



Nicole's ImplantInfo



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*The following is a transcription of Terrye Tebbetts live question and answer session on ImplantInfo.com on September 15th, 2008. Many women from around the country joined the session to ask her questions about breast augmentation and breast implants. Ms. Tebbetts is co-author of the books *The Best Breast* and *The Best Breast 2*. She has managed one of the world's largest and most sophisticated breast augmentation practices for twenty years, making her one of the most knowledgeable women in the United States about breast augmentation from both the patient's and surgeon's perspectives. Read on and enjoy the discussion.*

Nicole:

Hi girls. We're really fortunate to have Terrye Tebbetts on the Q&A board tonight to answer questions. Please give her a warm reception and ask those questions!!

Terrye Tebbetts:

Hi Ladies -

I am so happy to be here tonight to try to answer some of your questions about this procedure! For those of you who don't know, this is what I do every day and have done for the last 20 years (whoa! that may date me a little!) in my husband's practice in Dallas. Our goal has been to change the experience - the overall outcome for all patients who choose to have breast implants. We have found that if you guys know what we know, we can all make better decisions together! That is why we took the time to write the book, *The Best Breast* - most recently updated in the second edition, *The Best Breast 2*.

So, if you have a question, I will be happy to try to answer as many as I can tonight.

Q: Why Don't All Surgeons Use Quick Recovery Methods?

Thanks so much for joining us. I'm interested in Dr. Tebbetts' technique, but I'm curious, why aren't all (or at least more) plastic surgeons doing this? It seems to answer all the concerns women have going into breast augmentation.

Terrye Tebbetts:

Your question is one I have to address almost every day. Surgeons are trained in kind of a mentoring process - they learned from their chief resident who learned from his chief resident etc. It takes time to change thought and processes in medicine. We have been working on these processes for 30 years. In 2001, Dr. Tebbetts published in scientific and peer reviewed medical journals EXACTLY what we do and how we do it. He speaks at scientific meetings and shares his information and processes with other surgeons. Some get it - some don't.

Some take bits and pieces and some take the whole kit and kaboodle and can actually produce a 24 hour recovery. Please understand it is more than surgical technique. Patient education is critical - each patient must understand what they bring to the table and reconcile their WISHES with their TISSUES! Recovery is a team effort - first the surgeon must know how to measure the breast and PRE-OPERATIVELY be able to plan the surgery with you at consult (NO more sizers during the operation), then you must be prepared for what to expect before, during and after the procedure (almost EVERY question about what women are going through and want advice about



on this board is answered in our BOOK - imagine if you knew this BEFORE you had surgery), then there is surgical technique that allows for a precise dissection (NO BLOOD), then you as the patient must be motivated to move and get going.

So WHY aren't more surgeons offering a TRUE 24 Hour recovery - beats me - the information is there, the processes are proven and our goal is to help both patients and surgeons make the entire experience better.

The national re-operation rate is 25% (FDA site) - most for size exchange! We can do better at this and we get there by education and smart decisions!

Follow-up Question: When Are Drains Necessary?

When are drains after a BA necessary?

Terrye Tebbetts:

I think that is a question for your ps - that is why in the book, we have not one, but TWO chapters on recovery. I swear, learning about what your recovery is going to be like will tell you an incredible amount about what is going to happen in the operating room.

I think rapid recovery and 24 Hour etc are terms that are starting to surface as popular ideas - the key is, can it really happen????? Use the book, ladies, to help you find out if it is real! There should be no bras, bandages, drains or bruising - no narcotics and strict instructions to get up and resume NORMAL activity (closing car doors, putting on seat belts, unloading the dishwasher etc) the DAY of surgery.

The biggest advance from BOOK 1 - to BOOK 2 in my opinion, is that we know now that through our scientific publications, that not only is it nice to have no down time and be back to normal activity the day of surgery - but that recovery is also producing lower re-operation rates - that is the true clinical benefit of 24 Hour Recovery.

If you are going to do this for yourself, then arm yourself with knowledge -make smart decisions WITH your plastic surgeon.

Q: Recovery from Breast Augmentation Surgery

I just had my BA last Thursday and I still find myself to be pretty out of commission. I have two toddler daughters who are missing their mom. I should add I had them placed under the muscle and I still have the drains in. They will be removed tomorrow so hopefully that will give me more freedom.

I'm so scared of messing something up or causing pain to myself that I find myself over babying myself. What is safe to do as far as using my arms just for light housekeeping and so forth? I feel pretty helpless.

Thanks



Terrye Tebbetts:

I wish I had all the answers for you - but without knowing exactly the procedure your ps performed, I cannot give you post op instructions. I know that one of the very positive things about our 24 Hour Recovery is that we can tell patients to go home and take care of their kids and be normal.

