



DR. ROMITA

Assessing and Aesthetically Correcting

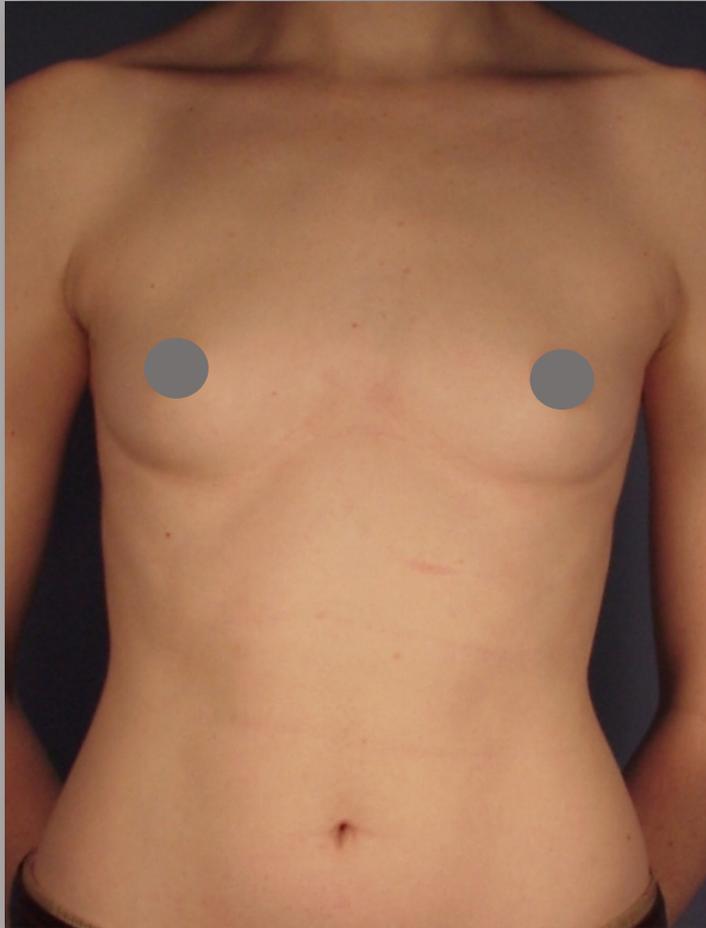
Breast Abnormalities



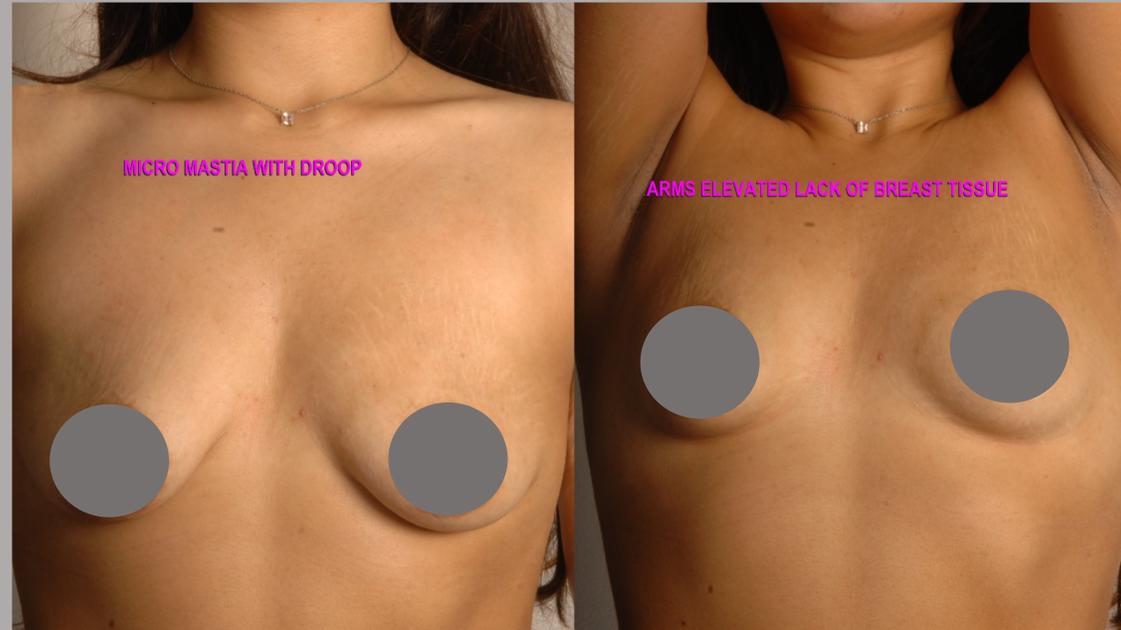


Dr. Mauro C. Romita is a double-board certified plastic surgeon in general surgery and plastic surgery he completed his training at NYU school of Medicine with additional post graduate training in microsurgery. He has been in practice for over 35 years and has used his experience and training to become a recognized expert in correcting breast abnormalities.

While extremely adept at traditional breast enlargement, lift, and reduction surgical techniques, he has taken a special interest in prior surgical patients who have had unsatisfactory results. Having successfully treated large numbers of patients with these problems, he has been able to restore an aesthetically pleasing appearance in situations where patients have given up on the hope of being returned to the form they originally sought.

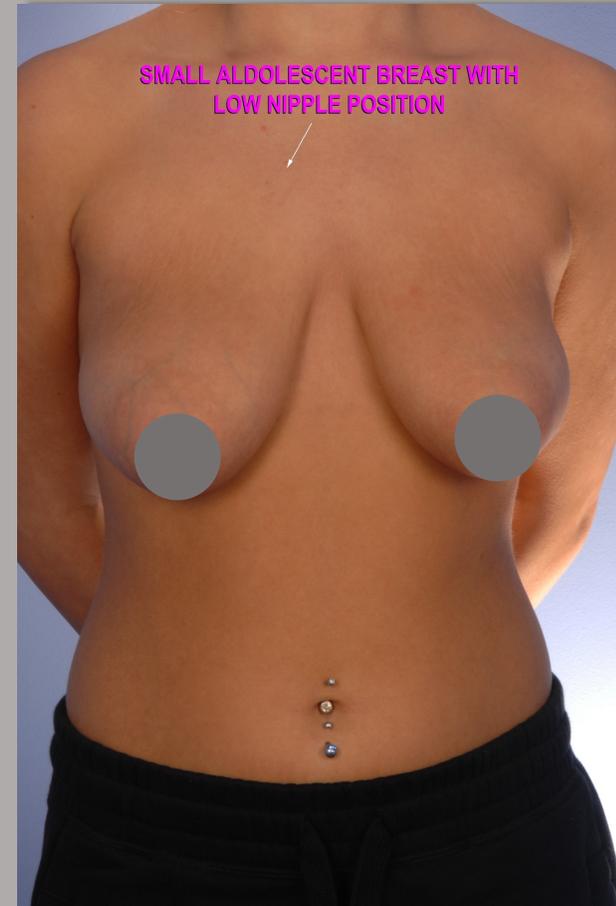


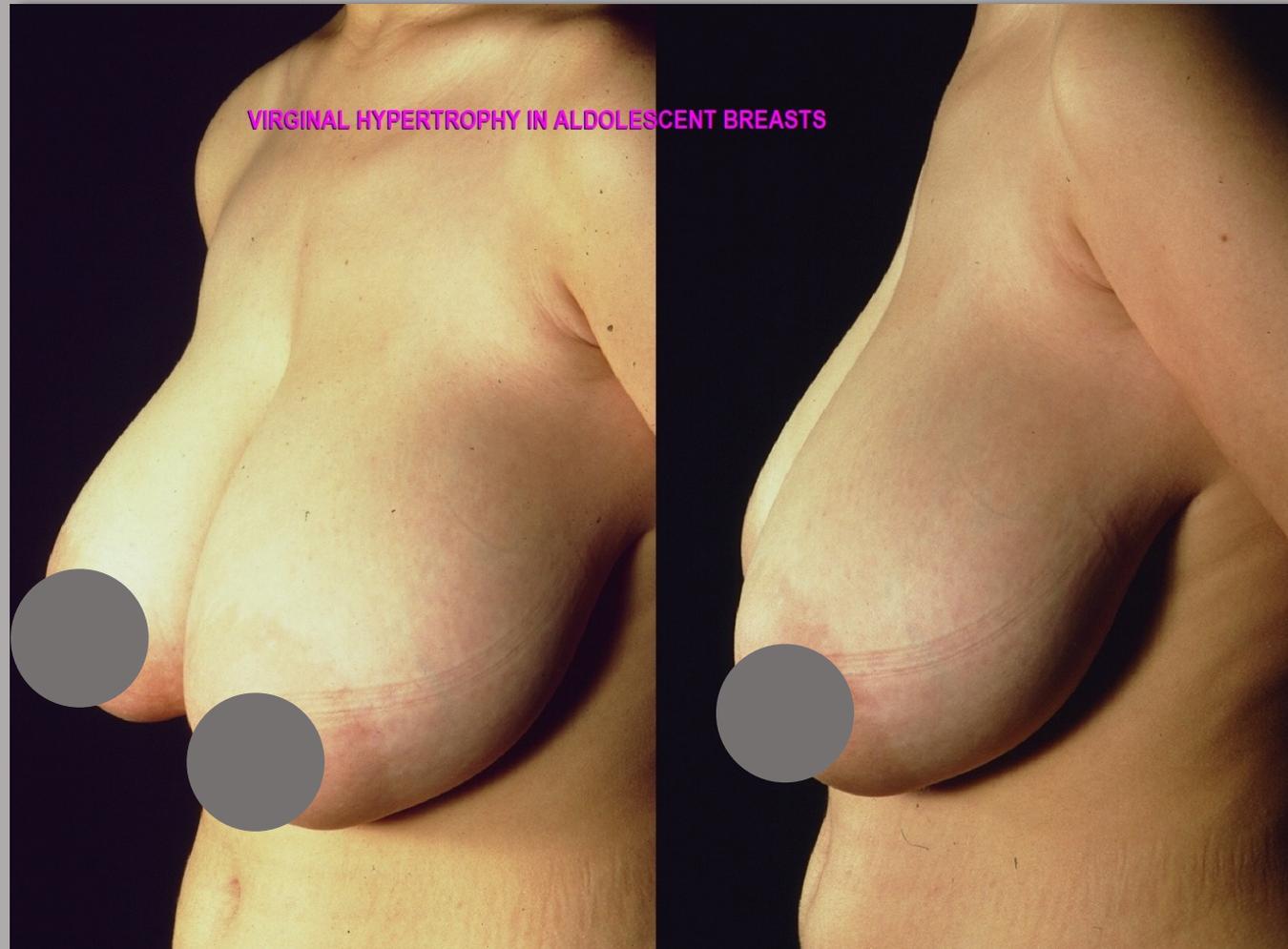
Micromastia or small breasts are seen at the time of puberty and are fully evident three to four years after menarche. The abnormality may involve asymmetry or symmetry with minimal breast tissue, but with the nipple positioned in the middle of the breast.



