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How to Approach A Patient Who Refuses the Recommended Mammoplasty Technique

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Dear Sir,

There is no standardized augmentation mammoplasty technique when taking account of the variety in silicone prosthesis, debates on the incision and the breast area to be prepared for silicone breast implants. In other words, these variables differ from patient to patient and different techniques, incision and prosthesis can be applied to different cases in the presence of such a variety in the breast reduction issue [1-3]. In addition, each plastic surgeon has a preferred technique for augmentation mammaplasty. When the patient does not accept the surgeon's technique, a mammaplasty operation can become a challenge for the surgeon [4].

The choice of silicone prosthesis and incision in breast augmentation and mastopexy procedures depend, in practice, upon the interview between the surgeon and the patient [5]. The question at this point is: What should be done if the patient rejects the technique offered by the surgeon? Though being left unquestioned, such a point has been frequently experienced by surgeons. In addition to the concerns over the postoperative scars, patients sometimes reject surgeons' recommendations due to their worries over the potential lack of sensation in the nipple or possible problems to be encountered in breastfeeding.

Although the patient's preferences in reduction mammaplasty are evaluated, there is a lack of knowledge about patient preferences in augmentation mammaplasty [6]. An analysis of patients' demands shows that such concerns mentioned above originate from certain prejudices in the face of basic Internet searches. Educational and reality TV may have less influence on this kind of patient than was previously thought [7]. For instance, a patient with breast ptosis may refuse a mastopexy incision and demand silicone prosthesis. On the other

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hand, a patient with gigantomasty who should be treated with an inferior pedicle technique may insist on vertical mammaplasty. Such cases make the surgeon find out alternative solutions to obtain the best results for patients.

In such cases, it is important to explain the deformities to the patient and discuss the alternative treatment methods. Hence, patients should be persuaded and explained clearly that the method offered by the surgeon is the most reasonable one in her specific situation. If the surgeon fails to persuade his/her patient, he should then find the most appropriate solution regarding the patient's problem.

It is also significant to record the preoperative deformities and congenital anomalies in a particular case and to evaluate the patient's situation in line with the records. This would contribute to optimal results, particularly in difficult cases. It is also of equal importance to let the patient know that her present deformity may require revision or secondary operations. Patients with minor deformities, in particular, may focus on their breasts after the operation, even though they have not carefully observed their breasts in the preoperative period. Such patients may then observe that their breasts or nipples are not of the same appearance. The preoperative photographic recordings thus enable the surgeons to demonstrate that the current asymmetry has also been present before the operation.

To conclude, it is reasonable to suggest that surgeons may encounter problems with the patients described throughout the present paper. In congruence with the principle that there is no disease but a patient, some solutions may be unique to a specific case. Therefore, a careful preoperative examination and recording is especially important for inexperienced surgeons to attain the satisfied results in a specific case. It is also fruitful for surgeons to minimize patients' expectations to an average level and to inform them of the potential postoperative complications.

Conflict of interest statement

The authors have no conflicts of interest to declare.

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