



Breast augmentation: the art of the first consultation

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Received: 29 June 2018; Accepted: 08 July 2018; Published: 10 July 2018.

doi: 10.21037/abs.2018.07.01

View this article at: <http://dx.doi.org/10.21037/abs.2018.07.01>

Dear Sir,

The first consultation remains one of the most important aspects in the decision-making process leading up to surgery (1,2). We focus on how to conduct each step of a successful consultation in aesthetic breast augmentation surgery, which is something that has not, to our knowledge, ever been discussed in a paper and that we wish to call “40 minutes to make it to the operating room.”

We present the first consultation as a sort of formula that provides a standardized procedure designed to ensure that nothing gets left to chance and that all the fundamental aspects of the surgery are thoroughly explained so as to leave the patient feeling that she is in safe hands, secure and confident with her choice to go ahead with the surgery. Our method is a reproducible model based on 12 steps that last a total of 40 minutes, our experience allowing us to precisely estimate the time required for each of the steps:

- (I) 3 minutes: greet the patient, introducing yourself by name, not by title. Stand up from the desk, shake hands and be welcoming and warm. Ask: “*Why are you here today? How can I help you?*” Listen and encourage the patient to lead the conversation, taking any opportunity to demonstrate empathy. When she has finished, end with this phrase: “*Now, let me guide you through your consultation. If you listen carefully, you will see that all your questions, doubts and concerns are addressed.*”
- (II) 3 minutes: alternative methods such as lipofilling and hyaluronic acid are explained, with comments being made on the safety, reliability and predictability of the use of silicone implants and pointing out the off-label uses of hyaluronic acid.
- (III) 3 minutes: emphasize that only insured and FDA-approved breast implants are used, explaining the

importance of both. Discuss the quality of the implant, pointing out that it may not be as durable as a diamond, but nor does it have the expiration date of yogurt.

- (IV) 4 minutes: ask the patient to undress and perform a clinical examination, starting with a palpatory examination to check for possible breast nodes on both sides. During this examination, evaluate pre-op breast characteristics such as shape, volume and symmetry in order to assess: surgical access, the surgical plane and what kind of implant will achieve the best result. In short, this is where your surgical strategy will be decided.
- (V) 4 minutes: discuss the safety of using implants for breast augmentation as related to post-op cancer screening and common exams such as ultrasound and mammograms. In young women, highlight the post-op breastfeeding possibilities, pointing out that breast augmentation does not alter breast tissue. Take the opportunity to debunk popular common myths surrounding the procedure, such as the idea that implants will burst on an airplane or that the temperature of augmented breasts will be different from the rest of the body.
- (VI) 6 minutes: using the information from step IV is the key to successfully explaining your surgical strategy to achieve your best result: the surgical access and the final scar, the surgical plane, and the choice of either round or anatomical implants and why.
- (VII) 2 minutes: go over the logistics of the surgery day: the clinic’s terms, the overnight recovery and discharge the day after, assuring the patient of the safety and security of the healthcare facility.
- (VIII) 2 minutes: regarding the intra-op anesthesia,

reassure the patient of the anesthesiologist's role as an integral part of the team. The procedure is not painful and the post-op pain medications ensure perfect well-being.

- (IX) 3 minutes: discuss the postoperative home care instructions: absolute rest for one week, no driving for two weeks, and waiting three weeks before resuming any sports activities. A sports bra must also be worn for 6 weeks, day and night.
- (X) 2 minutes: a speech about possible complications, such as post-op bleeding, implant rupture, capsular contracture, wrinkling/rippling, implant malposition and their relatively low occurrence rates.
- (XI) 7 minutes: these important 7 minutes are used to discuss the new size and shape. We usually show preop and postop photos on a large screen, highlighting cases that are most relevant to the patient in question. This fundamental step leaves a lasting impression on the patient that she, too, will achieve the happy result experienced by previous patients.
- (XII) 1 minute: conclude with the delivery of the preoperative patient preparation protocol and consent pre-printed forms. All the preoperative exams will be checked 2 weeks prior to the day of surgery.

The secretary informs the patient of the surgery fee at the end of the consultation. Here it is important to underscore the value of the surgery and the various elements that contribute to the final price, including: the surgical team's fees (surgeon, surgeon's assistant and anesthesiologist), plus the cost of the implants, private hospital. Medications and lifelong follow-up visits are also included in the surgeon's fee.

The first consultation proposed in this communication becomes a sort of actor's script that becomes an artistic performance, where the happy ending is surgery. We propose this method based on our experience, fully aware of the differences in the experiences from one surgeon to the next. The script that we present here can be modified to accommodate the surgeon's individual experiences, but the objective remains to provide a reliable method that highlights the various phases that make up the first consultation so that they can be easily reproduced and thus be effective. We retain the presented actor's script a useful way for breast surgeons that perform more than one first consultation per day in order to prevent omissions.

In conclusion, we wish to quote Sophocles, the ancient Greek playwright, who said: "*Actors express with their hearts what is written in the script, true actors recite their part each*

time as if they were living that scene for the very first time, with the same enthusiasm and vigor; the credibility of the performance comes from the attentive study of the script." (3).

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was a standard submission to the journal. The article did not undergo external peer review.

Conflicts of Interest: Both authors have completed the ICMJE uniform disclosure form (available at <http://dx.doi.org/10.21037/abs.2018.07.01>). The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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doi: 10.21037/abs.2018.07.01

Cite this article as: de Vita R, Buccheri EM. Breast augmentation: the art of the first consultation. *Ann Breast Surg* 2018;2:13.