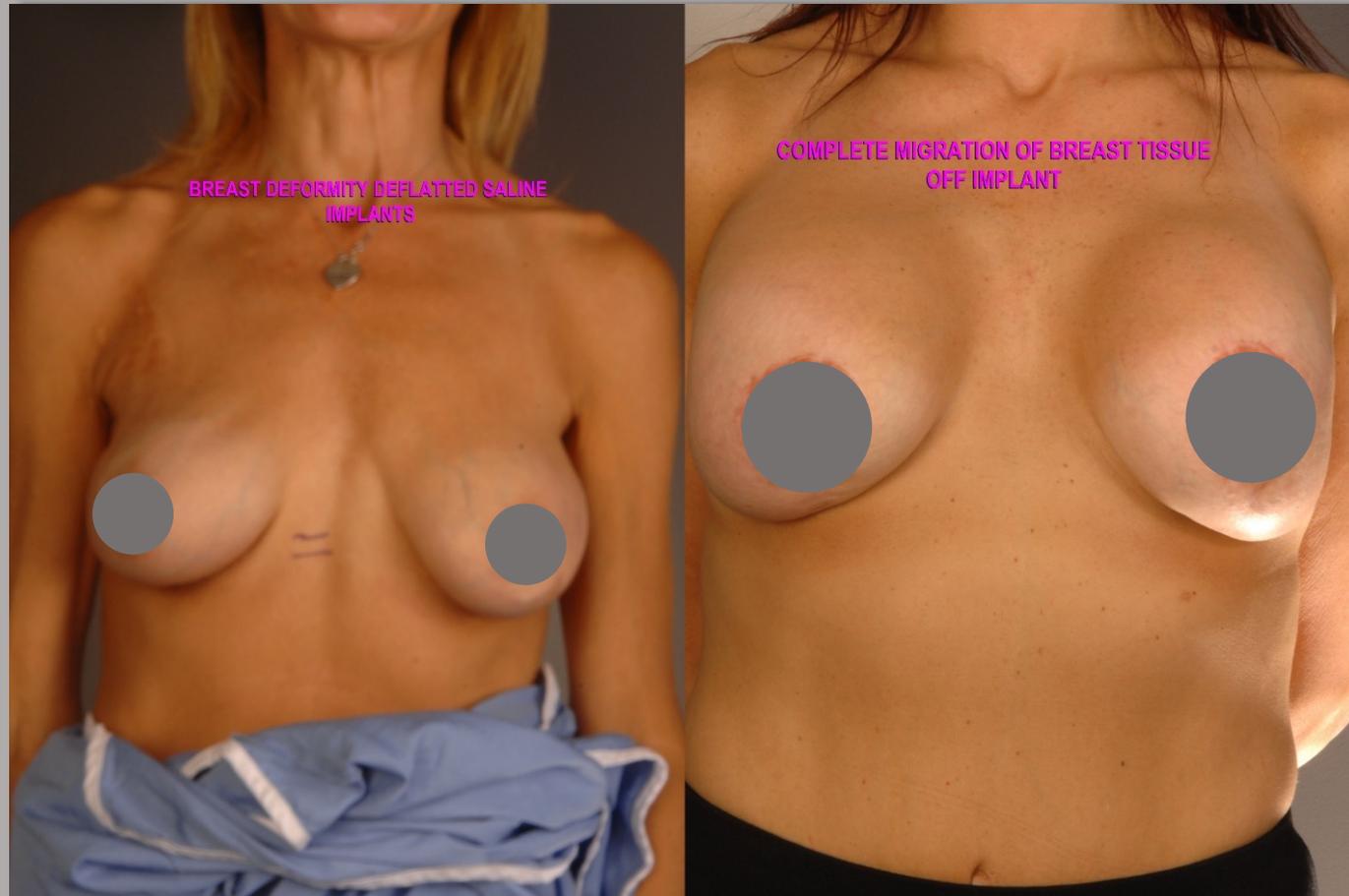
Breasts may grow abnormally with relative lack of breast tissue but skin excess where the nipple complex has descended to below the inframammary fold as is this young girl in this case a lift with an incision around the nipple only can achieve the desired result.

Occasionally, the breast tissue will grow but far less than the skin envelope in this young girl situations like these require lifting and implantation.





This patient presents with a case of overly large breasts or '**Macromastia**.' While the patient may notice this early in life, '**Virginal Hypertrophy**,' following pregnancy or during weight gain. This issue is often associated with a low nipple position.

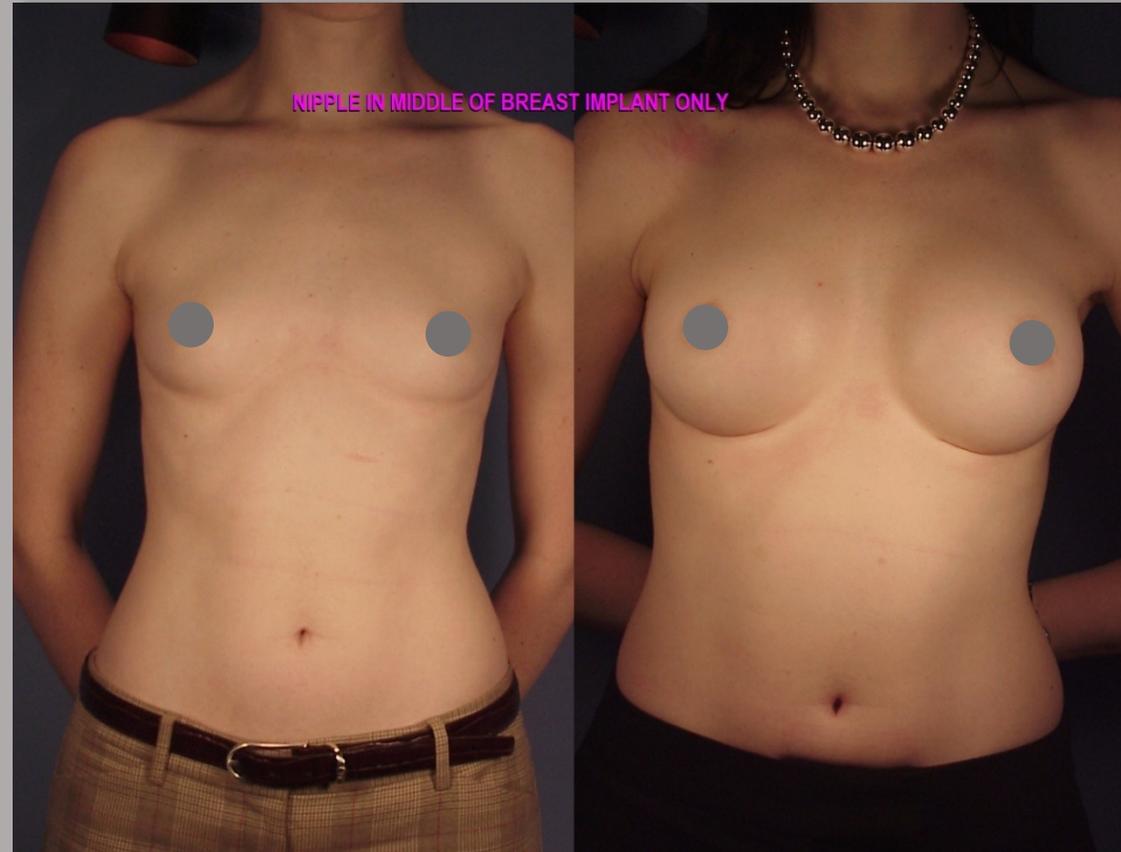


The correction for these 'time related' abnormalities can be classified into **re-lifting** and **repositioning**, especially when implants are involved. Changing an implant's size is also very commonly done when correcting a deformity, along with an **internal or external lift** using the **same incisions**.

