ALGORITHM FOR CORRECTING POSTOPERATIVE BREAST DEFORMITIES WATERFALL (OR SNOOPY BREAST) OR "BALL IN SOCK" AND ITS PRACTICAL APPLICATION

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Summary

Introduction. In modern plastic surgery, one of the most popular and frequently performed operations is augmentation mammoplasty (breast enlargement) - as of 2023, more than 10 million women around the world have breast implants.

However, despite the use of modern technologies, the results of breast augmentation plasty are not always satisfactory. Quite often, after the implant is installed, especially in combination with mastopexy in the postoperative period, its deformation and various postoperative complications occur. The development of the complication depends on many reasons: the technique of the operation, the features of the anatomy and physiology of the patient, the types of implants, previously undergone operations, the body's reaction to the implant, on the competent behavior of patients after surgery, the clear implementation of all recommendations.

The high percentage of recurrence of ptosis and the short-term aesthetic effect of mammoplasty testify to the relevance of improving not only the technique of surgical intervention, but also methods of detecting complications, as well as objectifying their assessment, severity and significance. Therefore, the surgical solution to the issue of developing algorithms for the correction of postoperative deformities of the mammary glands in this category of patients becomes extremely important.

The purpose of the study. To systematize and develop algorithms for the correction of postoperative deformations of the mammary glands by the type of "waterfall" and "ball in the sock"; to characterize key surgical techniques for the correction of various types of postoperative deformations of the mammary glands by the type of "waterfall" and "ball in the sock" according to the developed classification.

Materials and methods. 290 patients with secondary postoperative breast deformities were examined and operated taking into account the proposed classification of deformities. Observation of patients in order to assess the recurrence of deformity and identify its causes was carried out for 18 months.

Results and their discussion. The division of postoperative deformations "waterfall" (snoopy breast) into 4 types and deformations "ball in the soce" into 2 types, where the main characteristics and key surgical techniques of correction are described.

Table. 1. Distribution of patients depending on the type of breast deformities according to the proposed classification

In all		**Абс.**	**%**
Breast deformity of the "waterfall"	1 type	29	14,7
	2 type	142	72,1
	3 type	10	5.1
	4 type	16	8.1
In all		**197**	**100,0**
Breast deformation of the "ball in the sock"	1 type	78	83,9
	2 type	15	16,1
In all		**93**	**100,0**

Observation of patients operated on for waterfall-type deformities, carried out for a year and a half, revealed a partial recurrence of deformity (secondary ptosis) in 8 patients (4.1%): in 7 patients (3.5%), the cause of relapse is most likely regular weight changes (with fluctuations of 5-7 kg per year); in 1 patient (0.5%), secondary deformity developed after pregnancy, childbirth and lactation (pregnancy early after surgery). There was no recurrence of implant dystopia.

Observation of patients operated on for breast deformities of the "ball in the sock" type, carried out for a year and a half, revealed a partial recurrence of deformity (secondary ptosis) in 3 patients (3.2%): all three were installed smooth implants - a repeated correction was made according to the declared recommendations with replacement with textured implants - no relapse was observed.

Conclusion. Thus, plastic operations on the breast in the form of augmentation mammoplasty with mastopexy can be complicated by the development of postoperative and delayed deformations such as "waterfall" or "ball in the sock".

The proposed algorithms for correcting the types of deformations facilitates the planning of the secondary operation, outlines the phasing in the correction procedure.

Understanding the problem allows the surgeon to plan an appropriate corrective operation and minimize secondary postoperative aesthetic complications.