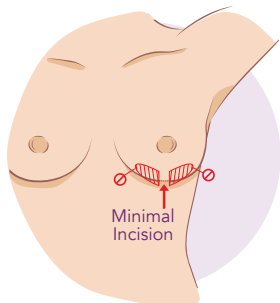


## SURGICAL BEST PRACTICES:

# INFRAMAMMARY FOLD (IMF) APPROACH WITH MOTIVA® IMPLANTS

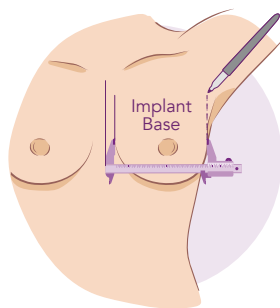
Different breast implants require adjustments in surgical technique. Consider the following best-practice suggestions from our experts:<sup>1-2</sup>



## SURGICAL PLANNING

Choose wisely and use a conservative approach to minimize IMF disruption.

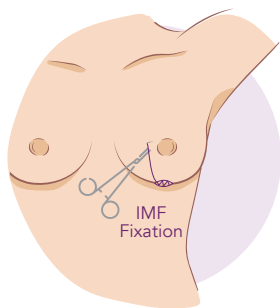
- The ProgressiveGel ULTIMA® and TrueMonobloc® technologies make it easier for the implant insertion through a small incision.<sup>1</sup>
- Avoid critical reduction of tissue support and prevent flipping of the implants by choosing lower projections and volumes.<sup>3-4</sup>



## PRECISE AND TIGHT POCKET DISSECTION

Match the exact base diameter of the implant to the pocket.

- When using a subglandular or subfascial pocket, the horizontal measurements should correspond to the implant base, even if this means using a very conservative approach.
- To prevent lateralization, achieve precise control of the subpectoral pocket by first dissecting medially and then laterally, keeping it to the minimum and thus, preserving the supportive tissue.<sup>2</sup>



## IMF FIXATION

Support tissues and secure the implant position.

- Avoid any major disruption of the suspension ligaments.<sup>2</sup>
- Make sure the Scarpa's fascia is secured to the deeper layers to prevent caudal dislocation of the implant.<sup>2</sup> Various techniques may be used to incorporate sutures into wound closure.

## IMPLANT-SELECTION CONSIDERATIONS

## CHOOSE WISELY!

- Higher breast-implant profiles and volumes will have more mass projected toward the front, reducing the implants' support, particularly in low-resilient breasts and lax capsules.<sup>3</sup>
- Reducing the implants' projection and creating a tight pocket will help prevent implants from flipping.<sup>4</sup>
- Planning with 3D imaging technology can also be helpful.

### References:

1. Sforza M, Hammond DC, Botti G, et al. Expert consensus on the use of a new bioengineered, cell-friendly, smooth surface breast implant. *Aesthetic Surg J.* 2019;39:S95-S102. doi:10.1093/asj/sjz054
2. Botti G, Botti C, Ciancio F. A single center's clinical experience with Ergonomix breast implants. *Aesthetic Surgery Journal.* 2021. doi:10.1093/asj/sjab422
3. Arquero PS, Zanata FC, Ferreira LM, Nahas FX. Capsular weakness around breast implant: A non-recognized complication. *World J Plast Surg.* 2015. 4(2). 168-174.
4. Khan UD. Back-to-front flipping of implants following augmentation mammoplasty and the role of physical characteristics in a round cohesive gel silicone breast implant: Retrospective analysis of 3458 breast implants by a single surgeon. *Aesth Plast Surg.* 2011. 35. 125-128. doi: 10.1007/s00266-010-9557-z