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**Periareolar extra-glandular breast augmentation**

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**Background:** Breast augmentation is the most frequent procedure performed according to the 2009 Quick Facts report of the American Society of Plastic Surgeons. This study presents the periareolar extra glandular breast augmentation.

**Methods:** 32 female patients, peri-areolar incision was performed for breast augmentation. Dissection was performed in subcutaneous plane towards the inferior pole to reach the inframammary fold and was continued in the upwards direction in the subglandular plane to create a pocket. Once the implant of desired size was in place, three sutures fixed the inframammary fold. The skin incision was closed using 4-0 non-absorbable suture.

**Results:** The mean age of patients was 30.7 years and the average incision length was 5.8 cm. 59.4% of patients had an implant size of more than 305 ml and less than 10% of patients had drains which were removed the next morning. All patients were followed regularly and no case of implant infection or removal was seen and only 2 patients had slight stretched scars. In one patient, the implant was high riding and no case of the capsular contracture was noticed. Changes in sensation were noted in 21.9% patients at 3-month interval which was reduced to 6.3% at 6 months interval. Similarly, no case of rippling or other visible deformity was noted.

**Conclusion:** The extra-glandular periareolar approach for the breast augmentation can be a good option with few side-effects even it is associated with a higher level of surgical expertise.

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