

Interview with Dr Barry Lycka & Dr Michelle Copeland

Dr Barry Lycka cosmetic dermatologist from Edmonton, Alberta is talking today with

Dr Michelle Copeland board certified plastic surgeon from Manhattan, New York.

Today we are going to talk about one of the most common things that people are bothered about. If you are a young woman you have probably thought about this a couple of times in your life. We are talking about Breasts. They can be considered as being too large, too small, not perky enough – and many people really would like to get something done about it. We are talking once again with Dr Michelle Copeland who practices on 5th Avenue in New York, all about this topic. With over two decades of surgical experience, she is Assistant Clinical Professor of Surgery at the Mount Sinai School of Medicine and an attending surgeon at the Mount Sinai Medical Center, as well as having written a book 'Change Your Looks, Change Your Life'.

Welcome, Dr Copeland!

When a young woman comes to see you about her breast concerns, what advice do you give her, where do you start?

Breasts are so important for women, whether too small or too large. So when someone comes in wanting larger breasts, first of all we take their medical history to ensure she is in good health and find out her family health history of any breast diseases. Assuming all is OK then we have someone with small breasts who feels inhibited, so based on that Dr Copeland does an examination and takes photographs, and together they look at her breasts and chest to see what the issues are and to discuss what the patient wants. Usually women do have a pretty good idea of what size they want to be, or bring in photographs, but its more helpful to concentrate upon making the person that they are, better, rather than trying to look like somebody else.

This is not something where you go shopping in a catalog to decide what type of breasts you would like, is it Dr Copeland?

No, that's right. So then Dr Copeland talks with the woman about the options for making her breasts larger. Today we have lots of options. It used to be that all we could do were implants but now we can even use a patient's own body fat to put into their breasts and make a very natural enlargement. That isn't right for everyone so Dr Copeland goes through what it means to have breast augmentation, have implants put in, and also to discuss the kinds of implants that there are, because there are also options for the types of implants we can use. We also talk about the approach of how we would do it, and depending upon the size that is required, that can also have an impact upon the types of implants and / or a patient could chose to use her own fat.

Can a person have unrealistic expectations and want breasts that are too large?

Yes that is possible for patients to want a breast size that doesn't fit with their body type. So when we are choosing how large to go, part of it has to do with their height, weight, shoulders, their activity levels. A person who has never had breasts and thinks that they want to go very large, they may find that they will interfere with function, so they might have an unrealistic expectation of what a large breast could do to them and how they feel about it. So Dr Copeland tells her patients to go to the store and get a bra of the size that they want to be, fill it up and then put their clothes on over it. How do they like it? How do they like the way they look? That can often be very helpful to give them a very realistic sense of what a large breast would feel like.

That is a great idea! This is something that is going to change the way you are going to look and will be that way for ever. It has to be done very logically and a person should know what they are going to look and feel like afterwards, and also what other people are going to say about them when they have larger breasts as well.

That is a very good point because sometimes a woman with an A cup who wants to go to a C cup will say 'I don't want people to notice my breasts – I just want a bigger breast to feel more womanly, but I don't want it to be the first thing

that people see!’ And other women will say, ‘Look, I want a breast that is noticed.’ That is fine, everyone is entitled to have their differences, but what isn’t fine is if you want to have something that is so out of proportion to your body type or that by putting in such a large implant you would stretch out your skin and put yourself at risk especially later on. That isn’t a good thing and sometimes the media shows us some of these horror stories and that is how that can happen.

There are different types of implants available these days – what sort of consideration should a person give to the different types that are available, Michelle?

The two biggest decisions are whether to have a silicone filled implant or a saline (salt water) implant. It used to be that all we had was silicone implants then in the late 90s they started to be taken off the market because there were concerns that the silicone could leak out of the implant and maybe cause some connective tissue diseases. So saline implants were substituted for the silicone ones, as they were felt to be safer. Recently in the last few years silicone implants have come back to the market because the studies didn’t show that they could cause those diseases – so now we have a choice between silicone implants or saline implants. So when Dr Copeland talks to patients about which to choose, she talks about the pros and cons, and makes a decision together with the patient.

Yes these decisions have to be made and discussed with a doctor and of course the other decision is to whether to use your own fat instead of using an implant. You can get a modest increase without implants and that might be the way to go.

Absolutely and this is something that is relatively new, and has only been done in the last few years but it is a great option for women that want small increases in size, say from an A to a full B. That can be achieved, if that person has enough fat to use – some people don’t have enough fat of course. It’s great because it is your own tissue, and it can make a very natural looking breast. Dr Copeland has had women who have had implants and then taken them out and used their fat instead. They are thrilled to have their breasts larger but be able to use their own tissue. Dr Lycka has been particularly happy about a procedure called a Small Volume Elective Lipo Transfer. In other words he takes about 100 cc of fat and put it in each breast. This is very useful because it allows the breast size to be slowly increased, and with no lumps or bumps or necrosis of fat afterward, and then it can be repeated every 3 months until the person gets their desired result. There are limitations – if someone is an A and they want to be a D cup then a fat augmentation is not going to be suitable for them to achieve their goal.

