



# INCISIONS & INSIGHTS



## Why Should We Use Them? MENTOR® MemoryShape® Breast Implants

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*Many surgeons state that using anatomical shaped breast implants, will only bring one more complication to this procedure as mal position or rotation, seeing no advantages on its use. Considering human nature, patients are different, and are seeking for different results, regarding breast augmentation. Knowing the best indications and the skills for this procedure, can differentiate ourselves, and prevent complications. Corresponding to our patients needs, will highlight our expertise and put us ahead in a very competitive market.*

### INTRODUCTION:

As in others areas of medicine, learning the best indications for specific procedures is a prerequisite to successful plastic surgery practices. Each treatment is associated with specific advantages and disadvantages. If we simply perform procedures in the way other doctors do, we cannot distinguish ourselves in a highly competitive market. It is therefore important that we differentiate ourselves based on a high standard level of knowledge, which can bolster us in a specific niche market that is focused on a specific type of result. One such market is represented by the portion of our patients who ask us for a conservative augmentation, with a more feminine discreet look. Many surgeons state that there is no difference between round and anatomical shaped breast implants. According to some publications, it's not possible to differentiate a round from an anatomical shaped breast implant<sup>1</sup> through visual analysis. However, a closer look at these publications reveals that the evidence they provide is plagued by limitations. For instance, in some studies, the follow up time is quite short, and different pocket plane dissections are not considered. Structural differences

in these cases could translate into different results, particularly when they are placed retro fascial or retro glandular. MENTOR® MemoryShape® Breast Implants employ a highly cohesive fill gel so that the desired tear drop shape is maintained. Long-term shape maintenance, however, means that palpation can be firmer than a round, less cohesive gel implant. This outcome tends to be more apparent when implants are retro glandular or retro fascial. Despite the firmness that may occur with these implants, it is not a typical patient complaint. Further, even in thin patients, rippling is rarely seen because of the implants higher level of cohesivity. Thus, patients usually have a high level of satisfaction over the long-term with this type of implant, which is both stable and predictable.

# BEST INDICATIONS FOR MENTOR® MEMORYSHAPE® BREAST IMPLANTS

## 1. Ectomorph patients

In general, ectomorph patients are quite thin and have a narrow chest wall with a centralized breast mound. Some patients want implants that are positioned high. To ensure that the limits of the thoracic chest wall are not surpassed, implants whose heights are greater than their widths should be used. These implants will keep the breast mound within the limits of the thorax (Fig.- 1-3).

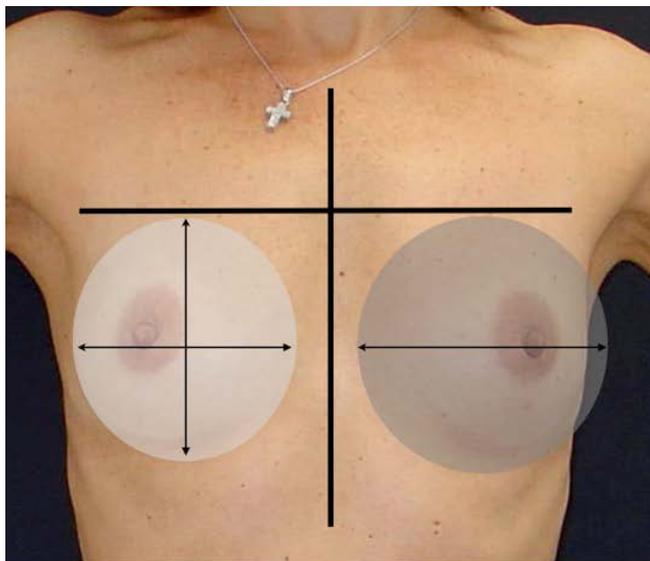


Figure 1



Figure 2



Figure 3

MemoryShape Breast Implants that are taller than they are wide can provide a natural looking result with a smooth transition between the superior and inferior pole of the breast. This outcome is especially attainable in thin patients like the one illustrated in this figure.

## 2. Pseudo ptotic breast

Pseudo ptotic breasts normally occur after pregnancies and breast feeding. In this case, there is an involution and atrophy of the breast tissue, causing a deflation of the breast mound. Visually, there is a perception of a sagging breast, as well as nipple areola dystopia, with a closed angle between the breast and the thoracic chest wall (Fig.- 4, 5).



Figure 4



Figure 5

In a case like this, most surgeons not familiar with the anatomical shaped breast implants would indicate a breast augmentation with mastopexy.