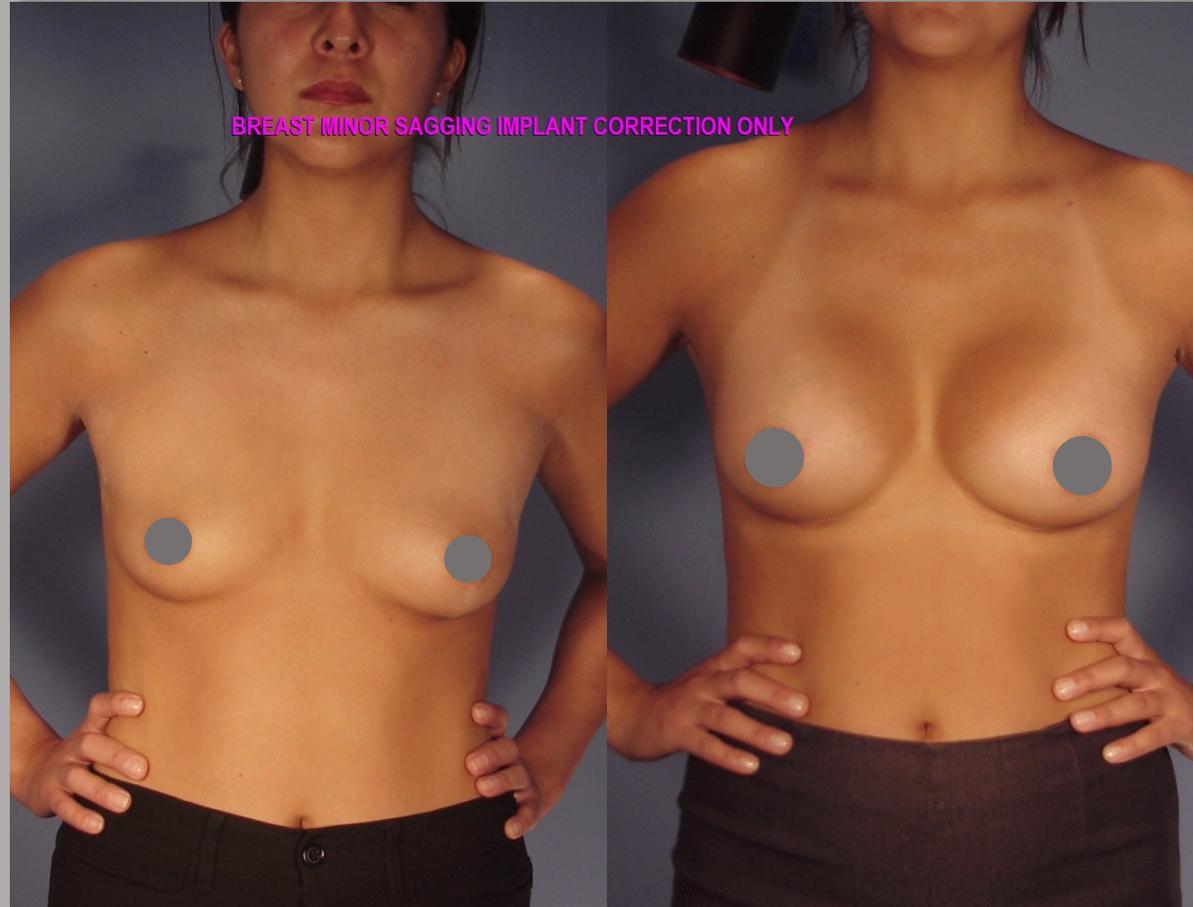
Implant malposition due to poor judgement in the original operation, is also correctable with internal or external (**mastopexy**) lifting depending upon the amount of excess skin.



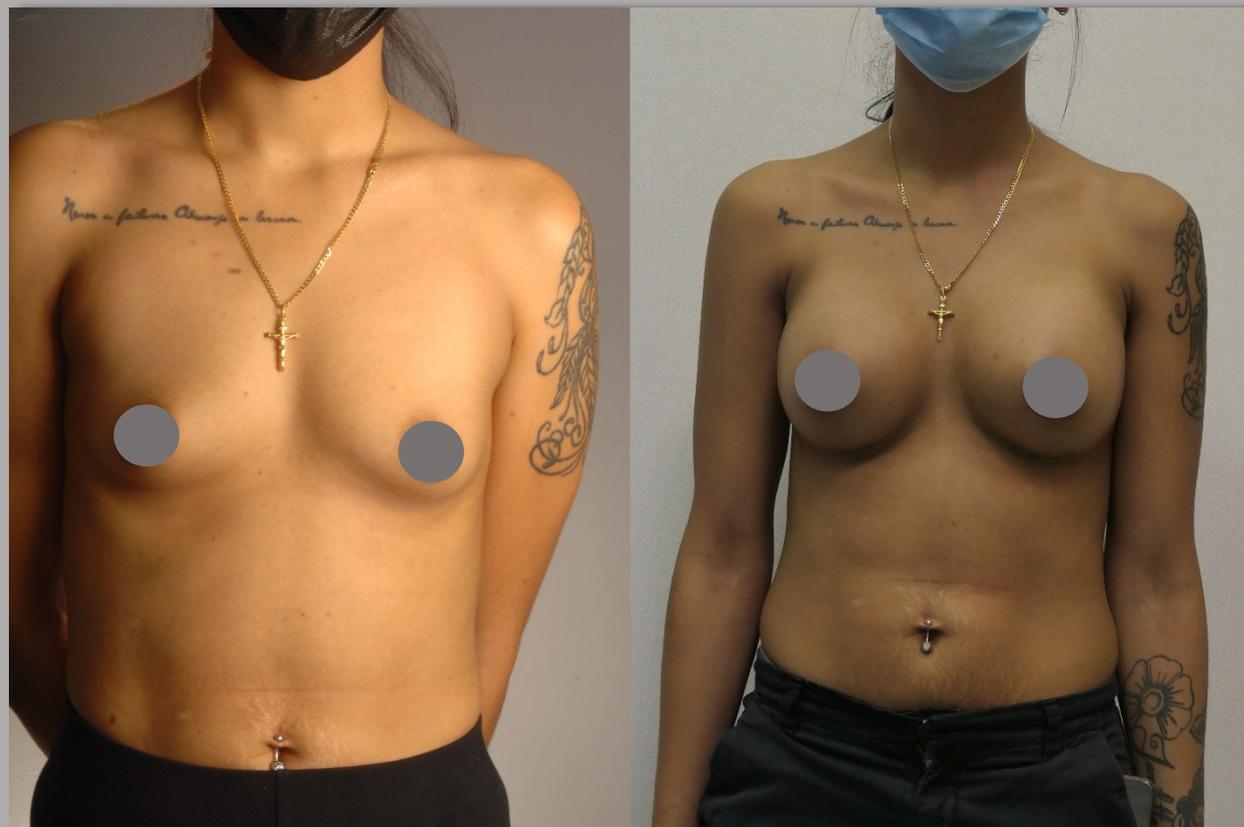
In the case of under-developed breasts with good nipple positions, a simple implantation with minimal scarring is adequate



