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Book Review: Augmentation Mammoplasty: Redefining the Patient and Surgeon Experience

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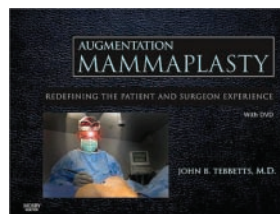
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Book Review



Tebbetts JB. *Augmentation Mammoplasty: Redefining the Patient and Surgeon Experience*. Philadelphia: Elsevier Health Sciences; 2009.
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Over the course of 601 pages, 21 chapters, and more than six hours of video on DVD, Dr. John Tebbetts offers an exceptionally comprehensive review in *Augmentation Mammoplasty: Redefining the Patient and Surgeon Experience*. The author details his personal evolution of thought, overlooking no detail that he believes would be valuable to a young plastic surgeon beginning a practice in breast augmentation or a more experienced surgeon seeking improved outcomes.

Dr. Tebbetts is to be commended for his efforts to “redefine the patient and surgeon experience,” as stated in the book’s subtitle. In addition to his engineering and design contributions to implant manufacture, he has continually worked to improve the patient education and decision-making processes, optimize surgical techniques to minimize complications, and evaluate outcomes to determine what can be improved in the future. In his introduction, Dr. Tebbetts clarifies the difference between solution- and process-based thinking (ie, comparing two different techniques vs improving an established technique). By changing their mind-set, surgeons may be able to focus on improving patient outcomes.

The first and second chapters set the stage for the rest of the book, covering “A Personal Historical Perspective” and “Ten Essentials” to a successful outcome. Throughout the rest of the text, Dr. Tebbetts covers not only preoperative education and planning, on which he has focused throughout his career, but also surgical instrumentation and technique (Chapters 10-13), the acute and long-term postoperative periods (Chapters 16-18), breasts with ptosis and lower-pole constriction (Chapter 19), and augmentation mastopexy (Chapter 20). The book concludes with case studies in Chapter 21. A very detailed index is included, as well. The first DVD is a master class in the entire preoperative, intraoperative, and postoperative experience, and the second DVD includes a resource folder and details of surgical instrumentation, anesthesia, postanesthesia care unit management, and discharge instructions to the patient for the first

24 postoperative hours. The third and fourth DVDs depict axillary, periareolar, and capsulectomy techniques, along with patient education and decision-making algorithms.

Although the body of the book can sometimes be challenging to follow, the main points of each page are highlighted in sidebar sections. The author’s attention to detail is particularly helpful in the sections on the history of implants, utilization of the “High-Five” preoperative planning process, patient education materials, and specific surgical techniques. Chapter 1 contains a comprehensive implant history that is extremely important, especially for surgeons who trained after the moratorium on silicone was instituted in 1992. The author’s affinity for distilling his information into “key principles” is also a strength of this text. An entire chapter is devoted to factors that the surgeon and patient cannot control, and his coverage of managing patient expectations is excellent. Copies of his detailed informed consents and documentation of patient education are printed in the book, as well as on the DVD.

The quality of photographs in the book is excellent, and correlation with cadaveric dissections is included where applicable. The video is also valuable in illustrating Tebbetts’s points of emphasis. Chapter 5 discusses the importance of quality photo documentation for surgical planning and evaluation of outcomes; in this section of the text, the author provides important details about the setup of a photo studio. In the final chapter of clinical the book, Tebbetts demonstrates the application of good clinical photography.

Unfortunately, only one chapter is devoted to more complicated cases—namely, ptosis or lower pole constriction. Although this section is useful, it would have been nice if Tebbetts had also described his thought process for tackling breasts with more common issues such as asymmetric breast base widths or chest wall irregularities. Perhaps it is reserved for a sequel to this book, but a discussion of revisionary breast surgery would have been beneficial as well. His point of employing the proper techniques to minimize secondary surgeries is well taken, but readers would greatly benefit from some knowledge about how he proceeds when a case has a less-than-desirable outcome. On the positive side, he does discuss techniques and indications for treating capsulectomy.

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This book has few weaknesses, all of which can also be seen as strengths. In Chapter 20, the 50-page exercise in “cause-and-effect” diagrams designed to discourage concurrent augmentation mastopexy is probably unnecessary, but the time and effort Dr. Tebbetts put into the analysis show that his conclusion is well supported. The author’s intimate knowledge of the implant manufacturing process and implant tissue dynamics is very informative, but the reader must also take into account the inherent bias he may have in his discussion. The corresponding DVD section highlights the fact that the majority of implants used by Dr. Tebbetts are anatomic form-stable implants manufactured by Allergan. Having contributed significantly to the design of these implants, Dr. Tebbetts does offer a more detailed primer for their placement than for other implants, and a strong bias presents itself when he discusses implant choice, as well as the similarities and differences between manufacturers. However, because the placement of form-stable devices presents a unique challenge and requires a different surgical technique to combat complications such as rotation or nonadherence, the author’s detailed coverage feature of the book.

Dr. Tebbetts’s emphasis on optimal tissue coverage of the implant is important; however, as he states in

Chapter 6, some patients desire “breast stuffing” rather than “breast enlargement.” In this section, the author includes references that are mostly to his own peer-reviewed journal articles to support his point. The take-away message should be that an optimally maximized process/technique will produce optimal results. While rapid recovery is desirable, suggesting that a patient may go out dancing within 24 hours postoperatively may not be the most responsible approach for some surgeons.

In summary, Dr. Tebbetts has made a useful contribution to the plastic surgery literature with very thoughtful descriptions of the entire experience of augmentation mammoplasty for both the patient and surgeon. His message is effectively carried out through the written text, detailed photographs, cadaveric dissections, and video. Dr. Tebbetts, with a great deal of care and detail, offers a perspective that should stimulate plastic surgeons to continually evaluate and advance surgical processes to improve outcomes.

Disclosures

Dr. Mills is a paid consultant for Allergan.