Because anatomical shaped breast implants have more projection on the lower third, there is more tissue recruitment from the inferior pole, opening the angle between the breast and the thoracic wall. In this case, breasts will ultimately appear to have been lifted without any skin removal (Fig.- 6,7).



Figure 6



Figure 7

Tissue expansion with enhanced volume mainly from the inferior pole provide an upward shift from the nipple areola complex and a position change from the inframammary fold (Fig.- 7).

Using a round implant for the same purposes will lead to a completely different result. The area with more projection on the round implants is located in the center, and to have tissue recruitment from the inferior pole, there are only two options:

**A - Lower the position of the implant**

This option will leave a flattening or void in the upper pole and an obvious step out of the implant's border (Fig.- 8).



Figure 8

**B. Use an implant with a wider base width**

This strategy can help reach and fill the superior pole, but will also increase lateral and medial projection, often causing an iatrogenic symmastia. Misbalance may also occur, especially in patients with a narrow thoracic chest wall (Fig.- 9).



Figure 9

One of the best indications for anatomical shaped breast implants is the pseudo ptotic breast because adding back volume inferiorly, where it is most needed, provides the visual effect of a lifted breast without additional scars (Fig.- 10,11).



Figure 10



Figure 11

**3. Constricted tuberous breast**

Constricted tuberous breasts have always been a challenge to address. Several techniques have been described to open the base width of the breast with local flaps<sup>2</sup>, but in most cases true volume increases can only be achieved with fat<sup>3</sup> or breast implants.<sup>4</sup>

Absence of projection of the lower pole is the most common alteration in these cases, and anatomical shaped implants play a very important role in correcting this deformity (Fig.- 12).



Figure 12

After scoring the breast tissue through a periareolar or infra mammary incision, breast tissue can be better expanded with an anatomical breast implant. However, post-operatively, tissue expansion will continue to progress naturally, and patients must be educated on this issue (Fig.- 13-16).

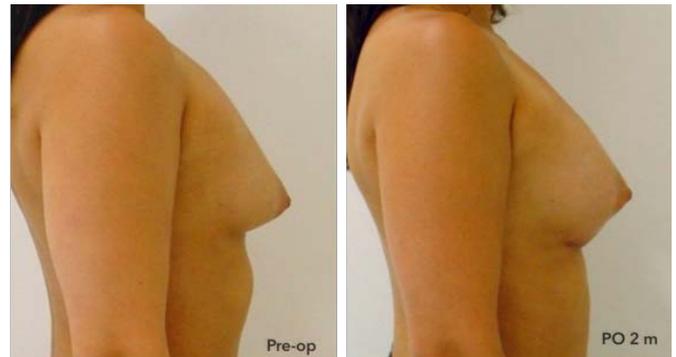


Figure 13

Figure 14

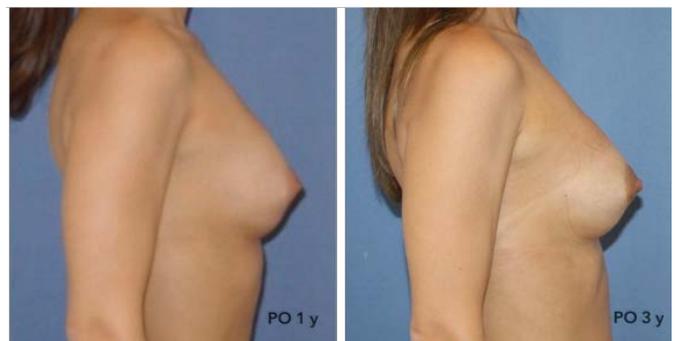
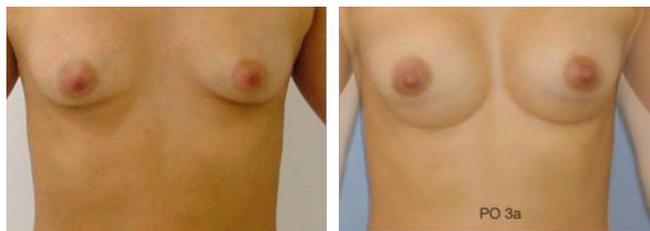


Figure 15

Figure 16

The combination of gravity and expansion from the inferior pole gives patients a more pleasant, natural look with the use of anatomical implants (Fig.- 17-19).



**Figure 17**  
Pre-Operative

**Figure 18**  
Superposition of pre and 3 y post-op



**Figure 19**  
Amount of tissue expanded 3 years after surgery

On aesthetic primary breast augmentation, anatomical shaped breast implants are also a very helpful tool. Even with aging, the stability of the gel helps maintain the implant's form. Further, using implants that are taller than they are wide can maintain more projection of the upper pole without the superior collapse of the gel that is frequently seen with less cohesive gel implants (Fig.- 20,21).

