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**MID-FEBRUARY
- TWO MONTHS POST-OP**


The swelling has abated, though my breasts continue to "settle." I wear a good support bra at all times, except at night while I sleep. I am now comfortable lying in any position except my stomach, which I was never partial to anyway. I have resumed chest-training, though I don't go as heavy as I used to. Aside from the area directly around the healed incisions, all sensation has returned.

I am noticing a change in the way people interact with me. I am learning to expect a quick glance at my chest when men (and women) first meet me. I never had much trouble getting dates, but now it seems like guys are suddenly hyperaware of my presence. The new attention is kind of fun.

**JUNE 1
- 18 MONTHS POST-OP**

Life has returned to normal. I've safely resumed all my former activities including contact sports like kick boxing. My chest looks and feels surprisingly natural. The only visible signs that I've undergone implant surgery are slight rippings in the skin on the undersides of my breasts when I lean over. There is a tiny area directly adjacent to the incision site (now basically indiscernible) which remains numb. I am not overly aware of the implants, even when I lie on my stomach. All-in-all I'm thrilled with my results and I would gladly do it again. Between acting and modelling, the boobs paid for themselves within the first 12 months and I have a magazine cover to prove it! Don't get me wrong, I'm still a struggling actress in Los Angeles, but I have no doubt that the "additions" have enormously facilitated getting work.

I must give you one word of warning because being big chested does have its down side. I've discovered an inverse relationship between abundance of cleavage and perceived intelligence. During my work as a video



There's more to beauty than having a big bosom. But if larger breasts will make you happy, go for it.

producer, in my acting classes, on a movie set and even in the supermarket, I have to sound twice as intelligent to be taken half as seriously.

As far as the opposite sex is concerned, I admit there are more suitors to choose from than ever before. I am approached by tons of idle pretty boys whose capacities for self-indulgence are dwarfed only by their egos. I also run across my fair share of self-proclaimed movie moguls promising to make me a big star in exchange for carnal delights. In a town like Hollywood where the boundaries between fantasy and reality are blurry, it can be tough separating the kernel from the chafe. Since my surgery, I seem to encounter a lot more chafe. I still have difficulty connecting with intel-

ligent, accomplished, attractive men whose interests are similar to my own. Don't we all? Moreover, I have to ask myself, would I really want to go out with a guy who wouldn't have been interested in me when I was flat?

My fundamental identity has not changed. I do love the way I look now. The experience has definitely had a positive effect on my self-confidence, a fact which convinces me it was all worth it. I am of the opinion that self-confidence, self-image and self-esteem are intimately linked. I also believe that these qualities are among the most important factors in determining our capacity for happiness and success in life. Plus, it sure is nice to finally have something to hold up my bikini top! ■

boob job

One woman's breast
implant story.

I was never the most voluptuous creature alive, but I had a good body and never had any problems getting dates. It wasn't until my first physique competition when my bodyfat plummeted into the single digits, that I learned the true definition of "flat."

My bodybuilding career lasted only a year, but it had an enormous impact on my lifestyle. I tried physique modeling and for the first time, my livelihood depended on my physical appearance. In order to model, I had to stay lean all year round and my boobs dwindled mercilessly from a small C-cup to a large A-cup. Moreover, I was muscular, boasting a 38-inch chest. Have you ever heard of a 38-A brassiere? Neither have any of the places that sell bras.

The modelling led to commercial work and finally a small part in a movie. Instantly I was bitten by the acting bug and felt the need to move to Tinseltown. When I relocated to Los Angeles, I found myself surrounded by a sea of thin, chesty specimens of physical perfection, many of them years younger than me. It was daunting to see a room full of them at every audition. It seemed apparent that the only A-cups in Southern California belonged to me.

The possibility of undergoing breast-augmentation surgery was not originally a viable alternative for me. I once viewed the procedure as self mutilation for the sake of conforming to a ridiculous social standard, but now I started questioning my stand on the

subject. Was I going to wind up flat broke? (pun intended) After all, it was my decision to enter the commercial world of modelling in the first place.

Cracks appeared in the veneer of my anti-silicone oath. Insecurities about my breast volume were taking a toll on my self-esteem. It didn't help that every woman I worked with had invariably undergone the procedure, and would happily do it again. It took two years of soul-searching before I decided to look into surgery. It was not a decision I treated lightly or with excited abandon.

When I finally allowed myself to consider the possibility of getting a boob job, the specter of poverty reared its ugly head. All the mammary-enhanced females I knew had received

**AS TOLD TO DR. CHRISTINE LYDON,
OXYGEN'S RESIDENT DOCTOR ON CALL.**



Many women's breasts shrink tremendously when they lose bodyfat.

