



*The following is a transcription of Terrye Tebbetts live question and answer session on ImplantInfo.com on September 30<sup>th</sup>, 2009. Many women from around the country joined the session to ask her questions about breast augmentation and breast implants. Ms. Tebbetts is co-author of the books *The Best Breast* and *The Best Breast 2*. She has managed one of the world's largest and most sophisticated breast augmentation practices for twenty years, making her one of the most knowledgeable women in the United States about breast augmentation from both the patient's and surgeon's perspectives. Read on and enjoy the discussion.*

**Terrye Tebbetts:**

Hello Ladies – thanks for the opportunity to hang out with you all for a little while tonight – I love the live sessions because we can actually communicate and work through the issue instead of having to come back and see if someone responded – so fire away.....I am here to help. Terrye

**Q: Correcting and Preventing Bottoming Out**

Hello and thanks in advance...

I am 5 yrs post-op and have bottomed out. I have saline under the muscle implants with 410 cc's, which fits my frame well. I was wondering what your opinion is on the best way to correct it and prevent it in the future. I am planning on having a redo to switch to silicone and to have this corrected. I work in law enforcement and have to wear a vest, which puts weight on my chest. What's the best procedure for me to have this fixed? I also will wait 6 weeks after surgery to wear the vest. Thank you.

**Terrye Tebbetts:**

Whenever stretch occurs in the tissue, it is always difficult to predictably fix. There are a few surgical techniques that can be use to reinforce the inframammary fold area and switching to a silicone implant, I believe, is the right move as they tend to put less weight on the tissue long term. But the best thing that can help prevent this from happening again, and you won't want to hear this, is to go down in size. If your tissue did not hold the 410cc well the first time, it is unlikely it will cooperate this time. I trust you ps suggested you go down in size???

**Follow-up Comment: Glad I Asked!**

Thank you very much for your response. My PS did not mention going down a size. But if that is what is needed to prevent it, I can definitely live with a smaller size. I also developed some rippling on one side, which hopefully silicone will help that too.

When I first starting researching BAs, "The Best Breast" was the first thing I wanted to get my hands on and was very informative. I trust your advice and thank you for responding!

**Terrye Tebbetts:**

I am so glad you are open to a slight downsizing - that will help not only with the bottoming out but with the rippling too - there are 2 kinds of rippling - one from under filled implants and one from any implant that is too big for you - so if your implant was heavy enough to cause the bottoming out - it may have contributed to the rippling too - hopefully you can kill two birds with one stone here!



And thanks for your comment on the book - glad it was helpful!

**Follow-up Comment: I knew I should post here tonight!**

Your advice makes a lot of sense to me. The PS I went to for a consultation on a redo (not the original PS) confused me. He suggested the possibility of going even bigger- which I don't want. I thought smaller would help- at least with rippling. It didn't occur to me the weight of the implant itself would be a factor for me because I always thought it was the vest I wear at work that caused the bottoming out.

I am glad you are here tonight. You really made my day! I couldn't wait to post!

**Terrye Tebbetts:**

I really don't think there is a better group of women out there to help you through these issues and questions - although we may have differing opinions and experiences, the community here is here to help and see that everyone is welcome and benefits from their time here - so we are glad you were here tonight too.

Now all you have to do is keep us posted on your progress as you head into your re-do!

**Q: Rice Test - How is this done ?**

I'd like to determine what would be the difference in CC's. Could someone let me know how to do the rice test?

**Terrye Tebbetts:**

Red's post to point you to the FAQ should give you a good idea of the rice test, but I would encourage you to also think about measurements as you try to determine size with your ps - I can email you a measurement how to sheet if you'd like to try it - just email me at [Ttebbetts@plastic-surgery.com](mailto:Ttebbetts@plastic-surgery.com) Terrye

**Q: How Long Does Dropping and Fluffing Take?**

Hi Terrye!

I just had my BA last week, so I know it's still kinda early but I'm wondering, how long will it be before I really know what size I am? How long is the "dropping and fluffing" process? When should I expect it to happen?

