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One of the most frequently asked questions in breast surgery is about the difference between round and anatomical implants.

I always explain to my patients that it is possible to achieve excellent results with both but indications for round or anatomical implants are different.

When we talk about breast augmentation the choice of implant highly depends on patient's preferences and body type. If the patient's dream is to have naturally looking breasts, anatomical implants will provide teardrop shape, which corresponds to normal breast anatomy. It creates smooth upper pole and overall non-operated look. **Fig 1.**

If the patient's main concern is about fullness of the upper pole, then round implants can do a better job. Having good volume of breast tissue always comes as an advantage as it provides better cover for an implant. In thin patients with small cup size choice of round implants can have a higher risk of unnatural upper pole contour.

It works slightly different when it comes to breast lift with implants. Most of these patients do have enough breast tissue to cover the implant and the extra fullness of the upper pole is normally desired, therefore for those cases I use round implants frequently. **Fig 2.**

Patients usually would like to know what happens if anatomical implant rotates. This is true that round implants do not have this issue, because even if they rotate it does not change the breast shape. However I believe avoiding anatomical implant rotation is a question of surgical technique. If the



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Breast Implants: Anatomical or Round?

pocket for anatomical implant is adjusted well to the size of the implant it is very difficult for the implant to rotate. The patient is always advised to wear a special supportive bra with upper strap, which holds the implant in place for at least 4 weeks after surgery. Properly adjusted implant pocket and holding bra are usually enough to prevent rotation.

In treatment of congenital abnormalities such as tuberous breast, special anatomical implants with slightly firmer middle pole can maintain breast shape better. In many of these cases the surgery is performed in two stages, starting with tissue expander and exchanging it for an implant when the desired breast volume is achieved.

In patients who are having implant based reconstruction after mastectomy there is only skin and muscle available to cover an implant, therefore anatomical moderate projection implants in my opinion provide the best outcome.

In summary we are living in great times where all the types and shapes of last generation implants are available, therefore choosing wisely for each case gives all the chances to achieve an excellent result even for the most difficult and challenging cases.

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Fig 1. Breast augmentation with anatomical implants.

Fig 2. Breast lift with round implants.

