

this issue

Let us answer some questions you may have

- Breast Augmentation: Is all silicone bad?
- Dupuytren's Disease : When do you need to operate?

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Breast Augmentation: Is all silicone bad?

Breast Augmentation is one of the most common cosmetic operations performed around the world. It is a procedure used to both enhance the size of breasts and sometimes to provide a lift. Implants for breast augmentation can be silicone or saline. Silicone implants are the most commonly used as they provide the most natural appearance with a lower complication rate. Implants can be placed under the breast tissue or under the pectoralis major muscle depending on the patient's preference and body shape.

Silicone implants have had, and still do, have a bad reputation. Current silicone implants from reputable companies are up to their fourth generation and are proven to be safe. So what are some of the myths about silicone implants?

1. Silicone implants cause breast cancer. This is not correct. In fact women who have implants have the same rate of breast cancer but often pick it up early due to a heightened awareness.
2. Silicone implants cause autoimmune diseases. Again this has been disproven by a number of studies overseas.
3. You cannot breast feed with implants. Although, a small amount of silicone is detected in breast milk after implants, this is not above the normal level and thought to be safe. There is no effect on the ability to breast feed.
4. You cannot have a mammogram. Again this is not correct. Mammograms are still possible, however MRI are the gold standard for women with implants.

Implants can however have complications. These include: rupture (rate 2%, often confirmed by US and require replacement) and capsular contracture (rate of 5%, often mild, however if severe require replacement) as the most common .

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Dupuytren's Disease: When do you need to operate?

Dupuytren's disease is a condition that is a part of a large group of disorders termed dermatofibromatosis. It affects the palmar fascia of the hand causing flexion contractures of fingers as the disease progresses.

The ring finger is most commonly affected, followed by the little finger and thumb. It classically occurs in 3 stages, nodule, fibrous band and then contracture. The rate of progression varies in each person.

The cause of dupuytren's has extensively been investigated. Genetic inheritance is the single most important factor. Many other factors (alcohol, manual labour, diabetes, anti-epileptics etc.) are thought to contribute but there is no evidence to support this at this stage.

Dupuytren's diathesis is the most severe form of the disease. It is characterised by early onset, radial hand disease, recurrence, strong family history and disease in the feet (Lederhosen disease) or penis (Peyronie's disease). These patients have a bad prognosis and are often crippled by the age of 40.

So who needs an operation? My approach is to offer operations to people who have:

1. Painful nodules or bands.
2. Functional impairment.
3. >10 degree flexion contracture at MCPJ or any contracture at PIPJ.
4. Unable to place hand flat on table.

Are there other options for treatment? Yes. But most are temporising measures. These include:

1. Splinting hand to slow contracture development.
2. Percutaneous fasciectomy: Good in elderly people but recurrence rate high.
3. Collagenase injection. Being trialled overseas. Some good results but tendon rupture rate 4% is too high to use as first line treatment.

Introducing the newest member of the WPRS team!!



... Hugo Alexander Toma ...

Arrived safely on the 19th of October 2012.

Weighing in at 7lbs 5oz

Mum, Dad and baby are all doing well.