Correction of Symmastia Using an Adjustable Implant

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Symmastia results from bilateral breast overexpansion, where the implants are displaced medially. In the 1960s, the adjustable implant was described (1). Several case series have been published since then (2-4). The principle of delayed filling has been advantageous in preventing circulation and muscle suture disruption. Many patients have sought a more permanent solution for correction of the problem.

METHODS

The original technique involved bilateral implant revision with the implants not being completely filled at the time of repair. The implants were then filled to the desired volume and the adequacy and symmetry of the repair were assessed. The implants were not completely filled at this time as a result of the tension created by the implants.

A new technique of correction using adjustable implants is described. The suture repair is allowed to gain sufficient strength before gradually filling the implant.

RESULTS

A total of five cases have been successfully treated by three surgeons (Figs. 1, above, left, and 2, right). All patients had overaggressive dissection of the implant pocket with symmastia as a result of tension created by the implants. The expanders are conical and the appropriately sized adjustable implants are inserted. The implants are not completely filled at this time as a result of the tension created by the implant.

DISCUSSION

Corrective surgery has been successful in many cases. The advantages of delayed filling have been demonstrated in the correction of symmastia. The advantages of delayed filling include allowing the suture repair to gain sufficient strength before gradually filling the implant. The ability to delay filling has been advantageous in preventing muscle suture disruption. Many patients have sought a more permanent solution for correction of the problem.

REFERENCES

