

breast contouring

WITH DR. BRICE W. MCKANE

Commonly asked questions regarding Breast Contouring answered by *Dr. Brice W. McKane.*

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Not Actual Patient

What motivates a woman to undergo a breast contouring procedure?

The breast is the most powerful symbol of female identity. It has been celebrated throughout time for both its ability to nurture and as an object of desire. One can easily find classic imagery of the breast in religion, art, and literature. Today, the power of this symbol is used aggressively in advertising. A woman is constantly bombarded by images of young, full, healthy appearing breasts. These images become cemented in her mind as an “ideal.” Changes in the contour of the breast that occur with age, significant weight gain or loss, pregnancy, or cancer may move a woman away from the “ideal” breast shape that she once possessed. By our very nature, we compare ourselves to these perceived ideals. A woman who seeks a breast contouring procedure is dissatisfied with the appearance of her breasts and wishes to transform them closer to her ideal.

What options are available to improve the appearance of a woman’s breasts?

A woman can consider breast augmentation, breast lift, breast reduction, breast reconstruction or a combination of procedures depending on her goals and the specifics of her case.

Why would a woman choose to have a breast augmentation?

The most common concern that I hear from a woman considering breast augmentation is that she does not feel that her upper body is proportional with her lower body. She may have gone through adolescence with her mother’s assurances, hoping to have more breast development than she did. Often times, her mother or sister has what she believes to be an ideal breast size. A size that she was never able to achieve. It is possible that a woman with small breasts who has hypertrophy of her breasts with pregnancy and breast feeding likes the appearance of her larger breasts. She may become disappointed with the involution she experiences when she stops breast feeding. Breast augmentation can be considered by any women looking to increase the size of her breasts.

Why would a woman choose to have a breast lift?

Unfortunately, the soft tissues of our bodies are constantly battling gravity. As we age, the support structures that keep these tissues in an elevated and youthful appearing position become lax and gravity begins to pull them down. With this, we see descent of these tissues, a process that occurs in most areas of our bodies. The breast is no exception. With time, the breast mass and the position of the nipple areolar complex descends on the chest wall. This is known medically as “breast ptosis.” The upper portion of the breast will flatten as the breast mound descends and ultimately the nipple areolar complex may assume a position at the lowermost pole of the breast. This is the

natural history of breast aging. This can also be seen in a woman who has undergone massive weight loss. A mastopexy or “breast lift” can be performed in a woman who has breast ptosis and who would like to improve the position of her nipple areolar complex and the contour of her breasts. If a woman wants to add volume to her breasts at the time of her breast lift procedure, this is possible using breast implants.

Why would a woman choose to have a breast reduction?

Excessive breast development can cause significant physiological and psychological distress. A woman may feel self conscious about the large size of her breasts and feel that they are an impediment to her ability to perform her job, exercise, or to wear certain fashions. The weight of the enlarged breasts may cause significant neck and back pain as well as significant grooving in the shoulders from brassiere straps. This grooving may lead to nerve compression and result in numbness of the hands. Hygiene may be an issue with large breasts, and a woman may experience chronic skin irritation or infections in the folds of her breasts especially in the summer. In severe cases of breast enlargement, skin ulceration can occur. Breast enlargement may limit a woman’s ability to exercise and place her in a vicious cycle of weight gain. These problems are improved or resolved with breast reduction surgery. Over 90% of women surveyed following breast reduction are happy they underwent the procedure and would undergo it again. In many instances, health insurance carriers may cover a breast reduction procedure.

Why would a woman choose to have a breast reconstruction?

Congenital deformity, or in more severe cases, complete absence of the breast may motivate a woman to seek a breast reconstruction procedure. Alternatively, a patient who has undergone treatment of breast cancer may feel that she is missing a component of her identity. Mastectomy without reconstruction removes the entire breast and leaves a scar on a flat bed that once had a feminine contour. Breast conservation therapy followed by radiation can leave a woman with a contracted, disfigured breast. These situations are painful daily reminders of a woman’s encounter with a potentially fatal disease. Breast reconstruction is designed to help in the healing process of a woman, restore her identity, and help make her feel whole again. Typically, reconstruction is performed in several stages that begin with the creation of a breast mound using either implants, the patient’s own tissues, or a combination of both. Additional procedures such as a breast lift or reduction for the other breast are performed to improve the symmetry between them. The reconstruction culminates with the reconstruction of the nipple and ultimate tattooing of the areola. In 1998, the Women’s Health and Cancer Rights Act was enacted requiring health insurance carriers to cover breast reconstruction in conjunction with mastectomy.



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For more information on a breast or body contouring procedure that may be appropriate for you, please schedule your complimentary consultation with **Dr. McKane** at **713.661.5255** or toll free at **800.544.1269**.