

BREAST AUGMENTATION CONSULTATION FAQs

1. What are your credentials? Board Certified by the American Board of Plastic Surgery? How long have you been practicing plastic surgery?

Dr. Zevon has been in plastic surgery practice since 1986. He is board-certified by the American Board of Plastic Surgery, and was also board-certified by the American Board of Surgery. He is an Active Member of the American Society of Plastic Surgeons (ASPS), the American Society of Aesthetic Plastic Surgeons (ASAPS), a Fellow of the American College of Surgeons and a member of other local medical & plastic surgery societies. He is the Chief of Plastic Surgery at Long Island College Hospital, and has plastic surgery privileges at St. Luke's-Roosevelt Hospital. He is a Clinical Instructor of Plastic Surgery at Columbia University College of Physicians & Surgeons. He has been featured in *New York Magazine* Best Doctors in New York, and is listed in the Castle Connolly Directory Best Doctors in New York. Read more about his background, education and experience at <http://www.drzevon.com/bio.html>.

2. How long have you done BA's, and how many?

Dr. Zevon has been performing breast augmentation surgery since 1986. The breast is the body part on which he most frequently operates. He has performed well over a thousand breast procedures since beginning plastic surgery practice, and frequently performs breast augmentation.

3. Can you give me references of past clients?

To protect the privacy of our patients, we usually give patients who have agreed to serve as references for Dr. Zevon the name and contact information of a prospective patient. If you want us to put you in contact with our breast augmentation references, tell Mary Monahan, our office manager, when you meet with her today at the end of your consultation. The reference patient will be in touch with you by telephone or e-mail as you prefer.

4. May I see Photos of your work?

During your consultation, Dr. Zevon will show you photos of breast augmentation patients. We also have photos on our website at www.drzevon.com/photos.html

5. May I see the surgical suite?

Upon request, Mary will give you a tour of the surgical suite, which consists of an operating room, recovery room, supply & sterilization room and nurse's station. We are certified by the American Association for the Accreditation of Ambulatory Surgical Facilities (AAAASF). Facility certification is a strict requirement of the ASPS for all members. Dr. Zevon is an authorized inspector for AAAASF.

6. How much is the surgery and does that include your fee, implants, anesthesia, hospital charges and follow up visits?

Mary will give you a printed quote with itemized fees for Dr. Zevon, the anesthesiologist, the facility, and breast implants. All visits before and after the surgery are included in this fee. The quote also states our payment policy and our cancellation policy. Read it carefully and ask Mary if you have questions about the fees or any other financial issue.

7. Explain the type of anesthesia that you will be using. Who will be administering it and what are his or her credentials?

Dr. Zevon usually recommends general anesthesia for breast augmentation surgery. Conscious sedation and monitored anesthesia care (MAC) are options, if desired. Dr. Zevon operates only with board-certified anesthesiologists. You will meet the anesthesiologist before your surgery. He or she will be present throughout the surgery, and will not depart until you are awake.

8. How can I expect to feel after waking?

You will feel sleepy or groggy when you awake from anesthesia. You will remain in our recovery room until you are ready to walk out of the office with your escort.

9. How are emergencies handled if problems occur?

Our AAAASF certification level is the highest available. We are accredited for general anesthesia. We can handle many different types of problems. If Dr. Zevon believes that a situation has arisen that would be better managed in a hospital, you will be transferred immediately by ambulance to St. Luke's Roosevelt Hospital. The hospital is 5 minutes from the office.

10. I have heard that smooth implants move more freely and act more like the natural breast, is this true?

Smooth implants do move more freely than textured implants and, in that regard, are more like the natural breast. However, some patients prefer styles of implants, such as anatomical implants, which are not available with a smooth surface. See Q 25 & 26.

11. Can you achieve my size goal?

Dr. Zevon will strive to achieve your goal if it is realistic for your anatomy. See Q 16.

12. What about nipple size, is nipple reduction possible after surgery if I choose to do that?

Nipple reduction surgery is possible during surgery although it will restrict your incision options to peri-areolar (around the nipple/areola). After surgery, nipple reduction is possible as a new procedure.

13. I am currently taking _____ (medication) Will there be any problems with the medication?

14. Will my medications interact with anything I will need to take during recovery?

Be sure you have listed your medications on the medical history questionnaire you completed upon intake. If you overlooked any medications, tell Dr. Zevon during your consultation. Ask him about drug interactions with any medications you are taking. Do not overlook vitamins, supplements or over-the-counter medications taken regularly.

15. How will implants effect existing stretch marks?

Breast augmentation tightens the skin, flattening stretch marks out and making them less noticeable.

16. How do you determine how many cc's to use to achieve desired results?

During your consultation, Dr. Zevon will talk with you about your desired breast size. You will "try on" different sizes of implants. Taking into account many physical factors, including your height, weight, existing breast volume, shoulder width, chest wall, body fat, breast position, nipple position, asymmetries, spacing between the breasts, laxity of skin, as well as your desired bra size, Dr. Zevon will recommend an implant size for you. There are many options available in size and style to help you achieve your desired outcome. See Q 25 & 26.

17. How long does it take for the implants to soften and settle? In other words how long before what you see is what you get?

It takes 6 months for the implants to soften and settle completely. Most of the settling occurs during the first 2 months.

18. What will I need to buy for recovery, sports bra, ice packs, etc.

We will give you a sports bra to wear as you heal. You can purchase ice packs if you like. Some patients find the numbing effect of ice packs feels good during the first few days after surgery.