I think it is hard to make the decision to do this for yourself, so if you can do it and still take care of your family and work, it makes it a lot easier. The surgical processes that we use allow us to send our patients home with no bras, bandages or drains. They look and feel engorged (like when your milk comes in) and they know that that is normal and they get up and moving. You have drains - so I would imagine that you are quite uncomfortable - don't push it and please contact your surgeon and get his or her opinion about what is safe for you to do at this point.

You will feel better when the drains come out - trust me on that one! So don't worry - it will get better and your babies will have their Mom back shortly!

Q: Question on Breast Augmentation Revision Surgery

I currently have round overs but have had anatomicals in the past that flipped over and had to stay put for 18 months that way (pregnancies) and it has damaged the pocket. I am thinking of changing to unders but am concerned about distortion. In your opinion is the amount of potential distortion affected by the size of the implant? e.g...The muscle would cover a smaller percentage of say a 210cc implant compared to a 430cc implant?

Note: I train at the gym a lot, compete in figure fitness...but happy to stop training chest...just don't want strange looking boobs every time I use my pecs.

Terrye Tebbetts:

Any time you are on a secondary or more operation - the ENTIRE ball game changes! If you have a primary pocket that is precisely dissected - almost any implant can be used. Once you are on the third operation - ??????

Dr. Tebbetts' opinion on muscle coverage - in a nut shell is this - if you have 2 cm or less of pinch thickness in the upper part of the breast, then more SOFT TISSUE coverage is always recommended! He published a paper in 2001 titled, Dual Plane Augmentation (you can find complete scientific publications on our book website www.thebestbreast.com) that details the process and its pros and cons.

In my experience, having kept my butt in this chair for 20 years, muscle/fitness training is almost always contraindicated to implants. What you guys do is great for fitness and how you look in clothes (and out of them!) but almost never good for coverage of an implant!

IF you are not having trouble with your implants - in Texas we would say - "if it ain't broke - don't fix it!"



Follow-up Question: On Fitness Training with Implants

Sorry, I didn't understand that, what do you mean by "muscle/fitness training is almost always contra-indicated to implants."??? If we have implants we shouldn't do our training anymore? My PS never mentioned that! Please clarify! Thanks!

Terrye Tebbetts:

To clarify, the more lean you are, the less you have of your own tissue to cover the implant.

I love when patients say, "when I do this (some flexing move) in front of the mirror at the gym, I see a distortion or change" Your surgeon only has what you give him or her to cover the implant - so if you see a distortion when you flex a certain way in the mirror - my answer to that is, "Well, don't do that anymore!"

We (you and your surgeon) cannot create more soft tissue coverage out of thin air. It is fine to be fit, just don't expect implants to fit exactly into that plan. You won't hurt yourself - it just simply is what it is.

Q: Cost of Breast Augmentation Surgery

What does your office charge for saline implants and silicone implants (including all the other fees)? Thank you!

Terrye Tebbetts:

I appreciate your question and know that money has to be a consideration in your decision. We address that question on page 40 of the book!

It must all make sense for you and your budget - but remember the age old deal of you get what you pay for. Look at all of the costs - make sure they break it down per item so you can compare apples to apples.

We would be happy to address your question personally - please call me tomorrow at 800-837-2530 and I will break out all of the costs per item that you are interested in.

Q: Uneven Appearance after Breast Implants

I am almost 6 months PO and I noticed right after my surgery that the left breast seemed a little bigger. After they dropped and fluffed the difference is more noticeable. I have saline implants and although I probably won't do anything about it, what can be done to even them out?

Terrye Tebbetts:

I think one of the most valuable things we do for our patients is make them see what we see! One of my favorite things I say in the book is, "seeing your breasts on the screen or printed is like hearing your voice on your voicemail message - is that really me???? "

We all see what we see in the mirror every day, seeing what is really there is different. I don't know that this was your case, but most people that we measure are different. Another reason I love the measurement system! There are no TWO perfect breasts going into surgery and NONE



coming out. We all have to realize what we bring the surgeon to work with - reconciling WISHES with TISSUES.

I pushed for The Best Breast 2 to be out there to help women understand what their issues are BEFORE surgery. Your question is reasonable, and I would imagine, if someone had told you about this ahead of time ---- you would have never been wondering about it now.

If it is a surprise ---it is a problem!

Q: Choosing the right Surgeon

There is a plastic surgeon in my area that uses the quick recovery method. He's gone to a good medical school and yet he's not board certified. I'm not sure what to think about that!

Terrye Tebbetts:

Again - I want to STRESS the importance of using the questions we give you in The Best Breast 2 to interview your surgeon. They can go to the best schools in the country and still not use the latest techniques or specialize in the procedure you are interested in! Looking at credentials is important - don't get me wrong, but ask them the hard questions - talk to their patients too.

