Response to “Misconceptions of Capsular Contracture, Operative Times, and Complications in the Transaxillary Breast Augmentation Literature”

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Accepted for publication January 20, 2016.

First of all, the authors would like to thank Dr. Gelfant for his Letter to the Editor.1

Ours was a level 3 of evidence article,2 based on the method utilized in evidence-based medicine to determine the clinical value of a study, but there is some misunderstanding about the aim of the paper. Unlike you described in your letter, the objective of the study was not to evaluate if the endoscopic-assisted transaxillary breast augmentation is a good technique, but to compare both procedures (endoscopic-assisted and without endoscopic technique) when performing an axillary breast augmentation. We cannot claim that the endoscopic-assisted technique is not a successful procedure, but the technique can be done without the use of the endoscopic device with the same results.

Endoscopic-assisted transaxillary breast augmentation has been an established method for breast augmentation for a long time. Proving the contrary would have taken much more patients than proposed on the text. However, this really was not the aim of this study. Neither was showing the authors skills on performing a fast procedure (as we know that operative time has no correlation with good or bad aesthetic results). The objective of this paper was to compare two established techniques and to do that we had to point out some parameters to evaluate and compare.2 One of the parameters we used was operative time. We know there are others authors with a faster operative time than ours,3 thank you for your observation.

Although we have no capsular contracture cases, you have mentioned another article that states transaxillary breast augmentation is a higher risk surgery. Despite the fact that there are not many articles correlating transaxillary breast augmentation with capsular contracture, there are many articles correlating that the use of textured implants reduces the incidence of postoperative capsular contracture.4,5 We have not used smooth implants for a long time in our University or private practice to reduce the incidence of postoperative capsular contracture. Capsular contracture is a low incidence rate event and when planning the study we already knew that capsular contracture rates were not the main reason for the paper based on the small sample. You have a very low number of capsular contracture with the use of smooth gel implants, so this is not a concern in your practice.

At last, despite being a former surgeon, my experience with this technique is not restricted to 17 patients, but when planning a prospective study we must determine the sample number and this was the number we found to be statistically acceptable to accomplish the study. I agree that statistics should not be more powerful than a surgeon’s experience, but we cannot totally deny evidence-based medicine.

Disclosures
The authors declared no potential conflicts of interest with respect to the research, authorship, and publication of this article.

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Funding
The authors received no financial support for the research, authorship, and publication of this article.

REFERENCES