

Background: An ASPS member survey was conducted to study common practices in breast augmentation and assess current attitudes regarding new technologies and current controversies.

Methods: A 35 item electronic questionnaire was sent to the entire active ASPS membership and was divided into five parts: current controversies, new technologies, common practices, secondary procedures, and member demographics.

Results: There were 1,067 respondents. Fifty percent of surgeons never use anatomically shaped implants and another 42 percent do so less than half the time. Autologous fat is infrequently used as a primary technique but more often as a supplemental technique. Approximately seven percent report a case of anaplastic large cell lymphoma in their practice. Eighty-five percent do not use preoperative 3-D imaging. More than half of surgeons use ADM in secondary procedures for capsulorrhaphy buttress, ripples, and capsular contracture. Approximately half do not use insertion funnels. Preoperative sizing with silicone implants, inframammary incisions, partial submuscular pockets, and smooth silicone implants over 300 cc are dominant practice preferences. Postoperative massage is still popular with over half of respondents. Just over half do not use pharmacological agents for capsular contracture and those that do use them at early onset. Capsular contracture and size change were the most frequent reasons for reoperation. Capsular contracture is typically treated with anterior capsulectomy the first time, and either total capsulectomy or anterior capsulectomy with ADM use when recurrent. Close to half of respondents perform less than 50 breast augmentation procedures yearly.

Conclusion: There is an established most common approach to breast augmentation among respondents. Most surgeons are slow to embrace controversial practices and to adopt new technologies, although ADM use is becoming more popular. The seven percent incidence of ALCL was noteworthy.