

There's no denying it. Breasts are big business. Fifty years after its debut, the boob job is the most-requested cosmetic surgical procedure in the United States, proving that half a century later, its popularity is still at its peak. Here, we take a look at the ups—and downs of this celebrated enhancement.

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ack in the spring of 1962, Timmie Jean Lindsey, a 30-yearold divorcee and single mother of six, walked into Houston's Jefferson Davis Hospital to get a tattoo removed from her breast. "Back then, finding someone who could do that sort of thing wasn't easy," recalls Lindsey, now 82. Once her young plastic surgeon was done using dermabrasion to wipe away her otherwise permanent inscription, he approached her with a brand new idea. The surgeon, Dr. Frank Gerow, suggested that she

try a cutting-edge procedure that he had just developed: silicone breast implants. He had come up with the idea after squeezing a silicone bag filled with blood during one of his hospital rounds. He realized that the squishy, warm IV felt undeniably similar to that of a woman's breast. With the help of his colleague, Dr. Thomas Cronin, Gerow went on to create the first silicone implants.

"I never even thought about having that type of surgery," insists Lindsey. "The only thing that ever bothered me was how much my ears protruded. breasts? In 2011, according to the American Society of Plastic Surgeons (ASPS), more than 307,000 breast augmentations were done in the United States alone—an increase of 45-percent since 2000. Clients ranged from suburban soccer mom to 20- and 30-something executives, not just aspiring actresses and topless dancers. For the sixth year, it's the country's top-ranked cosmetic surgery—ahead of liposuction, nose jobs, and eyelid lifts.

Arguments for and against implants have long fueled debates among feminists, psychologists, and the media. In a 2012 UK survey, one third of women ages 18 to 25 said they'd trade their intelligence for bigger breasts. 57-percent said they thought men would be more interested in them romantically if they had them.

"These statistics illustrate that some women seek to increase their breast size solely because they think it will make them more attractive," says Susan Krauss Whitbourne, PhD. Whitbourne is a professor of psychology at the University of Massachusetts in Amherst and the author of *Abnormal Psychology: Clinical Perspectives on Psychological Disorders.* "It's quite sad that when

CLEAVAGE CHRONICLES: For 50 years, MDs have been giving us a boost, but we've been seeking support for eons. Archeologists

Timmie Jean Lindsey Dr. Gerow and Saline breast Second generation Third and fourth receives the very Dr. Cronin present implants developed. of silicone implants generations of first silicone breast their idea at the introduced, featuring silicone breasts International Society thinner shells. introduced. implants of Plastic Surgeons Conference in Washington, D.C.

When the doctor said he would take care of that, too? That got the ball rolling." Although naturally endowed, the breast-feeding of six children caused Lindsey's once voluptuous 34c to shrivel up to a significantly smaller B cup. This "now-you-see-them, now-you-don't" scenario made her the perfect guinea pig. "I guess I was lucky. The doctors were able to lift them up and I had enough breast tissue to begin with that they still felt normal after the implant." She wasn't the only one to give her new cleavage the thumbs-up. "Any man I was intimate with after that—although there weren't many—had no idea about the surgery," she recalls. "But they would always tell me what beautiful breasts I had."

It was half a century ago that Lindsey guilelessly agreed to the procedure that transformed her sagging breasts into perky orbs. Today, a staggering number of women know that's *exactly* what they want. The million—or quite literally, *billion*—dollar question (it's estimated that more than \$1 billion is spent annually) is this: *Why* are so many women altering the shape of their

given the choice between intelligence and breasts, they choose breasts."

But for some women, bigger isn't always better, nor is their decision to go up a size tied to a desire for increased sex appeal. These women cite reasons that have more to do with form and function. Some say they want to finally "naturally" fill out a strapless dress, or eliminate the need for push-up bras. Others look to add a little more oomph on top to balance out a disproportioned hip-to-waist-to-chest ratio. Still more seek a means of fighting gravity's inevitable pull, especially after childbirth.

"Once I had my daughter, my breasts flattened out and there was a bowl shape at the bottom," says Jennifer, a forty-six year old New Yorker who went from a 32B to a 34C with silicone-implants in September of 2011. "They didn't look good in bathing suits or eveningwear anymore. I waited seven years to have them redone, which was way too long." Now, she says she can't even recall what her body looked like before. "They've become mine," she says. "I can shop for clothes more easily, and don't have to pack bras. Yes, they're aesthetically pleasing, but the biggest benefit is that they save me a lot of time and energy."

LA resident Gina, 33, says that ever since she took the plunge from a 32B to a bountiful 32C with saline implants seven years ago, she's more modest when it comes showing skin. "I won't wear anything that's too low cut, or tan topless at the beach like I did when I was flat chested," she says. "I've never wanted to get more attention from the opposite sex. I did it for me, not because I had low self esteem about my body."

