Choosing Breast Implant Size: A Matter of Aesthetics

The author chooses breast implant volume by balancing the patient’s preferences with the limitations imposed by her body type. To achieve the best results, he relies on his aesthetic sense rather than complex measurements, but he recommends general guidelines.

There are 2 significant factors in choosing appropriate breast implant volume: (1) what the patient wants and (2) whether or not the patient’s wishes are realistic, given her frame and body shape. If a patient chooses an implant volume that will yield an aesthetically pleasing result, then I am happy to comply. If not, I try to make the patient fully understand my reservations. If the patient still demands a size unsuited to her body type, I recommend she go to another plastic surgeon. I will not perform a procedure that in my view will leave a patient looking proportionally disfigured.

There are those who advocate analysis based on complex measurements to determine what implant shape or size is most desirable. I prefer to use my aesthetic sense when trying to provide balance to the patient’s form. When I trained as a resident with Dr. Jack Penn in South Africa, I watched him perform a cleft lip procedure without making any preoperative markings. He picked up the scalpel and started cutting. I was astounded because I had been trained to repair lips using very specific geometric patterns and calculations. When I asked him why he did not make any markings, he replied, “I say, Jim, when I get done it all has to fit, doesn’t it?”

My philosophy for implant choice is quite similar. When I have completed the procedure, the patient should have harmonious proportions, with good form and shape, and breasts that look natural.

General Guidelines

Estimates for volume depend, to some degree, on the patient’s height and body build. An asthenic woman with a very narrow chest wall, 5 feet 2 inches tall and 112 pounds, should need about 150 cc of volume to provide a 1-cup size increase. However, bras, like any other article of clothing, vary in size and shape between manufacturers and even within styles by the same manufacturer. I never guarantee that I will provide an exact bra size but only a breast within the size range upon which the patient and I have agreed.

In a woman with a medium frame and a medium chest wall width, 175 cc to 200 cc of volume should provide a 1-cup size increase. In a woman with a large frame, 200 cc to 225 cc should provide a 1-cup size increase.

Implant manufacturers provide calipers with which to measure the base diameter of the breast as well as templates that have implant volume and base width in both cubic centimeters and centimeters (Figures 1 and 2). It is a good idea to use both; the template can be useful in showing a petite patient why she cannot hold a 550 cc implant. By simply placing the 550 cc template on her chest wall, over her breast, and looking in the mirror, she will see that the template extends beyond her arm from the midline of her chest and, therefore, a similar-size breast would have a deforming effect (Figure 1, A).

Implant size data provided by manufacturers stating implant volume, diameter, and projection are also helpful. I keep these charts in the examining room, and once I have measured the patient’s breast base, I know that I can find a range of smaller to larger sizes that will be appropriate. All of those sizes will meet the specifications of fitting beneath the diameter of the breasts and provide a good aesthetic result.

Sometimes a patient has a differential in breast diameter and simply wants to augment the smaller breast to achieve symmetry. In such cases, measure the base diameter of the larger breast, select an implant with a corresponding base diameter, and fill it to the appropriate volume to match the larger side. If the patient has a 1-cup size difference, then it will require between 150 cc and 200 cc to achieve symmetry.

If the patient with breast asymmetry wants larger breasts on both sides, then obviously an increased fill volume on the smaller side will be necessary. For example, if a patient with an A cup on one side and a B cup on the other side wants to be a C cup, then we would need at least 200 cc volume for the larger breast and between 375 cc to 400 cc for the smaller breast to achieve symmetry. For patients
seeking bilateral augmentation who have relatively small discrepancies in breast size, implant fill volume can be judged visually in the operating room. In some cases, the baseline diameter may be the same but the fill volume will be different. (For example, the base volume may be 325 cc but the right fill volume may be 355 cc and the left 375 cc.) Fill the smaller breast first and then adjust the larger breast accordingly.

Whether implants are filled with silicone gel or saline solution, the amount of volume correction is basically the same. The advantage of a saline implant, of course, is that it allows an adjustment of between 25 cc and 50 cc to balance a small variance in breast size and asymmetry of the thoracic wall.

The breast implant sizes I most commonly use are between 325 cc and 400 cc. When I began my practice in 1971, the average implant size I used was between 200 cc and 235 cc. Women are now taller with broader chest wall dimensions and larger frames than they had 30 years ago. However, today’s patients benefit from the same positive psychological and emotional experience as did patients in earlier years when they feel they have attained the “perfect” feminine breasts.

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