



## Nicole's ImplantInfo



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*The following is a transcription of Terrye Tebbetts live question and answer session on ImplantInfo.com on Monday, March 23<sup>rd</sup>. Terrye Tebbetts, co-author of [The Best Breast Book 2](#), is the wife of John B. Tebbetts, a Dallas plastic surgeon specializing in breast augmentation. Many women from around the country joined Terrye to ask questions about breast augmentation and breast implants. Read on and enjoy the discussion. (Please note that all visitor names have been deleted to protect their privacy.)*

### **Nicole:**

Terrye Tebbetts will be on the site tonight to answer questions. She will give away free copies of her book to all women who ask questions. Among the many topics covered in the book are the various medical issues, implant choices, available surgical options and how to prepare for and recover from surgery.

### **Terrye Tebbetts:**

Hello Ladies!

It has been about 6 months since our last live Q & A - so I am sure there are plenty of questions, issues and concerns out there - so fire away!

Dr. Tebbetts and I are committed to education - so I have offered a copy of The Best Breast 2 to any of you who ask a question tonight. Just email your forum name, real name and address and a copy of your question to me at [TTebbetts@plastic-surgery.com](mailto:TTebbetts@plastic-surgery.com) and we will get a book out to you ASAP! The more you know - the better decisions you and your surgeon will make and the LOWER the reoperation rate will be.

There are great advances in this operation - like 24 Hour Recovery and the new Form Stable implants - learn about your options and choices before you go to your consults!

I welcome your questions! Terrye

### **Nicole:**

Hi Terrye, good to have you here tonight. I'm sure the ladies will have all sorts of good questions for you. As a reminder ladies if you have a question for Terrye please put her name in the subject line so she knows to look for them.

### **Q: Droopy Boobs**

Ladies, it has been so long since I have posted here! I had a lift with small implants in September. It is still taking me time to get adjusted to my new size- even though PS said he gave me smallest size available. I wanted to lift my droopy post-breastfeeding twins. He stated that if he did not give me at least a little padding, the droop would still be there. It made sense as he explained it all and I agreed. I feel fat with my bigger boobies, but DH loves them. Problem is they still droop and PS is so awesome he decided to fix them. I never complained, only asked if they would be ok in time. He said no, and I will fix them. So in less than two weeks I go down again for a nip and tuck. Has anyone had this done? He will simply snip the excess skin off the bottom.



## **Terrye Tebbetts:**

Please understand that lifting a breast and implanting it at the same time are two operations that are directly opposed! One seeks to take away saggy skin and lift the breast to make it perky again and the other just puts weight right back on the very tissue that has already shown you it doesn't hold weight well - not your own breast tissue weight let alone the weight of an implant.

Perhaps you and your tissue need a lift alone with no added weight - did you discuss this possibility with your surgeon?

## **Q: Rice Trick**

I was reading about the rice trick on internet, and this is what I found: To do the rice test, do the following:

Use knee-high hose (or cut-off pantyhose), and fill them with the desired amount of cc's. Using zip lock baggies is not recommended, due to the "pointed" corners of the bag. (CC conversions available below.) Once you have them filled, try them on under a sports bra. The sports bra is helpful, especially if you plan on having your implants placed under the muscle. The sports bra compresses the "pretend breast implants" much like the muscle will compress the real implants. IF YOU ARE GOING UNDER THE MUSCLE, you'll need to add about 15% more to the amount that you like. For example, if you like the way 400cc looks under the sports bra, YOU NEED TO ADD 15% to that amount. So actually, you would need around 460cc implants to achieve the look you see with the "pretend implants" in the sports bra.

## **Terrye Tebbetts:**

Doesn't it seem odd to you that this test does not consider your breast tissue and your breast measurements? You can put any amount of rice or a sizer in a bra but that doesn't tell you what your breast tissue will do with that volume or that the breast can hold it safely.

I believe it is so important that all women considering implants let their own breast envelopes have a say in what volume they need to fill that breast - - it just takes all the worry out of it (should it be a full C or small D, should I go with 450 or 460, are they going to be too big (or too small)?) if you let your own breast tissue weigh in on this decision.

