



# Mirror, Mirror on the Wall, Which Breast Is Bigger of Them All

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**Summary:** Symmetry is a topic of utmost importance when interviewing a patient who comes asking for cosmetic surgery. We must warn that asymmetry is “the normal.” There is no perfect symmetry in the human body, and this overstated search can be sign of psychological and psychiatric disorders. Sometimes multiple procedures are needed to improve a breast’s symmetry and appearance. To give an extra intraoperative view, the authors have developed a new instrument to be used during the mammaplasty (reduction or augmentation) surgery. (*Plast Reconstr Surg Glob Open* 2014;2:e105; doi: 10.1097/GOX.000000000000037; Published online 6 February 2014.)

**A**esthetically pleasing and symmetrical breasts are the one of the goals of any breast surgery. According to published data, which represented 60% of American physicians, there was a larger absolute number of malpractice claims arising from the operating room when compared with the emergency room.<sup>1</sup>

Most malpractice claims in cosmetic plastic surgery are not consequences of technical faults but because of inadequate patient selection criteria and lack of adequate communication between patient and surgeon.<sup>2</sup>

Despite differences among studies, the prevalence of body dysmorphic disorder ranges between 7% and 24% in patients seeking plastic surgery. It is characterized by an excessive preoccupation with an imagined or slight defect which takes huge proportions for affected patients.<sup>3,4</sup>

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The search for perfect symmetry is a utopia and delirium from patients psychologically unstable who focus their life in slight body asymmetries. This demand forces the surgeon to seek additional methods to give the patient the “best possible symmetry.”

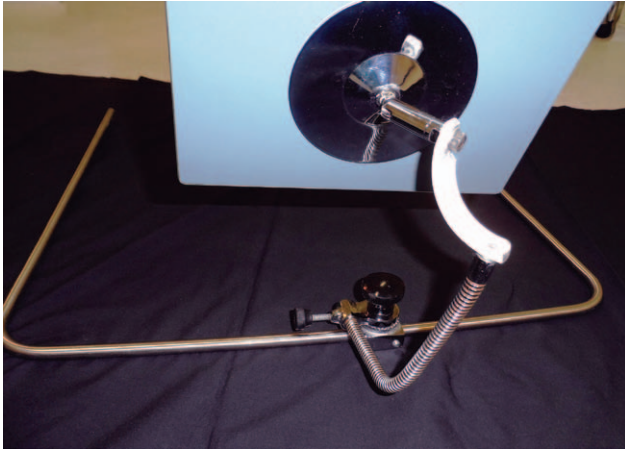
To date, breast assessment has been conducted mainly subjectively, but a validated objective 3-dimensional imaging was developed.<sup>5</sup> During the surgery, the surgeon cannot use this technology but has “to see” these 3-dimensions (the breasts symmetry in height, width, and depth). He or she also must take into account measurements between the positions and shape the areolas and the inverted “T” scars.

We propose a new instrument that allows the surgeon to have a cranial view of the operated breasts, and so they can count on this additional point of view (the view that the patient will have when looking down).

It is composed of a metallic arc to be fixed on the rail, which is attached the surgical table clamps (Fig. 1). On the middle of this arc, there is another lock that latches a flexible vertical metallic bar which enables the mirror to be placed in different heights and angles (Fig. 2). The bench top mirror (bought in regular bathroom products store) measured 24 cm (9.5") of wide by 10 cm (4") in height. These measurements proved to be optimal for viewing all the cranial and medial quadrants of the breasts (Fig. 3).

Symmetry is a topic of utmost importance when interviewing a patient who comes asking for cos-

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**Fig. 1.** Metallic arc to be fixed on the rail attached the surgical table clamps.



**Fig. 3.** The mirror in use in the intraoperative time.



**Fig. 2.** Flexible vertical metallic bar which enables the mirror to be placed in different heights and angles.

metic surgery. We must warn that asymmetry is “the normal.” There is no perfect symmetry in the human body, and this overstated search can be sign of psychological and psychiatric disorders.

Counseling in preoperative (and also in the postoperative time) is of extreme value once the discerning eye has repeatedly been demonstrated to be able to detect smaller asymmetries.<sup>6</sup>

Sometimes multiple procedures are needed to improve a breast’s symmetry and appearance. To give an extra intraoperative view, the authors have developed a new instrument to be used during the mammoplasty (reduction or augmentation) surgery.

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