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Summer Issue 2008 €

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# 5 PAGE SMILE SPECIAL



BODY



# Macrolane Breast Enhancement

by Dr Házem Kahlout  
Medical Director, Castleknock Cosmetic Clinic


**I**t is a privilege to have been chosen by Q-Med to be the first cosmetic doctor in Ireland to be trained in the use of Macrolane for body contouring and reshaping. More than 40 years have passed since the first breast augmentation procedure was performed. In studies asking women about the reason behind undergoing breast enhancement it was found that 27% wanted to return to improve the shape of their breast, 29% wanted more fullness to the breast and 32% were not happy about the shape of their breast after weight changes, let it be weight loss or following pregnancy. Only 17% of women wanted larger breasts the like of double D's and so on.

We know that more than 20% of European women and around 35% of their American counterparts consider breast augmentation. However it is a fact that up to a third of breast augmentation surgery undergo a re-do in the first year; no wonder only 1 to 2% of women interested in improving their bust will actually proceed with an operation. Many women choose not to go ahead with breast surgery due to their concerns. Apprehension regarding undergoing a major operation with risks of general anaesthesia, scar formation, silicon leakage, bag rupture and irreversibility of the procedure are real to many people. Scientists in Q-Med realised the considerable gap existing and the need for a viable alternative to this ever increasingly popular procedure.

Q-Med is the Swedish Science laboratory that brought us Restylane; which is a hyaluronic acid. Hyaluronic acid (HA) is a naturally occurring substance present in all living beings and in the human body in abundance. Synthesised HA has been used for soft tissue augmentation for more than ten years now with more than 10 million treatments performed worldwide. Given the experience and safety profile HA enjoyed through its use in Restylane products, it formed the ideal foundation for Macrolane production. Macrolane is a long lasting form of HA. In 2002 clinical trials started in Q-Med's clinical laboratories in Sweden to come up with a protocol, methodology, safe dose and technique and to evaluate risk factors and observe resultant benefits and implant duration when injected

around the breast. By 2006 adequate positive data were harvested and Q-Med was ready to release the newly formulated gel known then as 'Macrolane Sub-Q'. In the space of 18 months to the August of 2007 more than 1000 cases were performed in selected Japanese clinics. Leading scientists further evaluated the safety and also looked at enhancing the procedure further. They also observed closely the gel amount needed for aesthetically appreciable breast enhancement in relation to various breast cup size and shape. They looked closely at the duration Macrolane had lasted in the breast. What emerged is that Macrolane body shaping and breast enhancement is highly technique dependent and lasts for one to two years on average with the ideal amount being 100 millilitres per breast.

Following the Japanese experience, the compound was further refined and the decision was taken to only issue the



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licence to practice Macrolane Breast Enhancement to doctors competent in the advanced use of dermal fillers and following hands-on training. The new formula which is now in use since late summer of 2007 is Macrolane VRF replacing Macrolane Sub-Q which is now obsolete. The VRF formula should feel more natural and has an accumulative effect with future administration. We are also hoping that the expected duration will be longer; however it is early days to predict. Future top ups are currently forecasted a year down the line and thereafter 18 months later and so on depending on the initial amount injected, the breast size and level of physical activity.

I perform the procedure under local anaesthesia. The procedure takes between 20 and 40 minutes to complete. The gel is injected using a needle leaving minimal trauma at the point of entry just under the breast. An advantage

Macrolane has against traditional silicon bag augmentation is our ability to strategically administer it in certain areas of the breast in a tailor-made fashion according to the original breast shape and size. In doing so, natural breast profile is achieved compared to a standard size silicon bag that could mean one size fits all. Being a gel, a couple of weeks later it should be difficult to appreciate a palpable textural difference between existing breast tissue and the Macrolane in-situ by the patient, unlike the effect observed by an independent silicon bag that could feel foreign to the body.