How can we operate on a breast when we did not consider that breast when developing the operative plan? Putting objective numbers on this decision will dramatically reduce the number of reoperations. I know everyone talks in terms of sizers, cup size and cc's - but there is a better, more predictable way to determine size - you just have to measure.

## **Follow-up**

Terrye- of COURSE you need to consider the breast tissue! When I had my consult with my PS, he measured me and said that the biggest implant that could fit with my breast tissue would be 325cc.



After the rice tricks is helping me decide the size I want up to a max of 325cc. So with rice bags I'm trying anything between 275 to 325 which is the range recommended by the PS. So yes, I do find that trick very useful when you use it in the limit range that your PS measured.

**Q: Question on fibrocystic breasts**

Hi Dr. Tebbetts, I have some questions re; fibrocystic breasts. I have very lumpy breasts with a tendency towards cysts. Taking vitamin E helps somewhat. I am worried if this might result in CC, I'm also worried the lumpy and hardened breast tissue I have will make the implant placement more difficult. I'm hoping to have my augmentation via belly button incision. Thanks in advance for your response!!

**Terrye Tebbetts:**

First, please know, I am not a surgeon, just married to one for the last 18 years! Dr. Tebbetts and I wrote The Best Breast 2 together to help educate patients - he does the surgery, I do the patient education and recovery care!

As for your question, most of us have some form of Fibrocystic disease whether we know it or not. Stress, caffeine, hormones etc can make it seem worse at times. But in our experience, Fibrocystic changes should not limit you from having an implant. Be sure you have a pre-op mammogram done if you are over 30 and that it is clean and good.

Scar tissue formation around the breast is the most unpredictable complication we have in this operation - it depends primarily on 3 things - how each patient heals around a wound, the type of implant (filler and shell surface), and how the surgery is done. One of the neatest things we discovered when we wrote the second edition of the book is that the better recovery we provide for patients - the 24 Hour Recovery - is also showing us lower capsular contracture rates! Our internal rate is 1.5 % - national with silicone implants is about 36%!!! We know keeping blood out of the pocket is critical - that is why there are 2 chapters in the book about recovery - you MUST learn about what your recovery will be like BEFORE you choose your surgeon - what recovery is like will tell you what is going on in the operating room!!

And as for your incision choice - I would highly encourage you to read the incision location section in your new book I will send you (just send your name and address as instructed in my post above). Most TransUmbilical incisions are done blind and blunt - no way you can keep a dry - precisely dissected pocket due to location and instrumentation issues.

Read it carefully and please let me know if you have any further questions! Terrye

**Response:**

This was very helpful- thank you!



**Q: Rice Test**

Hi Terrye-

I saw a post this evening about the rice test. Does Dr. Tebbetts use this method? How accurate is it?

**Terrye Tebbetts:**

Dr. Tebbetts makes all decisions based on the High Five System of measurement - this is a published and peer reviewed method of determining the size of implant that your breast can hold. I have a measurement sheet that I can email you if you'd like - just send me a note to Ttebbetts@plastic-surgery.com.

The High Five System basically allows you and your plastic surgeon to determine the empty space within your breast envelope - when you simply fill that space you will end up with a breast that is balanced, natural and hopefully will age gracefully with you.

The Rice Test, photos of other women, cup size, and stuffing sizers in bras - are common ways to try to figure out what you want - - what none of these methods do is tell you what you REALLY NEED. We must all work with what we bring to the OR table - reconciling what you want with what you can really have is the first step to achieving a good, long term result that you will be really happy with!

It amazes me that patients and surgeons are planning operations based on CUP size - there is no standard definition for cup size let alone a MEDICAL term or definition for it!

We will make better decisions and results if we actually pay attention to the tissue we are operating on! Terrye

**Visitor Comment:**

Hi Terrye! My name is F.H. I have a consult scheduled next Mon. My husband and I read your book this weekend and we love it. I have done a lot of research, in the last year on the subject. My husband and I are nurses so we really wanted to find the right surgeon. This book is FANTASTIC! I am still a little scared of the thought of having surgery and gen anesthesia, but after reading this book I feel a lot better and much more confident. Also really liked the YouTube video of you and Dr Tebbetts, it was great. I am so excited now to be able to go forward with this procedure in complete confidence, and I have not even had a chance to meet you yet. I strongly encourage anybody who is even thinking about breast augmentation to read this book! Thank you Terrye and Dr. Tebbetts

**Terrye Tebbetts:**

F.H.