Robert Kennedy

financial aid from a boyfriend, husband or other interested party. I didn't want any man to pay for a piece of my anatomy. I didn't want to feel like someone "owned" part of me. As it turned out, many surgeons offer financing. I was poor but I had great credit. Problem solved.

Choosing a doctor was easy. Every physique model, fitness competitor and *Playboy* bunny in town echoed the mantra of Dr. Garth Fisher. Revisions, lifts, reductions, implants, reconstructions - he did them all and did them well. It seemed as though everyone in LA passed through his office at some point.

I was terrified when I went in for my consultation. His office was in a ritzy section of Beverly Hills and the waiting room reminded me of a five-star hotel. There I sat, trembling, surrounded by wealthy women, original artwork and ornately decorated containers of junk-food. I proceeded to eat an entire bowl of Hershey's kisses and was just

ANSWERS TO COMMON BREAST-IMPLANT

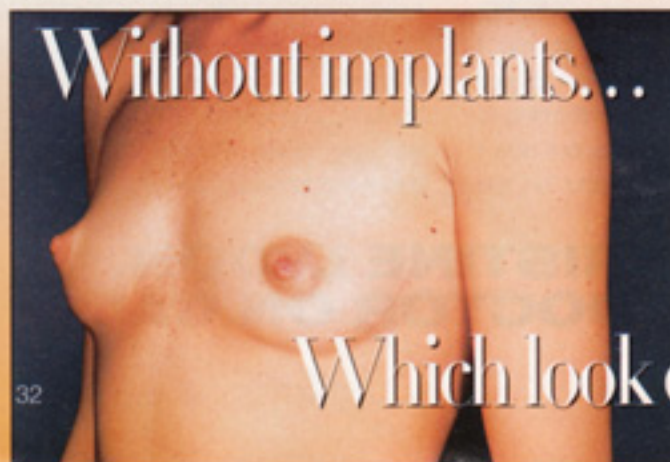
COMPOSED BY DR. CHRISTINE LYDON

How we perceive ourselves has enormous bearing on how others see us. To a large degree, our lives' accomplishments are intimately linked to self-perceptions. Looks play an undeniably pivotal role in our self-image, and community opinion flavors our individual perceptions of what "looks good." Lamentably, social trends are cruel dictators that do not often comply with nature or even good health. Over the past three decades, breast-augmentation surgery has provided a means to increased self-esteem and confidence for tens of thousands of women who perceived themselves as

underendowed. For women in entertainment, including the booming fitness industry, who depend on their looks to make a living, breast augmentation has become more than just a vanity issue. The decision to undergo the procedure is highly personal and will invariably effect how the world perceives you as well as how you perceive yourself. It is not a choice to be made lightly. The better advised you are about the potential risks, benefits and results of surgery, the better equipped you will be to make an intelligent, informed decision.

To investigate the ins and outs of

augmentation surgery, I spent the afternoon with Dr. Garth Fisher, a renowned Beverly Hills specialist who has made a name for himself within both the medical community and among models and actresses as a superb board-certified plastic surgeon. He was selected by his peers in the 1996-97 guide *Best Doctors in America* as one of the top plastic surgeons in the Western United States for facial cosmetic and breast surgery. Dr. Fisher has been a guest on *The Leeza Show*, *A Current Affair*, *Extra*, and *Let's Sweat With Cory Everson*. A partial list of his magazine features



Which look do you prefer?

starting on a plate of Christmas cookies when I heard my name called. Gathering up my collection of foil wrappers, I rose and was led to an examination room.

Shortly after, a knock came at the door. "Come in," I whispered. Dr. Fisher entered and introduced himself. "Good to meet you," I squeaked, clutching a skimpy paper gown about my naked torso. It certainly didn't help that Dr. Fisher resembled a combination of a young Kevin Costner and my college professor Dr. Bear, the campus heart-throb for whom I'd lusted shamelessly.

Oblivious to my growing panic, Dr. Fisher proceeded to calmly explain the procedure. His manner was very reassuring and my composure returned. After performing a brief physical examination, Dr. Fisher showed me an example of the implant. It was a soft, squishy, jelly-fish looking contraption that he maintained was extremely durable. I pelted the doctor with a battery of questions and then met his

office manager, Bonnie, who guided me through an impressive volume of before and after pictures. I was sold. Despite his wonderful reputation and the affluent trimmings of his Beverly Hills office, Dr. Fisher's rates were competitive. After we discussed financing, Bonnie presented me with a thick information packet and I scheduled my preoperative appointment.

