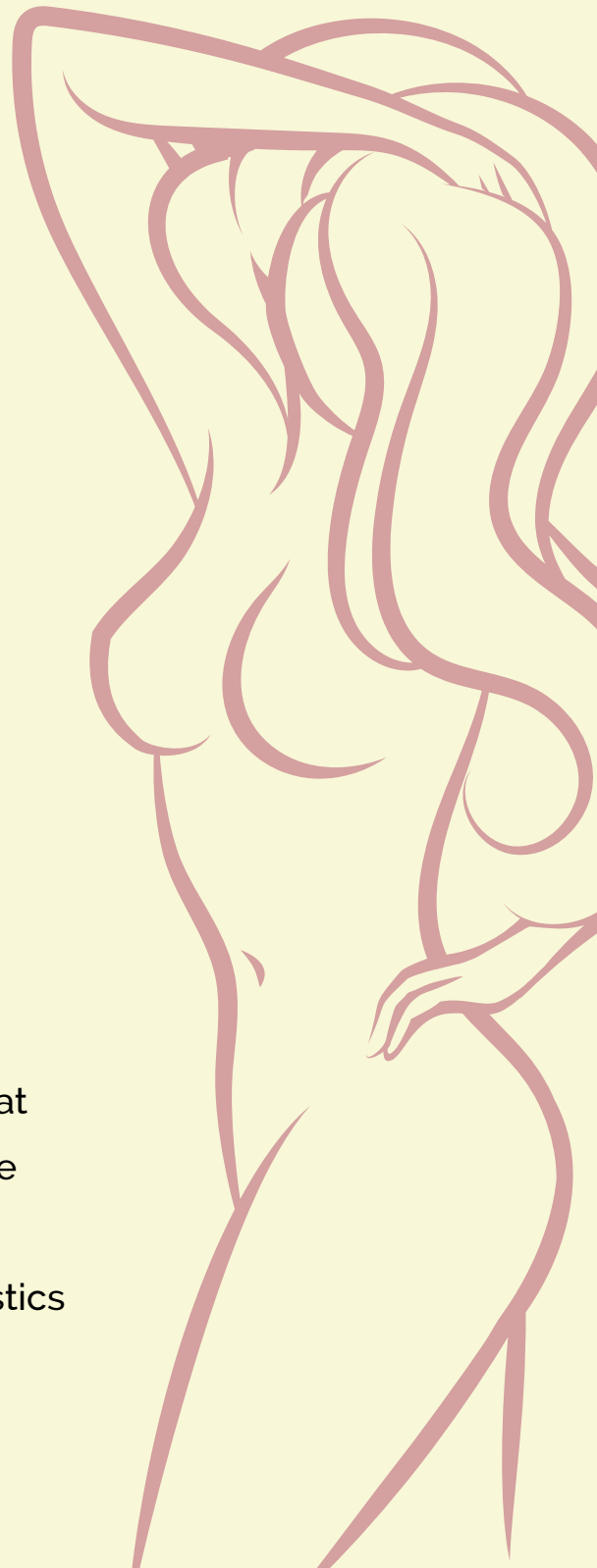
In the past few years, we've seen the injectable filler Sculptra®, which was intended for use in the face as a dermal filler, become an innovative means of contouring lifted, shapely buttocks with injections. Many other formulas and techniques have also been found to be unexpectedly versatile. Injectables are one of the fastest-evolving cosmetic technologies, and while it's a stretch to imagine augmenting the breasts this way today, breast enhancement could one day be an injectable procedure that can offer an affordable and quick augmentation.

NEW TECHNIQUE FOR LIFTING

The Silhouette InstaLift™ has revolutionized facelifts for those with milder jowling and drooping in the midface. This technology, like certain dermal fillers, works *with* the body's own mechanism, stimulating the body to produce new collagen for healthier, firmer skin. As available technologies progress and expand, I anticipate new ways of "lifting" tissues on a deeper level so that the breast lift, too, can be performed without surgery.

CUSTOMIZATION LIKE YOU'VE NEVER SEEN BEFORE

The wide selection of available implants allows us to select the right implant to achieve each patient's goal. But what if you didn't have to undergo a sizing at all? Newer surgical imaging software hints at a future in which implant selection and production could be personalized for each patient's individual characteristics based on their desired outcome.





GREGORY A. BUFORD, MD, FACS, PCEO

Dr. Gregory A. Buford is a nationally recognized plastic surgeon and author of *Beauty and the Business*. Dr. Buford received his medical degree from Georgetown University School of Medicine and completed residencies in both General Surgery and Plastic & Reconstructive Surgery at the Cleveland Clinic Foundation. From there, he obtained additional training in cosmetic surgery through the esteemed Baker-Stuzin-Baker Fellowship and completed the A4M Anti-Aging/Restorative Medicine Fellowship in 2013.

Dr. Buford has been consistently recognized in the media for his plastic surgery expertise and has participated with media outlets such as Vogue, E! Online, ABC News, Fox News, eMedicine, and many others. A former member of both the Ballet Nouveau Colorado Board of Trustees and the CultureHaus Board of Directors, he was recognized twice by the Denver Business Journal as a "Champions of Healthcare" finalist for his charitable contributions to Denver non-profit organizations. He is also a proud alumni member of the Denver Active 20-30 Children's Foundation.

I HIGHLY ENCOURAGE WOMEN TO READ THIS SHORT, INFORMATIVE BOOK

"Dr. Buford has been an authority on plastic surgery and breast surgery for decades. His practical approach to breast augmentation is based in science and takes into consideration the patient's needs and desires. Following Dr. Buford's recommendations can give any woman the proportions and figure that they are looking for."

—Brian J. Eichenberg, MD, FACS
Board-Certified Plastic Surgeon in Murrieta, CA

GUIDES PATIENTS FROM START TO FINISH

"I would recommend this book to anyone who is considering a breast augmentation surgery. It not only answers many misconceptions about breast enhancement surgery, it guides patients from start to finish."

—Johnny Franco, MD, FACS
Board-Certified Plastic Surgeon in Austin, TX

AN OUTSTANDING GUIDE TO BREAST AUGMENTATION SURGERY

"This is an outstanding guide to breast augmentation surgery that I would wholeheartedly recommend to all of my patients. Dr. Buford is a leader and innovator in our field and this book has information vital to helping patients make decisions about their surgical options in a comprehensive, honest, and easy to understand manner."

—Richard G. Reish, MD, FACS
Board-Certified Plastic Surgeon in New York, NY

ONE OF THE MOST COMPREHENSIVE GUIDES TO BREAST IMPLANT SURGERY

"[This] book is one of the most comprehensive guides to breast implant surgery I have ever read. Dr. Buford is an internationally recognized plastic surgery expert, who brings his long practical experience in breast augmentation to the public. He cuts through the disinformation prevalent online and patients will benefit by starting their homework in breast augmentation with this book. I am going to make this book readily available to my patients."

—Jason N. Pozner, MD, FACS
Board-Certified Plastic Surgeon in Boca Raton, FL