

THE CLINIC REVISIONS

inally, Roman felt confident about her decision to entrust West Palm Beach, FL plastic surgeon Luis A. Viñas, MD with her next surgery. "Dr. Viñas took the time to understand what bothered me." He suggested two more revision surgeries, during which he lifted Roman's breasts and centered her nipples, a feat her initial plastic surgeon said was impossible. "A part of my practice is fixing surgeries from other surgeons. You have to be willing to listen to your patients. There is always something you can do," says Dr. Viñas. "My goal is to make the breasts look as they once did, or even better." He also replaced Roman's teardrop implants with round ones. "They

SIZE DOES MATTER

says Roman.

looked so much better. I was finally happy,"

While revision statistics are scant, the FDA estimates that 40 to 56 percent of all breast revision surgeries relate to a change in implant size. Implants, which are labeled as medical devices, do not last forever, and there is always the possibility of capsular contraction, infection, wrinkling or rupture. "I see higher revision rates with patients who have a combination procedure, such as breast implants with a breast lift," says New York plastic surgeon Stephen Greenberg, MD. "It has to do with the way the breast, skin and implants relate to each other." Dr. Greenberg finds the increase of medical tourism cases gone wrong to be alarming. "I've treated a number of patients who have returned from having plastic surgery in countries like Costa Rica or the Dominican Republic. Sadly, some return home with

problems, and even life-threating infections, which require hospitalization and corrective surgery." Huntington Beach, CA plastic surgeon Andrew Smith, MD advises all patients to make sure their doctor is board-certified and has extensive experience with reconstruction procedures. Dr. Smith, who performs his fair share of revision procedures, says the most common tummy tuck complaints are when the scar ends up too high or the belly button looks fake. "If the tissue has loosened over time, it is an easier fix, but if the tissue or skin is too tight, it becomes more difficult."

FACE FACTS

Perhaps one of the more challenging revisions of all is the rhinoplasty. A 2016 study published in the Journal of the American Medical Association estimates that between 5 to 15 percent of all nose jobs are revised. "I always take the time to counsel my patients and let them know that this is not a surgery for perfection, but rather improvement," says New York facial plastic surgeon Alexander Ovchinsky, MD. He says that in some cases, minor imperfections can be improved with fillers, steroid injections or the shaving of a cartilaginous irregularity. Other times, a revision is a medical necessity. "It is not uncommon for the nose to be made smaller during a rhinoplasty surgery; sometimes, the narrowing of the airway interferes with normal breathing."

Compromised functionality can occur

SHARED HISTORY

'IT'S IMPORTANT TO CONSULT YOUR PRIMARY SURGEON **BEFORE CONTEMPLATING** A REVISION, AS THEY KNOW YOUR HISTORY BEST," SAYS DR. OVCHINSKY. "BUT, IT IS EQUALLY IMPORTANT TO SEEK OUT OTHER OPINIONS FROM QUALIFIED SURGEONS. IF A REVISION IS NECESSARY, YOUR PRIMARY SURGEON MAY WANT TO DO IT. AFTERALL, YOU ARE THEIR WALKING BILLBOARD.

immediately or over a long period of time, says Boston facial plastic surgeon Jaimie DeRosa, MD, who adds that our noses continue to change throughout our lifetime. Donna L. (name changed) from Rhode Island knows that all too well. She had two conservative rhinoplasties in her teens, but at age 20, was finding it increasingly difficult to breathe through her left nostril.

"I returned to the same surgeon to remove the excess scar tissue. As he was putting me under, I asked him to revise the tip a little more. This was a mistake I will forever regret," says Donna. "He took too much off and 'Michael Jackson-ed' me." After 20 years of living with her Thriller nose job, she decided it was time to interview top surgeons in the Northeast. A few refused to operate on her, but Dr. DeRosa was up for the challenge.

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SOURCE: U.S. FOOD AND DRUG ADMINISTRATION