**Terrye Tebbetts:**

Have you heard the old expression a "watched pot never boils?" Right after surgery I think it is so hard for women to wait and see the dropping and fluffing process because we have waited so long to get them - we want them to hurry and do it! But in reality, it takes on average about 4-6 weeks for them to not feel and look engorged (or like they are in a push up bra all the time) and really a good three months before they feel like they are part of you and you can truly go try to figure out what cup size you will be.



If your ps put you in a special bra or strap, please disregard this suggestion but if he/she did not - then right now is the perfect time to play with the new look in things like camis with shelf bras - they are colorful and can be worn to be seen or not, they fit you right after surgery and three months from now.

Don't worry it will happen - just takes a little time!

**Follow-up Comment:**

LOL @ "the watched pot never boils." I totally know what you mean. I guess I'd better find something to get my mind off of them for a few weeks!

Thanks a bunch!

**Terrye Tebbetts:**

You are welcome - and it will happen, but there are so many things to enjoy now too! I got your email and will send you a book out tomorrow - it will help too as you go through some of the other adjustments as they settle during the next few months. I often have patients tell me they refer back to the book even more post op than they did pre op - just to be sure all is going well. I would love to know what you think about it after you have a chance to read it.

**Q: More on Dropping and Fluffing**

I'm only 5 days post op-I know it's very early but I can't help wondering when they will drop and fluff and all that good stuff. Also, I have a really full/tight feeling and I wonder when it goes away. And how long do I have to where this damn strap?!

**Terrye Tebbetts:**

I am with Red on the strap - your ps has to make that call. But most patients tend to see the "dropping and fluffing" deal happen within the first 4 - 6 weeks after surgery. It requires a little patience but you will get there - just enjoy the different stages as they do drop - and see how different clothes fit - have fun with it and wait to buy real bras (figure out what cup size you are) until you are about 3 months post op. Terrye

**Q: what size?**

I'm 5'4 150 but muscular...teach aerobics. Went for pre-op today for lift and implants. I want to be a full C I believe. I want to go as big as I can without it making me looking heaving. I'm probably a mid B right now. I wear a 36 C in the VS Very Sexy Pushup bra but don't quite fill it out. My PS suggests I do 425 cc. Is that a lot? Some friends told me that would make me a big D. Any comments would be appreciated!!!

**Terrye Tebbetts:**

CC - How do you know you need a lift? Do you know what the nipple to inframammary fold distance is? You must have had some stretch along the way????

**Follow-up Comment**



## Nicole's ImplantInfo



[www.implantinfo.com](http://www.implantinfo.com)

Yes def need a lift...he did the measurements but don't know what they are now. I've had one child and honestly have never had "perky" breasts. They are almost tuberous breasts. The implant I'm getting is a mod profile so we can create more of a base as well. Also this is something that I have thought about for a long time. Over the past three years I have gotten a consult from the same Dr and others. Three years ago I didn't need a lift..in the past year I have. I've also lost and gained weight a few times.

### **Terrye Tebbetts:**

Ok - with a tubular breast and stretching issues, then it sounds like you are on the right track - the width of that implant may very well be what is needed to help round out the bottom part of your breast. If your ps measured - then I am sure the recommended amount will be in the ball park for you - because you guys used your tissue to plan the operation - good work!

### **Terrye Tebbetts:**

Down below there is a post - like many others I have seen here - asking for help in determining size ~ those of you who have read my posts before know how much we rely on our patient's tissue to help determine the implant size - we chose to implement a measurement system called High Five to help take some of the confusion and guess work out of picking the implant size. When you rely on subjective things like sizers, cup size, rice tests and photos of others - the problem is - none of those methods take into account the breast envelope and tissue you will be operating on. So to plan your operation, if you and your ps apply a measurement system to the process - you are more likely to achieve a result that looks like it belongs on you and will age gracefully with you and be the least likely to cause you more risk of reoperation.

Now it is true - you can put ANY implant in any breast - but if you ask the tissue to go where it hasn't been - you are opening yourself up to all the risks and revision reasons we see on here every day - traction rippling, bottoming out, edge visibility etc - - so you have to be very aware - if you want to push your tissue now, what does that mean to you in the future and is it worth the temporary gain to you?

All of these issues you should go over with your ps - they want you to have the best long term result as much as you do - everyone just has to reconcile what you want with what your tissue will realistically allow you to have.

