

Breast implants – risks underplayed, choices limited

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Growing numbers of New Zealand women are having breast augmentation surgery but too little information is being made available about the choices available for shape and size of implants and the associated risks, according to a researcher in the Centre for Psychology.

In a study involving an examination 15 websites offering breast augmentation surgery in this country as well as analysis of earlier research, health psychology masters student Veronica Hopner found that the surgeons are almost exclusively male and that they appear to effectively control the shape and size options available to women seeking breast surgery.

“The breast as a commodity is understood and reproduced as a cultural object of femininity,” Ms Hopner says. “The notions of femininity reproduced in the websites were employed to limit possibilities of choice, for breast implant size, shape and position.

“In New Zealand what women seeking information on the procedure are told, how much they are told and the shape and size of the breast they get after augmentation, is ultimately in the hands of male surgeons.”

Her study looked at how the websites present women’s bodies and breast augmentation, how they market the procedure, what they really offer and how much information they give about the risks and negative aspects of the procedure.

Although data on breast implants in New Zealand women is scarce, it was estimated in 1998 that about 3000 had had surgery. United States research found more than two million women had implants, more than 200,000 of them in 2003 alone with projections that the number would increase by up to 12 per cent annually.

Ms Hopner believes it is likely that New Zealand, along with other western countries, are increasingly likely to have breast augmentation but risks and side effects that can arise from breast augmentation are not adequately covered by the websites offering the procedure.

Although there are no conclusive links between breast augmentation and breast cancer or other serious illnesses, the United States Food and Drug Administration (FDA) has reported 27 different risks and complications including infection, toxic shock syndrome, problems with breast feeding, wrinkling, asymmetry, scarring and chest wall deformity, which usually require further surgery.

Rupturing has proved to be the most common and potentially serious complication with implants and the FDA says the risk of rupture increases over time to 69 per cent for implants older than 17 years.

“Breast augmentation has enormous value and many women report that such surgery has significantly enriched their lives,” says Ms Hopner.

“However research indicates that women would rather know all the risks and complications in order to make informed choice about their bodies.”

She says the websites offer further information about the surgery but such information is limited to implant manufacturers or other cosmetic associations’ websites.

“The websites of New Zealand cosmetic surgeons minimise the risks and complications associated with breast augmentation, giving little

indication of the likelihood of further surgery.”

Source: Massey University

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