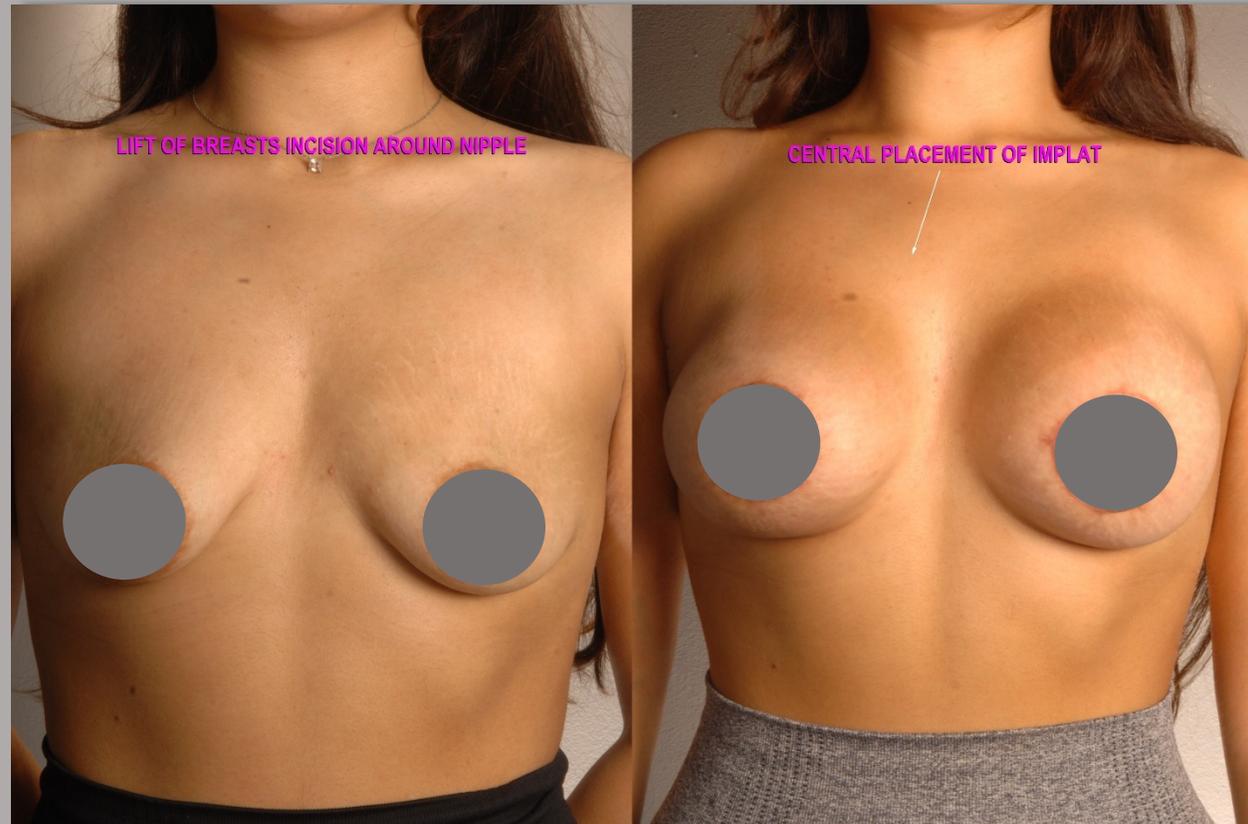
Hidden incision for implant only lift

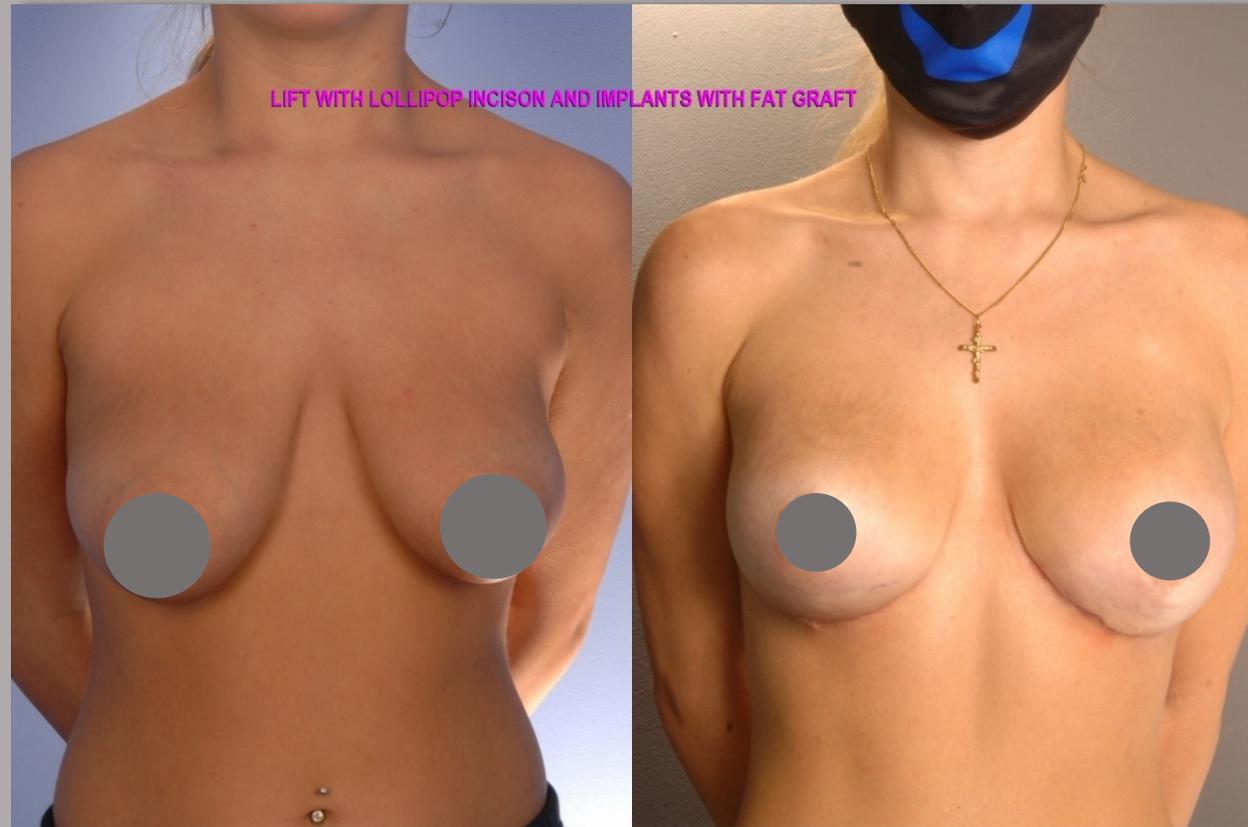


Implant only

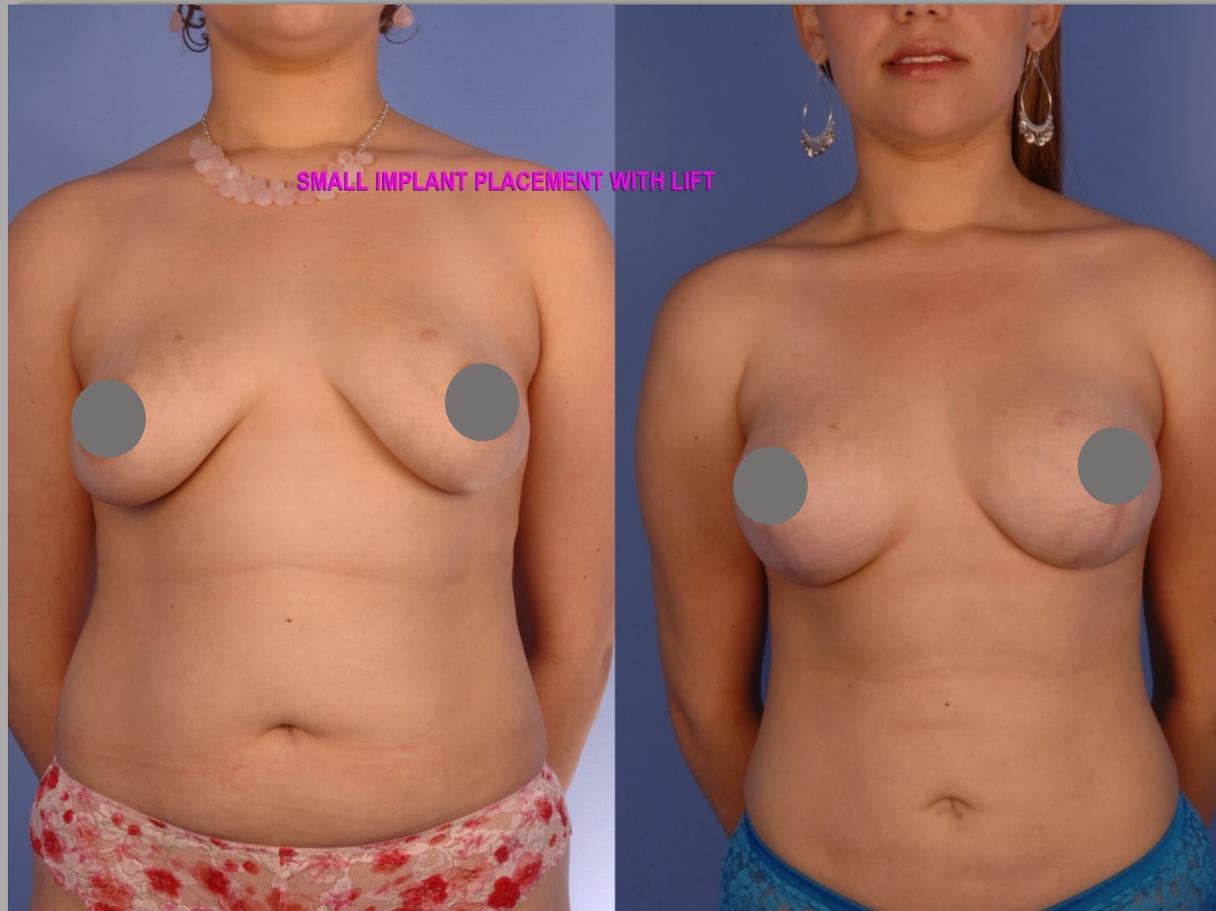


When the skin excess is not overly prominent and the nipple requires a slight lift, and the incision can be hidden around the nipple



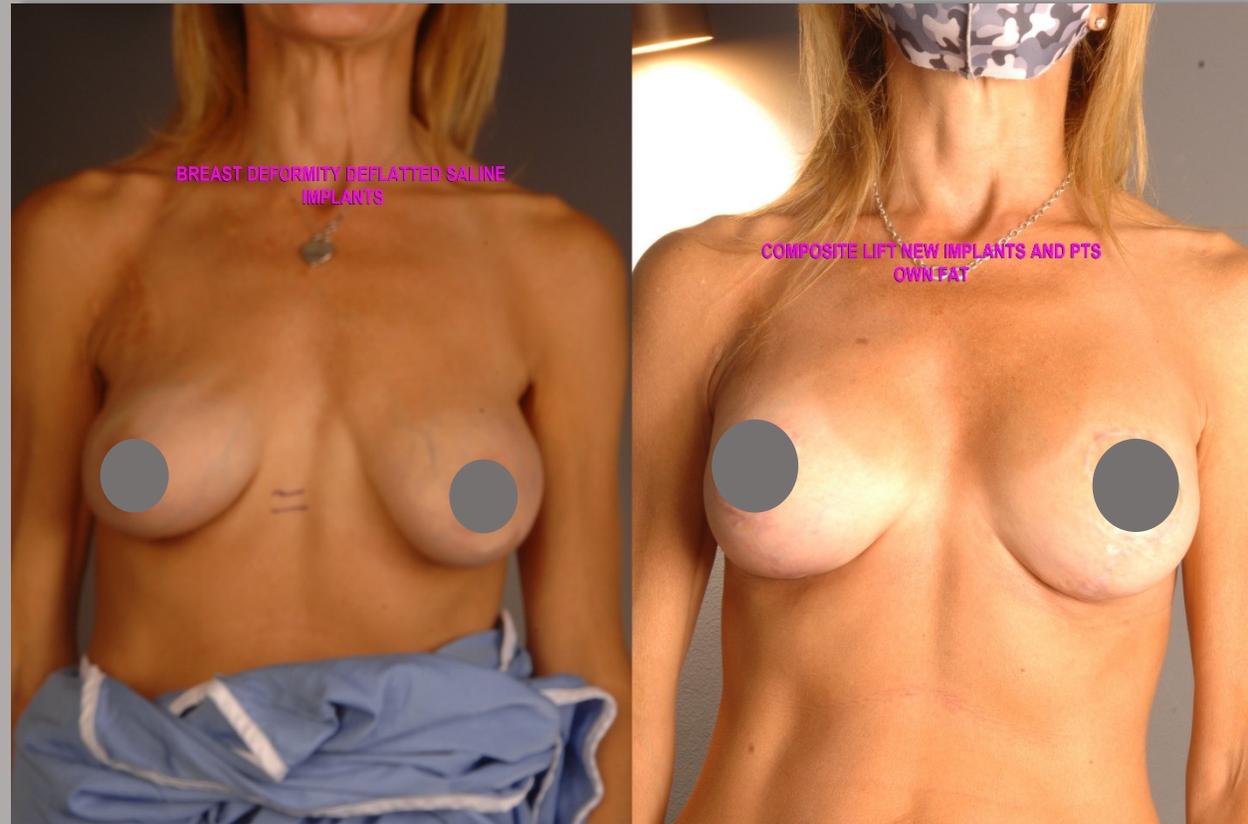


An example of the lollipop incision with an implant to reposition advanced skin excess