Just food for thought.....

### **Q: Question About Fat Transfer to Cleavage Area**

Hi Terrye, thank you for being with us tonight. I live in Canada and had my BA in March 2006, unders, tear drop 410MX 290gr. I'm petite, about 5' 1", 110 lbs so the PS advised for under placement. I didn't want to be too big but PS said that this was the smallest volume he could put in for them to look nice. I didn't know back then about sizes, etc. So I didn't know what he meant. The problem I have now is that, the base of the implants do not match my breast base. They are actually smaller by about 0.5 inches. So one can actually see an arch that cuts/goes into my breasts whenever I flex. I feel very uncomfortable with that as I find it makes obvious that I have implants. So I can't wear any tops that come a bit low because I see that arch. I have read that fat can be transferred to the breasts to either augment or to cover implant edges. Do you think I



should try that option or just change implants to match my breast size? I really don't know what the best option is since with both options there could be complications and I don't know which one is riskier. I also don't feel so comfortable with the projection but I don't know if less projection would make them look droopy. Any advice? Are you or your husband familiar with fat transfer procedures to the breast? Thanks for your opinion.

**Terrye Tebbetts:**

Yes, the fat transfer question keeps coming up - it is not a widely used procedure here in the US...yet, I think in part due to the trouble US ps experienced with fat transfer to the lips back in the day. Fat is very sensitive and needs its blood supply - I know there is talk, but I am not sure the science supports the talk yet. The folks over in the UK are pushing it too - but I just have yet to see the published reports that it really works well long term.

As for your implant dilemma, I am not sure that I completely understand what you are seeing - are you talking about seeing the implant edge in the medial area (over/near the sternum)? I would love more details if you can. I do have very nice experience with a ps in Canada that I can share with you and who has a TON of experience with the form stable implants.

The distortion you are seeing may very well be a muscle issue - not an implant size issue.....

**Follow-up Comment:**

Terrye, Yes. I see something which is actually the edge of the implant in the medial area close to the sternum. One can see it even when I'm not flexing and it's right where the implants end, which is not where my breasts end a little bit closer to the sternum. Could you please tell me who is the PS here in Canada and what other details I could give you for making the problem clearer?

**Terrye Tebbetts:**

Sure - just email me at [TTebbetts@plastic-surgery.com](mailto:TTebbetts@plastic-surgery.com) and I will get the ps information for you - I am doing this from home and don't have all my contact information with me.

Also, if you want to send photos to me of what you see, perhaps I can be of better assistance. The best way to take them without distorting your chest is to stand with your hands on your hips and take them from neck to waist - a front view and a lateral or profile of each breast. I will pass them along to Dr. Tebbetts too so he can help us out!

**Follow-up Comment:**

Thanks so much for all your help. I'll take the pictures and email them to you.

**Terrye Tebbetts:**

Perfect - I look forward to seeing them and trying to get you to the right place for another opinion.

Your situation once again proves, there is no substitute for good soft tissue coverage!

**Q: Yoga/implant displacement**



Terrye: Can you tell me if practicing yoga twice a week can cause the implant to move? I am reading conflicting info on exercising the chest muscle and distortion. Yoga is not really "building" the chest though - your thoughts would be appreciated! Thanks!

**Terrye Tebbetts:**

There are three basic placements of the implant (and yes, I am skipping subfacial for the moment) 1. Sub mammary, 2. PRP - basic subpectoral placement (partially under) and 3. dual plane placement

The first order of business in pocket location is Soft Tissue coverage - if you have less than 2 cm in the upper portion of the breast, then more soft tissue coverage is generally recommended. Most women who want an implant don't have much up top so they tend to need more coverage but would often choose "overs" to avoid more pain and the possibility of distortion. In the past, with traditional PRP placement - those were the trade offs - more pain and lateral displacement or window shading over the implant. The advent of the Dual Plane placement and technique has basically eliminated those two negatives - so if there is no real negative to more coverage over the implant, your tissue is only going to get thinner as you get older and radiologist prefer more coverage for better imaging, why not?

In my 20 some odd years in this specialty, we just don't see displacement or distortion - especially with the newer techniques.