We want all of you ladies to know that there is a different level of this operation out there - you can make decisions based on your tissue - not photos of others or CUP SIZE! Ladies - there is NO fashion definition of cup size let alone a medical one - why would you let a surgeon make a decision based on something that there is no clinical definition for????? Honestly, what is the difference between a full C and a small D?

You just need to know what to ask and I believe so much that the book will help you and the others reading this tonight - I will GIVE all of you a free book - just call my office tomorrow and tell them you were on the forum and we will send you a book.

We have dedicated our professional careers to helping both SURGEONS and patients know that there is a different level of experience in this operation for all of us.

Bottom line is, I hate to endorse a surgeon that I don't know of his experience and outcomes personally. We openly invite and have surgeons from all over the world, who visit and observe and learn. The surgeon you are interested in will ultimately have to stand up to YOUR level of questioning. You are going to be a GOOD patient - you are seeking information and information is powerful! Keep up the good work!

Follow Up Q: Question on CC

I wish I could do a better job describing how it felt. I am just "so aware" of it, this odd sensation, and I know what you mean, but I am sure this has to do with the implant, whether it is because of my muscle tightness or something more.

In your experience with capsular contracture, is there ALWAYS an obvious change in appearance?



Terrye Tebbetts:

How far post op are you? Capsular contracture doesn't always have a distinct form or feeling.

Q: Question on Discomfort

I am 11 months PO with saline unders. They look great, are pretty soft and move very well within the pockets (I do displacement exercises every day). However, almost from month 1 on, I have had some varying degree of tightness or (when at its worst) slight achiness in my right breast (dominant side). My PS said that I had some of the tightest pec muscles he had worked on, and he does not cut the muscle rather stretches it, so he said it was tough.

Now, again, righty does not look odd (though it is a bit rounder looking, which it was before my BA). The best way I can describe it is, when it is at its worst, it feels almost like something is lightly gripping the implant from inside.

Do you have any idea what this could be?

Thanks so much!

Terrye Tebbetts:

It is so hard not knowing the entire situation but please remember, you might feel these very same things whether you had an implant or not, I think sometimes we are more aware (and worried) about our breasts once we have had implants.

I have had mine for almost 8 years, I feel strange things too and often wonder if it might be because.... Go back to the basics, if you can still get good self exams and mammograms, I wouldn't worry about it so much. And always stay in close contact with your ps and their nurses.

Q: How Large Can I Go?

Is there a rule of thumb to tell how large an implant you can take given a certain breast size? I am a 34B if that helps.

Terrye Tebbetts:

The High Five System has been published in our peer reviewed and scientific journal, PRS - surgeons know about this. It is important for you to find a surgeon who not only has a caliper and tape measure, but knows how to take your measurements and plan your operation from those measurements.

Every breast is different - the fact that you wear a 34 B means NOTHING - there is no standard of definition for cup size in fashion or in medicine. How wide is your breast? Have you had children? How much stretch is there?

There is a fantastic illustration on page 69 of the book - it will show you what happens if you don't put enough implant fill in and what will happen if you put too much!! I know it is hard to think about this outside of cup size and photos of others, but if you are really doing this for you - shouldn't all the decisions about this be made based on YOU????



Q: Lift Question

Hi I was wondering if I just have my ba without a lift (my left nip is lower than my right) will it be enhanced after ba? Btw I'm going over the muscle so I'm hoping it will correct itself? Thank you

Terrye Tebbetts:

You really need a copy of the book! Call us tomorrow and we will send all of you on the forum a free copy.

Everyone is different - before and after surgery. Did they measure you? Do you know the degree of difference?

Muscle placement hardly ever corrects differences in symmetry - if you have questions, call me at the office 800-837-2530. Use information to make wise decisions - we all have to work with what we bring to the operating room!!!

Q: Implant Size Question

You mention reconciling our wishes with our tissues. Does that mean patients usually settle for smaller implants than they wanted coming in? I "think" I want around 300 cc's. Does your husband put in implants this large if it's appropriate for the patient's breast tissue? I know you don't have any way of knowing if I can have 300 cc's, but I don't want to travel to Dallas only to find out I want bigger implants than Dr. Tebbetts is willing to give me. Thanks, Terrye.

Terrye Tebbetts:

It is all about the measurements and what your tissue will allow - go to page 69 in the book - if you put too much it looks like a "boob job" - - if you put too little it looks like a rock - in- a - sock!

I think sometimes others will want to say that my husband will not put in large implants at all. That is not the case - we measure and make INDEPENDENT decisions based on EACH patient. You all are all different - - if your ps is only doing what he or she does all the same way it can't be right for you!

Now, reconciling what you want with what is right for your tissue may not be what you want to hear - I get that - most of what is on these boards is all about the BIG CC and VOLUMES - - Ladies, if you only hear one thing, hear this - the bigger it is - the FASTER it is going SOUTH!!!! In my opinion, I think all of these re-operation rates for going larger are a dangerous slippery slope! You can super size your happy meal with little or no consequence (except to your butt) but super sizing your implant for immediate gratification can mean long term tradeoffs that you need to know about.