A week later, I returned to Dr. Fisher's office for my complete preop work-up which included a medical history, physical and blood work. At Dr. Fisher's request, I came to my appointment armed with the photograph of a woman who approximated the size I

desired. We decided to go with a full C-cup.

Like most present-day implant candidates, I wanted to undergo the surgery as an outpatient and was advised to have someone present for 24 hours following the procedure. My ex-boyfriend Danny generously volunteered for the job. Being from Los Angeles (otherwise known as silicone city), Danny had been through this with two other implantees and knew what to expect.

Dr. Fisher was already booked well into the new year, but a cancellation permitted me to reserve an earlier date. On the night of December 7, three

QUESTIONS

includes articles in *Allure*, *GQ* and *People*.

Dr. Fisher helped clarify a number of questions I had after perusing the medical literature. With his help, I have compiled a list of the most commonly asked questions and answers concerning breast augmentation.

What are the different types of implants?

In the United States, silicone gel-filled implants are currently unavailable to first-time augmentation candidates. Saline-filled implants are the established alternative. Both implant types utilize a pliable envelope made from silicone rubber. Most would agree that the silicone gel-filled implants feel more natural than their saline counterparts because the gel's consistency is closer to that of natural breast tissue. In addition, the silicone gel-filled implants are less likely to ripple when placed over the muscle. Lean individuals with over-the-muscle placement of saline-filled implants often develop slight rippling in the implant bag which can be visible through the skin.

Women with implants have an additional image taken during mammograms.





weeks to the day after my initial consultation, I lay awake in bed contemplating the procedure I was scheduled to undergo the following day. Part of me still regretted the necessity of subjecting my body to invasive surgery in order to compete in my chosen field. Another part of me was angry for giving in to society's warped views of feminine beauty. To be honest though, I was excited about how I would look, what new work opportunities would be provided by the surgery and how men would react to the "new me."

That night I dreamt that I'd had the surgery. When I awoke from anesthesia, a scary nurse was removing the bandages. As the last ribbon of gauze fell to the floor, I looked down to find a single, cantaloupe-sized breast growing straight out from the middle of my chest.

Deciding on implants is a real moral battle. Do you give in to society's view on femininity or stand your ground?

study. He and his colleagues currently perform reconstruction and augmentation using silicone gel-filled implants on a select group of women. They have observed no increased incidence of complications using the silicone gel. He predicts that the silicone gel-filled implants will again be available to the general public in the near future.

What about the new soya implants?

The new soya-filled implants are currently in the pre-clinical trial stages of development. Long-term studies on leakage, contracture, rippling and other

**Your implants may look too firm and round to be real.
Can you live with that?**

The silicone envelope itself is available with either a rough or smooth texture. The nontextured implant bag is less likely to cause rippling, however it increases the risk of capsular contracture, the most common complication of breast-augmentation surgery. The development of a fibrous capsule around the implant is the body's normal response to the introduction of a foreign material. In 15 to 20 percent of enlargements, the fibrous capsule develops excess scar tissue and contracts around the implant causing the breast to feel hard and rigid. The condition can be treated with surgical stripping of the capsule. In a small percentage of cases, capsular contracture will reoccur. In Dr. Fisher's practice, he observes only a five to seven percent incidence of this complication, suggesting that surgical skill plays a significant role.

What's all the hype about silicone? Does it really cause autoimmune disease in some women?

According to Dr. Fisher who cited 21 different studies involving thousands of women, there is absolutely no scientific data to support this concern. In fact, Dr. Fisher is one of several surgeons participating in an ongoing protocol



DECEMBER 8
- DAY OF SURGERY

8:45 a.m.

Danny picks me up. I have not been allowed to eat or drink anything since midnight. I am hungry.

9:30 a.m.

Check-in time. After I arrive at the surgical center, I am taken into a holding area where I change into a hospital gown, lie down on a gurney and start leafing through *People* magazine. It's not my first choice in literature, but that's what they've got sitting around. I pick out all of the celebrities who look like they've had boob jobs. There are quite a few. I am still starving. An eternity later, a nurse comes in to give me an IV line. The meds coursing through my veins make me drowsy and high. I forget my hunger. Dr. Fisher comes to see me briefly and I tell him how handsome he looks this morning.

12:00 p.m.

- scheduled time for surgery

I am sleeping by now and have no complications are still pending. It will probably be several years before they become available to the general public.

What are the different surgical approaches to breast augmentation?