Lollipop incision and lift with nipple adjustment

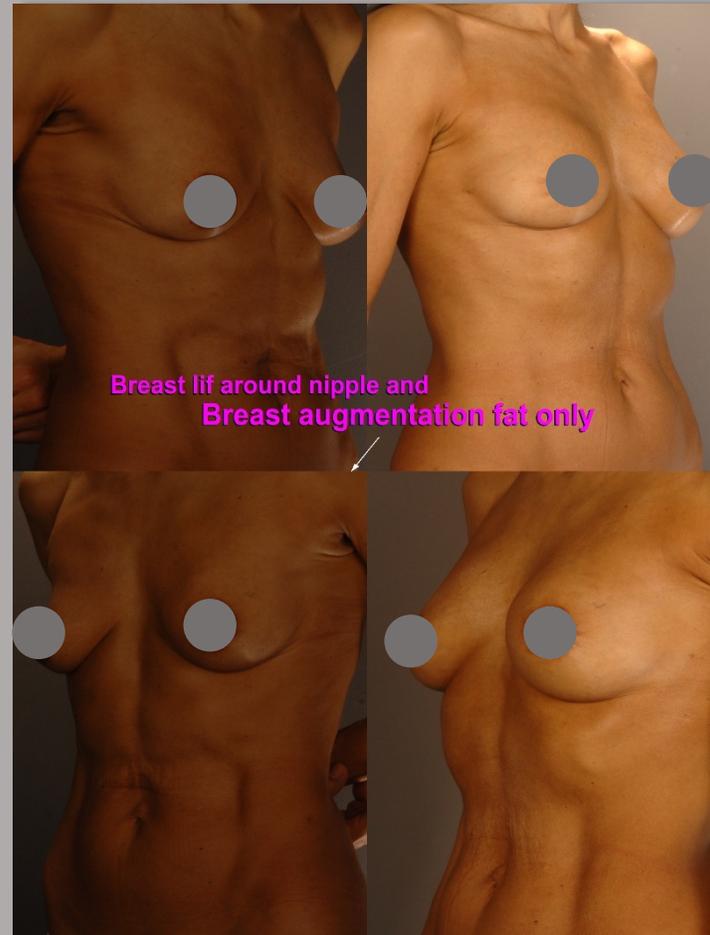
Deflating saline implants with complete loss of structure entire implant below inframammary fold replacement with Gen VI gel implants and lollipop lifts

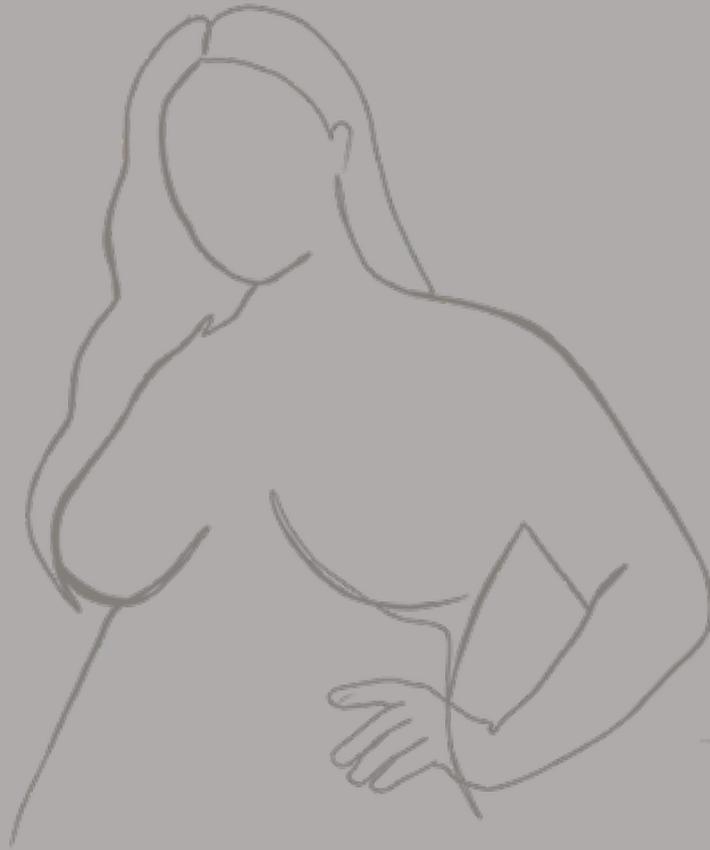


When the patient wants larger breasts, but the skin coverage is inadequate for large enough implants composite augmentation with fat injections and implants of a smaller size produces a very satisfactory result

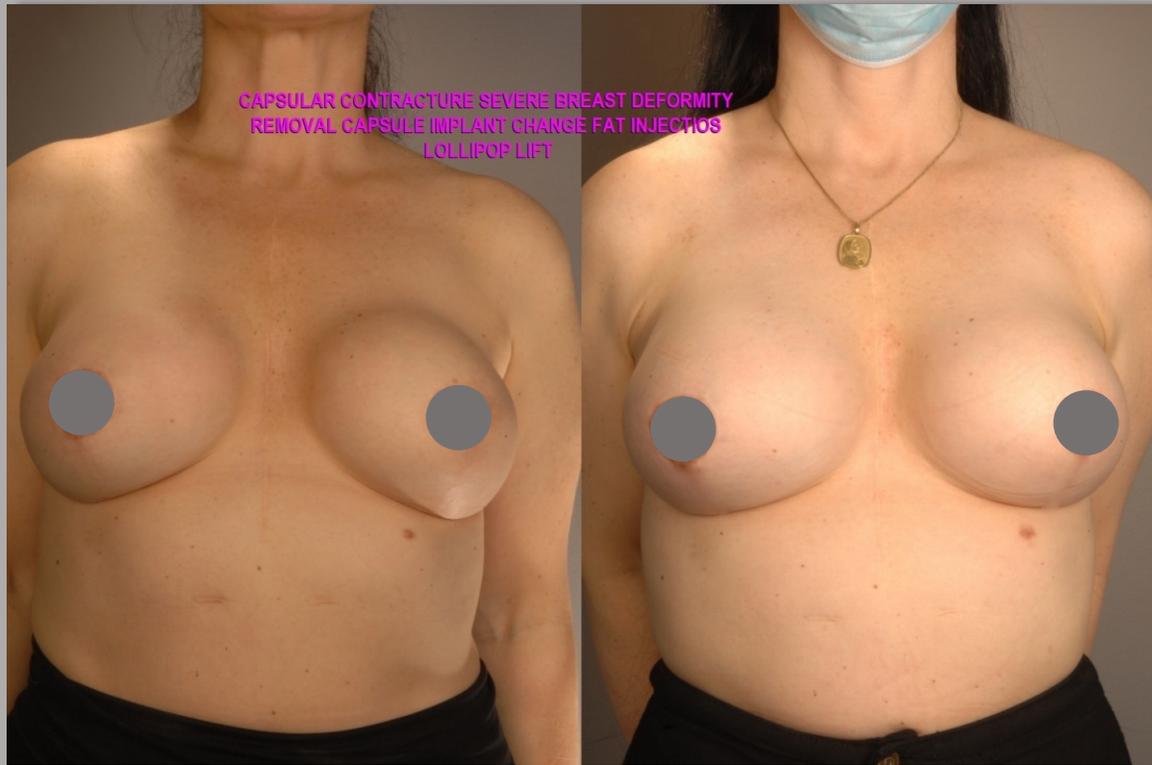


In some instances, an athletic patient with droop refuses implantation, and adequate lift augmentation can be done with an incision around the nipple and fat grafting alone.



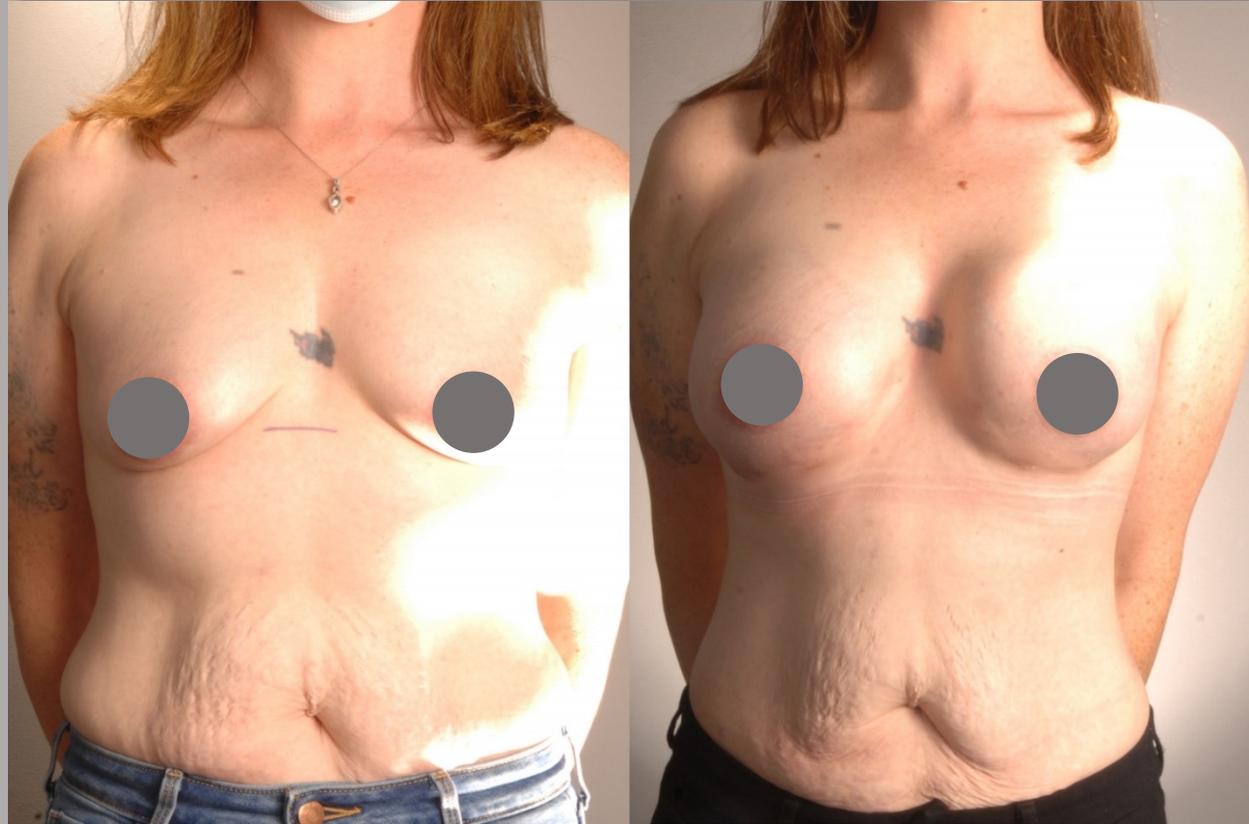


Severe contractures can occur at any time may require removal of implant , capsule replacement with lift and or internal mesh to totally correct biological mesh around the new implant totally corrects and prevents further capsule contracture.

