

Preface



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Guest Editor

This issue of the *Clinics in Plastic Surgery* follows by approximately 7 years the last volume on breast augmentation, which was edited by John Tebbetts. During these 7 years, both the surgery and the implants associated with breast augmentation have continued to evolve and improve. Most notably, silicone breast implants were approved by the FDA for sale in November 2006. At this moment, the next generation of silicone breast implants, described as cohesive gel, form stable, or “gummy bear” implants, are under review by the FDA and most likely will be approved by the end of 2008 or early 2009.

Surgical practices are also showing evidence of some change, with growing emphasis on improved patient education, preoperative planning, surgical technique, and algorithms for postoperative care.

It is certainly hoped by now that the implants used are more durable and will last longer. In addition, it is hoped, by better patient evaluation, preoperative planning, and surgical technique that there will be fewer complications and fewer patients who need to undergo revision.

This issue of the *Clinics in Plastic Surgery* on breast augmentation is a combination of technical articles, articles of historical interest, and articles describing overall patient management. Some of the material in the issue is evolutionary, while some is more revolutionary. It is my hope that by reading through the articles that follow, any surgeon involved in breast augmentation will have a stronger grasp of the milieu surrounding breast implants and breast augmentation. I also hope that by becoming familiar with the contents of this issue, the reader will be able to perform the surgery and care for the patient in a more competent fashion.

The process of elective breast implant surgery for breast augmentation has special elements. On the one hand, it has the potential for providing enormous value and benefit to the patient. An implant properly manufactured and designed, appropriately selected and placed in a technically excellent fashion has the potential to provide many years of benefit to the woman who receives it. On the other hand, because it is an implantable device, the surgery needs to be performed with the understanding that this has the potential for being a lifelong addition to the woman's life. The good may last for a long time, but any damage from the surgery or the implant has the potential for also leaving long-term and lasting effects.

The articles in this issue are designed to empower surgeons to take full advantage of this surgical opportunity so that the vast majority of women benefit and the fewest possible number of women are harmed by this well-intended surgery.

I would like to thank all of the contributors and authors to this issue of the *Clinics in Plastic Surgery*. The rewards for writing such manuscripts are few, but the service provided to the readers of this text is enormous.

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