To insure the best possible outcome once I perform the procedure I ask my patients to wear a supportive bra akin to that worn by a nursing mother for a period of two to three weeks during which I tell them to avoid strenuous activities or exposing the breasts to excessive heat e.g. sauna and sun-beds. The majority of my patients report mild breast discomfort that evening which settles by the next day. All patients are able to resume normal daily activities the next day if not the same day.

Macrolane breast enhancement is not a replacement for traditional breast augmentation with silicon or saline bags. The procedure is best suited for breast cup sizes A and B and for women who desire to improve fullness and correct breast shape irregularities. Patient selection is paramount for the success of the procedure. When done correctly the results are gratifying for both doctor and patient. I see all my patients on a separate pre-procedure consultation which I feel is a responsible approach to weed-out those who are not suitable.



#### Upper Pole Fullness



#### Lower Half Fullness



#### Side Fullness



Suitable patients in my practice are those who have realistic expectations of the procedure outcome. It is unlikely that more than 1 to 1½ cup sizes will be gained by using Macrolane despite misleading claims and exaggerated publicity. I advise women who have recently been pregnant or are breast feeding to defer the procedure for at least six months. The Macrolane should not interfere with future pregnancy and breast feeding potential as the gel is not injected in the breast tissue rather between it and the chest wall. Erring on the side of caution, women who have a strong family history of breast cancer or if they had breast pathology in the past are advised not to proceed without careful consideration and some preliminary investigations like an MRI or mammograms.

Any medical procedure is subject to undesired side effects and possible risks. Macrolane breast enhancement side effects are considered uncommon and transient. Some redness, swelling and pain are normal expected reactions following any injection procedure. Other side effects are technique dependent and are minor in nature. There is an unlikely risk of bruising that should settle down within a few days should it occur. Infection is always a concern, and I routinely start my patients on a prophylactic antibiotic prior to the procedure.

The injected gel may on occasions cause a localised reaction with the surrounding tissue. This reaction is not unique to Macrolane and is observed following the placement of any foreign material within the body. The condition is called encapsulation. This reaction is reported in studies to be mild, moderate or severe. The first two grades of the condition occur in about 10% of cases. In all patients mild to moderate encapsulation resolved spontaneously thereby considered to be self-limiting. The latter of the three happen in 1:1000 cases and minor intervention is required to resolve it. It is simple to deal with by a trained doctor and is completely reversible with no residual effect to either the shape of the implant or the future duration of breast enhancement.

Macrolane enjoy the ability to correct, add, remove or subtract from the volume initially injected with minimal fuss. If a patient who opted for a certain amount and then decided to alter it, it could be done with minimal effort from about four weeks onward.

Other applications of Macrolane in the body are just as exciting as its use in the breast. Macrolane is intended to add volume wherever needed. We have had excellent results using it for buttock augmentation for those who desired better fitting jeans or a J-Lo look. However, the exciting development is in the area of penile enlargement. To date penis enlargement is performed using fat harvesting and transfer, which could be traumatic and require multiple sessions. When Macrolane is injected in the penis it adds considerable girth fullness to the penis with immediate results and minimal fuss.

Macrolane is not a cheap alternative to breast augmentation and should not be viewed as so. There are advantages and disadvantages to every method that patients choose. When it comes to Macrolane breast enhancement advantages are minimal intervention, short or no recovery time, local anaesthesia, naturally occurring compound and the option to reverse or further enhancement if need be or desired. Macrolane adds to the one option patients have had prior to its introduction which is surgery and it is understandable the level of interest it has generated worldwide. The cost of Macrolane breast enhancement is highly dependent on the amount injected. At Castleknock Cosmetic Clinic the cost is around €3500 for 200ml augmentation (100ml per breast). Expected future top ups are around €1500 to €2000 initially one year later and thereafter on longer intervals.



Dr Házem Kahlout is a cosmetic doctor with dermatological interest in the ageing face. He is the Medical Director of the Castleknock Cosmetic Clinic.  
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