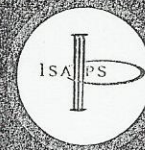


# Turkish Society of Aesthetic Plastic Surgery Congress &



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### program and abstract book

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## **CAPSULAR CALSIFICATION MAY BE AN IMPORTANT FACTOR FOR THE FAILURE OF BREAST IMPLANT**

**Nazım Gümüş**

*Department of Aesthetic, Plastic and Reconstructive Surgery, Adana Numune Research and Training Hospital, Adana, Turkey*

*gumus1970@hotmail.com*

Nowadays, breast augmentation is one of the most common aesthetic surgical procedures in plastic surgery practice, but is not entirely free of complications, such as haematoma, seroma, implant displacement or rotation, capsular contracture, rippling, disfigurement, perforation and calcification in both early and late implantation period. Among them rupture of the implant in the way of tears or leakage, may be considered as an end point of the all complications, leading to finish the life-span of the prosthesis in vivo and needing explantation.

Presented here is a new possible reason for implant failure with a ruptured breast implant involving severe calcification, suggesting that calcification of either implant shell or fibrous capsule is capable of developing implant failure with tears or leakage in the older implants over time.

06

## **DOES THE SYMMETRY OF THE BREASTS CONTINUE AFTER AUGMENTATION MAMMAPLASTY?**

**Nazım Gümüş**

*Department of Aesthetic, Plastic and Reconstructive Surgery, Adana Numune Research and Training Hospital, Adana, Turkey*

*gumus1970@hotmail.com*

Augmentation mammoplasty is one of the most common aesthetic surgical interventions, which proves excellent results that cause high rate of patient satisfaction. In this study, our main aim was to learn whether breast symmetry might carry on after augmentation or not. The study included 21 patients who had hypomastia with or without grade 1 ptosis. Mean ages were 27 years. Each patient was assessed for ptosis, asymmetry of the nipples, inframammary fold position, base constriction, breast mound, and finally chest wall. Asymmetry between the breasts was accepted a cause for excluding from the study, preoperatively. All of the patients who had symmetric breasts underwent augmentation mammoplasty using gel filled breast implants, whose implantation, infraareolar incision and prepectoral subglandular placement were chosen.

Breasts were evaluated by four independent surgeons and patients, themselves in with relation to ptosis, asymmetry of the nipple-areola, inframammary fold position, base constriction, breast mound, skin wrinkling, double-bubble appearance, rippling and softness every 12 months later the augmentation. Less visible areolar scar took place