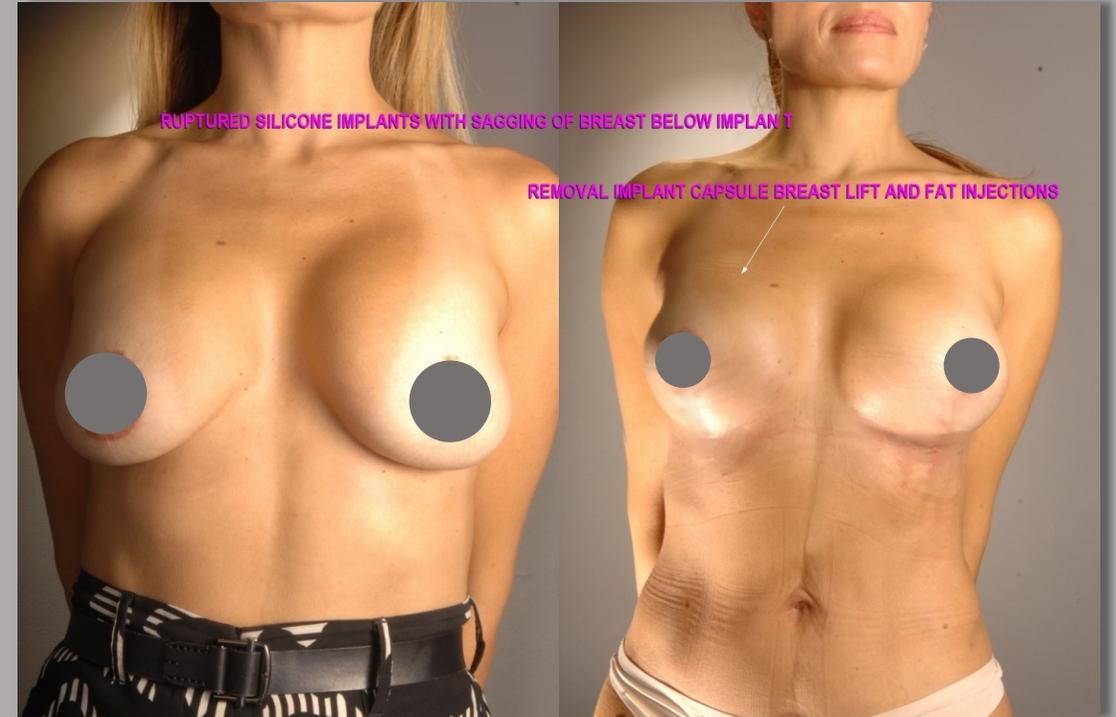
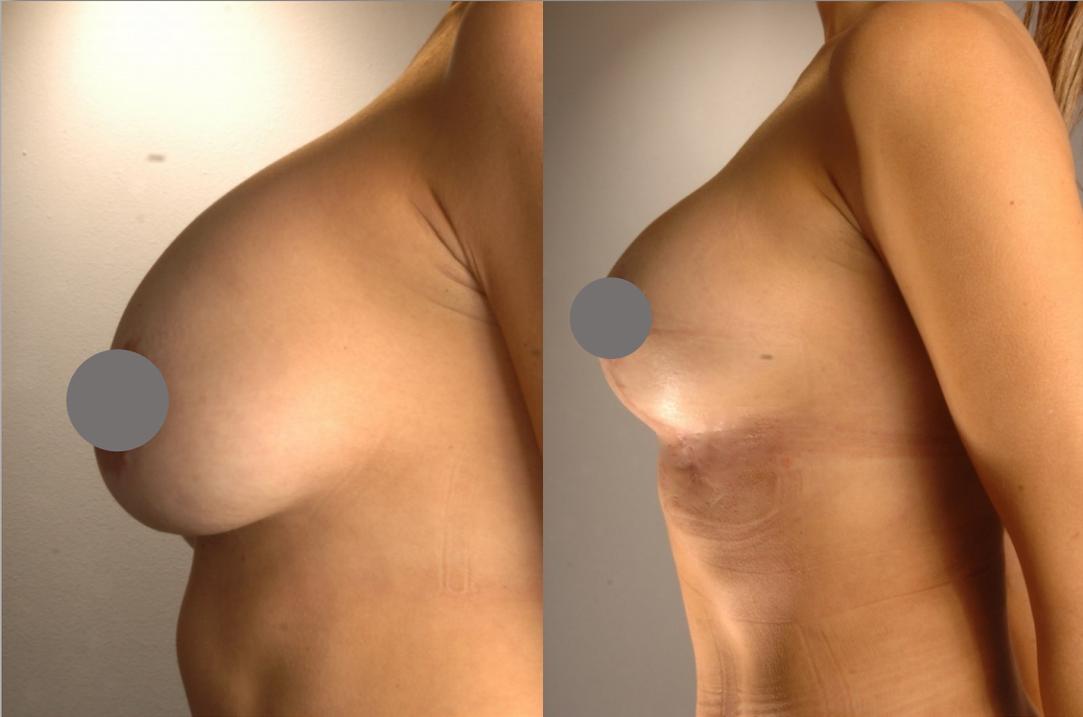


Capsule formation can occur around any implant over time. This can be seen when the capsules become painful and the breast is then distorted, a removal of the implant and capsule along with replacement is immediately necessary.

Occasionally, a biological mesh may be required to prevent further capsule formation. These severe symptoms are commonly covered by insurance.



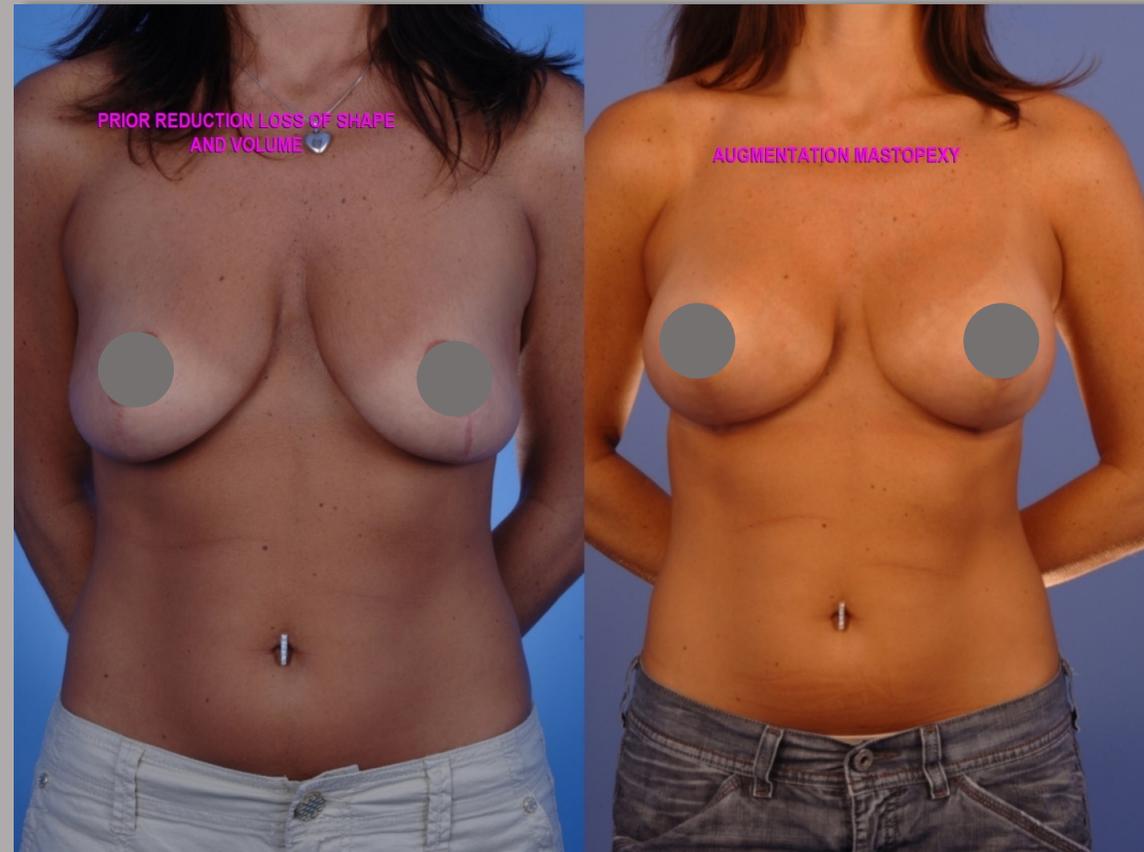
This is especially the case with ruptured and displaced implants. Bottoming-out of prior placed implants can be corrected when they are not overly severe by internally supporting and suturing the tissue around the implant. Occasionally a replacement may be necessary. This is otherwise known as the '**Internal Bra Technique**.' The ruptured implant is removed the silicone is drained out and an implant with a lift is done occasionally fat grafting to enhance the contour is done simultaneously.



