Discussion by Ian T. Jackson, M.D.
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I was very pleased to see this article and I am even more pleased to provide a discussion. Having used external filling ports extensively and having published on these, we recently reviewed a further large number of our cases and have found that, in fact, we had fewer complications with these devices than have been reported for internal reservoirs. The success of this technique in general reconstructive surgery led us to use the Spectrum implant with external ports, and to this date in a small number of cases, we have had no complications associated with the external injection domes.

In our cases, again stimulated by the experience of reconstruction elsewhere utilizing tissue expansion carried out by the patients themselves or parents, we have allowed our breast patients to also perform their own expansion. This approach is not only convenient for the patient but it also encourages them to perform the expansion more frequently, introducing small volumes on many occasions. The judgment of this we leave to the patient.

What is very important is the economic impact of this. If one considers that a number of patients travel long distances, take time off work, and hire drivers in some cases, the exteriorized dome results in a significant decrease in the overall cost of breast augmentation.

In terms of persuading patients to have this technique performed, this has not been difficult. We have allowed them to discuss this approach with other patients, and having done this successfully, I would not think of using any other type of expansion unless the patient was totally opposed to it.

I congratulate Dr. Becker on having the courage to pursue this method and on reporting it in what I consider to be a significant number of patients. He shows that this approach is efficient, patient-friendly, and from our own experience with exteriorized injection domes, extremely cost-effective.

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