It is important to have the discussion about how large you want to go, and whether it is important to get that fullness you get with an implant, or a more natural look with fat. The good news is that we have choices! We must have that discussion with the doctor, and women are very informed these days but they still look to the doctor to guide them in their decision, and ultimately it is a joint decision with the doctor and patient as partners.

It is wise to be smart, and logical about this.

Now we are going to talk about breasts that are not ‘perky’ enough. Breasts that don’t look like they used to before.

What can you do to help breasts that are not perky enough, Michelle?

Again we have several options. In part it depends upon what is causing the breasts to sag – even young women can have saggy breasts. Very often it occurs in women who have gone through child bearing and who have breastfed, and the breast becomes deflated. So Dr Copeland asks those women, if when you are in your bra you like the size of your breasts, but when you take your bra off are you unhappy, then it is mostly a sagging issue and not a volume issue.

If it is the saggiess that bothers them, then they will need a lift. But sometimes the woman will say that it is a little bit of both, they would like them a little bit bigger and wish they weren’t saggy. In those instances it might be possible to make the breast a little firmer by using an implant or by using their own fat. It depends in part in understanding what the driving force is, what is bothering them – saggiess or fullness?

They are important questions and each one of those requires a different approach to treating it because the problems are different.

And when we are talking about lift – again we have choices.

It might be possible to achieve a satisfactory lift and a nice perky breast with what we call minimal incisions, sometimes just around the nipple. Often that is not sufficient and a different kind of approach is needed, and there is always a tradeoff because when you do a lift, it is usually associated with scarring, unless you are adding volume.

Another thing that Dr Lycka has found that has changed in breast surgery is that scarring used to be quite an issue many years ago, but they are not as much as an issue today because of the advanced scar correction techniques which can make the scars much better than they used to.

Yes, that is right both in terms of the way in which the incisions are sutured, and also the incisions are smaller to tighten the skin so we don't need the large incisions - those 'anchor' incisions which went along the crease of the breast, up to the nipple and around the nipple. There could also be decreased sensation in the nipple. So these different approaches give an end result that is more aesthetically pleasing and also because breasts are sensual - sensation is important - that also has to be discussed with the doctor. If a woman says that they would be miserable if they had decreased sensation in their nipples, then they might have to think whether that is a good tradeoff for them, because it is always possible.

And we are going to talk about one last aspect of breast surgery and that is people who have breasts that are too large. What do you do in that situation, Michelle?

Breasts that are too large can be a real burden and it can interfere with function so a breast reduction to reduce the size of the breasts is one of those instances when insurance might help to cover the cost of that procedure because it is not just an aesthetic issue any more. Women with very large breasts often have associated grooving in the shoulders, they have back pain, and sometimes they can't even get clothes to fit properly if their breasts are very large. They can't perform their activities. So it can be a real life changer. Also when a woman has very large breasts it is hard to exercise. It used to be said that if you had very large breasts you should lose some weight before having a breast reduction. But often those women have a very hard time in losing weight because the breasts are so large and they cannot exercise. It is important to talk to your doctor about that because you might be a little bit overweight but you still could be a good candidate for a breast reduction.

It is not just an issue with the breasts themselves. It is often that there is a problem with the lower back, shoulders, it really is quite a dramatic thing when a person does get a breast reduction and all that pain is alleviated. It really can change a woman's life. It is one of those operations that as soon as they come out of the operating room, they immediately feel the release. They realize what they were actually carrying around. If you put a 3 or 4 pound weight on either side of your shoulders, let it drop down and walk around all day - that is exactly what women with large breasts are doing, and it can really interfere with their function and lifestyle. It is one of those procedures where people get the greatest degree of satisfaction after it.

In the past it was a tradeoff - you had large breasts but had to put large scars on them to get relief. But today we have techniques that minimize the scars so it is possible to have a nice looking breast with a minimal scar, to have it so that it is not saggy, and to have it so that it is not too big. And most procedures can now be done as out-patients, you don't have to be in hospital or have a lengthy stay, sometimes things can even be done without a general anesthetic. People can return to work much more quickly today than ever before after this type of surgery. The newer techniques make it much easier for people to get back to their lifestyle and activities much quicker. It used to be a four to six weeks period of time where people were off work - that is no longer the case. Yes, typically women will take about a week off from work, because everything is underneath your clothing anyway, so unless you are doing physical labor, such as a police officer, or in construction, or doing some strenuous physical work, that is a different situation than if you are doing desk work or talking on the phone, or are a teacher, business person etc. Obviously you have to be a little bit careful, but nobody can see the healing process.

Are there any final words of advice that you would like to give people who are considering breast surgery Michelle?

If a woman is unhappy with the appearance of her breast, be that too small, too big or too saggy, today you can take control and do something about it and you shouldn't think of yourself as being frivolous because breasts matter - they matter to women and they matter to men - and it helps determine how we feel about ourselves, and there is nothing wrong with that. But what you want to do is do it the safe way, do it in an informed way, and have discussions, don't just jump into it unless you understand that it is a physical change to your body, and understand how that is going to impact you, now and in the future.

And do it for yourself. That is another part of the discussion, when you are determining the size of your breasts, if there is a significant other that wants you to be huge, and you are not comfortable with that, that is a serious issue. Who are you doing it for? Somebody else or for yourself?

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