

# SILICONE or SALINE

From 1992 until 2006 the **saline** (inflatable) implants were the only devices available for breast augmentation surgery.

Recently, the Food and Drug Administration allowed re-introduction of silicone gel breast implants.

It is important to note that the return of silicone implants to the surgeon's armamentarium is **NOT an endorsement of silicone over saline implant.**

This span of almost 15 years allowed a relatively long term evaluation of saline breast implants as discussed by the American Society Of Plastic Surgery. The silicone breast implant has had a shorter evaluation by surgeons and manufacturers even considering the promise of new, more viscous silicone gels.

Some comparisons between saline and silicone implants are obvious. First, information regarding silicone implants are three to four years old. Saline implant information has been compiled over a 15-year period in this country.

With silicone implants, The Food and Drug Administration recommends magnetic resonance imaging (**MRI**) three years after surgery and every two years after. This is an expensive test, "usually not covered by standard insurance plans" and therefore usually borne by the patient.

Silicone implants' softness simulates breast tissue. There is less potential for visible and palpable rippling which may be more easily noticed in thin patients or those with less breast tissue. Incisions for silicone implants may be larger than for saline. Silicone implants are more expensive, approximately twice the cost of saline. Another consideration is the longevity of the implant since we know nothing lasts forever and failure (**rupture or leakage**) may occur with time.

**Scar contracture** producing a firmer or harder than normal breast is a phenomenon that can occur with both, although it appears more frequently with silicone gel implants.

As stated in the journal of the **American Society of Plastic Surgeons**, from which this information was obtained, the experience with the new silicone (new) implants is only since its return to availability... approximately four years. This is compared to the roughly 15-year experience with the saline implant.

## REFERENCE

Rohrich,R.J. : Plas. Reconstr. Surg. 121:669-671,2008

## KEY POINTS:

1. Saline implants have an overall lesser rate of rupture and scar contracture compared to silicone breast implants.
2. Silicone implants usually require a larger incision for placement than do saline implants.
3. Rupture detection for silicone implants may require MRIs which the Food and Drug Administration recommend be performed periodically and may not be covered by insurance. Saline implant rupture or leak is easily detected by patient or physician.
4. Implants will most likely need replacement in time. Revisional surgery is easier with saline than silicone implants and usually with smaller incisions.
5. Patient satisfaction is high with both implants.
6. Silicone implants are approximately twice the cost of saline implants.
7. Both implants require additional views to adequately image the breast.



Dr. Joseph J. Bongiovi, Jr. has been certified by the American Board of Plastic Surgery since 1973. He is also a member of:

- Fellow American College of Surgeons (FACS)
- American Society of Plastic Surgeons (ASPS)
- American Society of Aesthetic Plastic Surgery (ASAPS)
- International Society of Clinical Plastic Surgeons (ISGPS)
- International Society of Aesthetic Plastic Surgery (ISAPS)
- Rocky Mountain Association of Plastic & Reconstructive Surgeons (RMAPRS)

Dr. Bongiovi is licensed in Nevada, California, New Jersey, Idaho and New York. He has practiced exclusively in Las Vegas since 1970.

To schedule a  
consultation, call  
**(702) 733-7070**