I have seen Dr. Tebbetts turn away patients who had too much pec - had built up too much muscle and there would be no way to blend it with the implant - but just the average person, staying in shape and being fit - yoga, boot camps, Pilates - I don't have any experience with these normal fitness activities moving an implant.

I think you are safe - if you are just staying in shape and fit. And usually more soft tissue coverage over an implant is a better choice long term.

**Follow-up Comment:**

Thanks Terrye! You and I have had our phone "conference" and you have all my pictures. I know that we will be going dual plane/ silicone/. Just wanted to put my mind at ease! Thanks for being here tonight!

**Terrye Tebbetts:**

No problem! Glad I could clear up that issue!!

**Q: BA With Current Autoimmune Disease**

I am curious because I have a present auto immune disease (chronic auto immune thyroiditis) and was just wondering if breast implants of any type caused any problems. I just don't want to do anything that may cause me to get any other auto immune diseases or complications with my BA. I am going to ask my endo about this Friday but I wanted to ask you if you had patients that had present autoimmune disease and has done well with implants. Thank you so very much.

**Terrye Tebbetts:**



This is a tough one - I just had a visit with a patient who was an awesome candidate for implants and really got all the information and, quite honestly, really needed the implants, poor thing! But in the end when we discussed some of the medical issues, she revealed to me that she has Fibromyalgia. It is under control now, but she asked me the same thing you did above.

Breast implants do not cause auto immune diseases, but (and you knew this was coming, right), but - if you change anything in your routine and your chronic auto immune thyroiditis status changes in ANY way - most likely the edno will have to blame the most recent change - the implants. No one knows exactly what causes auto immune conditions to flare up or not - endos are the best detectives on the planet - constantly searching for reasons why your condition might have changed.

In the book, we caution very seriously about adding an implant to a body that has an auto immune issue - I just don't think it is worth it.

Sorry I can't be a better cheerleader on this one....

#### **Follow-up Comment:**

Thank you SO SO much for your honest answer :) I agree. It isn't worth it and I REALLY need boobs..LOL..I am flat as they come. I can't even fill up an A cup! Thanks for your time. I do appreciate it so much.

#### **Terrye Tebbetts:**

You are so welcome - I respect the fact that you are feeling all of this out and doing your research - still run it by your endo - but have a feeling they will say the same thing.

You know, BA is a reasonable thing to do for yourself if all the stars align - because you can't change your breast in any other way - so to contemplate surgery - it's reasonable. But implants are ALWAYS - no matter the situation - something we WANT - not need and if there is even a hint that it or they might compromise your health - then the decision becomes really easy!

#### **Q: Risk of Infection in Revision Surgery**

Just to have another opinion besides my ps...What are the risks of me getting another infection in the same breast when I go back for my revision/replacement? I am starting 3 types of anti. 3 days before the surgery. Is there anything that I can do to prevent this from occurring again?

#### **Terrye Tebbetts:**

Breast implant infections are BAD deals as you well know now. It is never easy to go through one and it is even harder to hear what I am about to say - but you asked....

In our practice, we educate our patients ahead of time about the risks of infection and how we handle them if they happen - Dr. T is very adamant about this in the book - it is the only post op risk that can actually make you really sick really fast - the only thing that can really hurt you in BA. So our policy is - at the first sign of an infection - both implants come out and they stay out. Once the intracapsular space is infected, it is almost impossible to cure it with surgery/drains/betadine flushes and high powered antibiotics - as long as it stays there it acts like a splinter and just



creates more problems and puts you at risk for more tissue damage. To replace the implant - you have to go back to basically the same pocket location - having been through the infection - that pocket is more likely to be at risk for a secondary infection and capsular contracture when reimplanted. That is why he will not put them back in - he doesn't want to put patients at high risk again.

With your history of MRSA - I am not saying it can't be done - sounds like they have you on all the powerful meds - but there is no way around it - a secondary infection is a huge risk for you. I would develop a what if plan with your ps - so that if, if, it happens again you are both clear on the best possible treatment plan to keep you safe and healthy.

I will think REALLY good thoughts for you and your ps on this one - I am sure all the other ladies will too! Please keep us posted - God Speed!

