



Natural-looking assets

EXPERT PLASTIC SURGEON DR POURIA MORADI FROM SYDNEY'S **SILKWOOD MEDICAL** FOCUSES ON THE NEEDS OF EACH PATIENT TO DELIVER NATURAL-LOOKING RESULTS.

The team at Sydney's Silkwood Medical is dedicated to helping patients achieve the appearance they desire, whether that means streamlining the curves of the body, reshaping the nose or giving the face a more refreshed, youthful appearance. Since the clinic was established in 1994, however, breast surgery – including breast augmentation, lift, reduction and reconstruction – has consistently been one of the most popular surgeries sought by women.

Dr Pouria Moradi is a renowned cosmetic plastic surgeon, with a special interest in breast surgery. Having spent four years working in some of the largest units across England, Scotland, Belgium and Sweden, Dr Moradi is now bringing his expertise in plastic, reconstructive and aesthetic surgery to Sydney's Silkwood Medical.

With a special interest in breast augmentation and reconstruction, Dr Moradi understands that a woman's journey to better-looking breasts begins with a detailed consultation, during which it's his job to listen to the patient. 'The majority of my breast augmentation patients are women who have completed their families, and are looking forward to restoring and often increasing the size of their breasts,' he says. 'I use the consultation primarily to understand each patient's goals, and determine whether or not those goals are achievable.'

Fortunately, Dr Moradi says the majority of women seeking breast augmentation today have realistic, achievable expectations. 'Women today are extremely well educated,' he says. 'They tend to have a good, basic understanding of what they want and what their options are.'

An important part of the initial consultation is determining which implant will be best suited to each patient. Dr Moradi uses a combination of three techniques in order to select the implant best suited to the patient's body shape, and their desired end-goal.

The first is for the patient to wear an external pre-operative sizer. 'This gives me a better idea of the volume increase they are hoping for, whilst also giving the patient a feel for the weight of the implants,' he says. Dr Moradi then measures the patient and the implant to ensure the height, width and projection are in keeping with the patient's body shape.

'Finally, we can draw on three dimensional simulations to show the patient how they will look with the chosen implant,' says Dr Moradi.

Although 3D simulations are never 100 per cent accurate, Dr Moradi believes they act as an excellent communication tool and demonstrate to the patient what they can expect following surgery. 'By using a combination of all three techniques – that is, my measurements, the external sizer and the simulations – it's possible to give the patient a very precise idea of what they can expect, and achieve the most natural-looking results for each patient.'

Three-dimensional simulation also comes in handy for those with unrealistic expectations. 'Many women come to me with information on what kind of implants their friend had,' Dr Moradi says. 'With this technology I'm able to simulate what their friend's implants would look like on their body, and use it as an educational tool to demonstrate that what's right for one woman isn't necessarily right for others.'

Dr Moradi sees each of his patients three times before surgery – twice during consultation and once on the day of surgery before their operation. 'By seeing the patient a number of times, I'm able to ensure all their questions are answered and equip them with all information they need to enter into surgery as prepared as possible.' This includes furnishing the patient with information on the risks inherent to any surgery, and unique to breast augmentation. 'Short term risks include those that might occur immediately after surgery, such as bleeding or rotation of the implant,' says Dr Moradi. 'Longer term complications include the risk of developing capsular contracture.'

Although the choice of implant shape and size depends on each patient, Dr Moradi prefers to insert the implant through the inframammary incision site, which is made in the lower crease of the breast. 'Every woman's chest anatomy is different, and this incision site gives the best visual access to the breast,' Dr Moradi explains. Should patients require an ancillary procedure, such as a breast lift, however, Dr Moradi will change the incision site accordingly.

As with any surgical procedure, patients can expect scarring. However, by using the inframammary incision site, Dr Moradi says the risk of visible scarring is minimal. 'In my experience the scar sits in the crease below the breast, and is therefore hidden from view.'

After surgery, recovery is dependent on the placement of the implant. According to Dr Moradi, discomfort will be slightly greater for those who have had the implant placed beneath the pectoralis muscle – for example in thin patients or those with very little breast tissue – than in those who have had the implant placed above the muscle. However, typically most women can return to their usual activities after one week off work. 'I use compression taping to support the new breast, and women might like to wear compression garments for added comfort.'

Dr Moradi sees each of his patients one, two and four days after surgery, then at three months and one year. 'All implants – whether they are for the breast, knee or hip – have a limited life span, and it's important to monitor them,' he says. 'Although we are lucky in Australia to have access to implants with very low rupture rates, if someone has implants at 20 years old it's likely they will need an ancillary operation at some point in the future.'

'By seeing each patient a number of times, I'm able to equip them with all the information they need to enter into surgery as prepared as possible'