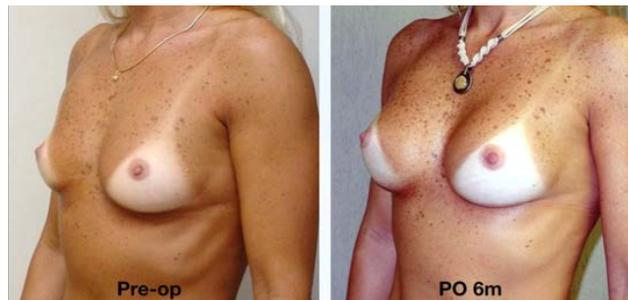


**Figure 20**



**Figure 21**

With this technique, long term results can be more predictable and stable. Knowing this, patients frequently outright request this procedure for primary augmentation (Fig.- 22-24).



**Figure 22**



**Figure 23**



**Figure 24**

## CONCLUSION:

Anatomical shaped breast implants are a very versatile tool for breast augmentation. Despite claims that there is no difference between round and anatomical shaped implants, if we analyze pocket placement and long term results, we recognize some subtle but important differences between the two implants.

For specific clinical situations like ectomorph patients, pseudo ptotic breasts, and tuberous breasts, anatomical shaped breast implants can provide superior results when compared with round implants based on two important characteristics: gel stability and tissue recruitment of the lower pole.

With current world globalization trends, women are more aware of breast augmentation possibilities and therefore question us about the advantages and disadvantages of different implants. Our commitment, as specialists, is to give them precise, accurate and updated information that will help them make optimal treatment choices.

MENTOR® MemoryShape® Breast Implants not only improve our ability to augment breasts but also enable us to differentiate ourselves as better plastic surgeons.

## REFERENCES:

1. Al-Ajam Y, Marsh DJ, Mohan AT, Hamilton S. Assessing the augmented breast: a blinded study comparing round and anatomical form-stable implants. *Aesthet Surg J*. 2015 Mar;35(3):273-8.
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3. Derder M, Whitaker IS, Boudana D, Marchac A, Hivelin M, Mattar N, Lepage C, Claude O, Benjoar MD, Bosc R, Lintier L. The use of lipofilling to treat congenital hypoplastic breast anomalies: preliminary experiences. *Ann Plast Surg*. 2014 Oct;73(4):371-7.
4. Panchapakesan V, Brown MH. Management of tuberous breast deformity with anatomic cohesive silicone gel breast implants. *Aesthetic Plast Surg*. 2009 Jan;33(1):49-53.

### DISCLAIMER:

This white paper includes a demonstration of the use of a surgical device; it is not intended to be used as a surgical training guide. Other surgeons may employ different techniques. The steps demonstrated may not be the complete steps of the procedure. Individual surgeon preference and experience, as well as patient needs, may dictate variation in procedure steps. Before using any medical device, including those demonstrated or referenced in this white paper, review all relevant package inserts, with particular attention to the indications, contraindications, warnings and precautions, and steps for use of the device.

### IMPORTANT SAFETY INFORMATION:

MENTOR® MemoryShape® Breast Implants are indicated for breast augmentation in women at least 22 years old, or for breast reconstruction. Breast implant surgery should not be performed in women with active infection anywhere in their body, with existing cancer or pre-cancer of their breast who have not received adequate treatment for those conditions, or who are pregnant or nursing.

Breast implants are not lifetime devices and breast implantation may not be a one-time surgery. The most common complications with MemoryShape® Breast Implants for breast augmentation include reoperation for any reason, implant removal with or without replacement, and ptosis. A lower risk of complication is rupture. The health consequences of a ruptured silicone gel breast implant have not been fully established. MRI screenings are recommended three years after initial implant surgery and then every two years after to detect silent rupture.

Patients should receive a copy of Patient Educational Brochure – Breast Augmentation with MENTOR® MemoryShape® Breast Implants or Patient Educational Brochure – Breast Reconstruction with MENTOR® MemoryShape® Breast Implants, and a copy of Quick Facts about Breast Augmentation & Reconstruction with MENTOR® MemoryShape® Breast Implants. Your patient needs to read and understand the information regarding the risks and benefits of breast implants, with an opportunity to consult with you prior to deciding on surgery.

For detailed indications, contraindications, warnings, and precautions associated with the use of MemoryShape® Breast Implants please refer to the Product Insert Data Sheet provided with each product, or visit [www.mentorwllc.com](http://www.mentorwllc.com).