**Follow-up Comment:**

Thanks so much..... I am happy to hear the truth even though it hurts. I need a backup plan because I can't get in that shape again. So it may come down to removing both. Thanks for filling me in.

**Terrye Tebbetts:**

No problem - I do so hate being the bad guy!

Are they starting you on Vanco? Is it oral or a pic line?

**Follow-up Comment:**

no um a nasal anti,bactrim, and cephalexin all 3 anti. *[Terrye—need your help deciphering this one!!]*

**Terrye Tebbetts:**

I have heard great things about the nasal treatment - that is really good!

**Q: Terrye's Book**

I recently had a BA six weeks PO and I would love to get a copy of your book for myself and to share with my girlfriend who is considering the gummy implants...could you tell me how to go about getting this book...I am so excited to read it...

Thanks...

**Terrye Tebbetts:**

Lisa - just send me an email - Nicole put a link up at the top of the page - and I will be happy to send you one - the more we all know about this -the better the choices, decisions and outcomes will be - I am so glad you will share it with your friend!

**Q: Lifting Heavy Weights Post-op**

I am 6 weeks PO and I have been considering being a caregiver for a short time while I finish up my degree in school for a 20 year old disabled woman...she is approximately 100 pounds so



some lifting in and out of her car, etc., will be needed.....do I need to worry about my unders placement at all...I know that in these cases our legs and arms can help balance out using your chest muscles...could I damage the work I have had done in some way or do you think I should be clear to go...this is probably a silly question, but I am still a bit tender in my breast area and have been babying them now since the surgery..

**Terrye Tebbetts:**

Not a silly question at all and one I would certainly run by your ps first.

Our general post op rule is that after 3 weeks you are ok to lift more than 35 pounds. But you have to remember, we employ all of the tenants of 24 Hour Recovery - these surgical techniques allow us to have patients have their arms above their heads the day of surgery, showering, washing and drying their hair, closing car doors etc - they can lift up to 35 lbs immediately and after 3 weeks resume heavier lifting. I do ask that really aggressive boot camps and horseback riding (barrel racing and rodeo stuff - we are in Texas you know so rodeo is a real deal here) and complete tennis players give it more like 6 weeks before they really go after it. If you were our patient and our surgical techniques had been used - I would tell you to go for it and take the job.

But since we did not do your surgery - please please clear it with your ps before you do anything - hopefully they will say ok!

**Q: Working Out and Implant Placement**

Many women have posted recently with concerns about unders placement and working out their upper body. Also their PS's advising against doing upper pectoral type workouts after unders are placed, as they feel they can/would displace their implants.

What have you found in your practice with this occurring for women? One lady was wanting to enlist in the military but was afraid to do so , because of the strenuous upper body workouts she would have to be doing, like pushups,etc... (As her PS advised "not" to do them)

I understand the Dual plane or the Subfascial placement may work better for some women...if they live a life style of Body Building or Personal Trainers.

**Terrye Tebbetts:**

I just posted on this a little above - sometimes it is hard to reconcile a life style with the limits of breast implants - I can't tell you how many times a patient will say, "I want them as big as they can be, but I run 10 miles every day and I don't want them to interfere with my running" - well, now, that presents a problem - yes you can augment any breast, but if that breast belongs to a lifelong marathoner - then she may have to make a few changes. Now if it is just about staying healthy and fit - then no, I just don't see distortion or lateral shifting or window shading - especially with the advent of Dual Plane.

When it comes down to it - once again, it is about working with what each patient brings to the OR table - putting implants under extremely thin coverage ("overs") just doesn't make sense to me.



There is a place for "overs" - no question - but in the very slim, slight, really athletic patient, more coverage is generally needed and the patient has to really reconcile the life style choices - whether it's professional (i.e. the military career) or just for fun and fitness.

**Q: Recovery Bra**

Terrye - what kind of bra is the best to wear during recovery? I have heard several different opinions on this - wire, no wire, sports bra, no sports bra, etc. Thanks.

