Subglandular mammary augmentation with aqua dissection

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Background: The traditional transaxillary approach of submuscular implant breast augmentation is accompanied by severe pain, heavy bleeding, and many side effects. This subglandular mammary augmentation with aqua dissection (SMAAD) is developed for cover above problems.

Objective: Surgery with little bleeding is characterized by mild pain, minor side effects, and a short operating time.

Methods: The main accomplishment of sub-glandular mammary augmentation accompanied by aqua dissection and the finger dissection without use of instruments through a half incision of the subareolar area pre-treated by the Klein solution (Aqua-dissection), which is the main technique used to minimize bleeding. An injection of 250 ml of Klein solution was inserted in each breast before incision and the finger-only technique was used for pocket dissection. A 200 to 350 ml textured cohesive gel implant was inserted. The drain-keep time was 2 to 7 days.

Results: Among the 600 operational patients, only 7 cases underwent capsular contracture and 4 cases experienced hematoma. An average operation time was short (about 40 minutes). This caused by short pocket dissection help of aqua dissection. The merits of SMAAD are numerous (a low rate of capsular contraction and short time operation and normal life was possible just after operation), which indicates why it could be said that an epochal method of implant breast augmentation.

Conclusion: This study was performed to evaluate the results of 600 cases of SMAAD. And indicates why SMAAD is a simple, less painful, and less side-effect-inducing surgical technique.

Keywords: aqua-dissection; finger dissection; Klein solution

Introduction

Breast augmentation surgery is a pocket-making procedure. The Pocket-making process is important; during this process there is usually a copious amount of bleeding. If there is way to make it easier with less breeding, a simple surgery would occur. The above reason indicating subglandular mammary augmentation with aqua dissection (SMAAD) has very important meaning. Before pocket dissection for implant, this SMAAD method use Klein solution. Together with expansion effect of water, can-

nula dissection effect, and epinephrine effect, the pocket making process could be done very easily and with less blood loss. That's why complication after augmentation is decreased.

Materials and methods

From 2002 to 2007, 600 cases of implant breast augmentation have been performed via the SMAAD method. In intravenous anesthesia, needle puncture was performed in an inframammary crease and 250 ml Klein solution were infused to the ret-

Received February 5, 2018; Revised May 16, 2018; Accepted May 21, 2018

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romammary fatty layer at each breast with a 15-gauge cannula (Fig. 1 [1]). After sufficient cannula dissection, a periareolar half incision was performed by using a 15-number mes (Fig. 2 [1]). Direct incision was performed by number 10 mes to retromammary fatty layer. Subsequently, a finger was only used for pocket dissection (Fig. 3 [1]). Cohesive gel implant was inserted (Fig. 4 [1]). The drain was inserted for approximately 2 to 7 days (Fig. 5 [1]). A stitch-out was completed on postoperative day 14. Follow-up was performed at 1 month, 3 months, 6 months, 1 year, and 2 years postoperatively to observe observations.

Fig. 1. Klein solution insertion. Cited from the book of Park KW. (Seoul: MD World; 2010. p. 46-119.) [1].

Fig. 2. Periareolar incision. Cited from the book of Park KW. (Seoul: MD World; 2010. p. 46-119.) [1].

Fig. 3. Finger dissection. Cited from the book of Park KW. (Seoul: MD World; 2010. p. 46-119.) [1].

Results

After 600 cases of operation, complication was developed as below Table 1.

Capsular contraction rate was 1.167%. This is an extremely low rate compared to other results. This may be caused by using texture implant and less bleeding via the SMAAD technique. Overall, the complication rate is also very low.

Fig. 6 [1] shows a reoperation case that was completed via an axillary approach 10 years ago and was re-operated via the SMAAD method. After operation, photos appear more natural than before.

Fig. 7 [1] shows skinny patient who has very small breasts with thin skin and a long nipple-to-nipple distance (18 cm). This qualifies a difficult implant breast augmentation; however, the results was good and the patient was very satisfied.

Fig. 8 [1] shows 3 cases of breast augmentation via the

Fig. 4. Implant insertion. Cited from the book of Park KW. (Seoul: MD World; 2010. p. 46-119.) [1].

Fig. 5. Drain insertion. Cited from the book of Park KW. (Seoul: MD World; 2010. p. 46-119.) [1].

Table 1. Complication rates

Symptom	Case (%)
Hematoma	4 (0.667)
Infection	8 (1.333)
Capsular contracture	7 (1.167)
Rippling	5 (0.833)
Sensory loss	3 (0.500)
Seroma	1 (0.167)
Mondor's disease	3 (0.500)
Galactorrhea	11 (1.833)
Implant rupture	1 (0.167)
Breast feeding difficulty	0 (0)

Values are presented as n (%).

SMAAD method.

Discussion

The most common headache of breast surgeons is the high complication rate, especially in the terms of capsular contracture. The reported capsular contracture rate was from 1% to 40% as indicated below: The capsular contracture rate for dow coming company review which used Dacron patch implant was 40%, for FDI review of Tebbetts [2] was 9%, for aesthetic breast surgery written by Lee [3] was 3% to 10%, for Shestak [4] was 15% to 20%, and Bricout [5] was 15% to 20%. Compared to the

Fig. 6. Before and after photos. Cited from the book of Park KW. (Seoul: MD World; 2010. p. 46-119.) [1].

Fig. 7. Before and after photos. Cited from the book of Park KW. (Seoul: MD World; 2010. p. 46-119.) [1].

Fig. 8. Before and after photos. Cited from the book of Park KW. (Seoul: MD World; 2010. p. 46-119.) [1].

above report, SMAAD had a very low rate of capsular contraction at 1.167%.

Put together by complication rate, operation time, satisfactory rate, and technique, this SMAAD indicates a simplified new breast augmentation process.

Conflicts of interest

The author has nothing to disclose.

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