

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

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David A. Hidalgo, M.D.

Jason A. Spector, M.D.

Weill-Cornell Medical College
New York, N.Y.

Correspondence to Dr. Hidalgo
655 Park Avenue
New York, N.Y. 10065
dh@drdavidhidalgo.com

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 approximate and also develop a better understanding of the miniscule difference small volumes (25 cc) make. Although measurements have their place, the use of a visual adjunct similar to the sizers described in the article can tremendously enhance the understanding of the patient with regard to how an implant is fitted to her body, and what the ramifications of ignoring this fit can be. As discussed in the article, this is also a very convenient way to allow the patient to claim ownership of the result and eliminate as much as possible any volumetric second guessing from taking place. Although the differences between the two groups reported in the article were small, dealing with 10 fewer cases of size dissatisfaction over a similar period leaves

an impression of a significant advance to the running of a practice, as these types of problems can become extremely time consuming and can often lead to the threat of malpractice litigation. It is a technique that is most certainly worth the effort and it is one I support wholeheartedly. There is something to learn from this article for any surgeon who routinely performs breast augmentation, and I commend the authors for sharing their experience.

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Dennis C. Hammond, M.D.

Center for Breast and Body Contouring
Suite 202
4070 Lake Drive S.E.
Grand Rapids, Mich. 49546
cbbc@dennischammond.com

Preoperative Sizing and Breast Asymmetry

Sir:

With recent developments in surgical technique and growing patient expectations, the search for more accuracy has become of prime importance. Research of symmetry has always been one of the goals in plastic surgery, especially in breast aesthetics, even if with the awareness that obtaining a perfect match is impossible.

We read with interest the article entitled “Preoperative Sizing in Breast Augmentation” by Hidalgo and Spector.¹ We would like to share with the authors our enthusiasm for their method, which points the way to better preoperative sizing in breast augmentation. The authors also discuss the use of “two different size implants that can be tested simultaneously in patients with volume asymmetry.”

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 methods² and use of adjustable geometric conical forms³; interestingly, Kirianoff⁴ 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.^{5,6}

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,¹ is performed using various fixed volume implant sizers: 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

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.



Fig. 1. Positioning in the bra of a 220-ml implant sizer over the left breast to obtain visual symmetry.

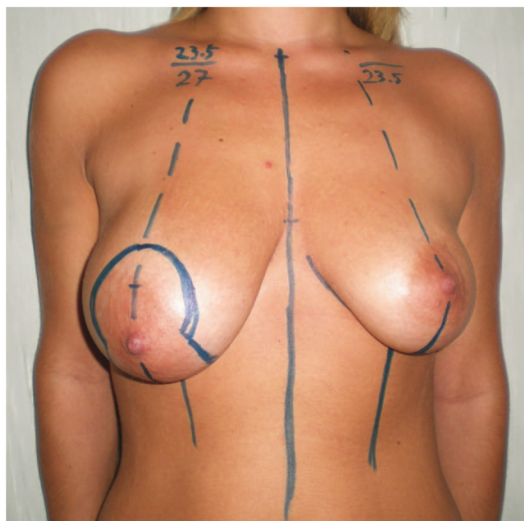


Fig. 2. Right breast vertical scar mastopexy surgical planning in a 24-year-old patient with asymmetrical breasts.

The authors has 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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Fabrizio Schonauer, M.D., Ph.D.

Shivram Singh, F.R.C.S.(Plast.)

Ivan La Rusca, M.D.

Guido Molea, M.D., Ph.D.

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Preoperative Sizing for Breast Augmentation

Sir:

Drs. Hidalgo and Spector demonstrate a valuable adjunct technique for preoperative sizing in breast augmentation in the June of 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