History shows that women, famous and otherwise, have done it, loved it, then flat-out regretted it. For celebrities like Mariel Hemingway, Jane Fonda, and Pamela Anderson, as well as countless girls-next-door, the perception of breast implants has ebbed and flowed in terms of size and safety. In the 1960s and 1970s, silicone implants were seen as a medical breakthrough with minimal, if any, side effects. Women lined up to get them, putting the surgery in robust demand.

By the mid-1980s, reports of early-generation implants leaking-coupled

he severe backlash propelled a saline alternative to emerge as leader of the implant pack. Women, wary of filling their bodies with foreign objects or substances, embraced the salt-waterinfused doppelgangers. The caveat with saline implants: They would likely need to be replaced at least once, and are more likely to deflate. Unlike a silicone rupture, which is difficult to spot, a saline-implant pop is as evident as letting the air out of a balloon. "Saline is the most dramatic when it ruptures be-

cause it can do so without trauma," says David Hidalgo, MD, a plastic surgeon in New York City. "They can rupture for two reasons—a manufacture defect in the cover, most likely due to a small hole, that over time causes it to deflate or simply wear and tear. After fifteen or twenty years, one spot can become weak."

Saline is also just as susceptible as silicone to developing capsular contracture—when a buildup of scar tissue surrounding the implant distorts the breast shape. This condition affects approximately 15 percent of women. (At

recently unearthed the first known bra which dates back to 1390 A.D.

1002 FDA bans silicone implants due to leakage reports. 12,359 lawsuits filed against Dow Corning, the makers of the silicone implant. The plaintiff pool eventually grows to over 200,000. Over 1.2 billion dollars is

eventually paid out.

Breast augmentation is the leading cosmetic surgery with 307,000 procedures



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American Society of Plastic Surgeons approves fat grafting to the breast as alternative to implants.

with research that implied a link between cancer and silicone implants in ratbased studies—hit the media. Suddenly a long list of claims from the siliconeendowed began to emerge (from breast cancer to neurological problems like rheumatoid arthritis). Massive class action lawsuits ensued, eventually prompting Dow Corning, the main manufacturer of silicone implants, to file bankruptcy. The company eventually shelled out a reported \$1.6 billion.

In 1992, the FDA issued a voluntary withdrawal request for silicone implants. Just like that, the boob boom went bust and women ran to doctors to remove their once-beloved bosoms. Today, doctors note that there isn't—and never was—a direct correlation between silicone-gel implants and tumors in humans. "It was the climate of the times," says John Anastasatos, MD, a plastic surgeon in Beverly Hills. "Class action suits were created and people thought that silicone implants were doing negative things to their health. They wanted to remove them. The insurance companies paid a ton of money, but it was never actually proven that the ruptures did anything to cause disease." just over 300,000 boob jobs a year, that's about 45,000). "Essentially, it's exacerbated collagen production in response to the body detecting silicone, which makes up the shell of both silicone and saline implants," says Dr. Anastasatos. "We don't know exactly why it occurs, or why it happens to one person and not another. If extreme, capsular contracture can cause pain, requiring an operation to replace the implant as well as scoop out the excess scar tissue. Researchers have focused much of their energies on methods to limit—and ideally completely erase—this effect.

In 2006—after fourteen years on FDA-imposed surgical probation, which limited their use to rejuvenation and clinical trials—silicone-gel implants made a comeback. Unlike their liquid-y ancestors, the latest generation of "golden globes" had a more ooey-gooey consistency, leading to its nickname: the "gummy bear" implant. Should the outer silicone shell become compromised, the preformed implant would stay put. As the nickname suggests, grabbing a handful better mimics the gushy sensation of squeezing a natural boob. "When it comes to silicone implants, the changes that have occurred are more evolutionary than revolutionary," remarks Dr. Hidalgo. "Now, silicone gels have varying degrees of cross-linking, making them firmer, less liquid, and far less likely to leak."

Dr. Anastasatos agrees. "Women who have had saline and changed to silicone tell me that the comparison is like night and day," he says. "They *love* the silicone." The reality has always been this: While saline implants *look* as natural as silicone from a distance, they don't *feel* as close to the real thing as its predecessor. Hidalgo estimates that currently seventy percent of his patients have silicone implants. Dr. Adam Kolker, MD, a plastic surgeon in New York City, sees more of an even split: "I would say that in

my practice, it's about seventy-percent silicone."

