

# Breast and Body Plastic Surgery: Challenging Complexities

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The terms “breast reduction” and “breast augmentation” don’t begin to describe the complexity of the surgical procedures that make up Dr. Cindy Wu’s everyday practice. What she does is the very definition of complexity—altering the size, shape, and texture of a woman’s breasts, by moving, removing, and repairing tissue.

“Perhaps what is most challenging—and most rewarding—about the surgery I do,” observes Dr. Wu, “is that each case is unique, reflecting the very specific and personal needs of the woman involved. My ultimate goal—and that of any aesthetic surgeon—is to enhance the patient’s quality of life. The surgical path to that goal is a complex one, as it must take into account many variables affecting each individual patient, including their own aesthetic goals.”

## MANY VARIABLES

Each case poses unique challenges, and age is an important factor. “Age is not by itself a problem, but it’s likely to raise more medical issues,” notes Dr. Wu. “It’s not so much how old you are, but how medically fit you are.”

Cardiac conditions and diabetes, she notes, are examples of health conditions that adversely affect wound healing, and affect the options she can

offer her patients. “With diabetic patients, for example, we have to be sure that blood sugar is very well-controlled before operating. And we require cardiologist clearance for patients who have existing heart issues.”

Obesity is another complicating factor. “Obesity makes the surgery much more difficult from a technical standpoint,” explains Dr. Wu, “which means it takes longer and the aesthetic outcomes aren’t as good. That’s because I cannot address visceral fat—fat around the organs—with liposuction or a tummy tuck. So, there will be a limit to how thin I can get you.”

## COMPLICATED PROCEDURES

By far the more complicated—and therefore more challenging—cases are the combination surgeries, the so-called “mommy makeovers.” “A mommy makeover,” explains Dr. Wu, “is any combination involving both breast and abdominal surgery. There’s tremendous variety. It might include breast augmentation, a breast lift, or breast reduction combined with a tummy tuck or liposuction. These tend to be longer surgeries with longer anesthesia times and attendant risks.”

And—even though it’s a single surgery—it’s a complicated, carefully orchestrated procedure. “For example,” explains Dr. Wu, “in a case involving implants, breast lift, and tummy tuck, we would first place the implants, and then do the lift, which involves lifting the nipple position and tightening the bottom part of the breast. The tummy tuck follows—which includes removing extra skin from the lower abdomen and tightening the muscles. It might also involve repairing a diastasis—which is a separation of the abdominal muscles that occurs in pregnancy.

“That’s just one example. Any ‘mommy makeover’ involves many interrelated



Dr. Wu

surgical procedures that vary from patient to patient.”

With one mommy-makeover patient, Dr. Wu faced additional complications due to the patient’s weight loss. “She had lost a significant amount of weight, which was good,” says Dr. Wu, “But she had also lost considerable elasticity in her breast skin and had a lot of extra skin on her abdomen. This limited what we were able to do surgically.

“The loss of skin elasticity is a particularly difficult challenge,” she notes, “and one that becomes more difficult with age. You lose collagen—and therefore elasticity—as you age. We use products to stimulate skin collagen prior to surgery; but there are no miracle cures for the loss of elasticity and this limits how much we can do surgically. So, people with poor skin quality may need revisions down the road.”

Rivalling the mommy makeovers in complexity are implant revision cases. “A case might involve just an implant alone, or combine implant removal with a lift, or with a fat transfer—or any combination,” says Dr. Wu. “Those are very, very complicated cases, and I’m seeing more of them because there are so many women now with implants that have aged. These are patients who have had their implants for a while, and are now seeing sagging breasts and some

capsular contracture, and therefore want the implants removed.

“Among the challenges of these surgeries is that you’re revising a previous surgery, and you don’t know what was done before or how the breast will tolerate additional work.”

## CHALLENGES FOR PATIENTS

All these surgeries involve challenges for the patient. “The mommy makeover is probably the toughest one to get over,” says Dr. Wu, because it affects both the breast area and the abdomen. She advises her patients to plan on two weeks out of work to begin recovery.

But her unique approach to post-operative pain management starts even before the surgery. “I use a combination of non-opioid medications in a specific timed sequence to begin managing pain before surgery begins,” explains Dr. Wu. “To decrease the need for strong post-operative opioids, I use an innovative cocktail of medications to pre-emptively prevent the brain from recognizing typical signs of pain, thereby decreasing the body’s pain response before it’s even begun. These medications are started a day before surgery, and maintained post-operatively. This sets the brain up to require fewer narcotics after surgery—and sometimes none at all.

“Opioids are always there as a backup,” Dr. Wu continues, “but that’s not the default. And we’ve found this approach allows most patients to need fewer opioids post-operatively, while still achieving appropriately controlled pain at home.”

For more information, contact:

**CYNTHIA GREGG, MD  
FACE & BODY SPECIALISTS**

*Cynthia Gregg, MD  
Cindy Wu, MD*

**3550 NW Cary Parkway, Suite 100  
Cary, NC 27513  
Telephone: (919) 297-0097  
www.cynthiagreggmd.com**