

Golden Globes

DR MARSHALL MURDOCH discusses the rising trend of breast augmentation in women over 50



A recent Harris interactive poll in America asked what age the respondents would like to be for the rest of their lives. Interestingly, the new “magic number” is 50, which is up almost a decade since the last time this poll was done. The catch phrase “50 is the new 30” was picked up by highly influential news-makers such as the *Telegraph*, *NBC*, *ABC* and *CNN*, further enhancing its popularity. Aided by entertainment icons such as Madonna, Sharon Stone, Jodie Foster, Demi Moore and Sarah Jessica Parker, it’s unsurprising that advertisers have fuelled this trend.

A spin-off from the “50 is the new 30” trend, is an increasing number of “mature” women who are seeking breast augmentation for the first time. While the incidence of women in the 50+ group having their previ-

ous implants exchanged (and possibly lifted) has remained steady, primary augmentation is on the rise. Quite surprisingly though, there is a paucity of medical literature on the subject - and so expert opinion remains the only scientific guide at present.

Why have a breast augmentation?

There are numerous reasons that 50+ women would consider a primary augmentation. For many, it has been a procedure that they’ve desired for many years, but have put off due to other commitments (such as children,

career or other financial reasons). However, they now found themselves in a position to enjoy “me-time”. For others, major lifestyle changes such as divorce or “empty nest”, prompt the decision. A review of several of the plastic surgery rating sites (such as *realself.com*) reveals that the overwhelming majority of 50+ breast augmentation patients are highly satisfied with their procedures.

Are there any medical concerns?

With continuing advances in healthcare and wellness, many 50+ women are in the best shape of their lives - and in the absence of any specific disease concerns, there are no physiological reasons why either the surgery or anaesthetic is more risky than at a younger age. Obviously, a thorough medical examination prior to surgery would be an advantage. It is in the 50+ group that hormone replacement therapy is often started, and while this improves many aspects of physical and mental

health, there is a modestly elevated risk of breast cancer. This is the major medical concern when considering breast surgery.

What about breast cancer?

Breast cancer will affect one in eight women in their lifetime, and the incidence increases after 40 - with continued increases as the years advance. This makes sense, as the breast tissue is exposed to more risk factors with more time. I advise all patients over the age of 40 to have a screening mammogram prior to any breast surgery, despite decreasing medical evidence for this recommendation. Additional investigations are then considered if any concerning areas are noted. After a breast augmentation, mammography is still done, albeit with a slight modification (the Eklund technique) and normal screening intervals are unchanged. Many tout the value of MRI for the additional evaluation of any suspicious areas in women with implants.

There is presently no evidence that silicone causes any medical condition, including breast cancer - and the British Independent Review Group and the American FDA steering committee have published these results.

Interestingly, it has been noted that women with implants tend to present with earlier stage breast cancers. The most likely explanation for this is that they are more likely to engage in regular self-examination than women without implants. They also tend to have a lower access barrier to specialist care, since their plastic surgeon is often the first “port of call” when a suspicious area is found.


Plastic surgical considerations

The 50+ breast does present several additional complexities to the plastic surgeon. There is often a discrepancy between the envelope (the skin) and the fill (the breast mound) as a result of age-related breast tissue atrophy. It is often more significant after

child-bearing, and continues to worsen with age, resulting in drooping. This increases the incidence of a breast lift needing to be performed in conjunction with implants. A decrease in the natural skin collagen and elastin also affects how implanted breasts will settle, as well as the overall final result - which needs to be considered.

The most important consideration is that of breast shape. While many surgeons offer (and patients expect) upper pole breast fullness to be the desired result of a breast augmentation, a recent study of ideal breast aesthetics by Dr's Mallucci & Branford has shown a new "universal ideal" breast shape. This shape was found to be ideal by both men and women in all age groups, across all ethnic and cultural groups - and even by plastic surgeons themselves. This "ideal shape" consists of the following: an upper pole slope that is straight or concave, with a greater proportion of the breast volume situated under the nipple. An ideal ratio of 45:55, where 45% of the volume is above the nipple and 55% below, is the most attractive. Additionally, the nipple should project upwards at about 20 degrees from the horizontal. Achieving this shape as a final outcome may enhance the natural results of breast augmentation, especially in the 50+ age group, in whom a natural aesthetic is even more desirable.

Conclusion

Breast augmentation in 50+ women is an emerging trend that looks set to become more popular as general acceptance among both patients and surgeons increases. There are very few medical contra-indications to the procedure, but achieving a naturally beautiful result is technically more challenging, and may require additional procedures to achieve. Nevertheless, the majority of 50+ women are exceptionally satisfied with the results of their breast augmentation, and overall there seems to be little reason to dissuade these women from considering the surgery. 

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