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Clinical Experience with Mentor Contour Profile MemoryGel Breast Implants: A Single Institution's Experience with 99 Consecutive Patients

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INTRODUCTION: Mentor Contour Profile MemoryGel breast implants are form-stable silicone gel breast implants with increased gel cross-linking and surface texturing. The purpose of this study is to report a single institution's experience with these implants.

METHODS: Ninety-nine patients (198 implants) were enrolled prospectively and followed over 42 months. All breast implant surgeries were performed by the senior surgeon (WGS) or his associate (DAS) at an ambulatory surgery center. Patients were seen on post-operative day 1, within the first week, at 4-6 months, at 1 year, and yearly thereafter. Information was collected on patient demographics, implant and surgical variables, and complications and revisions. Chi square analysis and Fisher's exact test were used to compare groups with respect to differences in complication and revision rates.

RESULTS: Mean follow up time was 17 months. Patients' ages ranged from 18-63 years (mean 36). Implant sizes ranged from 165-680 cc (mean 348cc). Indications for surgery were as follows: 81% primary augmentations, 12% primary mastopexy augmentations, 6% secondary augmentations, and 1% secondary breast reconstruction. Seventy nine percent of implants were placed via inframammary incisions, 8% placed through periareolar incisions, 12% placed via mastopexy incisions and 1% through mastectomy scar. Ninety nine percent of implants were placed in the submuscular plane. The overall complication and revision rates were 5% and 4%, respectively. No capsular contractures, reports of wrinkling, implant rotation or malpositions were observed.

CONCLUSION: This study demonstrates the safety and efficacy of Mentor Contour Profile MemoryGel implants. The complication and revision profile of these implants is similar to other published studies of form-stable silicone gel breast implants, including a decreased capsular contracture rate. In the authors' experience, these implants appear to be a safe alternative to other saline or silicone gel implants, although continued follow-up is needed to more completely evaluate these implants.

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A Multi-Center, Prospective, Randomized, Single-Blind, Controlled Clinical Trial Comparing VASER-Assisted Lipoplasty and Suction-Assisted Lipoplasty

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INTRODUCTION: No scientific comparative study has demonstrated any statistically significant clinical improvement due to a new lipoplasty technology relative to traditional suction-assisted lipoplasty (SAL). This prospective study used a contra-lateral study design to evaluate post-operative differences between VASER-Assisted Lipoplasty (VAL) and SAL.

METHODS: Twenty female patients between the ages of 20 and 48 received contra-lateral treatment with SAL and VAL in one or more anatomical regions for a total of 33 regions. Patients were randomly allocated to undergo SAL on one side of the body and VAL on the contra-lateral side. Patients were blinded to technology application. Aspirate was kept separate and analyzed for blood content. Skin retraction was measured using changes in UV tattoos placed prior to surgery.

RESULTS: Skin Retraction – The VAL-treated side resulted in a clinically significant improvement in skin retraction of 53% relative to SAL. The result was statistically significant (p=.003) with 33 paired sites using a 2-tailed *t*-test. The absolute percent retraction was normalized with the volume of aspirate removed from each site prior to statistical analysis. Blood Loss – VAL treatment resulted in a statistically significant reduction in blood loss of 26% relative to the SAL side (p=.019 with n=20 using a 2-tailed *t*-test). Subjective measures (pain, swelling, appearance, and patient and physician preference) showed no statistical difference between the two methods at the 6-month evaluation. Overall satisfaction with the procedure was generally excellent, from both the surgeon's and the patient's perspective.

CONCLUSION: The VASER-assisted lipoplasty method demonstrated a 53% improvement in skin retraction per cc of aspirate removed relative to the traditional SAL method and an average reduction of 26% in blood loss compared to SAL. This is the first study to demonstrate statistically significant and clinically-relevant improvements in a new lipoplasty technology relative to SAL.