19. How long will I need help after surgery? How long before I can lift?

You will need an escort to pick you up from our office, take you home and stay with you the first night after the surgery. Whether and for how long you will need help after surgery depends on your responsibilities at home. Most patients are comfortable after the first few days. If you have infants or young children, you may need help for a little longer. You cannot lift heavy objects for 3 to 4 weeks.

20. How long before I can drive?

Patients vary in their post-surgery discomfort, especially during the first week. You should not drive while you are taking prescription pain medication. For planning purposes, you can anticipate that

you will not be able to drive for a week or so. You may find that you are ready to drive in less than a week, or that you are not ready at the end of the first week. Dr. Zevon usually tells patients not to drive until they are recovered sufficiently that could truthfully state that they did not suffer diminished capacity due to recent breast surgery if they were driving and had a car accident.

21. How common is loss of feeling?

Sensory changes can result after breast surgery. They may result from direct injury to the nerve during surgery or indirectly from the pressure placed on the nerve from the implant. Most of these changes resolve on their own over time. Studies of loss of sensation have reported a wide range of incidence. Submuscular implant placement and implants that are not excessively large for the patient's anatomy (See Q 16) are both associated with lower incidence of permanent loss of sensation. If you are concerned about loss of breast/nipple sensation, ask Dr. Zevon for the rate of occurrence in his patients having your type of surgery (incision & placement) with your desired implant size range.

22. When is payment due, at pre-op visit? What is your policy if I chicken out? Refund?

Mary will give you a printed quote stating our payment policy and refund policy, and she will explain it to you as well. We require payment in full before your surgery. We will book your surgery when we receive a \$500 scheduling deposit. This deposit is not refundable.

23. Please explain capsular contracture to me and how common it is. How is it treated if it happens to me. Can it be avoided and, if so, how?

After breast augmentation surgery, the body forms a capsule of scar tissue around the implant. Formation of scar tissue starts within days of surgery and continues for a year or more, the same as in every other type of surgery. In most patients, the presence of this scar capsule is not detectable. Some patients experience capsular contracture. This term refers to the contraction or hardening of the scar tissue surrounding the implant. If capsular contracture occurs, Dr. Zevon recommends removing some or all of the capsule and replacing the implants.

The definitive cause of capsular contracture is unknown, but one hypothetical cause is the presence of bacteria in the operative area. Dr. Zevon strives to lower the likelihood of occurrence of capsular contracture. Every effort is made to avoid touching of the implant. It is known that submuscular implant placement results in a much lower capsular contracture rate than subglandular placement. Submuscular placement is always recommended by Dr. Zevon in appropriate patients. Massage is also believed to lower the incidence, and is highly recommended by Dr. Zevon. See Q 24.

24. Do you recommend massage. How is it done, and why?

Dr. Zevon does recommend massage, beginning 3 days after surgery. Gently knead (squeeze) the breast for several minutes, several times a day. You should massage at least until the implants settle. Dr. Zevon recommends continuing to massage your implants to minimize the likelihood of occurrence of capsular contracture. See Q 23.

25. Explain to me the difference between smooth and textured implants.

The shell of round implants is smooth. In anatomical implants, the manufacturers roughen the shell, giving it a texture similar to velcro. The rougher texture minimizes implant movement. See Q 26.

26. Tell me the difference between round anatomical (tear drop) implants.

Round implants have been the traditional shape since breast augmentation began. Anatomical implants have a tear drop shape, with less upper quadrant fullness than round implants. Anatomical implants cost about \$500 more than round implants. Dr. Zevon will make a recommendation for your optimal implant style during your visit.

27. What is the warranty on the implants themselves. Will my surgery be covered given the methods you will be using?

We use McGhan Medical (Inamed) implants with a lifetime manufacturers' warranty. If a saline or silicone breast implant deflates or ruptures, you will receive from the manufacturer free unlimited lifetime replacement of the implant with the same style and size of breast implant. The basic warranty also includes payment of up to twelve hundred dollars per implant replacement surgery toward expenses of

replacement (such as surgeon's fee, anesthesia and/or facility fee) not covered by insurance if the surgery occurs within ten years of the original surgery. An upgraded warranty is available for payment of \$100 in saline implant patients and is automatically offered at no charge to silicone implant patients. We have an FAQ on warranties on our website at www.drzevon.com/FAQ_breast_implants_warranties.html. The FAQ discusses the basic and upgraded warranties in more detail, and addresses circumstances that are excluded from coverage. Dr. Zevon does not operate using any methods that would be excluded from warranty coverage.

28. What is rippling? Do you “overfill” or take other steps to avoid this?

Rippling refers to the occurrence of wrinkles, or “ripples”, in the skin over a saline implant. The underlying shell of the implant has rippled as well. Manufacturers usually size implants over a range of approximately 30 cc; fill to the uppermost end of the range is considered “overfilling”. This concept has arisen due to changes in manufacturers’ labeling of implant sizes in response to FDA dictates. Today, an implant of size 270 cc to 300 cc would be considered overfilled if filled to a volume of 300 cc. Dr. Zevon believes that correct fill volume is key in the prevention of rippling and, accordingly, overfills unless considerations of symmetry or other anatomical issues outweigh issues of fill volume.

29. What kind of pain medication will I be given to take at home?

Dr. Zevon prescribes pain medication at the pre-op visit. You should fill the prescription before your surgery.

30. How soon can we do surgery?

For patients who are ready to book, you can reserve a spot by telling Mary your desired date and paying the scheduling deposit. We can usually accommodate patients who want fast-track surgery within a week or two, depending on how flexible you are about the day of the week for your surgery.

More information is posted on public websites compiling information on breast implants:

The Food and Drug Administration: <http://www.fda.gov/cdrh/breastimplants/>

The American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons: www.breastimplantsafety.org