

Optimizing Breast Augmentation with Gel Implants in Non-Caucasian Patients Using the Keller Funnel™

By Jose M. Soler-Baillo, MD

The Miami Experience

Breast augmentation is one of the most common plastic surgery procedures performed in the United States. Miami, being a true international city, provides the ideal environment to experience a large variety of ethnicities. The entire gamut of populations is represented here.

As many plastic surgeons have realized, ethnicity matters in the ability of the body to create optimal scars. This fact added to the anatomical challenges and the potential for complications that can be encountered in this operation, creates an ongoing challenge to not only identify the patients at risk, but also to have surgical options to achieve the optimal results.

My Evolution

Having trained in the “silicone moratorium” era, I became very adept at placing saline implants through very small incisions. I was taught mainly the inframammary approach in my training; a sound technique that delivers reliable results. When I started private practice in Miami in 2001, I quickly found out that this technique was not very popular due to the large non-Caucasian population. The scars were less than optimal; small bathing suits and visible scars don’t do well here. I quickly had to master the periareolar approach, but I knew there was a better way. During my training one of my mentors, Tracy Baker M.D., taught me the endoscopic transaxillary approach. This technique provides, in my opinion, the most inconspicuous scar while at the same time enabling the surgeon to fully visualize the pocket and perform the muscle dissection with tremendous precision. Certainly anatomical variants like constricted or tubular breasts are better treated through the periareolar approach.

With the re-introduction of gel implants a new problem arose. Selling the “better” implants was tough initially. When faced with the prospect of a larger incision on the breast, many patients still chose the saline implants just because of the small scar in the axilla. The option of placing gel implants through a transaxillary approach was not possible.

I found placing gel implants through the periareolar approach difficult and frankly unsterile. Last year I had my only two breast infections in 9 years of private practice. Both were large gel implants through the periareolar approach. I was so troubled by this that I reverted to placing gel implants through the inframammary approach. Again I was plagued by the large unsightly scars. There had to be a better way to place gel implants.

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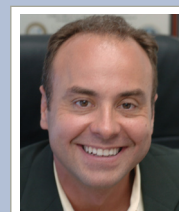
Transaxillary
gel insertion time:
10 Seconds

Case Study: Patient was a 29 year old, 5' 5" 128 lb African-American female. During the consult, I educated her on scarring abnormalities being more prevalent in patients with higher levels of pigmentation. The patient and I agreed that the transaxillary approach was most suited for her individual aesthetic goals. Mentor 350cc moderate profile smooth round silicone gel breast implants were used for both breasts. 3.5 cm incisions were made in the patient's axilla. The implant pockets were dissected endoscopically in a subpectoral position. For a case that previously would have been impossible, the Keller Funnel™ made it remarkably easy to place the implant into the proper position.

Implant insertion time: 10 seconds
Total operating time: 47 minutes

Author Notes:

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The Answer

The answer came in the summer of 2009 with the introduction of the Keller Funnel™. This device has changed the way I perform gel augmentations. My first case using the Keller Funnel™. I was able to insert Mentor 400cc Gel implants through a 3 cm periareolar incision in less than 10 seconds per side. No more pushing, shoving, sweating (you get the picture). Currently I use the Keller Funnel™ on every Gel case, including transaxillary approaches.

Surgeon Observations

In the 30 patient cohort on which I have used the device, I have been able to generate outcomes that previously would have been extremely difficult or impossible to achieve without the Keller Funnel™. I can integrate a patient's desire for a specific aesthetic outcome in relation to their physical characteristics more fully than before. My pre-operative tissue-planning sometimes eliminated approach options due to patient anatomy (ex. small areolas do not accommodate large incisions). The Keller Funnel™ enables me to use smaller incisions needed to use the periareolar approach on patients with small areolas.

When you couple the benefits of reducing incision size along with the other benefits of the Keller Funnel™ (no-touch technique, less insertion stress on the implant, less patient tissue trauma and quicker insertions), it is easy to appreciate how revolutionary this device is to the field of breast surgery. Furthermore, I have noticed that when I educate the patient on the benefits of the Keller Funnel™, it becomes a sales tool that has helped me increase revenue, while reducing costly treatments for complications.

Success in Non-Caucasian breast augmentation will depend greatly not only on the surgeon's skill, but also in his/her ability to master different techniques in order to offer patients the best possible outcome. The Keller Funnel™ is a tool that is invaluable in optimizing aesthetic outcomes in patients of all ethnic backgrounds.

Keller Medical, Inc.

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