

Cosmetic Surgery Times

Expanding options

Balloon-assisted technique facilitates augmentation mammoplasty, shortens operative time

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Dr. Kluska

GREENSBURG, PA. — Transaxillary balloon-assisted augmentation mammoplasty (BAAM) is a safe and effective technique with multiple advantages that make it the current method of choice for breast enhancement surgery, according to Michael S. Kluska, D.O.

BAAM is performed using a SpaceMaker balloon (Snowden Pencer) for auto-dissection and auto-tissue expansion. Appropriate to use whether a patient is receiving saline or silicone implants, BAAM provides a simple and easily reproducible method for creating a large and completely dissected submuscular or subfascial implant pocket. It significantly shortens operative time and can result in excellent and durable cosmetic outcomes.



(Left) 28-year-old female 36A cup pre-op and (right) 36 full-D cup 11 months post-op. Submuscular implants are moderate-profile 500 cc smooth round saline filled to 550 cc. (Photo credit: Michael S. Kluska, D.O.)



(Left) 34-year-old female 34A cup pre-op and (right) 34D cup six months post-op. Submuscular implants are high-profile 400 cc smooth round saline filled to 420 cc. (Photo credit: Michael S. Kluska, D.O.)

Additionally, BAAM can allow for primary placement of larger implants than might ordinarily be considered based on the patient's anatomy, shortens the duration of anesthesia time for patients, and, anecdotally, appears to be associated with less post-operative pain relative to alternative approaches to breast augmentation, says Dr. Kluska, a board-certified plastic and cosmetic surgeon practicing in Greensburg, Pa.

"A transaxillary approach to augmentation mammoplasty has been used for over two decades, but it has been controversial because of its potential for incomplete and blind dissection that can result in implant malposition and a risk for traumatic pneumothorax. As a result, the trend has been toward use of an endoscope for the entire dissection," Dr. Kluska tells **Cosmetic Surgery Times**.

"The balloon-assisted technique enables adequate pocket dissection with minimal risk of trauma in an efficient and timely manner. In my experience with the balloon, total operative time from skin opening to closure is now under 30 minutes. There have been no added safety concerns associated with its use, and results have been excellent regarding implant position and longevity of the outcomes."

Dr. Kluska notes that the longest duration of patient follow-up to date extends to seven years, but he expects the favorable cosmetic results should be maintained for much longer.

"This technique allows implant placement in a complete submuscular or subfascial plane and overcomes the challenge of sagging and malpositioning due to partial submuscular placement found many times in the transaxillary approach."

BAAM BY THE NUMBERS The BAAM technique is performed in two primary and a third optional step.

In **Step 1**, the axillary incision is created and blunt dissection performed under the pectoral muscle, first with the surgeon's finger and then using a blunt, hockey stick dissector. After the dissection is complete, the area is irrigated, and it is ready for balloon insertion.

In **Step 2**, the balloon is introduced underneath the pectoral muscle and inflated to 900 cc to 1000 cc. The balloon is left to expand the pocket for about 10 to 12 minutes while the initial steps are repeated on the opposite side.

"The balloon exerts its auto-dissection and auto-expansion effects on the pocket and skin overlying the breast tissue via basic mechanical principles," explains Dr. Kluska.

"It allows for highly controlled blunt dissection of the pocket and with exact control of the inframammary fold by expanding and opening it to its normal attachment."

"With this technique, the attachments from the anterior rectus and serratus anterior muscles and their fascial coverings are kept intact, and the balloon is contoured so that the pocket is created in the shape of the pectoral muscle. The result is creation of a very natural position for the implant," he adds.

Prior to removing the balloon, Dr. Kluska deflates it and then pumps it up to a size that simulates the appearance of the intended implant.

"Each pump of the balloon is equivalent to a volume of about 30 cc, and so if I plan to use a 300 cc implant, I can pump the balloon 10 times to check the size," Dr. Kluska notes.

Step 3 is an optional step. It involves placement of endoscopic instrumentation into the pocket to ensure that all retained pectoral muscle fragments are released and to check for bleeding.

"Many times I eliminate this step because the balloon dissects the pocket out so nicely. However, including it only adds one to two minutes per side," Dr. Kluska says.

Finally, the implants are placed using a standard technique and the patient is seated upright to check for position and symmetry before the case is completed.

DATA-DRIVEN INSIGHTS Dr. Kluska recently analyzed outcomes of baam in a series of 56 recipients of a saline implant. To facilitate data collection and analysis, patients were selected for the retrospective review if they were undergoing a primary augmentation procedure and had minimal asymmetry, breast ptosis or hypertrophy.

There were no intraoperative complications and very few post-operative complications in the cohort. Notably, there were no recognized hematomas, implant infections or ruptures.

Only one patient was taken back to the OR to lower a high-riding implant that did not respond adequately to massage. Seven (12.5 percent) women experienced paresthesias of the nipple, but all of these cases resolved within three months.

According to Dr. Kluska, post-operative discomfort appears to be reduced after BAAM, which might be explained by the fact that the blunt dissection causes less tissue trauma.

"Compared with use of electrocautery to cut tissues, expansion with the balloon results in less tissue injury that might translate into less pain," he explains.

Based on his favorable experience in its use in primary breast augmentation, Dr. Kluska has expanded his use of the balloon and incorporated it as an adjunct to breast reconstruction, secondary breast augmentation and simultaneous mastopexy augmentation procedures.

Disclosure

Dr. Kluska holds no financial interest in Snowden Pencer.

For more information

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