Thank you for your kind comments about the book and video! Coming from a nurse - a pair of nurses - that means a lot!

When you are an educated patient, I don't think you will ever be 100% ready to do this - because you have thought about all the trade offs and risks - you are prepared. You will feel better once we walk through all of your options and choices and explain the recovery process, and even better once you have met with Dr. Tebbetts and have had your measurements done - even then though, you will have



moments when you can't wait to do it and times when you wake up at 3 am and wonder if you are doing the right thing! That to me makes a great patient!!!

I look forward to seeing you next week! Terrye

**Q : Even Sides**

I had silicone unders, 400cc left, 450cc right. My right is obviously larger and also 3/4inch lower. Pre-BA, there was a slight/barely noticeable difference, with the right being the smaller. I just wanted the same size implant placed, but my surgeon told me "a few cc's are not noticeable and will even you out". My left looks great (400cc's) and my right is a cup size bigger and lower. What are my best options now?

**Terrye Tebbetts:**

This is always a hard one and the way we have chosen to approach this issue with our patients is really very simple.

There are no two breasts that are alike before surgery and no two alike after surgery - there will always be difference. If you have always lived with it - then after implants, you will live with it in a different way - - as Dr. Tebbetts likes to say, "A different set of differences".

The High Five Measurements are also very helpful in this situation because you have actual numbers that tell you the exact differences in the breasts – a lot of women never even realize that their breasts are different until we measure them!

I would go back and discuss this with your ps. Chances are that even if he had put in the same size in both breasts, you would still notice a significant difference (once you make something bigger - differences show up more). Perhaps if you had just been a little more prepared for the differences, it would be easier on you now.

I wish you had your preop measurements to compare to now.

Bottom line - if your breasts are soft, pretty (just a tad unruly in the balancing issue), I am not sure I would reoperate - because remember, even if you put in the same size implant - that Right breast will always be bigger.

I hope this helps some.

**Q: Hematoma**

Does anyone know much more of risk am I of getting CC, now that I have a hematoma?



**Terrye Tebbetts:**

I am sorry to hear that you had a hematoma. We believe that having blood in the pocket either at the time of surgery or after a hematoma will increase your risk of developing scar tissue around the implant. Follow your ps post op instructions and hopefully you will be the exception to the rule

**Q: Bras**

I'm curious to have a better understanding of why there are so many varying opinions on what kind of bras to wear after surgery. My PS wanted me in a sports bra from day 3 until I was 3 months PO. So many women here have been told underwire strictly. Just curious for your opinion? Thanks for being here.

**Terrye Tebbetts:**

This one amazes me too! So many arbitrary recommendations out there - you can't shake a stick at them!

For Dr. Tebbetts it is really simple - - do an operation that puts less responsibility on the patient! When we employ the 24 Hour Recovery techniques and processes, we send our patients home with no bras, bandages or drains. They can wear whatever they want that makes them comfortable - sometimes that is nothing at all! I always recommend that they try the camis with shelf bras for the first few weeks as I don't believe you will truly know what cup size you can wear and buy until you are about 3 months post op. But our patients can choose what they feel good in because we do an operation that is DRY and PRECISE.

If traditional blunt dissection is used, or just out of old habits sometimes, a ps will recommend compression garments and sports bras - restrictive wear.

I would rather do an improved operation and let my patients choose what they want!

**Q: Post Op Exercise:**

Hi Terrye, can you give me your thoughts on post op exercise. Re: cardio, walking, weights, nonimpact cardio (stationary bike) etc... Is the risk with post op bleeding? Damage to the pocket? Decrease blood flow to healing area? Seems a lot of ladies have been given many different answers from our PS. We want to exercise and stay fit, but do not want to harm breasts and surgical sites. Thank you in advance!

**Terrye Tebbetts:**

Each patient must always follow the advice of their ps. But I am happy to share our routine.

