

Breast Enhancement Surgery



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At one time the only solutions available to a woman with less than optimal breast shape and size were camouflage clothing and padded bras. Today, breast enhancement surgery is one of the most popular cosmetic procedures performed. Advances in surgical techniques and breast implant designs have

made breast enhancement surgery a readily available solution to less than perfect breasts with recovery periods of ten days to two weeks.

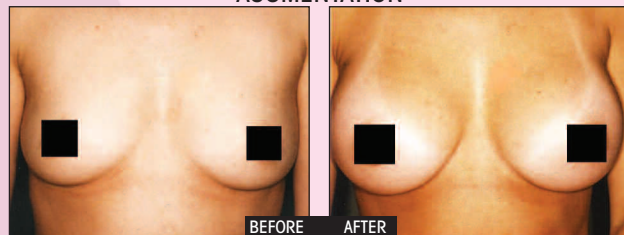
There are two types of implants available, saline-filled or silicone gel filled. There are also different shapes and textures available in both the saline-filled and silicone gel filled implants.

Until recently, silicone gel implants were considered experimental, and use of these implants had to fall within specific guidelines established by the Food and Drug Administration (FDA). The FDA recently approved the use of silicone gel implants for patients aged 22 years or older who, prior to surgery, are given specific information about the implants to review and who are given at least one to two weeks to decide if in fact they still wish to have silicone gel implants or would prefer saline-filled breast implants.

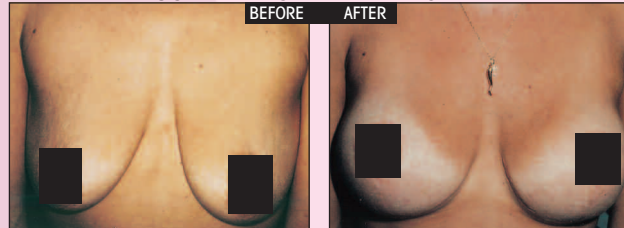
Saline-filled implants are made of medical grade, biocompatible flexible silicone shells filled with sterile saline solution. Should an implant rupture or leak occur with a saline-filled implant, the saline is safely absorbed by the body and poses no health hazard.

Breast enlargement or augmentation mammoplasty is the surgical placement of an implant behind each breast to increase its volume and enhance its shape. Implants can be placed either directly beneath the existing breast tissue or under the chest muscle immediately below the breast tissue. The decision for where the implant is placed should be

AUGMENTATION



AUGMENTATION AND BREAST LIFT



made by the surgeon. The surgeon's decision will depend on the patient's existing breast and body configuration, amount of subcutaneous tissue present or the individual surgeon's preference for one technique over the other.

When a woman's breasts have become sagging or ptotic, a breast lift or mastopexy may be required in order to obtain a more aesthetically pleasing shape. A mastopexy removes excess breast skin to raise, reshape and firm the breasts. The breast nipples and areolas (pigmented skin surrounding the nipples) are repositioned. The areola may be reduced in size at the same time, if necessary.

In some instances, both augmentation mammoplasty and mastopexy are performed at the same time to achieve the best possible result.

The surgeon chosen should be Board Certified by the American Board of Plastic Surgery. The American Board of Plastic Surgery is recognized by the American Board of Medical Specialists (ABMS). Since 1934, specialty Boards recognized by the ABMS have been certifying the competency of physicians who wish to specialize in a specific medical field such as dermatology, internal medicine, obstetrics and gynecology, otolaryngology, pediatrics, general surgery, thoracic surgery, plastic surgery, etc. Each specialty Board certifies the competency of physicians who have continued their training (usually an additional two to seven years depending on the specialty) beyond M.D. licensure. With specific regard to aesthetic/cosmetic surgery, the American Board of Plastic Surgery is the only board recognized by the ABMS.

To become an American Board Certified Plastic Surgeon, after receiving his or her M.D. degree, a physician must complete an additional five to seven years of additional training in the specialty of plastic surgery AND pass intensive evaluation examinations given by the American Board of Plastic Surgery designed to assess the knowledge, skills and experience required to provide quality patient care in plastic surgery.

Dr. Bongiovi is certified by the American Board of Plastic Surgery and is a Fellow of the American College of Surgeons. He is also an active member in the American Society for Aesthetic Plastic Surgery (ASAPS) and the American Society of Plastic and Reconstructive Surgeons (ASPRS) in addition to numerous other medical organizations and societies. He has held the positions of Chief of Staff at Desert Springs and Valley Hospitals, Chief of Surgery at Desert Springs Hospital, Vice-Chairman of Plastic Surgery at Sunrise Hospital and Chief of Department of Plastic Surgery at Women's Hospital and Desert Springs Hospital. He is currently Chief of the Department of Plastic Surgery at Desert Springs Hospital.

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