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Towering, Tiny, Thin, or Top Heavy? What to Wear

NOBODY'S PERFECT
7 Women Obsess Over Their Body Flaws

CURVY & COOL
SCARLETT JOHANSSON
“I can dress in whatever I want. Besides, some fellows like me!”

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THE TOO-THIN-OR-NOT MODEL CONTROVERSY
PLUS The War on Trans Fats
silicone valleys

The average woman getting breast implants isn’t who you think she is. Sarah Brown talks size, safety, sex, and self-esteem with the pros. Photographed by Steven Klein.
Before the FDA ruling, it was like implants weren’t OK with society. You were either vain or a bimbo. It was a health issue, and then it was a political issue."

The more I started to learn about implants, the more I realized that perhaps I had wrongly judged them, and the women who get them. As it turns out, according to a survey by the Aesthetic Surgery Education and Research Foundation, the average implant candidate is not a Hooters waitress but a professional woman in her 30s or 40s who has had children and earns an average income of $50,000. As Beverly Hills plastic surgeon Norman Leaf, M.D., says, even in L.A., “it is the girl next door.”

The American Society of Plastic Surgeons (ASPS) found that the number of Americans choosing implants jumped 37 percent from 2000 to 2005, with more than 300,000 women undergoing augmentation surgery in 2005. And they’re not just in places typically associated with bigger-is-better breast aesthetics, like Miami, Dallas, and Los Angeles. Walden, who admits that the East Coast is “a little more conservative,” nevertheless reports that breast work accounts for 90 percent of her practice. “If someone was going to tell you that breast surgery is not popular in New York, they’d be wrong,” she says before scooting out of the restaurant where we’ve just had lunch, on her way to her next appointment—putting silicone implants in a 25-year-old medical student.

There are four main reasons women opt for implants: for reconstructive purposes after mastectomy surgery, to correct asymmetries (“Probably 60 percent of my consultations have moderate to major asymmetry in their breasts,” says Walden), for volume restoration in mature and postpartum women, and for straight-up cosmetic enhancement.

Persistent societal stigmas aside, the primary motivation of women seeking augmentation does not seem to be to please the men in their lives (or to attract new ones), but to please themselves. “It was all for me—how I feel and how I look at myself,” says Edith, a 24-year-old marketing manager, just three weeks after the surgery that took her from a “small” B cup to a “very full” C. “I was a pear shape, and I didn’t like that,” she says. “I wanted to even out. Now I’m curvy on the top, curvy on the bottom. I feel more feminine. I like the way I fill out my clothes. Even a simple tank top looks ten times better.

The ASPS reports that in numerous studies, breast augmentation and reconstruction have been shown to have considerable psychological and physical benefits—i.e., they have the power to rather instantly enhance not only volume but confidence. As Manhattan plastic surgeon Haideh Hirmand, M.D., says she came to understand through the patients in her practice, implants can play a very real role in a woman’s well-being. “There is something about this organ that is tied to the psyche of womanhood,” she says. “Breasts are part of our sexuality. This we have learned from mastectomy patients—it’s devastating; these women felt they were robbed of a part of their femininity.”

The majority of breast surgeries Hirmand performs in her elegant OR in a brownstone on the Upper East Side are combination augmentation-lifts on women who have lost breast volume and shape after having children or as a result of age. *Names have been changed.

Hirmand explains that, in terms of breast aging, as skin loses elasticity and gravity takes hold, women can become “hollow on their chest above the breast. It literally caves in. You can see the ribs. You can have a lift, but that doesn’t restore volume.” Or her most common patients, she says, “They’re 42; they’ve had their two kids, and now they’re stuffing their bras. They feel like they’ve lost something.”