As women decide what kind of implant is best for them, location is a key factor—whether she prefers an incision under the breast, through the nipple, at the belly button, or at the underarm. Silicone-gel implants are pre-molded, while saline are empty bags that are filled once placed inside the body. Silicone can't be stuffed through a tiny opening like the naval or areola. There's also the debate surrounding whether to opt for implants over the muscle or under the muscle. "Because there's more of a barrier between the implant and the skin surface, an implant will look more natural when placed sub-muscular," says Kolker. "If you turn to the side, you don't want to see half a grapefruit protruding from your body—and if

you were to draw a beautiful anatomic breast, it looks like two geometrical forms, a triangle on top of a circle, and is much more straight than round."

These days, the odds seem to be in silicone's favor. "Unlike the women who had the second- and third-generation implants, which had a superthin shell and less viscous consistency that lends to slow bleeds, early data shows the new gels to have an extremely low leak rate," says Dr. Kolker. But doctors agree that *some* amount of seeping—be it with saline or silicone—is inevitable. "At the end of the day, a woman needs to feel comfortable going to sleep at night with this manmade device inside of her," Kolker continues.

Along with silicone's improved molecular makeup, there have been stronger FDA guidelines in place, which require women to undergo an MRI three years after their initial surgery, and a follow-up every two. This helps monitor ruptures and potential leaks while ensuring checkups to provide real-life clinical data to the FDA. "If everything looks and feels OK at the ten year mark, and the individual is up-to-date with their checkups, mammography, and MRIs, then nothing *needs* to be done," assures Dr. Kolker.

Twenty-eight-year-old New Yorker Christine invested in silicone implants in early 2012. (Surgeon fees begins around \$4,000, and costs like anesthesia and operating room fees push the procedure to somewhere between \$6,500 to \$10,000.) "It's not an inexpensive procedure by any means, but I looked at it no differently than if I were buying a smart-car. It's not going to last forever either," she says.

In their quest to constantly advance in the field, doctors have created recent buzz by boosting breast size, lips, and bottoms with "fat grafts."

These involve potentially off-putting realities: There's the pre-surgery regimen of wearing a plastic cone-shaped bra called the Brava System— think Madonna Blond Ambition tour but with built-in suction—for weeks to boost blood flow and stimulate the production of new vessels. (This is crucial for prepping breast tissue to integrate the newly placed fat.) Then there's the issue of some women's naturally low fat content in the hips and buttocks, limiting spare material to be re-injected. Low fat availability would yield an increase of perhaps just half a cup size.

All things considered, the limited results from fat grafts are plenty for some. 27-year-old Kelly underwent breast augmentation using fat taken from her hips and legs via liposuction, going from a 34B to a 34C. "I chose

> fat injections over standard augmentation because I wasn't looking for a huge change in size," she says. "Just enough that I could tell, but no one else. It gave me the added benefit of minimized saddle bags and some thinning out of my thighs." Now, she's thrilled with the results, has zero scars, and her breasts look like hers, only bigger.

> While fat grafts are approaching mainstream acceptance—and deemed slightly less avantgarde, thanks to promising results—some experts are still skeptical. "It's currently more accepted than in the past and more widely used for different applications in both reconstructive and cosmetic surgery, but it's still controversial," says Peter Cordeiro, MD, the chief of reconstructive and plastic surgery at New York's Memorial

Sloan Kettering Cancer Center. "Some researchers think that the fat cells that survive after the transfer are derived from stem cells. Others believe the transferred cells revascularize and take like any other tissue graft. The mechanism of graft survival is not completely understood as of yet."

As for claims that the future is *all* about fat, most experts say it's too soon to tell. "The jury is still out on whether fat will replace breast implants, but I don't think it will," says Dr. Hidalgo. Dr. Kolker takes a slightly different view: "There has been a paradigm shift in plastic surgery. In the past, surgery was more about nipping and tucking, but as we age, we lose volume. Breasts become smaller, the face more gaunt. The idea of adding fat could be tremendous in terms of solving these issues along with breast enhancement."

As for Timmie Jean Lindsey, the woman who started it all? "Sometime after the surgery, the doctors said that I was a pioneer and that I was in medical journals," she says. "But the importance never dawned on me until much later when there was a question of their safety and they were in the news. Even then, I was probably still relatively unknown, and only the people around me knew I had been the first. But since then, all the news about it makes me proud that I was able to participate in trying out the new method."

Lindsey says that besides the countless interviews, she's received many letters from women asking her advice about getting the procedure. Even one of her daughters and one of her granddaughters have implants. (Theirs look better than hers, Lindsey insists, because hers have sagged with age.) She thinks that the new technology and safety advancements are astounding. And perhaps her greatest endorsement? "I would do it again," she says.

"The jury is still out on whether fat will replace breast implants."









HOLLYWOOD'S TREASURE CHEST

From the famously natural breasts of America's iconic stars like Farrah Fawcett, to the slightly less subtle 44DDs of Dolly Parton, here are breast moments in celebrity history.





