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# POLICY STATEMENT **BREAST AUGMENTATION IN TEENAGERS**

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## **Background**

Although statistics vary on the number of procedures performed, more and more teenagers are seeking plastic surgery.<sup>1</sup> The most common procedures include rhinoplasty, otoplasty, breast reduction for gynecomastia, breast augmentation, and liposuction.<sup>2,3</sup>

Adolescents seek plastic surgery to improve appearance or increase self-esteem.<sup>4</sup> While these reasons are similar to those of adults, teenagers report they are also motivated by a desire to “fit-in” rather than stand out by their appearance.<sup>5,6</sup> Because of this, it is important to determine whether or not these patients are requesting surgery to satisfy their own interest or to meet the expectations of someone else, for example a parent or boyfriend.

Recently, there has been considerable focus on teenagers who seek breast augmentation. Like many other plastic surgery procedures, breast augmentation may be performed for either reconstructive purposes related to congenital defects or for aesthetic reasons.

Reconstructive breast augmentation is generally performed to correct asymmetry caused by congenital errors, trauma or disease. Some of the more common deformities that require breast reconstruction surgery include Poland's Syndrome and tuberous breast deformity.<sup>7</sup> Poland's Syndrome includes unilateral congenital abnormalities of the chest wall that may or may not involve the arm. The defining defect is the absence of the pectoralis major muscle. Additional findings may include underdevelopment or absence of one nipple. In females, one breast may also be underdeveloped or absent.

Tuberous breast deformities result from incomplete development of part or all of the lower portion of the breast. It can include skin deficiency and breast constriction. Less common breast deformities include supernumerary breasts or nipples. Injury or trauma to the chest may result in breast deformity requiring corrective surgery.

Besides the conditions already mentioned, breast augmentation is often performed on teenagers to treat simple, unilateral asymmetric breast development.<sup>3</sup> According to studies, patients undergoing corrective breast surgery are the most satisfied of all patients and have the most improved body appraisal.<sup>4</sup>

Teenagers who seek breast augmentation for aesthetic reasons often make the request around the time of high school graduation. Generally, they do not have underlying psycho-social issues but are concerned about appearance.<sup>6</sup> Many times, teenagers requesting aesthetic breast augmentation surgery are younger than the legal age for medical consent and need parental permission for the procedure. These patients pose a particular challenge to the physician.

## **Patient Selection**

Adolescents typically experience changes in perception of body image, so it is important to assess the stability of each individual's self image before proceeding with plastic surgery. There are four attributes associated with body image that should be considered. These include: physical reality of the appearance; perceptions of appearance; importance of appearance and the degree of satisfaction with appearance.<sup>9</sup>

In addition, adolescents may not have the physical and/or emotional maturity to choose plastic surgery. They may have unrealistic expectations about the surgery itself or about the outcome. They also may not understand that additional surgery may be necessary because of complications or a change in personal desire to have implants. Finally, they may not have reached full physical development.

The Food and Drug Administration considers aesthetic breast augmentation for patients less than 18 years of age to be an off label use. The FDA has not approved breast augmentation in patients younger than 18 for the following reasons:

- Teens and their parents may not realize the risks associated with breast implants.
- The teen's body may not have finished developing.
- The teen needs to be psychologically ready to handle the outcome of surgery.<sup>10</sup>

## **Informed Consent**

It is important that the adolescent patient completely understand the procedure, possible complications and likelihood for additional surgery at some future date. As with all surgical procedures, appropriate informed consent will be required. The education process associated with an informed consent should help the patient and the parent/guardian understand the risks, benefits and potential complications associated with the procedure.<sup>8</sup>

While breast implants have proven to be very safe, possible risks include bleeding, infection or poor healing of the incision and changes in nipple or breast sensation. Capsular contracture, implant leakage or rupture or wrinkling of the skin over the implant is also a possible risk and may require secondary procedures. All surgery also carries risks associated with anesthesia.<sup>8</sup>

## **Provider Qualifications**

The individual performing this procedure, regardless of the location of the surgical facility, should have approved hospital privileges for this procedure and be qualified for examination or be certified by a surgical board recognized by the American Board of Medical Specialties®, such as The American Board of Plastic Surgery, Inc.®

**Recommendations**

Adolescent candidates for (purely) aesthetic breast augmentation should be at least 18 years of age. Breast augmentation that is done for aesthetic reasons is best delayed until the patient has sufficient emotional and physical maturity to make an informed decision based on an understanding of the factors involved in this procedure. This includes being realistic about the surgery, expected outcome and possible additional surgeries.

In considering emotional maturity for breast augmentation, the patients should request the procedure for themselves, not to satisfy another's perception of the patient. In addition, they should demonstrate sufficient emotional maturity to understand all aspects of this surgery. This would include having realistic expectations of the procedure itself, the outcome and the potential for future surgeries. Adolescent patients need to understand that, while implants can be surgically removed, the procedure may leave permanent changes on the body, including scarring and tissue changes.

**References**

- 1 Pearl, A. and Weston, J. Attitudes of adolescents about plastic surgery. *An. Plast. Surg.* 50: 628, 2003.
- 2 [www.plasticsurgery.org/public\\_education/2003statistics.cfm](http://www.plasticsurgery.org/public_education/2003statistics.cfm)
- 3 McGrath, M.H. and Mukerji, S. Plastic surgery and the teen-age patient. *J. Pediatr. Adolesc. Gynecol.* 13:105, 2000.
- 4 Simis, K.J., Stevens, E.R., Hovius, M.D. et. al. After plastic surgery: Adolescent-reported appearance ratings and appearance-related burdens in patient and general population groups. *Plast. Reconstr. Surg.* 109:9, 2002.
- 5 Lukash, F.N. Children's art as a helpful index of anxiety and self-esteem with plastic surgery. *Plast. Reconstr. Surg.* 109:1777, 2002, discussion 1787.
- 6 Simis, K.J., Verhulst, F. C. and Koot, H.M. Body image, psychosocial functioning, and personality: How different are adolescents and young adults applying for plastic surgery? *J. Child. Psychiat.* 42:669, 2001.
- 7 American Society of Plastic Surgeons. Practice Parameter: Non-Cancer Related Breast Reconstruction. July, 2004.
- 8 American Society of Plastic Surgeons and the American Society for Aesthetic Plastic Surgery. Breast Augmentation. (Patient Education Brochure). 2004.
- 9 Sarwer, D.B., Wadden, T.A., and Whitaker, L.A. An investigation of the changes in body image following cosmetic surgery. *Plast. Recon. Surg.* 109: 363, 2002.
- 10 Teens and breast implants. FDA and You. Issue 4, Fall, 2004. [www.fda.gov/cdrh/fdaandyou/issue04.html#1](http://www.fda.gov/cdrh/fdaandyou/issue04.html#1)

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