Rebecca* knows the toll motherhood can take on a woman’s breasts. Pregnant at 25, she says, “I gained a lot of weight and there was a lot of pulling and stretching of the skin.” Although she was back in shape just five months after giving birth—a trim, toned size 6—her breasts never recovered. “After the pregnancy my breasts just hung,” To look more like her pre-pregnancy self, Rebecca started wearing push-up bras with gel inserts. After her divorce five years later, she says, “I was single, I dated. I always looked great in my clothes, but I knew that what a person saw in the clothes wouldn’t be what they saw when the bra came off.” Last year, at the age of 47—more than 20 years after delivering her son—she did what she had always wanted to do but had been too afraid, and made an appointment with Hirmand for silicone implants. “They’re not big breasts, but they’re perfect,” reports Rebecca. “I still fit in my 34B bras—only without the inserts.” Of how the surgery has affected her life, she says, “I can look at myself in the mirror now. The kind of breasts I had—they were embarrassing. They made me look so old. If I knew then what I know now, I would have done it a long time ago. It’s the best investment I’ve ever made. It was worth every penny.”

The doctors I spoke to all emphatically underlined the fact that, in their practices, most patients who ask for a purely cosmetic increase in size aren’t looking to morph into pinups; they “just want to look normal,” says Susan Downey, M.D., a plastic surgeon in private practice in Santa Monica. “They’ll say, ‘I’m a 36A and five foot ten; this is not normal.’ They don’t suddenly want to go to 36D; they just want to be a B cup.”

As Petra happily confided one day (her new breasts perky in a ballet-style camisole), “My whole thing was to have boobs, but not huge boobs. I wanted to fill up my dress. Now I put on a dress, and done! No more padding, no more stuffing! And I still don’t have to wear a bra.”

Downey credits much of the surge in women seeking breast augmentation to a new understanding that “you can make sable implants. They know they can come in and say, ‘This is what I want,’ ” as opposed to the old perception that “they only come in large.”

While doctors carefully explain that what’s “normal” or “natural” or “beautiful” is a purely subjective question, they all agree that the most important thing (and the key to a natural-looking result) is to achieve harmony. Implant size is determined less by How big do you want to be? and more by What’s right for your body? “You can’t make natural-looking, disproportionately large breasts,” says Hirmand. “If you’re going to put a very large implant in a very small person, it means invariably you’re choosing an implant that’s anatomically incorrect for that person. Aesthetically, you can’t get a good result. You might see it. What’s sexy about that?” Not only can disproportionately large implants make a woman look top-heavy and artificial, but according to Roxanne Guy, M.D., a Melbourne, Florida, plastic surgeon and president of ASPS, “really, really large implants stretch the tissue more, age the breast more, and create more long-term issues of sagging.”

The “new thinking,” says Hirmand, is based on a dimensional, mathematical approach, considering (continued on page 402)
The new-and-improved silicone implants feature a more durable outer polymer shell that better resists inevitable wear and tear, and the gel inside is more cohesive, so it sticks together better. “When you cut through it, nothing spills or leaks out,” says Walden. “It won’t leak into tissue, therefore causing much less risk of local tissue complications.”

Capsular contracture—the hardening of the tissue, or capsule, that forms around the implant—can result from either saline or silicone. “You have to accept when you have implants that there’s a possibility they’ll get firm,” Pitman says soberly. “The body responds to the placement of any foreign body with a capsule, and it can get hard. There’s no way of predicting to whom it can happen.”

It’s a risk legions of women are apparently happy to take. “It’s a very high-level satisfaction operation, highest compared to any other [invasive cosmetic] procedure,” says Toronto plastic surgeon Trevor Born, M.D. Just ask Petra. All she can think about is the delicate, spaghetti-strap sundresses she’s preordering for spring, and all she can say about her new breasts is, “Love ’em, love ’em, love ’em. Wish I’d done them sooner. Everybody says that.”

For more information about saline and silicone breast implants, visit breastimplantsafety.org, a joint Web site from the ASPS and ASAPS (The American Society for Aesthetic Plastic Surgery).