

Dr David Caminer

This is my 21st year in a very busy private practice. I had a further six years of training, which included two years as a plastic surgery fellow in the prestigious Cleveland Clinic in America as well as a plastic surgery unit in Bordeaux, France.

During my time at the Cleveland Clinic I gained much experience with implants, with a large proportion being explantation as this was in the middle of the Dow Corning silicone saga and all of these patients were concerned about having silicone implants in their body.

I have performed a large number of breast surgeries – reductions, augmentations and also a lot of breast reconstructions, both implant based and autologous tissue reconstruction. I have analysed my results as well as many other surgeons' results that come through my door. I have thus gathered techniques that I know to work and give the best outcomes.

My preferred implants are undoubtedly anatomical implants. Round implants do not make much sense to me; they fall short of giving nice lower pole fullness with a very sudden superior takeoff. Anatomical implants give you all what round implants do not - and a lot more. I believe you can fill the upper pole better with anatomical implants as you can vary the height compared to the width, which you cannot do with round implants. The only thing that a round implant does is give vou breast volume and a sudden takeoff whereas an anatomical implant imparts a much better shape to the breast.

I also believe that cohesive silicone gel gives the best look, shape and feel to the breasts when comparing them to saline implants. With saline implants, if you want a soft breast you need to underfill the implant, which results in wrinkling of the implant. If you don't want the wrinkling, you must overfill the implant, giving the breast a harder feel. Because of the wrinkling of the implant shell, you also need to place the implant in a subpectoral pocket to camouflage the wrinkling. With gel implants, a submammary or a subpectoral pocket can be used, depending on the patient's subcutaneous thickness and cover.

Over many years in practice, I have grown to like the Allergan 410 anatomical series very much. I also have used the Mentor range and use both of these implant companies exclusively as they are consistently reliable and tested for many years without any hiccups as in some of the newer implant companies.

I believe that the core study data on both Allergan and Mentor implants are very comparable, hence I do not hesitate to use either.

Depending on the patient's preference, each company's implants varies in dimension, and I try to choose the different dimensions of the different implants (base width, projection and implant height) to fit the patient's physical characteristics. I always use sizers and choose the most appropriate implant to give the patient her ultimate wishes.

Most of my patients request a very natural look and the most important dimension for this is the implant base width. There is a range within 1.5cm and depending on the patient's wishes with size, I can usually give them exactly what they request for in size.

All in all, breast augmentation remains a very popular operation due to the fact that implant technology is continually improving, offering excellent results with few complications and mostly very happy patients.