**Terrye Tebbetts:**

You first and foremost must follow your ps rules on this one - but if they don't direct you to a certain type then here's what I tell my patients:

Because of the precise dissection techniques that Tebbetts uses, there is no need for a bra, strap or bandage - so we encourage you to wear whatever makes you feel comfortable - for some that is nothing at all - others need to feel held together and like sports bras. I think patients misunderstand the "No Underwire" warning - to me - its anything - any elastic band or wire - that rubs your incision. If it is rubbing and irritating - don't wear it!

I like the camis with shelf bras for the first 4 - 6 weeks post op and I love the Best Form bra I found a WalMart - I posted below on it - I ride horses, and am a novice, so I bounce around too much and those Best Form bras at least keep my Implants from bouncing too much too - now if I could figure out something to cushion my butt - I'd be good to go!

I hope this helps. T

**Q: Gummies approved yet?**

Terrye - is there any word on when the 410 gummies will be approved for everyone (not just the study)?

**Terrye Tebbetts:**

AHHHH - alas - no. We were hopeful that the FDA would release them at the end of the last 6 month stretch (which ended in August) but they extended the study for 6 more months - September to March is the current study time period.

**Q: Sleeping on Implants**

Hi Terrye, I know the last doctor on here mentioned that we should never sleep on our implants and worried some of us a bit. I am a slide sleeper but in the middle of the night I roll onto my right breast and put a lot of pressure on the breast.

What are your thoughts about implants and sleep positions. Thanks!

**Terrye Tebbetts:**

I knew this would come up! Ahh, you guys love putting me on the hot seat huh?



Far be it from me to disagree with a surgeon - as I am not one, only married to one! But in our practice and experience, we do not discourage patients from lying on their breasts or sleeping on them.

For those of us who don't really care for that position, once you have implants, I think it is really uncomfortable for most of us. But some stomach sleepers - women who cannot sleep unless their bellies are on the mattress - they can fall asleep that way from the get go!

Perhaps the ps was concerned about pressure on the incision in the very beginning - especially in very thin patients - and just wasn't clear about the time frame. I don't know.

But I do know that we do 6-8 BA's a week, have for 27 years and do not limit our patients' sleeping position.

Whew - I hope that helps.....

## **Q: More About Sleeping on Implants**

Terrye- I have the same question. The last dr worried me a bit too. I really think the fact that you participate so much on the board, it has earned our trust a bit more.... How do you feel about sleeping on implants??? I know Patty says she sleeps however and has never had a problem. Thanks alot!!! Lissa

## **Terrye Tebbetts:**

I answered a similar question above - and no, I don't think there is harm in sleeping on your breasts long term - but please read that entire post so you get the entire content of my position. It is always hard for me to disagree with a ps.

And thank you for your comment! I am so happy to be part of the community you guys have here- its the best one going! And this is what I do day in and day out - so if you have a question - please don't hesitate - just email me at [TTebbetts@plastic-surgery.com](mailto:TTebbetts@plastic-surgery.com) - post it here - but if I don't see it - jog my memory so I can hop back on!

## **Follow-up Comment:**

Thanks Terrye....I giggled a few times reading your post!! Glad you're off the hot seat now! :)

## **Q: Sensitive Areola Area???**

I will be a week PO tomorrow and I have noticed my areolas are very sensitive. Is that normal?

## **Terrye Tebbetts:**

Yes - Emily - it's normal and will be there for a while - nerve regeneration takes up to 6-9 months to even begin to normalize. But don't worry - it will vary in intensity - so if it's really bad today - it might be just fine tomorrow. Tingly nipples are usually a good thing as Martha Stewart would say!

## **Q: Lifestyle and Capsular Contracture**

I was just curious if you know of any research that has been done on how an individual's lifestyle such as diet, alcohol intake, exercise, smoking, stress etc. can affect a person's chances of



developing CC? I have heard some women say they are told to take vitamin E as well as some other supplements....but I wondered if it was thought to be likely for any other lifestyle elements to play a role...It seems like these factors would have a huge impact on our body's ability to heal itself properly...What are your thoughts?

## **Terrye Tebbetts:**

Beth - the disappearance of silicone implants from the scene during the 1990-2006 and the advent of better, more precise surgical techniques have given us some VERY valuable tools for dealing with the issue of CC -

There are three basic factors that affect CC risk - 1. How does each patient heal? 2. Which implant device are you using and 3. How is the surgery done?