With the advances in 24 Hour Recovery and surgical techniques, we send our patients home with strict instructions to sleep 2 hours, get up and eat real food, take their first 800 mg Ibuprofen, and start moving their arms above their heads in a jumping jack type motion - a set of 10 every 30 minutes - then they shower and wash their hair and blow dry it and get dressed and get on with life!



They go out to dinner, or unload the dishwasher and bathe kids - - the day of surgery! This type of movement can be encouraged because of the precise, dry dissection techniques that Dr. Tebbetts uses and has published - so we are not the only ps that can do this! You guys just have to know to ask for it!

Long term restrictions - no cardio for 2 weeks, and no lifting above 35 lbs for 3 weeks. At day 15, I encourage our patients to put on 2 of their old exercise bras and do some sweating - it feels so good! But you should be careful of what you lift for 3 weeks!

Again - you have to follow your ps instructions because if they don't do the same type of surgery, you cannot follow these rules.

## **Q: Before or After Kids**

Hi Terrye- I had a question- I have already had 2 kids, and am pretty sure that we are done. If I go ahead and have an aug, and later change my mind.... would this be an issue?

## **Terrye Tebbetts:**

My general rule of thumb is, if you know you are going to have more little ones, please wait on the breast aug because our best chance at getting you the best LONG term good result is the first time. If someone has not had kids, I ask that they not be planning to start their family for at least 2 years.

The first year after your surgery is the most relevant healing time and your greatest risk for capsular contracture.

If you are not planning on continuing your family but the little miracle happens, it is not a given that you will have to have another surgery - but it is a variable we cannot control (especially when your hormones go nuts!). So if you have it now, and then change your mind about adding to your family, just make sure it is at least 2 years post op!

## **Visitor Comment?**

I am so happy to see you here!! Your insight, your knowledge and sincere interest in helping women with all aspects of breast augmentation is beyond outstanding. You are one very intelligent, inspiring woman to all women considering or have had BA surgeries. (I would love to have the pleasure of reading and learning so much from your book. I would love to read it.

My sincerest "welcome" to your being here tonight..... also my gratitude to see you here to help all these women in answering their questions.

I have a question/favor to ask of you.

Would you please explain the difference between the Cohesive silicones which are placed by most all PS's and the "true" Gummy Bear Implants? Last I knew they were only placed by PS's that are in the studies to place them? (The CPG's and the 410's.) I have explained as best I can and posted sites for the ladies to read.... That there is Big difference between the two.. Thank you.



## **Terrye Tebbetts:**

Oh, my hero on this board, it is an honor to be here with you too! I believe we both have the same mission, to help and educate - and we can do this better- together! I would love to send you a copy of the book - just email me and we will get it out to you tomorrow!!!

As for the current cohesive confusion, here is my take and understanding: Dr. Tebbetts designed and developed the Allergan Style 410 Form Stable implant when Allergan was McGhan Medical back in the late 1980's - we traveled to Europe and introduced the implant in 8 different countries in 1990. The form stable implant is the only implant that you can cut a wedge out of, squeeze it and the silicone will not disperse from the shell. Although these implants have been available to women world wide since that European introduction, women in the US have not had access to them due to the silicone debacle that happened here in 1990 which resulted in the removal of silicone implants from the market by the FDA.

In the mean time, the Form Stable implant was allowed to be used under study in the US - 150 plastic surgeons in the US have been able to use the Allergan style 410 for the last 8 years - under strict study restrictions.

Then basically the same implants that the FDA took off the market were allowed back on the market in November of 2006 - with a lot of confusion. Both surgeons and manufacturers all muddied the waters about what cohesive really means or is - it's now kind of like cup size - there really is no definite definition of cohesive. So all involved are telling patients that all silicone implants are the same. And this is simply not true.

If you are interested in a silicone implant - be sure you ask your surgeon to truly define the type of implant you are going to get. Currently, the Form Stable Allergan 410 is only available under study from those same 150 surgeons. It is limited, but if you want it - you should get in on it ASAP as they just extended the study into April but its availability after that is not certain until the FDA decides if it will allow it out for use by all surgeons. I think they believe this will happen soon but no one knows when it will happen.

