

# Superomedial Breast Auto-augmentation: A Novel Technique for Core Projection After Explantation

James Butterfield MD<sup>1</sup>, Lucas Boehm MD<sup>2</sup>, Keith Sweitzer MD<sup>1</sup>, Ashley Amalfi MD<sup>3</sup>, Brad Calobrace MD<sup>2</sup>

<sup>1</sup>University of Rochester Medical Center, Rochester, NY; <sup>2</sup>CaloAesthetics Plastic Surgery Center, Louisville, KY; <sup>3</sup>Quatela Center for Plastic Surgery, Rochester, NY

## Background:

Public awareness of breast implant illness (BII), breast implant-associated anaplastic large cell lymphoma (BIA-ALCL) and other breast implant-associated cancers have led to an increase in explantation surgeries. Additionally, we are seeing a shift to a more natural breast aesthetic driving patients to desire autologous methods of breast enhancement.

Explantation can result in (1) loss of volume, especially in the upper pole, and (2) loss of central breast projection. This can be even more pronounced in patients who have concurrent capsulectomy. Autoaugmentation flaps like those described by Ribiero utilize tissue based on the inferior, or central, pedicle which is likely compromised in patients who have had prior breast augmentation.

## Purpose:

The authors present a technique which they have developed that relies upon the superior or superomedial blood supply (generally 2nd and 3rd inframammary perforators) of the breast in patients also undergoing explantation. This technique serves to augment the upper pole, increase projection, and has an acceptable safety profile with high patient satisfaction.

## Results:

Total reoperation rate was 13.5%. 5.8% of women chose to have secondary augmentation performed. The total minor complication rate was 34.6%. There were no major complications requiring return to the operating room. Minor complications included fat necrosis (11.5%), superficial surgical site infection (9.6%) and nipple ischemia (7.7%). One patient had nipple areolar complex loss which went on to heal by secondary intention.



## Methods:



## Conclusions:

Breast auto-augmentation using a vertical mastopexy with a superior or superomedial lower island flap under flap for increased projection and upper pole fullness after explantation. This novel technique provides high rates of patient satisfaction and satisfactory long-term results with a favorable risk profile.



UNIVERSITY of ROCHESTER



CALOAESTHETICS<sup>®</sup>  
PLASTIC SURGERY CENTER

