Implementation of the AkademiKliniken Method of Subpectoral Breast Augmentation with Anatomic, Highly Cohesive Silicone Gel Implants: The first 620 consecutive cases

Mouchammed Agko, MD; Paolo Montermurro, MD; Per Hedén, MD, PhD

Disclosure/Financial Support: Dr. Montemurro is a consultant and speaker for Allergan, Dr. Hedén is a consultant and speaker for Allergan.

BACKGROUND: Though only recently introduced in US, form stable implants have been available in Europe since 1993. The previously described AkademiKliniken (AK) method is a comprehensive approach to breast augmentation with form stable implants.[1] The purpose of this study was to evaluate outcomes of a single surgeon newly adopting this method at the beginning of his career.

METHODS: A retrospective review of prospectively collected data on patients undergoing dual plane subpectoral augmentation between April 2009 and December 2014 was undertaken. The review was performed one year after the last operation. Only patients receiving textured, anatomic, cohesive silicone gel implants (Allergan Style 410) were included. The senior author (P.M.) performed all operations. Complications and reoperation rates were analyzed and correlated with patient and implant characteristics using the Chi-square or Fisher's exact test, as appropriate. The results were compared with previously published literature.

RESULTS: A total of 620 consecutive patients met the inclusion criteria with a mean follow-up of 8 months. A minimum of one year elapsed since the last surgery with a range of 1 to 6 years. Complications occurred in 14.8% of the patients with request for larger size (3.3%), rotation (3%) and Baker III/IV capsular contracture (2.2%) being the most common ones. Average time to development of a complication was 286 (range, 0 to 1352) days. Of all the patient and implant characteristics tested for correlation low implant projection was determined to be a statistically significant risk factor ($p<0.05$) for the most common complication, request for a larger size. A body mass index higher than 25 km/m^2 correlated with a significantly higher risk ($p<0.05$) for development of rotation, specifically. The overall reoperation rate was 8.7%. The most common indication for reoperation was request for larger size (2.2%) followed by rotation (2.2%) and capsular contracture (2%). Average time to reoperation was 442 days (range, 0-1372).

CONCLUSIONS: Breast augmentation with form stable anatomical implants requires a considerably different process. Novices in this new terrain can achieve optimum results with the implementation of a methodical approach to preoperative planning, surgical technique and postoperative care. The AK method is such a process that is efficient and independently reproducible.

REFERENCES:

1. Hedén P, Jernbeck J, Hober M. Breast augmentation with anatomical cohesive gel implants: the world's largest current experience. Clin Plast Surg 2001;28(3):531–552.