The evolving BOOB JOB

Consultant plastic surgeon **Paul Banwell** on awake surgery, tissue preservation, implant innovation and the future of the "boob job".



WHAT IS CHANGING WITHIN BREAST AUGMENTATION?

"We already know how to perform breast augmentation and achieve good results. The interesting question now is how we refine it further.

"For me, that is where the evolution is happening. It is less about completely reinventing breast augmentation and more about improving each individual element of the operation and the patient journey."

IS AWAKE BREAST AUGMENTATION WHERE THE REAL INNOVATION LIES?

"Not necessarily. I think there is a danger of focusing too much on whether a patient is awake or asleep. The anaesthetic is only one part of the procedure.

"What matters more is what the surgeon is actually doing to the tissues. If you can minimise cutting, preserve important anatomical structures, use local anaesthetic effectively and reduce surgical trauma, that can have an impact on pain and recovery regardless of whether somebody chooses local anaesthetic, sedation or a general anaesthetic.

"Awake surgery is certainly an option for some patients, but it shouldn't become the headline at the expense of the surgical technique itself."

WHAT DOES MINIMALLY INVASIVE BREAST AUGMENTATION INVOLVE?

"The breast has important supporting structures, including the circummammary ligament and Cooper's ligaments. The philosophy behind newer approaches is to preserve those structures as much as possible.

"Rather than relying entirely on conventional cutting and dissection to create a pocket for the implant, newer instrumentation can allow tissues to be expanded and separated more gently.

"The aim is to create space for the implant while reducing unnecessary disruption to blood vessels, nerves and supporting tissues. The principle is quite straightforward: the less trauma you create during surgery, the less the body has to recover from afterwards.

"With traditional breast augmentation, there can be an initial recovery period of a couple of weeks, with return to unrestricted exercise taking longer. With less traumatic techniques, some patients are returning to everyday activities considerably sooner."

THERE'S BEEN A SUGGESTION THAT, WHEN PATIENTS ARE AWAKE, THEY CAN HELP GUIDE THE RESULT DURING SURGERY. IS THAT ACCURATE?

"No, that's not strictly true. When we operate on a patient, we have to be very clear beforehand about what we're doing. We consent the patient and have a clear surgical plan prior to the operation; we're not making modifications according to what somebody says during surgery.

"If the patient chooses local anaesthetic or sedation, then yes, they can talk to the surgeon if they want to, although many will simply listen to music. But the idea that the patient is collaboratively directing the aesthetic result in real time is probably a little bit of artistic licence.

"There are commercial interests around new techniques and they will inevitably be marketed in certain ways. As surgeons, we have to separate the marketing narrative from what is actually happening clinically."

HOW IMPORTANT IS THE EVOLUTION OF BREAST IMPLANTS THEMSELVES?

"It's fundamental. Implant design has developed alongside surgical technique.

"Some newer-generation implants are softer, more compressible and more elastic, meaning they can potentially be introduced through smaller incisions.

"We are also becoming increasingly interested in the relationship between implant surfaces and the body.

"Whenever you place a foreign body into somebody, the body will form scar tissue around it. The problem is when that capsule becomes abnormally thick or tight, which is what we call capsular contracture.

"So implant innovation isn't simply about producing something that looks or feels more natural. It is also about improving durability, interaction with the surrounding tissues and ultimately reducing complications."

DOES HAVING SURGERY AWAKE AUTOMATICALLY MAKE IT SAFER?

"No. I think that's an important misconception. Local anaesthetic, sedation and general anaesthetic all have different indications and considerations. Some patients like the idea of being awake; other patients absolutely do not want to hear or be aware of anything happening in theatre.

"And for some more extensive procedures, having a completely still patient under general anaesthetic may actually be advantageous to the surgeon.

"The anaesthetic should suit the patient and the procedure. 'Awake' shouldn't automatically be interpreted as 'better'."

WHAT DOES THE NEXT GENERATION OF THE "BOOB JOB" LOOK LIKE TO YOU?

"I think we will see smaller scars, less tissue trauma, improved implants, less pain and increasingly rapid recovery.

"We'll continue refining every stage . The aesthetic result will always be important, but the question increasingly becomes: how can we achieve that result while preserving more anatomy, reducing complications and making the whole experience smoother for the patient? That is where I think breast augmentation is heading." OM