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IDEAS AND INNOVATIONS

Triangulation: a technique for maintaining perioperative symmetry in aesthetic breast surgery

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Abstract The aim in aesthetic breast surgery is to achieve the ideal breast shape while maintaining the symmetry. There are multiple studies in all aspects of aesthetic breast surgery focusing on the preoperative markings and technical details of the procedures to achieve the ideal breast shape; however, to our knowledge, there are no recommendations in the literature mainly focusing on how to maintain the symmetry perioperatively other than operating while the patient is in semisitting position. Herein, we present a simple, practical, and a reliable technique to maintain the symmetry in any aesthetic breast surgery.

Keywords Triangulation · Breast surgery · Symmetry

Introduction

The aim in aesthetic breast surgery is to achieve the ideal breast shape, while maintaining the symmetry. Even though a breast shape is considered ideal when it has a round configuration from the frontal view, a conical profile, superior fullness, firmness, and nipple that points forward, slightly upward and outward, with the nipple at or just above the inframammary fold [1], the concept of ideal breast shape may differ among the patients and even among the surgeons; however, the importance of symmetry in aesthetic breast surgery is universally accepted.

There are multiple studies in aesthetic breast surgery focusing on the preoperative markings and technical details of the procedures to achieve the ideal breast shape; however, to our knowledge, there are no recommendations in the literature mainly focusing on how to maintain the symmetry perioperatively other than operating while the patient is in semisitting position.

Herein, we present a simple, practical, and a reliable technique to maintain the symmetry in any aesthetic breast surgery.

Technique

The patient is positioned flat on an operating table, arms equally abducted from the body on each side. A 3–0 monofilament suture is placed on both the sternal notch and subxyfoid areas the in midline, leaving the suture's entire length intact to accommodate for larger size breasts. The smaller needles are preferred, and careful attention is paid to place the suture on the thin neck skin, one finger breath above the sternal notch, to prevent possible keloid formation, which is more common on the skin superficial to the sternum. Tying the suture loosely not to traumatize the skin and removing the suture as soon as the procedure is done further help to minimize the keloid formation.

These sutures are then crossed and twisted two or three times on each other, creating a triangle. The inferior wall of this triangle is the imaginary line between the sternal notch and subxyfoid suture origin, and the lateral walls are made by the sutures. The triangle is initially created with the

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Fig. 1 The triangle is created according to point of interest (*right nipple*)

Fig. 2 The triangle is reflected to the opposite site, and the corresponding point of interest (*left nipple* position) is marked

lateral walls short; then, using a hemostat clamp, the tip of the triangle (where the two sutures cross) is adjusted and placed on the point of interest (Fig. 1). The tip is then clamped to fix the shape of the triangle, and by maintaining the same tension on the sutures, the triangle is reflected to the opposite site, and the corresponding point of interest is marked (Fig. 2). The same maneuvers are performed for different points to achieve the symmetry in multiple levels.

Discussion

Achieving the symmetry in any aesthetic breast surgery is one of the most important factors that will determine the level of patient satisfaction. That is why the preoperative markings are the key steps of any aesthetic procedure. However, it may be difficult to keep all the markings intact after the skin preparation and especially after the blood stains the operating field following the skin incisions. Although there are multiple reports addressing the preoperative markings and the surgical technique itself to achieve aesthetically good results, there are no studies addressing how to maintain the symmetry perioperatively.

The triangulation technique is simple with a short learning curve, practical that can be applied at any breast surgery, and reliable. It does not require any special instruments other than two sutures, and it is not time consuming. The only potential complication may be keloid formation at the suture sites. The senior author has been using this technique for over two decades and never encountered this complication (Vasconez, personal communication); however, it remains a remote possibility. This potential complication may be minimized by placing the sutures one finger breadth above the sternum, and one finger breadth below the xyfoid, where the skin is relatively thinner. Using a 3–0 or smaller size suture with a small needle (preferably P3 needle) and tying the knot loosely to prevent the skin damage may all minimize this complication.

With the above advantages and lack of any disadvantages, we recommend using the triangulation technique in any aesthetic breast surgery to maintain perioperative symmetry.

References

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