Conventional gel implants (cohesive, memory gel etc) are round and filled with a gel that according to the FDA, still have a risk of silent rupture and that all women who have them should have periodic MRI's to look for that silent rupture in the future.

Please remember, the Form Stable 410 is a shaped, highly cross linked gel implant - be sure you find a surgeon that has experience using shaped implants, measures your breasts to decide size and uses precise dissection techniques - not blunt! Women have chosen to nick name the 410 gummy bear - if you ever pick one up you will know why - it is an accurate description, but as we have already seen, confusion can cloud issues quickly - be sure you ask for a Form Stable Style 410 by Allergan - then you will know you are getting the only true "gummy bear" implant.

There is no perfect or best implant - only the implant that is best for each woman - they all have pros and cons - talk with your ps about which set of evils will be best for you to live with.

I hope this helps clear up some of the confusion





## Visitor Follow-up Comment:

Email sent!! I can not wait to receive and read your book.. Thank you so much.. as there is in fact "a lot" of very confusing information about Gummy Bears ( Form Stable breast Implants).

Same with Submuscular "vs" Subpectoral, as many PS's use the term Submuscular when they are placing Subpectoral, (just under the pec muscles) That issue could use your knowledge also. I have explained the differences many times.. YOU can give a much more in-depth, detailed, explanation.

I have posted sites that tell women the difference and ask them to "ask" their Ps "IF" they are utilizing certain muscles, etc.... at the bottoms of their breasts, to make sure, they in fact, have "true" Submuscular implant placement.

As not all PS's are trained nor skilled to even place them. Women have to seek out a PS with extensive experience in placing full unders ( Submuscular). Thanks so much. P

## Terrye Tebbetts

I agree - this over vs under issue is not being discussed on the level that it should be. There is an entire chapter in the book devoted to explaining the differences in partial muscle coverage, submammary placement and Dual Plane.

It all comes back to the measurements of the breast. If you have less than 2 cm worth of pinch thickness in the upper portion of the breast, then we need more soft tissue coverage to put over the implant - more of you to put over the implant so that you don't see or feel edges, your mammograms will be easier over time and so that the implant will age better with you.

Pocket location should not be based on what the ps normally does, or pain post op - - it must be based on your body and what you bring for coverage.

The advent and publication of Dual Plane has changed this entire discussion and MANY ps are now using this technique! The Dual Plane paper is located under the Resources section of our web site, [www.thebestbreast.com](http://www.thebestbreast.com) and Dr. Tebbetts wrote a blog piece for me explaining the subject in very easy terms - just click on the blog button on the home page of the website - I think it was posted in December.

Basically, Dual Plane techniques take away the 2 negatives of placing the implant Partially Subpectoral (more pain and lateral displacement) while giving you the better coverage and still allowing you to go out to dinner the night of surgery.

I think that women often think that the pocket location will have an effect on how their breasts will look post op - honestly, it really doesn't unless an implant is placed under VERY thin coverage and then you can see the edges of the implant and rippling. What makes a pretty augmented breast is an implant that is the right size for you - all the other choices (implant type, shape, filler, shell type, pocket location, incision etc) can be tailored to each specific women and her needs. But you have to start with a good foundation of decision making - and that begins with determining size based on the



breast you are going to operate on and I don't know how you do that or determine the pocket location if you don't measure the breast to begin with!

**Q: Overs:**

Do you prefer to place overs or unders for silicone? I am trying to decide between overs vs unders...What are your thoughts?

**Terrye Tebbetts:**

This is an easy one! Your body, your breast tissue should decide this for you!

This all goes back to the beauty of the High Five System of Measurement - if you have less than 2 cm of pinch thickness in the upper part of the breast, then you need more of you to cover the implant. Your tissue doesn't get thicker as you get older, it gets thinner (think about grandma)! So the decision must come from your body.

