Supersize me

Why we love the boob job

Melbourne is mad about breast implants. More women are opting for the knife, and the size of the breasts they want is gradually increasing. **Ruth Lamperd** reports

▶ **Looks the part:** cosmetic surgeon Chris Moss, with wife Andrea, admits he's had treatment.

Pictures: MANUELA CIFRA

DR CHRIS Moss has a cupboard full of pert, perfect breasts: silicone and saline, round and teardrop-shaped, light and heavy.

The plastic surgeon glides across his consulting room floor, takes a silicone implant in his palm and jogs it up and down as if weighing its merits.

"These are the gold standard," he declares.

They're squishy "like turkish delight". Leakage is rare and then only limited. If properly installed, they look and feel natural. And, best of all, he says, they change women's lives.

He's dealing with the very core of feminine aesthetics in the one hand and with a scalpel and the carpentry of surgery in the other.

Melbourne is in peak boob-job season. The taboo about unnecessary surgery is well and truly off as more women have the operation. And the size of the implants women are choosing is gradually increasing.

Moss's cosmetic-surgery business is prospering. They come for facelifts and rhinoplasty. But breast augmentation is the most common surgical cosmetic procedure wanted by women. He's booked up 'til March.

"Mostly, people just want to look and feel normal," he says simply, in strong defence of women who have adequate breasts (by all accounts except their own) but want them to be bigger, or smaller, or higher, or fuller.

Apparently they just want to wear "normal" clothes, to not feel the need to look uncomfortably at themselves each time they pass a mirror.

Moss flicks through the plastic sheets in his albums of before-and-after photos. A look of pride flits across his face. His own brag book, evidence of his successes, a compelling sales tool.

At 45, Moss looks 10 years younger. He readily admits he's had treatment, which helped plump out a few age wrinkles. He's the father of three small children with a warm and friendly wife, Andrea — beautiful by necessity, surely, with a husband in Moss's line of work.

Self-assured and confident, Moss talks about breasts with a clinical distance to keep the conversation comfortable, yet with enough ardour to convince you he'd appreciate a good pair when he saw them.

"The female form is very beautiful with beautiful curves. I certainly think a lot about what looks beautiful, what is in balance. You need to know what looks good . . . so in an operation you know where you're aiming," he says.

He laughs when asked if his home's walls are hung with paintings of female nudes. They're not.

He says the demise of the *Baywatch* babes' beachball breasts and rise of the newer, natural-look enhancements are enticing more women to go up a cup size or three.

But breast-implant surgery, for all the glitz afforded it in flippant mentions by movie stars, for all the in-one-day, out-the-next notions pushed by extreme makeover TV shows, is as involved as a knee reconstruction or a tonsillectomy.

There is no glamour in the process. It's a hell of a choice to make for bigger breasts. Surgery is surgery and it carries risks — from simple complications to rare but possible death.

BEAUTY isn't just skin deep, or Emma wouldn't be lying here, at 4pm on a Wednesday in September, anaesthetised on an operating table. This 22-year-old woman is about to have the most serious medical procedure of her life.

Moss hovers nearby as the anaesthetist and nurses finish preparing his patient for surgery.

Under the theatre spotlight beauty is a clinical notion. This person, whatever her loves, fears and vanities, becomes a body with anatomical planes to separate, with blood vessels to preserve and nerves to mark and avoid.

Carpentry with living tissue.

Emma (not her real name) had a country girl's quaint twang and a pair of A-cup breasts that to her looked all right on a skinny teenager, but inadequate on her more rounded, early-20s adult body.

On the operating theatre wall is a clutch of photos, varying angles of Emma's naked upper body. She lies sleeping on the table, her nipples demurely taped flat and black lines drawn to frame her breasts and help guide Moss on his mission.

There are two 4.5cm incisions. The cuts are made at the base of each breast. The skin pulls apart as deeper layers are exposed. Systematically Moss separates the lining from the muscle beneath her breast tissue. A cauteriser — a sharp-pointed instrument like a soldering iron — sizzles during the process. That burnt-flesh smell. It collects at the back of your nose and takes hours to clear.

