

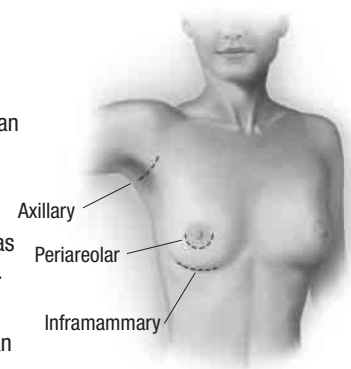
The **subglandular placement** may make surgery and recovery shorter, may be less painful, and may be easier to access for reoperation than the submuscular placement. However, this placement may result in more palpable implants, more capsular contracture, and more difficult imaging of the breast with mammography.

- **Incision Sites**

To permit the smallest possible incision, the implant is typically inserted empty, and then filled with saline. You should discuss with your surgeon the pros and cons for the incision site specifically recommended for you, depending on whether you will be having augmentation or reconstruction.

There are 3 common incision sites: under the arm (axillary), around the nipple (periareolar), or within the breast fold (inframammary). If the incision is made under the arm, the surgeon may use a probe fitted with a miniature camera, along with minimally invasive (very small) instruments, to create a “pocket” for the breast implant.

- **Periareolar** - This incision is the most concealed, but is associated with a higher likelihood of inability to successfully breast feed, as compared to the other incision sites.
- **Inframammary** - This incision is less concealed than periareolar and associated with less difficulty than the periareolar incision site when breast feeding.
- **Axillary** - This incision is less concealed than periareolar and associated with less difficulty than the periareolar incision site when breast feeding.
- **Umbilical/endoscopic** - This incision site has not been studied and is not recommended.



- **Surgical Setting and Anesthesia**

Augmentation surgery is usually performed on an outpatient basis, either in a hospital operating room, surgery center, or surgical suite in the surgeon's office. General anesthesia is commonly used, and local anesthesia is also an option. The surgery usually lasts 1 to 2 hours. Your surgeon will make an incision and create a pocket for the breast implant. Then the breast implant will be placed in the pocket, filled, and positioned. Finally, the incision will be closed, usually with stitches, and possibly taped.