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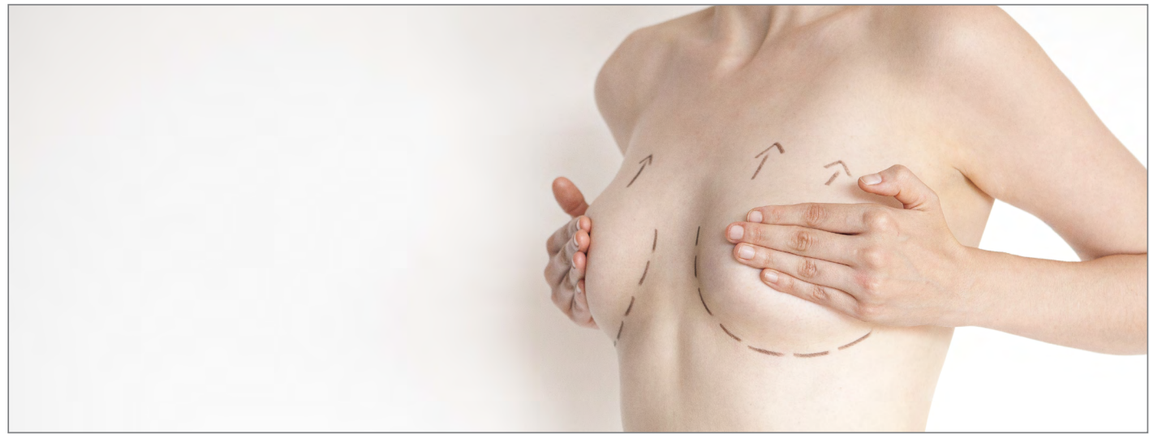
Despite all of the best efforts of the plastic surgeon, sometimes results are suboptimal. When expectations are not met, it is best to address them by trying to determine the cause of the complication to solve the patient's problem(s) and minimise the risk of them occurring in the future in other patients.

Patients who present for revision breast augmentation generally have high expectations to fix the problem. Unfortunately, sometimes problems are not completely correctable. Therefore, extensive pre-operative counseling and discussion regarding reasonable expectations is of the utmost importance.

Acellular dermal matrices (ADM) and meshes have enabled plastic surgeons to address complex problems in revision breast augmentation such as thinned tissues, fold malposition and capsular contracture. It provides additional thickness and coverage to minimise implant palpability and supports the implant to prevent bottoming out or rippling.[7] It is also prevents the implant from migrating into a previous pocket when changing the implant from the subpectoral position to the subglandular position or vice versa. Of added benefit, ADM has also been shown to reduce the rate of capsular contracture.

It is the hope that the concepts raised in this article will motivate all plastic surgeons to continue to strive to reduce the rate of revision breast augmentation and for patients to understand some of the complex issues involved in achieving the desired result from a breast augmentation.



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