There is very little blood, a little here and there dabbed away by one of the three nurses on Moss's team. After 10 minutes the first breast is ready to take the implant. It's filled with gauze and left. The preparation process is repeated on the other breast.

Until this point, the surgery seems almost dainty — more electronics than truck mechanics. You wonder how the 315ml silicone, teardrop-shaped implants are going to fit into place through such a small cut.

Moss braces, his feet spread to keep traction. An instrument that looks a bit like a shoe horn pulls open the hole to give him access and he pushes in the top part of the implant.

It squishes gradually into the red split. He needs the force of both his thumbs to work them into place.

You would do well to imagine the effort required to stuff a puffy sleeping bag into an impossibly small carry bag.

The fit is appropriately snug. Emma's incisions are deftly stitched in layers by a surgeon who's done it 940 times. Bigger breasts in one hour.

Even before she wakes and stands,

Pump-ups through time For more than 100 years, women have scaled serious medical heights to go up a cup size

1890s Women are injected with paraffin, but success is limited because of infection and lump formation. Experiments also with glass and ivory.

1895 Fat transplant surgery is performed in Germany, but the fat is reabsorbed.

1940s Japanese prostitutes, to create curves attractive to US servicemen, are injected with liquid silicone.

1950s Experiments with synthetic sponge implants fail because scientists cannot find a man-made substance that has no side-effects.

1962 Frank Gerow experiments with injectable silicone and colleague Thomas Cronin develops the liquid silicone breast implant.

1963 Cronin makes the implants commercially with Dow Corning, producing a thin-walled silastic capsule filled with a runny silicone gel.

1965 Introduction of the saline implant, a silicone capsule containing saline solution.

Mid-1970s Second-generation implants are developed. With a thinner shell wall and slightly thicker gel, they feel softer but the thinner shell causes problems.

Early 1980s Implants have a stronger silicone shell and thicker gel.

1988-1991 US medical regulator (FDA) is notified of problems with early-generation implants.

Early 1990s Fourth-generation implants introduced. They are rounded and contain a more cohesive silicone gel.

