

## Memphis Business Journal

# Silicone breast implants make comeback, pushing up business for cosmetic surgeons

Memphis Business Journal - January 26, 2007

by Scott Shepard



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Plastic surgeon Ronald Johnson: "Business is five times what it was before."

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Gone for 15 years, silicone breast implants for cosmetic use are staging a huge comeback in Memphis.

Until 1992, the primary maker of the devices was Dow Corning Wright, Inc., in Arlington. When the FDA banned silicone gel implants it led to a metamorphosis of the company, which today is Wright Medical Group, Inc., focused on artificial joints and biologics.

In the interim, cosmetic augmentation was available with bags filled with saline solution. Some women could still get silicone gel in cases of deformities or reconstruction after mastectomy, but the big market, for cosmetic uses, has been building up.

"I've had several patients that have been waiting for years, hoping to get silicone," says plastic surgeon Ronald Johnson of Wolf River Plastic Surgery. "Today, with silicone available, business is five times what it was before, and it will go up more when bathing suits start showing up in the malls."

Silicone implants cost about \$5,000, compared to saline at around \$4,500. It's a cash business for cosmetic work, though insurance will cover implants for reconstruction.

Silicone is more desirable to most clients, Johnson says, because the gel has more cohesion and it looks and feels more like natural tissue. Saline implants are essentially plastic bags filled with salt water, so all of the elasticity is in the covering.

"Saline is good for someone with a lot of tissue," he says. "But if a lady is thin, or has lost all the fat from her breasts because of childbirth and breast feeding, silicone provides a more natural feel."

Plastic surgeon Robert Wallace hasn't seen quite the same increase in volume, but has performed more procedures since the return of silicone. Just having the option seems to make a difference.

"It's made it easier for women to make the decision," says Wallace, chief of the Division of Plastic Surgery at UT Medical Group, Inc. "Many times I think a patient will still be better with saline."

Breast implants were first available in the mid-1960s and had the resiliency of an inner tube. Over time, manufacturers raced to develop the thinnest shells, which allowed the silicone gel inside to jiggle more freely. By the early 1980s, some women with implants complained of vague health problems such as chronic fatigue, and blamed it on leaking gel.

Without a body of clinical trials attesting to the safety of silicone gel, the complaints became the playground of trial lawyers.

"We should have studied it more," Johnson says. "Before FDA had jurisdiction in 1976, we regarded it as a bag of gel."

15 years of study since then has led FDA to allow cosmetic use of silicone gel with a number of restrictions. Patients with silicone must now agree to imaging studies for the rest of their lives, with a recommendation of an MRI every three-four years.

Since the implants are cosmetic, the open question is who will pay \$1,200 for that MRI.

"It's a good question," Wallace says. "I've had patients who had implants 20 years ago as cosmetic and their insurance paid to have them removed. Others don't."

The concern with silicone comes later in life. Bits of the gel can harden inside breast tissue and under a mammogram look cancerous. Leaking silicone means more biopsies, while a stronger shell means a less-natural look and feel.

Saline always had some advantages over silicone. An empty bag requires a smaller incision to place. That incision could be under the breast at the natural crease of the skin, or to avoid visible scarring, through the armpit. Some surgeons will even place saline bags through a cut to the navel. Once positioned, the bags can be filled through a valve. Since nobody is perfectly symmetrical, implants can be filled with different amounts of fluid to achieve the desired appearance.

The downside, Wallace says, is that the valve is a guaranteed weak point.

### Wolf River Plastic Surgery

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