

EXAGGERATIONS ARE SHUNNED

# Surgery for Bigger Busts Is Now Safe, Doctors Say

By MARJORY RUTHERFORD

The "ideal candidate" for the bust-enlarging operation, officially known as augmentation mammoplasty, wouldn't be a burlesque queen.

She's a happily married, "psychologically stable" housewife or businesswoman, aged 25 to 40, with pride in her appearance and no desire for "way-out, exaggerated, playboy-type proportions."

A surprising number of such "normal housewives" are coming to plastic surgeons today for the operation in which a silicone container of a "soft, mobile gelatinous material" is implanted beneath too-scanty bosoms.

The result boosts females' self-confidence along with their bra sizes.

And—with a proper prosthesis and a reputable surgeon—there's no danger of resultant breast cancer.

That's the consensus of a number of physicians attending the annual meeting of the Southeastern Society of Plastic and Reconstructive Surgeons here.

Most doctors who perform augmentation mammoplasty turn down about half of the women requesting it. They "select" patients to make sure women are not neurotic or seeking the operation on "a sudden romantic whim."

Surgeons sit down and "talk it through" with eager operation candidates. They avoid situations in which a triangle is involved or a wife seeks to win back a strayed husband. They want the husband to approve the operation, the wife to understand that it won't make her "all that much more glamorous."

Los Angeles, New York and

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Miami are still the places where the largest number of augmentation mammoplasties are performed. But a Charlotte, N.C., plastic surgeon, Dr. William T. Berkeley, has done "half a hundred" in his city. Dr. Byron E. Green of Mobile, Ala., reported "great demand" from women embarrassed by their small breasts, who sometimes suffer from a feeling of "inadequacy."

Dr. Howard I. Gordon of Miami, Fla., estimates "a 15 to 20 per cent increase each year" in the number of such contouring operations, which became feasible less than a decade ago.

A Japanese-produced gel, imported and used in the United States by a few surgeons several years ago without protective containers surrounding it, was responsible for "a cancer scare," Dr. Berkeley said. He stressed that most plastic surgeons are dubious of anything but a well tested, enclosed material produced by a major American chemical company.

This prosthesis is regarded by physicians interviewed here as safe and "highly superior" to the sponge implants used about 10 years ago. The latter had a tendency to harden and slip out of place in time. Dr. Berkeley noted that ~~silicone~~, which encloses the newest prosthesis, has been used in other types of transplants for years and long ago passed a "tissue tolerance test."

# Surgery to Enlarge Busts Called Safe

Costs of augmentation mammoplasty vary according to region and physician. But they are "not prohibitive" to the average housewife, Dr. Berkeley thinks. Total cost may range in the Southeast from \$700 to \$1,200. The operation itself may cost from \$300 to \$1,000, but hospital expenses must be added. This elective "cosmetic" operation is not covered by most medical insurance policies.

A woman undergoing augmentation mammoplasty must expect to be hospitalized from five to seven days. She's likely to suffer the nausea and vomiting any operation can cause. She'll probably need a maid for a while when she goes home; arm activity must be restricted for about three weeks.

"A mother could not lift her young children or scrub floors during that time," Dr. Green pointed out. "A beautician couldn't shampoo or tease customers' hair."

## BEHIND BREASTS

Within six weeks, even professional golfers, swimmers and tennis players can resume regular activity, doctors reported.

Silastic gel transplants go behind breasts. Scars are minute. The prosthesis is a highly individual one, based to some extent on the patient's size before the operation as well as "the degree of buxomness she desires."

Women who become mothers afterward still can breast-feed their babies.

Plastic surgeons encourage most women seeking this operation to aim for "a normal bust-line instead of highly exaggerated curves."

ONLY SMALL SIZE

Dr. Ken Pickrell of Duke University—who urged society members to be scrupulous in observing of the most rigid operating room cautions in "this new era of augmentation"—said he said never used anything but the "small" size implant. (Prosthesis also came in medium and large sizes, and most surgeons believe tissues can be harmfully stretched by a too-large implant.)

And native Hungarian Dr. Gustave Aufricht of New York City, presenting a paper on the less-popular subject of "Reduction Mammoplasty," twinkled.

"In America the women want bigger and bigger breasts; in Europe they ask us to make them smaller!"