1992 FDA imposes moratorium on silicone-gel breast implants.

1993 Fifth-generation implants developed, tear-drop shaped and in high cohesive form.

1994 Plaintiffs win global settlement of $3.5 billion from implant makers. Dow Corning goes into chapter 11 bankruptcy.

2006 FDA lifts its restrictions after studies show no link between silicone breast implants and adverse health affects.

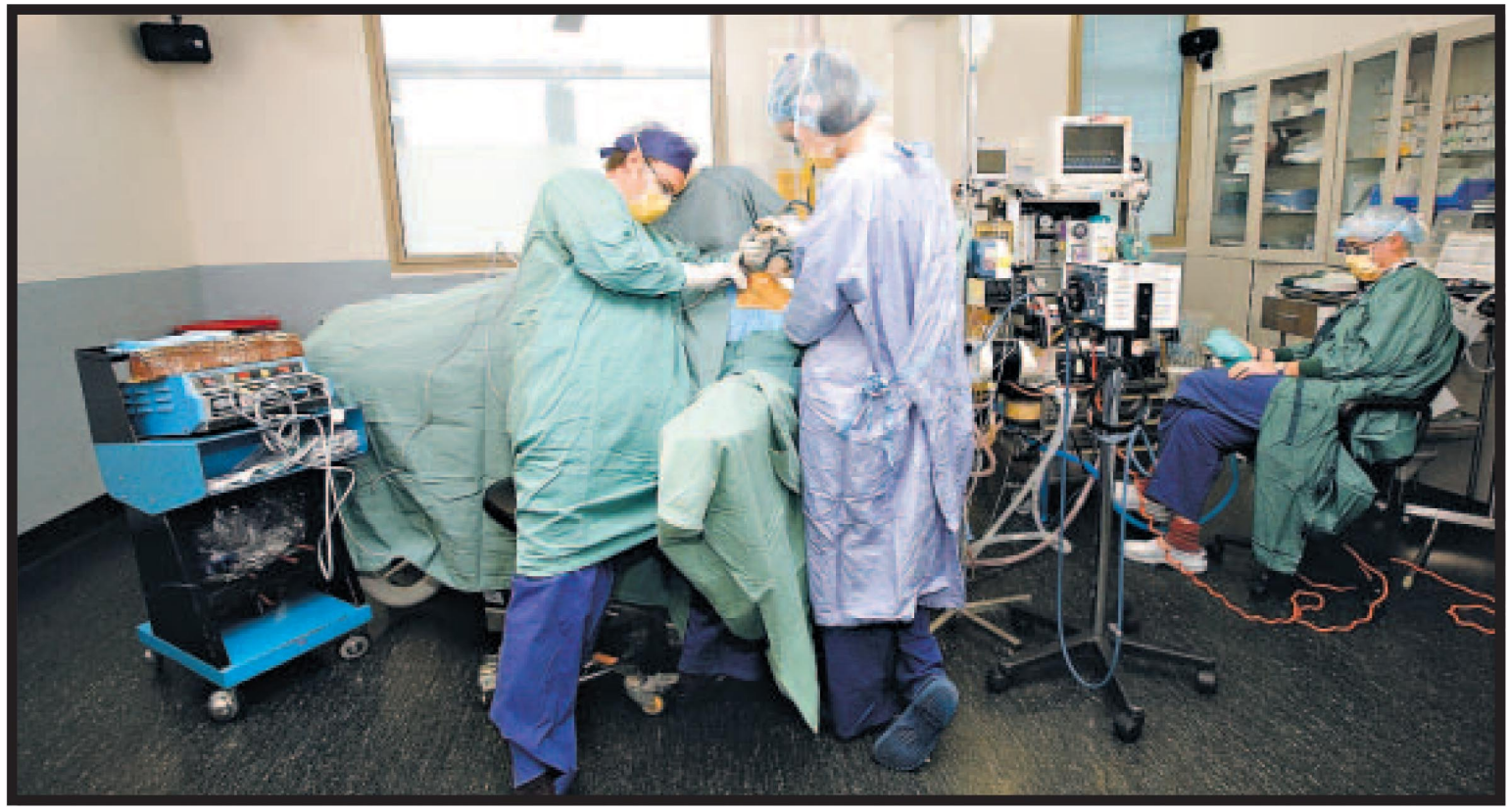
before the healing starts, Emma's breasts look as if they've always been this size. For the first time you might — *might* — understand why women do it.

And though Moss is proud of his record of minimal complications, he cautions there is potential for things to go wrong. This process should not be undertaken lightly, and not by a medic full of unrealistic promises and seeking a quick buck.

There are enough of them — under-trained and over-sold — to bother Moss and other plastic surgeons performing cosmetic procedures. A third of his cases are repairs of surgery gone wrong, done by other practitioners.

Not all surgeons like to talk about this augmentation procedure. Breast implants have received more put-downs than praise since the 1980s.

A scourge of leaking implants, cancer scares, scar tissue, alien-like lumps and collapses and the 14-year query over silicone implants' safety were, if not commonplace, highly publicised.



MOSS, with 16 years of medical and surgical training, is a willing interview subject, wanting to extricate himself from the ivory tower in which plastic cosmetic surgeons seem to have sat.

"We haven't engaged with the public. We've allowed other unqualified people to get in there and engage, advertise and form networks," he says.

He also partly attributes the rise in breast enlargement by underqualified surgeons to the stigma associated with having it done. Glib statements trivialise women's concerns.

"That's been damaging and led to practitioners coming along who weren't necessarily good. It created, if you like, backyard operations."

Moss is responsible for a good many of the bigger "society" busts — actors, dancers, the rich and famous. He's moved his practice to bigger Toorak premises — a building with 30 rooms and parking at the back so his high-profile clients need not be seen.

But the real growth area in breast enhancement is mothers who want their old breasts back.

Sara was one of those. When Moss talks about women who have body-image issues that seriously and negatively affect them, he's referring to women like her.

Sara breastfed two babies for two years each and went from a C-cup pre-pregnancy to "flat as a tack".

"I couldn't stand the sight of myself. I didn't want my husband to see me or touch me. I was upset all the time. I was fine as a mum and a friend, but didn't have it in me to be intimate and feminine and sexy," she recalls.

She spent hundreds of dollars on potions that were supposed to enhance her breasts naturally. They didn't work.