INTERNAL BRA SUTURES WITH NO ADDITIONAL INCISIONS
CORRECTS SAGGING DUE TO AGE

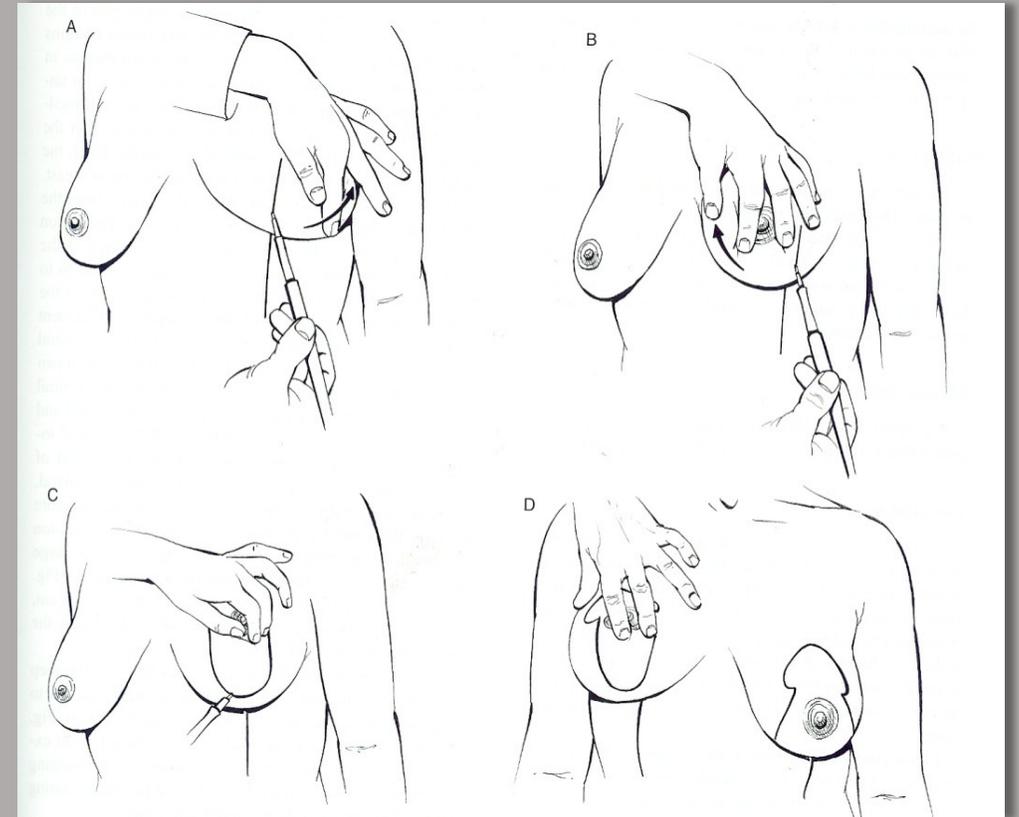
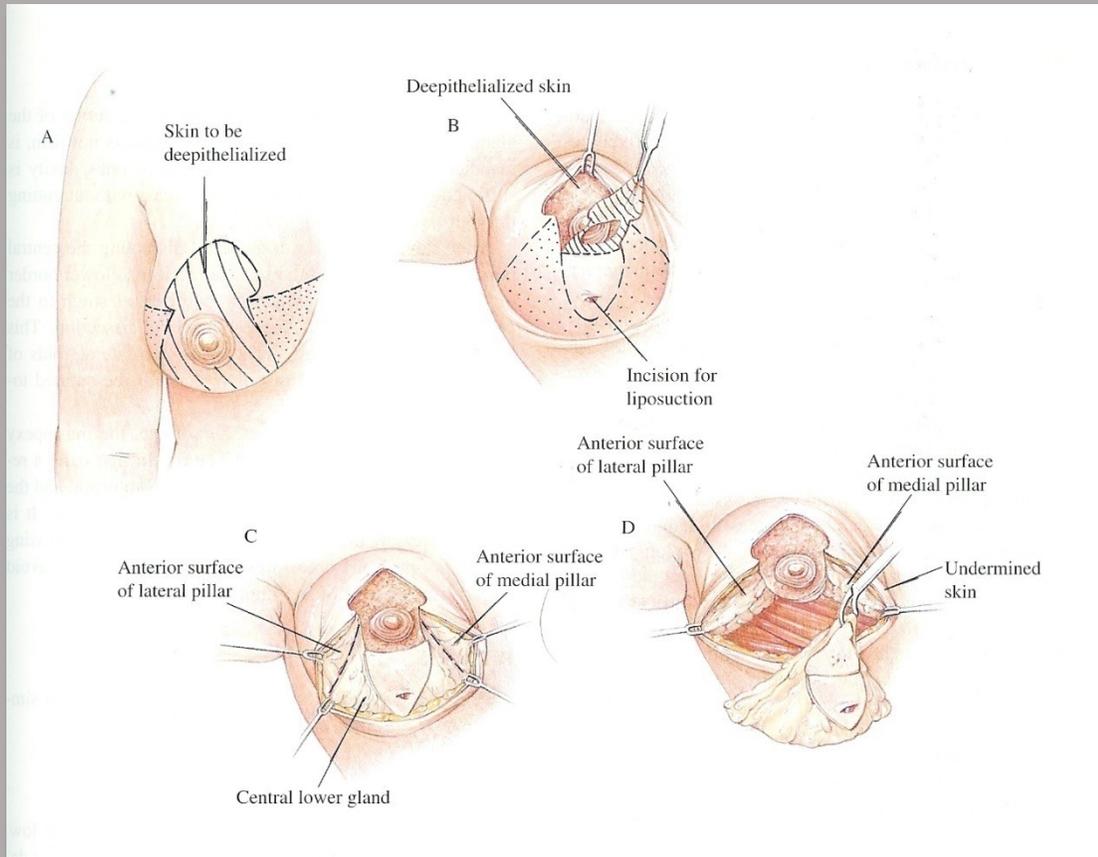


Excess skin may have to be removed other wise known as a '**mastopexy**' or lift using what is known as the '**lollipop incisions**' + fat grafts. Fat grafting is very commonly used in these procedures with great effect as it allows for smaller implants to be used if the fat is placed correctly.



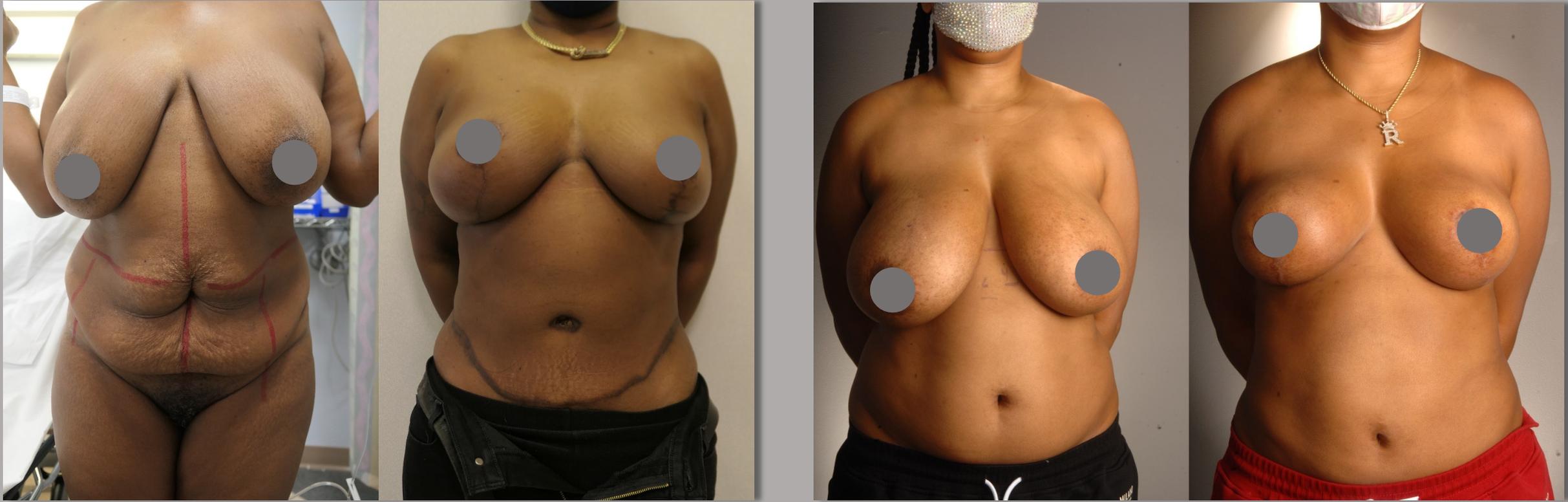
The new Gen VI 'Gummy Bear' implants will last a lifetime

Often, breasts which need to be lifted but are not overly large can be done with a lollipop incision and fat grafts. Only surgical markings will be used for minimal scarring on the patient.