I think to date, a lot of patient and surgeons will even base this decision on post op pain - instead of tissue coverage. The advent of Dual Plane techniques has changed all of this! Dr. Tebbetts published this paper in April 2001 - Dual Plane techniques basically take away all of the negatives of placing the implant partial subpectoral (more pain and some lateral displacement over time) - so if we can give you more soft tissue coverage, your mammograms will be easier long term and you can still go out to dinner the night of surgery, why wouldn't you put it under more coverage???? And think about it, most women who want an implant (and I say want because none of us needed it!) don't have a lot up top or we won't want an implant!!

You can never go wrong with more of you over the implant - read the Dual Plane section in your book and be sure your surgeon is used to using the technique. You can also go to our book website [www.thebestbreast.com](http://www.thebestbreast.com) and then look under resources and you can read the actual scientific paper if you would like to!

**Q: Scarring**

Hi Terrye, I've been reading your comments to other questions posted and you have already eased my mind. "As long as your breasts are soft and pretty it's ok if they are a little unruly!". I like it! My question is about scarring. At 15 months post op, my right side scar has pink and white blotches and is smooth. Looks better all the time. I guess I heal slowly (age 49). The left has a slight indentation on the bottom half of the scar and you can feel the scar tissue underneath. It is darker than the other. I am very willing to be patient and give it a full 2 years to heal. Would laser treatment help in any way or even having the scar redone? Is the pink/white blotchy color normal?

**Terrye Tebbetts:**

When you are surrounded by breasts all day every day - you must be willing to find the humor in them too!!! They can be quite entertaining!



As for your incisions, I think patience is the key. They are looking better all the time so I would give them more time. I always worry when we start trying different things/treatments on the incision - - I probably am a little too conservative on this, but if we do something to that incision and it in any way compromises the implant pocket and implant, we are a much greater risk for infection and possible implant removal. So I would just stay the course you have been on and enjoy your fuller, firmer, pretty breasts and ignore the incisions!

**Visitor Response:**

Thanks Terrye, I truly appreciate you being here tonight. Cheers!

**Terrye Tebbetts:**

And to you too! Please remember, if you want a copy of the book (even though you have had surgery already, you still might find it interesting) just email me at [TTebbetts@plastic-surgery.com](mailto:TTebbetts@plastic-surgery.com) and we will be happy to get one out to you!

**Visitor Response:**

Thanks! I appreciate you generosity

**Q: Scar Sensitivity**

I am 4 months out and my scars around my areola incision site are somewhat hard "under the surface" and a little sensitive on one side more than the other - guessing this sensation would be "normal"???

**Terrye Tebbetts:**

I think what you are feeling is absolutely normal - and I would give an incision at least 1 year before you start critiquing it. Remember your incision is on one of the most sensitive areas on your breasts - so they may talk to you for a little while, but when the sensation normalizes it will be worth all the little tingles and shooting pains you are going through now. Tingly nipples are never a bad thing!

**Q: Pain?**

Okay - first let me say that I have had ZERO problems with my BA. 350 and 375 Silicone, HP - areola incision. They've softened up wonderful - and look so natural - just MORE full and nice and even. I couldn't have asked for more. I was @ my PS last Thursday and everything checked out great - can't even see the incisions unless you LOOK really HARD. But then this weekend....my left breast started to ache - but it is also the one where the nipple had been numb (only drawback so far). I'm about to start my monthly - so I'm thinking it's just that, but am a bit freaked out. Could it be the nerve endings coming back? I hope so -- my PS said all felt/looked perfect. It's just that I hadn't had any discomfort for about 2 months and now I do. STRANGE!!!!



**Terrye Tebbetts:**

Sensation is always a strange issue - it will come and go and bug you to no end until it normalizes and settles down - you did not say how far out you are from your surgery but I always tell our patients to expect strange nerve events for at least 1 year post op. The fact that your time of the month is on the horizon is probably the source of your ache, I bet it goes away just as fast as your cycle does!

**Visitor Follow-up Response:**

Thanks for the response. I am 3 months post op - surgery was December 23rd (Merry Christmas!). I'm probably overreacting - just because things have gone so well. It's not anything unbearable - just odd to appear out of nowhere!

**Q: High Profile vs. Regular**

I've read some controversial things about high profile implants. Does Dr. Tebbetts use these?

