

# Sculpting the

## A look at **big** body implants

While the request for body contouring using silicone implants in men is far less common than in women, there is still a demand for these types of operations, writes **DR VERNON CHING**.

Since the fitness craze of the 80s, the bodybuilding culture of the 90s and the more recent spate of reality-based plastic surgery TV programmes that have aired, male body implants are now becoming more mainstream.

In plastic surgery literature, reports of these procedures are scarce

compared to female-associated implant operations, such as breast or buttock enhancement – and there are few surgeons with significant experience in doing these operations.

### Body concious

At present, men are becoming more conscious about their looks:

they are using and spending more on cosmetic products and facial treatments, they chisel their bodies in gyms and even come to our offices for facial rejuvenation and body contouring procedures.

However, while men train in gyms to achieve a certain aesthetic, sometimes the anticipated results are not reached – even with extensive exercise combined with special diets or steroid abuse. To achieve their goals, they are resorting to surgery and body implants to enhance the areas that do not respond to exercise and weight training.

In certain cases, these operations are performed for medical reasons – to restore symmetry, or to reconstruct muscle loss due to injury or congenital defects such as Poland's syndrome, which is a rare birth defect characterised by the unilateral absence or

underdevelopment of the chest muscle or chest wall of the body.

The necessary experience required to perform this kind of operation is difficult to acquire due to the small number of patients asking for these procedures, but more and more men are seeking a solution to what they consider an aesthetic problem, or a medical issue after an injury.

### Male pectoral implants

The parts most often addressed with cohesive silicone implants are the pectoral muscles and calves, although other sites such as the buttocks, biceps, triceps and deltoids can also be augmented.

The first pectoral implants were used in 1988 to correct congenital chest wall defects (pectus excavatum) and placed directly under the skin. This resulted in seroma formation – a pocket of clear serous

fluid that sometimes develops in the body after surgery. This encouraged later surgeons to modify their technique to place the implants directly under the pectoralis muscle through an incision in

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the axillary crease to hide the scar. It was important not to release the lower muscular fibres, which would cause the implant to displace inferiorly, giving a female-breast appearance. These soft silicone implants come in predetermined sizes to fit the subpectoral pocket and are modified if necessary. The usual complications related to implants apply to these procedures and include displacement, seroma and extrusion.

Calf implants are the most commonly requested operation in men requiring implants.

The more frequently used calf implants are cylindrically shaped and tapered at both ends. They may be solid or cohesive and are available in different sizes and shapes. The incision for

insertion is made in the crease at the back of the knee and is 4 cm in length. The implants are placed between the gastrocnemius muscle and the fascia (uppermost tissue layer overlying the muscle) in a snug-fitting pocket to prevent displacement.

The patient is allowed to walk after 24 hours with the aid of crutches, and the wearing of a shoe with a heel decreases pain. They may also need to wear an anti-embolic stocking to prevent movement of the implant until the pocket has suitably formed.

This is a safe and predictable procedure, although known complications include seroma, displacement and a compartment syndrome (in which excessive pressure on the calf muscle can lead to a decrease in blood supply). Should this occur, it can ultimately lead to subsequent muscle trauma and death.

In certain patients, it may be an option to use your fat to increase and provide shape to the inner part and back of the calves. This depends on whether the patient has enough fat stores, and also whether there is a suitable laxity of the skin overlying the calf muscle to be enhanced by the fat.

### Biceps, triceps and deltoids

Requests for implants for the biceps, triceps and deltoids are infrequent and are indicated for asymmetries related to trauma, where there is wasting of the biceps or triceps muscle. These implants are cohesive in nature and, over time, may displace and result in oddly shaped upper arms and deltoids.

If one is contemplating any of these procedures, it is necessary to consult with a specialist plastic surgeon to achieve the desired result. As with all plastic surgery operations, correct patient selection, a thorough knowledge of the relevant anatomy as well as the ability to treat complications that may arise is mandatory. **Dr Vernon Ching**



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