Lifting can be done without removing tissue when skin excess is the problem adding fat in critical areas (cleavage) can shape the contour with natural tissue



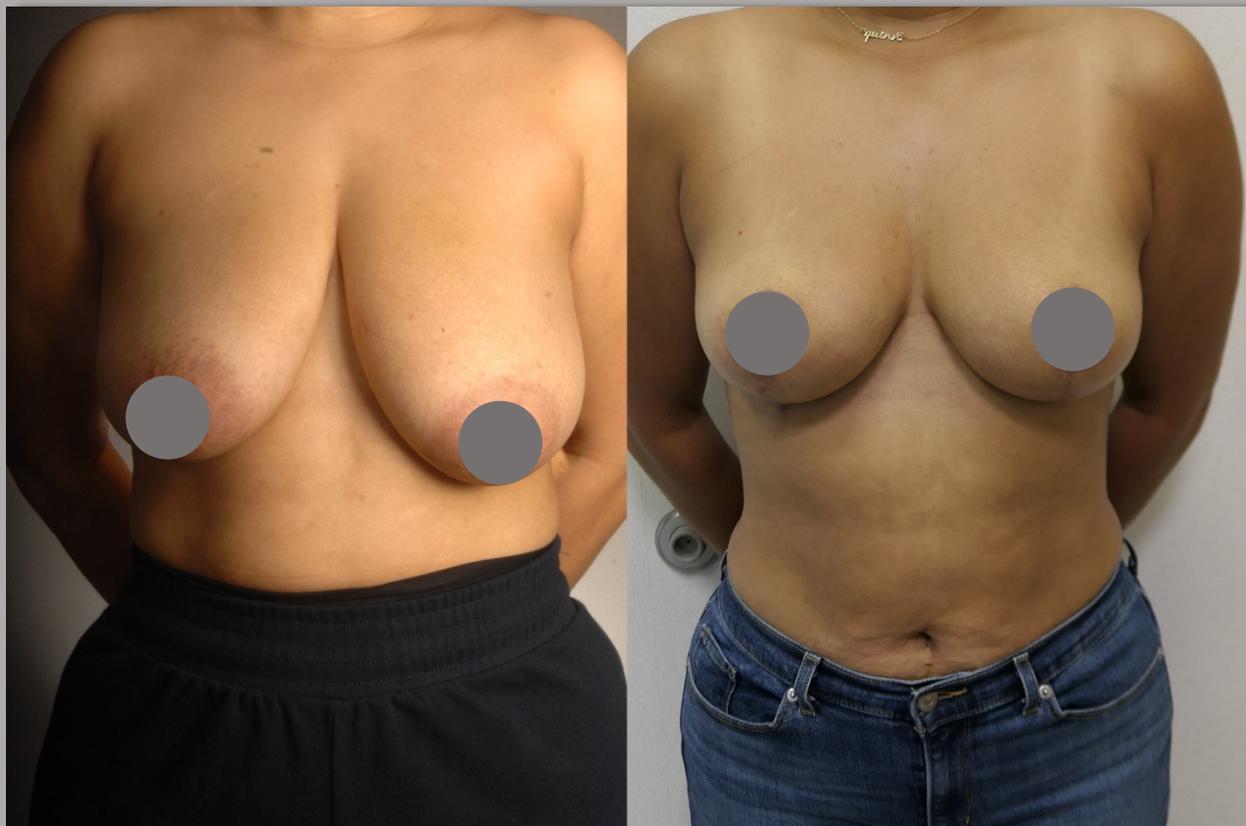


Gigantomastia (hyperplasia) always requires skin removal and internal support sutures (internal bra.) The sutures are necessary to reduce volume and restore nipple position to the middle of the breasts with the goal to keeping the incisions as short as possible, granting the best result.

Triple D to large C with minimal incisions



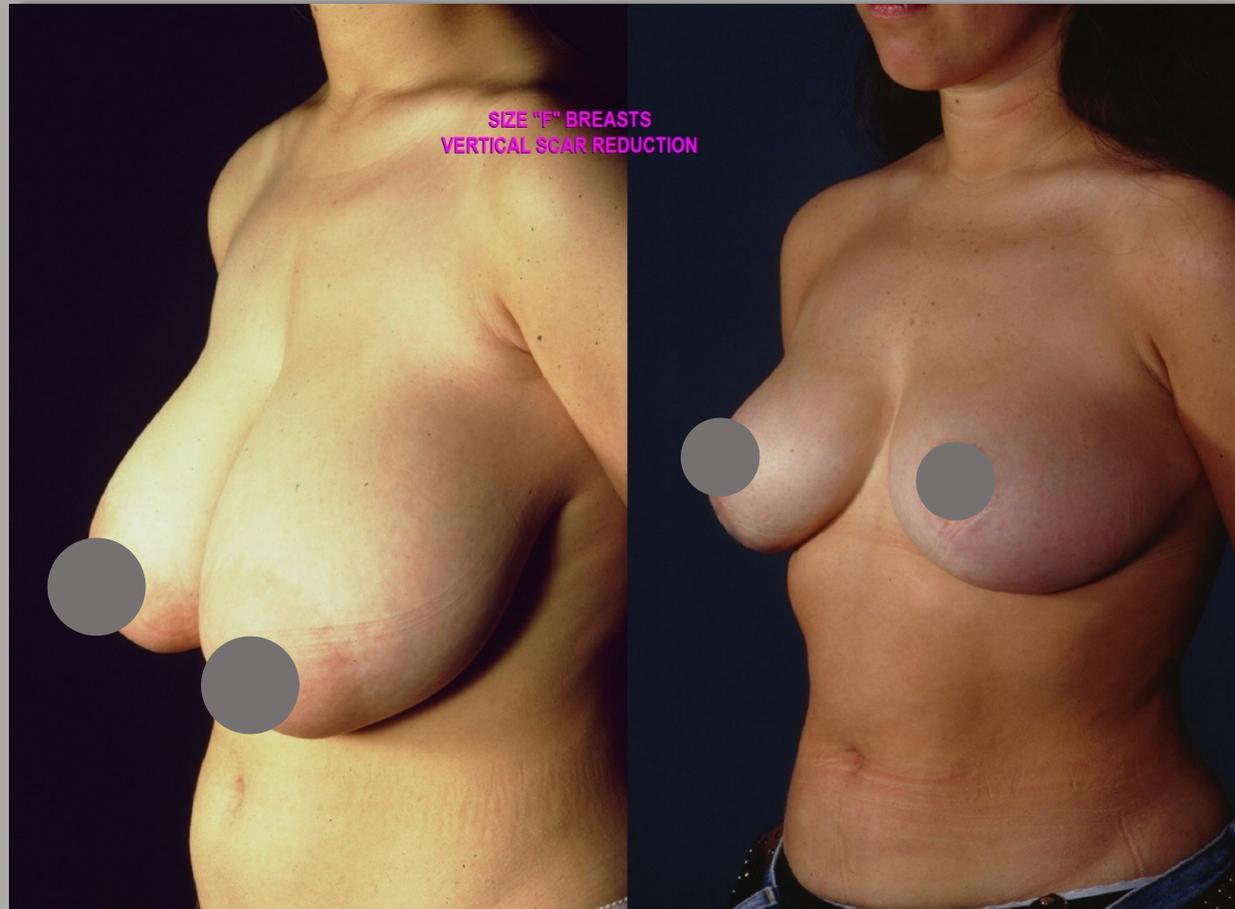
Similar Technique

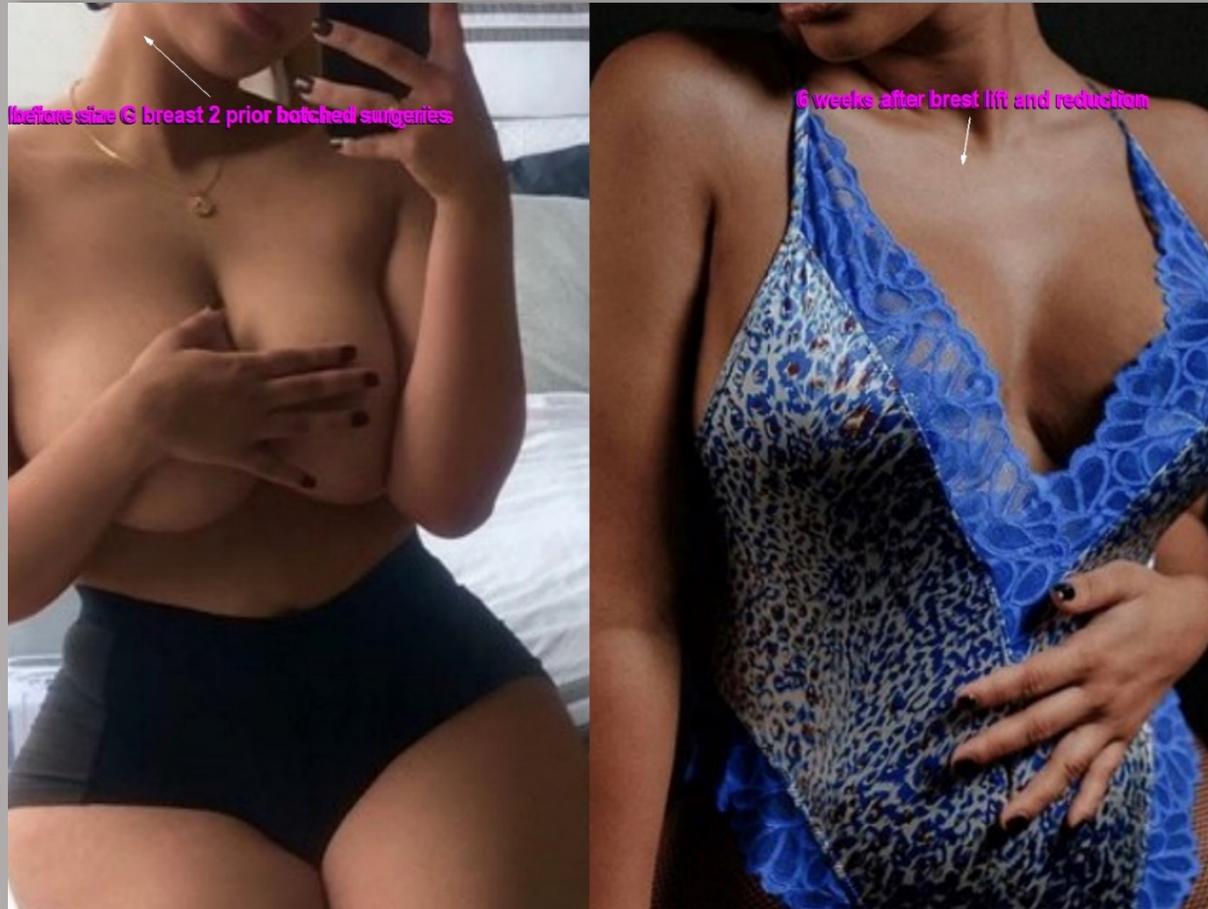


Breast reductions and liposuction with BBL can be performed simultaneously in selected candidates with excellent results



Even very large breasts can be reduced naturally





Multiple poor attempts done outside the United States can be restored to very natural shapes with the correct surgical techniques. This patient following two unsuccessful attempts received a breast lift and reduction, which gives the appearance of implant when in fact none are used.

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