

VOGUE

A full-page photograph of Scarlett Johansson is the background for the cover. She is lying down, propped up on her elbows, looking directly at the camera with a slight smile. She has blonde, wavy hair and is wearing a dark green, strapless dress. The background is a soft-focus outdoor scene with greenery and a body of water under a blue sky.

APR

EMBRACE YOUR SHAPE!

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

NOBODY'S PERFECT

7 Women Obsess
Over Their Body Flaws

THE
TOO-THIN-OR-NOT
MODEL
CONTROVERSY

PLUS The War on Trans Fats

CURVY
& COOL

SCARLETT JOHANSSON

"I can dress in
whatever I want.
Besides,
some fellows
like me!"

SPACE-AGE FITNESS

A Total Body Workout in
10 Minutes

FAST COMPANY

More than 300,000 women in the U.S. underwent breast augmentation surgery in 2005. Ellen Tracy sweater. Proenza Schouler skirt. Prada belt. Christian Louboutin shoes. Hair, Christian; makeup, Peter Philips. Details, see In This Issue. Fashion Editor: Phyllis Posnick.

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.



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my friend Petra* turned 38 in January, but she has the breasts of a sixteen-year-old. They're just the right size—not too big, not too small. They look perfect in a T-shirt, great in a dress, even better with nothing on, she says with a wink. You'd never know that she purchased them, for about \$20,000, at a plastic surgeon's office in South Florida.

When she told me, six months ago, of her impending "enhancement," all I could say was, "Why? You're perfect." (She's five foot seven, with a lithe, lean, Pilates-refined body.) "I'm going to be perfect," she said, a serene look of satisfaction washing across her very pretty face.

Suddenly, it seemed like everyone was getting implants. There was the boldfaced heiress who debuted her considerable new assets in a series of strapless dresses on the New York social circuit last fall. The prominent model who reemerged with new and improved breasts—albeit discreet ones—after having a baby. And the countless young actresses who felt like their careers needed a little, um, boost.

It seemed a little jarring, not very modern, like a disconnect with feminism, with fashion! There are women I, snobbishly, expected to be the typical implant candidate, but sophisticated, smart New Yorkers? High-fashion models? *Friends*?

I chalked it all up to something weird in the air, until news of the FDA's lifting of the fourteen-year-old ban on silicone implants hit late last year, accompanied by what felt like a nationwide celebration. Until this past November, saline implants, which are filled with salt-water, were the only available option in the United States, with exceptions for reconstruction patients and individual cases approved by the FDA. Silicone-gel-filled implants, which many doctors and patients believe are closer to natural breast tissue in look and feel, were pulled from the market in 1991 because of concern over leakage and potential links to disease and other complications (though they've been available in Europe, Asia, and South America for the past fifteen years). Saline and silicone implants were proven to be safe in the eyes of the FDA, and now, it appears, they are on the cusp of becoming culturally acceptable, too.

"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," says Jennifer Walden, M.D., a plastic surgeon in New York. "I don't know that the stigma will go away, with all of the images we're confronted with every day," she says, citing *The Girls Next Door* (the guilty-pleasure reality show where Hugh Hefner's three bleached-blond "girlfriends" romp around the Holmby Hills mansion, their breasts bobbing around like water balloons), "but there are a whole lot of women out there with implants, and you'd never know."

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 in 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." Of 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 pushup 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 subtle 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 saggingness."

The "new thinking," says Hirmand, is based on a dimensional, mathematical approach, considering (continued on page 402)

SILICONE VALLEYS

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a patient's breast width, shoulder width, hip width, height and weight. "I do pre-sizing with a calculator," says Hirmand, who notes that she does not "guarantee a cup size" but works within a range of what's realistic and reasonable. The difference between, say, 175 and 250 ccs can be hard to visualize, so Downey has "a whole wardrobe of bras and a whole stack of T-shirts and tank tops" in her office, plus a full-length mirror, so patients can get a clear, head-to-toe picture of what they will look like postop.

And then there's the question of silicone versus saline. Which is better? It depends on the woman. Doctors agree that silicone is the best choice for women who have very little soft tissue, or are very thin. Saline, which requires a smaller incision than silicone, is a good option for those who already have an adequate cushion of skin, fat, and muscle to cover the implant. Otherwise, "you might see or feel the edges," says Guy. Gerald Pitman, M.D., attending plastic surgeon at New York University Medical Center, uses saline in women who are "a B and they want to be a C, or a C and they want to be a bigger C."

If a saline implant breaks, the saltwater is absorbed into the body (which is not harmful) and the implant visibly deflates inside the chest (and must be removed). If a silicone implant breaks, it's what Guy calls "a silent rupture. The woman doesn't necessarily know. She can't feel it and won't necessarily see it in a mammogram." (There is no conclusive evidence linking silicone with cancer, neurological disease, or connective-tissue disorders, nor is there evidence of elevated silicone in the breast milk of mothers with implants that would be harmful to infants.)

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).