There are three primary surgical approaches for implant surgery, each with different risks and benefits. These include transaxillary (through the armpit), periareolar (under the nipple) and inframammary (through the skin fold beneath the breast). Dr. Fisher believes that the periareolar incision provides the best results overall. The healed scar is extremely well-concealed compared to the other sites, and the results of implant placement are the best.



recollection of events.

3:00 p.m.

- waking up from anesthesia

I am nauseated and in a lot of pain. My chest looms enormous beneath the flannel button-down shirt I am wearing. My ex-boyfriend comes to claim me. I am wheeled down to a waiting limousine he has hired to surprise me. He shouldn't have bothered. I moan and groan and think I'm going to throw up. The ride home is mercifully shortened by frequent lapses into unconsciousness. The next thing I remember, I am installed on the living-room couch, propped on every side by pillows. I can hardly move my arms but this does not stop me from downing half a pizza. I subsequently up the same pizza a half hour later.

7:00 p.m.

Vicadin keeps my agony in check and my mood euphoric. Danny is waiting on me hand and foot and all-in-all I'm feeling pretty good. I drink gallons of diet root beer and watch all of my



Augmentation surgery isn't foolproof. Implants can deflate, shift and go hard. Thankfully, these problems can be corrected. Unfortunately though, it will require more surgery.



favorite videos. My repose is interrupted only by frequent excursions to the bathroom to relieve my bladder. After taking a sleeping pill, I drift off to scenes of *Terminator 2*. The pain disturbs my sleep a couple of times during the night, but it is easily controlled with the prescribed medication.

DECEMBER 9
- POST-OP DAY 1

10:00 a.m.

This morning I feel good. I am moving my arms with a bit more freedom, though I am advised not to lift them above my head for a full two weeks. I am able to eat and hold my food down. I rest quietly on the couch (where I spent the night). Pillows hold me in a comfortable position. I am getting bored and restless.

2:00 p.m.

I decide to take a sponge bath. I unbutton my flannel and get a first look at my new boobs. They are suspended by a supportive, skin-tone mesh bra




You may have heard of a fourth approach - through the umbilicus (belly button).

Dr. Fisher believes this approach is a "gimmick" and stated that proper placement of the implant through the naval is nearly impossible. Transumbilical surgery may also damage the inframammary fold, an anatomical violation which compromises the structural integrity of the breast. This will likely lead to esthetic deformities down the road.

Does going under the nipple increase the chances of lost sensation?

According to Dr. Fisher, loss of sensation in the nipple or breast is a risk which increases with increasing implant size and has nothing to do with surgical approach.



Silicone implants feel more natural and are less likely to ripple, but they are not available to first-time users.

that I have been instructed to leave in place for three days. My breasts are enormously swollen and I must remind myself that the swelling will be coming down for several weeks. My final result will probably be about half of what I'm looking at. I must admit that I like what I see.

4:00 p.m.

I am feeling great. I pace around the apartment, make phone calls and do little tasks. Danny advises me to take it easy. I ignore him. I overdo it and feel horrible. I'm back on the couch, nauseated and running a slight fever. I drift in and out of fitful sleep for the rest of the day and night.

DECEMBER 10 - POST-OP DAY 2

I am feeling better. I spend the morning and early afternoon resting quietly. I take another sponge bath then persuade Danny to go to the Promenade so that I can walk around. He reluctantly agrees to drive me to Third Street. It's warm out and I'm wearing a

What about breast-feeding?

It is unlikely that implant surgery will interfere with breast-feeding.

What are the different implant placements?

There are basically two different implant placements – over the pectoralis muscle and under the pectoralis muscle. Neither approach is perfect. Placement over the muscle increases the risk of capsular contracture, rippling, drooping and is esthetically less desirable especially in lean women. The submuscular placement however, results in implant movement during exertion and can interfere with activities requiring use of the pec muscles. Dr. Fisher has developed an innovative new approach he describes as “partial coverage” which combines the best aspects of both placements. This procedure decreases the risk of capsular contracture, rippling, and drooping, and is also esthetically very natural-looking. At the same time, it causes minimal interference with pectoralis muscle function. Dr. Fisher's method of partial coverage has made him highly sought after by women who train seriously.

How long after undergoing the procedure do I have to take it easy?

Most women are able to resume normal daily activities, such as driving, within a few days following surgery. It is advisable to lay off all physical training including cardiovascular exercise for two to three weeks in order to decrease the risk of complications. Weight lifting may be resumed gradually after this time with the avoidance of painful movements. A longer hiatus may be necessary before returning to heavy chest training.

What other risks should I know about?

As with any surgery, there is always the slight risk of infection, bleeding, delayed wound healing and anesthesia complications. Your doctor will explain these risks to you in greater detail and will inform you if you are at an increased risk for specific complications.