I wrote a LONG piece on the Mystery and Misery of CC - it is posted to my blog - just go to [www.thebestbreast.com](http://www.thebestbreast.com) and click on the blog button on the home page - then jsut scroll down to get to the CC piece.

But in a nut shell - here is the REAL advance and scoop on CC - How the surgery is done - how much trauma and blood that is created in the initial dissection of the pocket is critical to reducing your risk of CC long term! I know some of the folks here think I am a nut for talking about 24 Hour Recovery so much - but we now know that there is a clinical significance to 24 Hour Recovery - when patients can return to normal activity the day of surgery, we have published data that shows it can reduce the CC risk to 1.5% - that is a huge benefit to you guys!

So the lesson here is, CC is still the biggest wild card in BA, you can't control how you heal, the implant data for CC varies just slightly from device to device, so the only thing the patient and the surgeon can control is how the surgery is done - that is why there are 2 Recovery chapters in the book - the more you know about what it will be like post op - the more it will tell you about what is happening in the OR and that is important - crucial to your long term results!

So individual healing does impact CC - but that is a genetic quality that you can't control -I am not aware of any scientific data that equates lifestyle directly with CC risk.

## **Q: Nipple Reduction**

Terrye - you responded to my post a few days ago and I didn't see it until tonight. You asked whether I was speaking of a nipple or areola reduction. I am speaking of a nipple reduction. I breast fed two boys for about 3 months each. I have 500cc HP silicone implants. I have that headlights look in almost everything I wear. The strange thing is that in the morning my areolas and nipples are soft and my nipples are not enlongated/hard. That only lasts for about 5 minutes and then they stick straight out the rest of the day. I have tried all of the petals, etc. My breasts are a bit bigger than I wanted, so I don't want to go with a heavily padded bra to avoid the show through. Not to mention that finding bras in my size (32DD) that I like and that are not too uncomfortable is hard enough. I checked out a few photos of a nipple reduction. If I could get the result shown in those photos I would be very happy. The patient in the photos looks to have my build but with smaller implants and the photos of her nipples "before" look sooo much like mine. I



am not concerned with losing sensation, as that has never been one of my "things". I do not plan on having more children, so the possible inability to breastfeed is also not an issue.

Sorry for the long post. Any advice, comments, personal experiences would be greatly appreciated. I promise to check this post sooner than I did the last one.

**Terrye Tebbetts:**

D--We just don't see many cases like yours so I am at a bit of a loss. However, if sensation is not an issue and the ps can tell you what the risk of infection (to the implant) would be doing a nipple reduction post op and its a low, acceptable number - then I would go for it.

Another alternative, or at least a stop gap while you are thinking, have you ever tried the Gap Body T-shirt bra? I love them because they are not thick and padded but whatever they are made out of allows me to wear any t-shirt without having any headlight issues. Just a thought. T

**Terrye Tebbetts:**

Ladies -

Thanks for all the questions - this was a great session! Remember if you asked a question and you would like a copy of the book - just follow the link at the top of this page and we will ship it out tomorrow.

Again, thanks for the opportunity to be here! Terrye

**Visitor Feedback for Terrye**

Terrye,

I just wanted to thank you in this forum for being so caring and going the extra mile. Not only did you take the time to see my pictures, but also called me to clear my new doubts. I now have a better understanding of what I would need to consider for solving my BA problem. I cannot thank you enough for sharing all your knowledge and being so generous with your time. Thanks a bunch!!

**Visitor Feedback for Terrye**

Ditto. She is wonderful!

**Visitor Feedback for Terrye**

Thank you for taking your time to drop in from time to time to help us out here and for being here this evening. A wonderful session it was. I, as well as all the ladies, appreciate you, your time and your very informative answers to our questions.

**Visitor Feedback for Terrye**

Terrye, your input was very much needed and appreciated!

Thanks a bunch!



**Visitor Feedback for Terrye**

Thank YOU for your valuable advice Terrye :)

**Terrye Tebbetts: You are very welcome!**

Thank you all - I hope a little insider insight will help you as you continue your research! Let me know if anything else comes up! T