**Terrye Tebbetts:**

Dr. Tebbetts has a very strong opinion about the use of High Profile implants and has written a very interesting blog piece for me on this subject - you can read it in detail at [www.thebestbreast.com](http://www.thebestbreast.com) - just click on the blog button on the home page and it will take you right to this subject.

Discuss the pros and cons of each implant option you consider carefully with your ps - as I said before - there is no perfect implant, they all have a set of good and bad - but you must know what those trade offs are before you can have a good consult with a ps.

High profiles are controversial - learn about them before you just sign up for them!

**Visitor:**

I know that the smooth round silicone implants are out there and available- but I'm not sure what info I can trust- is there a good site you can recommend? for more research?

**Terrye Tebbetts:**

Smooth round conventional gel silicone implants are widely available and from several different manufacturers. Most ps will have a brand they prefer, but you can ask for specifics if you'd like.

Dr. Tebbetts prepared a spread sheet for our patients from the FDA's website so that they could compare apples to apples - saline vs silicone vs form stable silicone. I would be happy to email that to you - just email me at [TTebbetts@plastic-surgery.com](mailto:TTebbetts@plastic-surgery.com)

It is so nice to have implant options back after the era of simply saline - but you are right, you need to do your homework so you know what you are getting. I just responded to a question from Patty below



on the difference between the older silicone and the newer Form Stable implants - it may be helpful to you as well.

**Q: Same cc amount in both??**

Terrye- I have a few friends who have been to other plastic surgeons and they said they have used different volume amounts in right and left breast to make up for their size difference. They said I should do this too..... will this in fact make them the same?? or is that just fake?

**Terrye Tebbetts**

All breasts are different - pre and post op. When the breast envelope size is different - different width, amount of tissue, amount of stretch - no matter what implant you put in it - it is still different.

For example, if your left breast is smaller than your right, it would seem reasonable to ask you ps to put a larger implant in the smaller breast, right? But if you put a larger implant in a smaller envelope, then that breast will bulge more at the top looking more unnatural than the larger breast - does that make sense?

Dr. Tebbetts measures the breasts, makes sure each patient sees and understands the differences in their breasts - if you know they are different and you have always lived with those differences, chances are you will be happy with your implants and the new set of differences.

There is always trouble when a patient is expecting something that an implant can't fix. We all have to balance reality with wishes!

**Visitor:**

Hi Terrye

I am from Australia and I don't really know who you are, but your knowledge is amazing as is Patty's and I have had no luck with 5 surgeries in twelve months. I only wish we had more discussion forums here!!!

**Q: Saline vs Silicone**

Terrye, there have been many questions about saline vs silicone on this site. Could you please tell us the professional advantages and disadvantages of both?

Thank you

**Terrye Tebbetts:**

Whew - that is another book in itself! But fortunately, Dr. Tebbetts has prepared a spread sheet from the FDA's web site that I am happy to share with you all that I think will tackle the pros and cons in a very easy format. Just email me at [TTEbbetts@plastic-surgery.com](mailto:TTEbbetts@plastic-surgery.com) and we will be happy to email the sheet out to you.



## Nicole's ImplantInfo



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If the overall goal is to minimize reoperation rates, when you look at the implant data, a conventional silicone gel is likely to last longer than a saline implant, and then a form stable gel is more likely to last longer than a conventional gel. So even though when a saline implant deflates, it will not hurt you - it does send you back to the operating room for a replacement. Each trip to the or comes with its own set of risks. Conventional gels have a silent rupture risk, but that is less likely to happen than a saline is to deflate. Please look at the data from the FDA - I think that will do more for clarification than I ever could!

### **Visitor Response:**

Thank you Terrye. I will e-mail you.

### **Terrye Tebbetts:**

Ladies -

I enjoyed the discussion and questions tonight and I look forward to sending out lots of books tomorrow - so please email me so that I can hold up my end of the bargain!

Remember, there are advances that can make this operation last longer, be more successful and provide you with an amazing recovery - learn what your new options and choices are - your consults with your surgeons will only be as good as your research ahead of time!

Thank you! Terrye

### **Nicole**

Terrye, I know the women appreciate your time. And I'm sure they will look forward to reading the book as well. Thank you for being here tonight.