If your child came to you and asked you for something that you KNEW would damage them long term - - wouldn't you say no????

We have to be responsible parties in this deal too. You and your surgeon are a TEAM - talk and make good decisions together!

As for your goal of 300cc, I have no idea, as you can imagine, I would want to measure you first!



Q: Overs vs. Unders

I have been told that I'm a good candidate for overs or unders because I have enough breast tissue. Well my question is what is really considered "enough" breast tissue? How is it measured and determined? I just do not want to make the wrong decision (over/unders, saline/silicone...I have plenty of pix to show my PS and have shown her plenty of other ones but I'm still nervous about the under/over placement. I love the feel of silicone but how do I know if that is the right choice for me?...Thx Tasha

Terrye Tebbetts:

Dr. Tebbetts' system, the High Five System, calls for a minimum of 2 cm in the upper breast before going submammary. But now that Dual Plane is so prominent, I would hesitate to do anything else. Basically, Dual Plane allows the implant to be placed partially subpec without ANY negative side effects (no lateral displacement and our patients are still up and out to dinner the night of surgery)!

Think about grandma's tissue - as you get older - tissue doesn't get better! If your ps has experience with Dual Plane, let her put it under - you can never go wrong with more soft tissue coverage!

We also have a cool FDA silicone vs. saline fact sheet that I am happy to email you - you can email me at TTebbetts@plastic-surgery.com and I will be happy to send it to you so you can truly compare apples to apples!

Q: Terrye - your thoughts...

I have read the book Best Breast2 and it answered many of my questions and took some of the "unknown" away. Thank you for this wonderful resource! I think more woman should read it before having surgery - it would calm some nerves and make decision making a little easier.

I have another consult appt in Oct to confirm my expectations/options for my BA and lift surgery in Nov. (My doctor suggested 2 options - BA w/dual plane placement or BA and lift due to mild ptosis. - thinking a lift would be in the future anyway)... I figure two for one surgery beats 2 different surgeries years apart.

That said - please advise me with your top priority expectations I should be discussing at this upcoming consult...shape, fill, pocket placement, electrocautery, general anesthesia w/ endotracheal, surgery time, recovery, bandages, tape, stitches, bra...Does this cover my bases??

I want to be as informed as possible and be able to discuss my procedure. Thank you for your time and suggestions. Again thank you for rewriting the book and offering so much insight to a novice like me.

Terrye Tebbetts:

The first thing we need to know is what are your measurements telling you and your surgeon?



I love the High Five System in that it takes all of the GREY area away - you make objective decisions based on real information - not photos or cup sizes.

I would love to discuss the details of lift vs. implant and dual plane. Call me at 800-837-2530.

There is so much to tell you but without knowing your specifics, I hate to proceed.

Q: Terrye Tebbetts Lift Question

I also forgot to ask this questions...the PS that I went to said that I'm slightly ptosis (saggy), but feels that I can get away with just a BA and be satisfied, not to say that in the future I may need a lift but now she doesn't think it will be necessary. Plus I don't want the additional scarring. So with that being said would Mod+ or HP be better suited for someone in my case? Sorry so many questions...just need to be well informed...again Thx

Terrye Tebbetts:

Did she measure nipple to inframammary fold under stretch? If so, what is that number? That one measurement tells it all - let me know and then I can better answer your question!

Visitor Response:

Yes she did but I can't remember the #. I would have to call the office and find out because that was about a month ago...once I find out can I call and let you know or just post it here for a response...

Q: Terrye Tebbetts question regarding re-do

Hi Terrye,

I am getting a re-do on one breast (slightly smaller breast) because the implant has not dropped after 9 months and my new ps believes that I also have too much upper pole fullness on that side. He wants to do a slight liposuction to allow the nipple to lift up a bit as well. I am not really comfortable with this, since I feel as I get older, I may lose more breast tissue. When I end up explanting at some point in time due to old age, my smaller side will appear much smaller instead of just a bit smaller. Is this technique used at all by plastic surgeons, or am I correct in feeling uneasy? I paid a week ago, and my surgery is this week, so there is no question of cancelling, plus everyone I have talked to really thinks he is a wonderful surgeon. Should I just stand my ground and tell him 'no lipo'? Thanks for your time and comments.

Terrye Tebbetts:

Whew, Joanna - this is a tough one - call me at the office, we can talk specifics.

Visitor Response:

Thanks, I'll call tomorrow!

Terrye Tebbetts:

Thank You for the Questions



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Thank you all for talking with me tonight! We may not all agree, but the more we discuss this and exchange information the more likely we are to improve and refine outcomes for patients!

If you are going to do this - arm yourself with knowledge!

Thank you!