Sara's husband, concerned for her mental state, encouraged her to take whatever steps she felt were necessary to return to her old self.

She filled up stocking toes with rice and packed them into D-cup bras to check the possibilities.

Then she maxed out two credit cards, paid Moss about $11,000, and went up to a DD cup. That was two years ago.

Life has taken a U-turn. She's happy. She's had another baby and is still breastfeeding, without impediment. Her implant was placed under the muscle, so didn't affect milk production.

Stories such as Sara's give Chris Moss great satisfaction. He has no sense that his surgical skills are being wasted on vanity. He regards his work as life-changing.

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"Just because I don't do the acute care car-crash victims need doesn't make my surgery less important," he says. He defends the mindset of women willing to undergo surgery to look better. People who say they'd be better off seeing a psychiatrist than a surgeon, he says, miss the point.

"I can tell you I look after a lot of psychologists who come here to have surgery. They realise that when the problem is about something physical, a physical remedy is very powerful.

"Some women have literally never taken off their clothes in front of their partners. I might look at them and say 'you just have small breasts — plenty of women have small breasts and don't have that concern'. But it's not about that. It's about how they perceive their body to be."

Emma, a month after the operation, says she'd go through the breast implant surgery 10 times over. Her construction-zone bras have been replaced with C-cup bras that her breasts fill. She buys chicken fillets now to eat rather than to plump up a cleavage. Few people knew how small she actually was, so people don't notice she has implants. She wasn't obsessed with having big breasts. She was outgoing and confident. Her parents and boyfriend were "dead-set against" her getting implants, but her friends thought it was a good idea.

"I didn't care about the negative comments. I was doing it for me, no one else. I wasn't shy or ashamed. I didn't have low self-esteem. I just felt my breasts were too small for my hips," Emma says.

She chuckles when she says many friends have since asked to see her new, bigger breasts, to feel them. She's not shy and happily obliges.

Moss and his colleagues are in the midst of the breast implant season.

When the sun comes out, women want their boobs done. Demand for breast-implant supplies spikes between the start of October and mid-December.

"In that period, we sell every week what we would sell in quieter months the rest of the year," says Nic Steventon of Mentor, one of the bigger implant suppliers in Australia.

His observations are as close to a confirmation of a growing market as you'd get in Australia — no one else has useful figures about breast enhancements. The industry is still relatively young and fragmented.

Steventon says every year 10 per cent more women in Australia have implants. And Melbourne is going with that trend. He says 10,000 to 13,000 Australian women are having the procedure each year.

And that doesn't take into account the number of women having breast reductions.

It should be of no surprise. Steventon says Australia spends more on cosmetics — from cosmeceuticals and hair products to breast augmentation and facelifts — per head of population than any other country.

Women in booming mining communities in Western Australia and Queensland are pumping up their bustlines much faster than the national average. There's a lot of spare money there — and it costs $8000 to $12,000 on average.

In confirmation of what southerners always suspected, Gold Coast implant patients choose bigger cup sizes.

"Melbourne is very conservative in its sizes. The Gold Coast is not. Our largest implant is 700ml — we sell them all the time on the Gold Coast. I don't recall selling any in Melbourne."

But, he says, across the board, the average implant size has gone from 275-300ml to 325-350ml.

In general, the bigger the implant, the greater the potential for complications such as reduced breast sensitivity, which Moss says good surgeons can keep to a 1 to 2 per cent occurrence.

HE SAYS partners regularly attend consultations, but it's never they who push for surgery.

"Men tread very carefully when talking about breast implants, generally," Moss says with a wry smile. "Occasionally husbands try to keep the size a bit smaller than what the woman wants."

That's comforting for the women and wise of the men.

Moss may have moved to new digs as economic times get tougher, but as long as women see other women with better breasts filling off-the-rack dresses, they'll keep beating a path to his door.

▲ **Perfect fit:** Moss forces Emma's breast implant into place at his Toorak surgery.

▼ **Cut and thrust of breast surgery:** (below from far left) Moss and his colleagues prepare Emma for the operation; measuring the implant; the silicone implant is inserted. Some force is required; Emma's breasts are stitched over the implants within an hour.