formly rewarding and positive experience for both the patient and the physician.”
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Letters

Preoperative Sizing in Breast Augmentation
Sir:

I read with interest the recent article by Hidalgo and Spector regarding preoperative sizing in breast augmentation. Although many techniques have been described as effective in accomplishing this task from a technical standpoint, it is the concept of making the effort at all that I would like to support and emphasize. This well-written article outlines many of the challenges all plastic surgeons face as they try to balance the wishes of the patient with what often may be a soft-tissue framework that is at odds with the desired result. It is absolutely critical to identify such a desired result/soft-tissue mismatch ahead of time to avoid a disgruntled patient postoperatively. As pointed out in the article, when the patient’s desired size is recognized as being at odds with what the soft tissues can safely or reasonably accommodate, further consultation and patient education is in order. Persistence on the part of the patient for such an inappropriate implant choice can then trigger a decision on the part of the surgeon to decline to perform the procedure. Arguments postoperatively regarding implant size from demanding patients such as this sap the time and energy of not only the surgeon but the office staff as well, often with no agreeable resolution. Also, whereas reported measurement techniques are very valuable in allowing an implant to be selected that will match the patient’s soft tissues, there are in a great many circumstances more than one implant size that can reasonably be used without compromising the final result. Using a visual sizing system as described in the article allows the patient to see what her result will look like and technological assistance.

We have used a method of measurement of preoperative size differences for asymmetry. The test, basically the same as the one described by Hidalgo and Spector, is performed using various fixed volume implant sizes: the patient is advised to wear a sports bra that fits the larger breast. The size discrepancy on the smaller breast side is addressed by positioning in the bra the appropriate sizer and obtaining visual breast symmetry.

We agree that preoperative studies can be extremely useful in asymmetrical breast patients. Previous studies have proposed several preoperative measurements of breast volumes or volume differences between asymmetrical breasts, including water displacement methods and use of adjustable geometric conical forms; interestingly, Kirianoff in 1974 suggested the use of templates in the brassiere positioned over the breasts to measure, preoperatively, “unequal breasts.” Several other body mapping techniques have been described for morphometric assessment of breasts.

However, most of these procedures are very cumbersome and time consuming. Others involve high costs and require complex setup with high expertise and technological assistance.

We have used a method of measurement of preoperative breast volume differences for preplanning of surgical correction of breast asymmetries. The test, basically the same as the one described by Hidalgo and Spector, is performed using various fixed volume implant sizes: the patient is advised to wear a sports bra that fits the larger breast. The size discrepancy on the smaller breast side is addressed by positioning in the bra the appropriate sizer and obtaining visual breast symmetry.

The volume of the prosthesis inserted thus estimates the difference in volume between the two

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breasts. This information can be used for different purposes, as follows:

1. Indication of the volume of the implant to use on the smaller breast if unilateral augmentation has been planned.
2. Indication of the volume difference to keep in the implant size choice if differential bilateral breast augmentation has been planned.
3. Indication of the volume of reduction from the larger breast required to achieve volume symmetry if unilateral breast reduction has been planned (Figs. 1 and 2).
4. Indication of the volume difference to maintain between the two reduction specimens where bilateral differential breast reduction is indicated.

The authors have used this technique for preoperative assessment of breast asymmetry over the past 10 years in 47 consecutive patients, achieving good results in terms of symmetry. The advantage of this procedure is that it is simple, easily adapted, and very cost effective. It is clear that, if required intraoperatively, appropriate changes to the preoperative measurements should always be made.

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REFERENCES


Preoperative Sizing for Breast Augmentation

Sir:

Dr. Hidalgo and Spector demonstrate a valuable adjunct technique for preoperative sizing in breast augmentation in the June 2010 issue of Plastic and Reconstructive Surgery. Their approach is a patient-centric process that allows the patient to be the key decision-maker in a critical step in the implant-selection process. Unfortunately, the study design has significant flaws, including use of a nonvalidated questionnaire and use of small cohorts that yield insignificant numbers for statistical analysis. These shortcomings of this