

FOCUS:

CHOOSING THE RIGHT PLASTIC SURGEON

Choosing the right Plastic Surgeon to undertake your surgery is one of the single most important decisions of your life: Get it wrong and you could rue the day, but get it right and a new-look, much-improved and more confident you can emerge from the tatters of your previous self. 69 Caught up with Mr Charles Malata – one of the UK's Top Cosmetic & Reconstructive Plastic Surgeons to get his insider-tips on choosing the right surgeon for you, trends in Breast Augmentation and whether surgery really is for you. Skip this at your peril...



Name:

Mr Charles Malata:
Consultant Cosmetic
& Reconstructive
Plastic Surgeon

Qualifications:

BSc (HB), MBChB, LRCP
MRCS, FRCS (Glasg),
FRCS (Plast)

Where did you study?

"University of Zambia Medical School. I emigrated to the UK in 1986 and re-qualified as a Medical Doctor in London in 1988. I trained as a General Surgeon on the Newcastle and Leeds University Hospital rotations. I began my Plastic Surgery training in Leeds & Newcastle before moving to the prestigious West of Scotland training programme in Glasgow. I was certified as a Specialist in Plastic Surgery 1997 and undertook Super Speciality training in Breast and Cosmetic Surgery in the USA (1997-1999) at Georgetown University Medical Center (Washington, DC) and the Emory University Hospital (Atlanta, Georgia) before my appointment to Addenbrooke's University Hospital, Cambridge, where I am the senior reconstructive breast surgeon".

What made you decide to get into Plastic Surgery?

"I was fascinated by the nature of Plastic Surgery - especially the challenging and varied cases that were dealt with by the Plastic Surgeons during my surgical rotation. I was enthused by the technical skills and competence of the Consultant Plastic Surgeons I worked for in Leeds, who spotted my aptitude for Plastic Surgery and encouraged me to take it up as a career".

Is a Reconstructive Surgeon different/better than a general Cosmetic Surgeon?

"The best Cosmetic Surgeons in the World are those who are well trained Reconstructive Surgeons. This is because the techniques used in aesthetic/cosmetic surgery have their foundations in Reconstructive Surgery. There is therefore no doubt in my mind, and those of the vast majority of Cosmetic Surgeons Worldwide, that a Reconstructive Surgery background and expertise is essential to achieving the highest standards of cosmetic surgery for the patients. It also enables one to solve the medical problems that may arise during the performance of cosmetic surgery. It is, however, important that the Reconstructive Surgeon should also have had specific training in Cosmetic Surgery".

What kind of surgery do you get asked for most frequently?

"Breast augmentation, breast reduction, tummy tucks, nose jobs and liposuction".

What are the trends in Breast Augmentation?

- Recent return to the routine use of silicone implants after being given a "clean bill of health" by the American FDA, has led to a resumption of the unrestricted use of silicone gel in the USA and many other countries around the World.
- Development and popularity of cohesive silicone (which does not run or leak). This has also enabled the availability of implants of different consistencies to suit the patient's specific requests.
- The use of tear drop shaped (anatomical implants) to enhance the breast shape and optimise the outcomes. These come in different projections & sizes and are designed for patients of different heights.
- In the UK the increasing popularity/request for Periareolar Breast Augmentation - where implants are inserted using incisions located around the nipple-areolae to maximize their camouflage and minimise the scarring.
- The improvements in implant design and quality to make them more durable and hence guarantees for longevity. This has been reflected by the recent offers of Implant Lifetime Warranties by the leading breast implant manufacturers.
- The adoption of dual plane positioning of the implants to cater for an even wider clientele in terms of breast shapes (ranging from tight prepubertal to moderately saggy breasts). In this technique the implant is inserted partially under the muscle and at the same time partially under the breast tissue. In some patients it enables the Surgeon to avoid the long scars of breast lifts.

With celebrities such as Jordan opting for reductions, is small best, or is bigger better?

"It depends on the patient's requests, objectives, their frame, quality of tissues and self image. In general, very large augmentations are not ideal, especially in the long term, because of the stretching and thinning of the tissues, which is made worse by the unavoidable effect of gravity. The most attractive breast augmentations are those that fit the patient's breast dimensions accurately and make the patient proportionate to the rest of her body. However, in my experience, small breast augmentations frequently leave patients wishing that their new breasts were slightly larger. Therefore more often than not I encourage patients to err slightly on the larger side in order to avoid disappointment after.

Patients have to realise that extreme enlargements, as shown by some celebrities, may look glamorous but they can not only lead to problems, but may also necessitate surgery in the future to reduce the breast size resulting in extra or longer scars. Many celebrities later opt for smaller implants when such problems are encountered".

What are the risks attached to breast surgery?

"Breast enlargement is a safe, highly effective, and satisfying operation but, like all surgeries, can be associated with some risks. These can be minimised by selecting an experienced and well-trained Plastic Surgeon. The risks relate to the operation itself, the implants and the anaesthetic. They include bleeding, infection, scarring, numbness and asymmetry. Silicone issues include Capsular Contracture (thickened internal scars around the implants), possible rupture, life span issues and effects on Mammography. It is important to note that the above risks occur uncommonly.