What about mammograms? Will my doctor have a harder time reading them?

Women who have never undergone breast surgery normally have four different radiographs taken during a mammo-

gram. Women who have had breast augmentation have an additional image taken. This is known as an Eklund Test and confers similar efficacy in detecting a cancerous tumor as standard mammography.

How much does the surgery cost?

Breast-augmentation surgery generally runs between \$4,000 and \$10,000, although I have heard quotes as low as \$2,500. Beware, you might get what you pay for. Conversely, just because a surgeon is pricey, does not make him/her the best.

How do I choose a doctor? Can any surgeon perform the operation, or do boob doctors receive special training?

Only a plastic surgeon is qualified to perform breast-augmentation surgery. In the United States, a plastic surgeon must complete both a general and a plastic surgery residency which entails a minimum of six years of post-graduate training (10 years if you count medical school). During the course of his/her residency, a surgeon will observe, assist and perform thousands of procedures.

T-shirt which clearly shows off my new contours. I check to see if men are staring at my chest and am disappointed when I don't notice too many stares. We have a cup of coffee and return to my apartment. Danny wishes me well and leaves to resume his life which has been on hold for two days.

DECEMBER 11
-POST-OP DAY 3

I stand before the full-length mirror in my bathroom, take a deep breath and remove the mesh bra. My breasts are swollen but otherwise they look great! The inch-long periareolar incisions are almost invisible. I carefully shower without incident. The areas adjacent to the sutures and the lower half of both breasts are numb, but I know that the sensation should return as the nerves recover from the trauma of being stretched. My chest is tender, but not especially painful. At night I still

The training is nothing short of exhausting. A board-certified plastic surgeon should be well qualified to perform implant surgery. Choose your surgeon wisely. Get more than one opinion. Research your doctor. Collect references and ask to see his/her book of before and after pictures. Does he/she specialize in breast surgery? Is he/she board certified? You owe it to yourself to find out.

If you are considering breast surgery for personal or professional reasons, realize that cosmetic enhancement does not have the power to transform fundamentally unhappy people into intoxicatingly fulfilled individuals. It probably won't change your intrinsic attitudes about life. But if you have spent years agonizing while you padded your bras, if you are painfully self-conscious or embarrassed, or if your self-esteem is suffering as a result of your small chest size, getting a boob job could have a very positive impact on your life. To be honest, I know very few women who have undergone the procedure and regret it. Most say they would do it again in a heartbeat.

Under-the-muscle implants tend to look more natural, especially in petite women.



Implants placed over the muscle, like these, have a higher risk of hardening, drooping and rippling.

sleep on my back propped up by pillows, but at least I'm off the couch and back in my bed. I continue to wear the mesh bra for support, even while I sleep.

**DECEMBER 12
- POST-OP DAY 4**

I return to work as a personal trainer. My clients were briefed before my surgery and are all aware that I won't be moving weights for them for a few days. Everyone is extremely

accommodating. Driving is not a problem. Although I have a prescription for a week's worth of pain meds, I have already stopped taking them.

**DECEMBER 22
- TWO WEEKS POST-OP**

I visit Dr. Fisher's office for my two-week follow up. A surgical nurse removes my sutures and demonstrates for me the daily massage ritual.** Obviously I have not been doing it with enough vigor because the ordeal this woman now subjects me to is excruciating. Dr. Fisher pops his head in to take a look and lets me know everything is on schedule. He seems pleased with my results.

Many milestones today. It is now safe to reestablish a full range of motion with my arms and bring them above shoulder level. To my delight, Dr. Fisher gives me the okay to resume cardiovascular activity. Later that day I can be found pedalling furiously away on the stationary bike for 45 minutes.

It's also time to lay the tired old mesh contraction aside and start wearing regular bras during the day. Guess what all my friends got me for Christmas? My closet is littered with pink and gold tissue and little square boxes bearing the Victoria's Secret logo. Needless to say, I'm dying to try out my new acquisitions. When I retire for the evening (braless!) I make an attempt at sleeping on my side. After some brief experimentation, I find that lying on my back is still the most comfortable position.

*** For the first three or four months following implant surgery, a breast manipulation technique is employed. It is recommended five times per day to decrease the chances of contracture and breast hardening. Thereafter, and for the rest of your life, the massage technique is to be performed twice a day. I have yet to meet anyone who actually followed the manipulation protocol for three months, much less the duration of her life. It is, however, recommended.*

**DECEMBER 29
- THREE WEEKS POST-OP**

I resume weight-training. Certain overhead movements and all chest exercises are painful so I avoid them.