

# New Technology: Keller Funnel™ Improves Practice Efficiency

By Scot A. Martin, MD

Breast augmentation is the most common procedure that I perform (300+ annually) and I'm always looking for ways to make the procedure more efficient while decreasing complication rates. As we all know, historically breast augmentations have a very high revision rate which can be attributed to many factors including but not limited to, capsular contractures, implant ruptures, and patient desires to change size.

Initially, when silicone gel implants were re-introduced to Plastic Surgeons, I was very concerned about how much contact the implant made with the skin upon insertion. I wondered if this contributed to a higher capsular contracture rate in comparison to a saline implant which essentially makes no contact with the skin. I tried many things to lessen this including surgical towels and drapes near the insertion site finally settling on an Op-Site placed over the incision prior to placing the implant. This was fraught with problems as the Op-site would often not "stick" to the skin and this process also added time to the procedure.

Two other major concerns for me were the size of the incisions that I was using and fear of implant shell damage with a "rough" insertion. I was never formally trained on placing these devices, so it required larger incisions at first and a great deal of time pushing and prodding the implant into place. I actually ruptured a silicone implant while applying too much force against a retractor!

## Surgeon Observations

I was perhaps a little skeptical when I first saw the Keller Funnel™ at a meeting in Santa Fe, NM. I'm always concerned when sales representatives "over-hype" a new product. What I discovered was the representatives actually undersold their product and it must be known that I have no financial interest in this company. I have used the funnel on 120 patients now and I feel that all the concerns I had with placing a silicone gel implant in the past are gone. I use the Keller Funnel™ on every gel case. My incisions are smaller (about one centimeter shorter on average), operative times are less (approximately 6 minutes on average) and fears of skin flora contamination are completely gone as this is essentially a no touch technique. I say "essentially" because I do manipulate the implant with my gloved hand once inserted but the implant never comes in contact with the patient's exposed skin. And although this is anecdotal, I feel that the implant being placed through the Keller funnel is much less "traumatic" and therefore will likely decrease rupture rates.

## Keller Medical, Inc.

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## Inframammary gel insertion time: 5 Seconds

**Case Study:** Patient was a 23 year old, 5' 2" 112 lb female. The surgical procedure was a primary augmentation with Mentor 275 cc smooth round silicone gel breast implants used bilaterally. Incisions measuring 3.0 cm were made in the inframammary crease and implant pockets were created under direct vision with no blunt dissection. With the goal of controlling periprosthetic contamination, reducing bio-burden introduction and eliminating skin to implant contact, the packaging for the implant was opened and the implant poured directly into a previously prepared Keller Funnel™ gel implant delivery device.

Each implant was advanced to within 1 cm of the distal end of the Keller Funnel™. The tip of the device was inserted into the retracted incision to a depth of approximately 1 cm and the implant was inserted using minimal force.

**Implant insertion time: 5 seconds**  
**Total operating time: 21 minutes**

## Author Notes:

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