

# Principles and practice of breast augmentation

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Comparison Essay Merits and Demerits of breast augmentation for both Mastectomy and Non -Mastectomy patients Breast augmentation remains as one of the most commonly performed surgeries in the United States. Breast augmentation popularity has constantly been on the rise over the years from both mastectomy and non mastectomy patients. This paper will hence discuss the merits and demerits of breast augmentation for both mastectomy and non-mastectomy patients (Shiffman, 2008).

Breast augmentation benefits mastectomy patients since it improves their self esteem. Patients that underwent mastectomy often have low self esteem due to the feeling of losing a part of their body. In the society, women have always been identified with their breasts. Breasts often are used for sexual and maternal purpose (Shiffman, 2008). Women that undergo mastectomy end up deprived of the chance to enjoy life. Breast augmentation therefore offers them a second chance to regain their self esteem and even walk in the society freely knowing they would not be discriminated. In contrast, improvement of self esteem in non-mastectomy patients might be short lived since the breast augmentation might have been performed due to a totally different reason. Mastectomy patients often get breast augmentation surgeries for medical purpose in order to correct the deformities they possess, whereas non-mastectomy patients may have opted for breast augmentation perhaps due to career advancement.

Breast augmentation remains beneficial to women post mastectomies since it reduces stress levels. Shiffman (2008) posit that losing a breast during mastectomy often impacts negatively on women's stress levels. Therefore, breast augmentation in mastectomy patients gives the women chance to erase the negative perception they had for their bodies post-surgery. The <https://assignbuster.com/principles-and-practice-of-breast-augmentation/>

change in perception regarding their body according to Bruning (2002) might be the reason behind reduction in stress levels in such patients. Bruning (2002) insists that there is reduced likelihood of cancers remitting when stress levels remain low. In the contrary, in as much as non-mastectomy patients may get breast augmentation, a little of it is for the benefit of reducing their stress levels.

Breast augmentation in mastectomy patients always leads to a reduction in the way they utilize health care systems. Mastectomy patients often pose the risk of developing subsequent conditions that might be detrimental to the women's wellbeing and health. In accordance to Shiffman (2008), stressed mastectomy patients have an increased tendency to develop heart diseases like hypertension, diabetes, ulcers, hair loss, depression and obesity among others. Mastectomy patients that develop such secondary diseases often end up overburdening the health care system. In accordance to Bruning (2002), breast augmentation after mastectomy improves the self image of the woman which contributes positively towards reducing stress levels and hence subsequent reduction in visitation to health care facilities. In contrast, non-mastectomy patients often undergo breast augmentation not to reduce the number of health care visits. The non-mastectomy patients stand a high risk in visiting the hospitals more than the patients after mastectomy since they are often uneasy with their new breast implants.

In conclusion, breast augmentation remains totally beneficial to mastectomy patients than non-mastectomy patients. Breast augmentation has proved to be beneficial in reducing stress levels, reduce the number of hospital visits and improvement of self-esteem (Bruning, 2002). From the research findings, breast augmentation in non-mastectomy patients often have <https://assignbuster.com/principles-and-practice-of-breast-augmentation/>

different reasons rather than the beneficial benefits it accords to mastectomy patients.

#### References

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Shiffman, M. A. (2008). *Breast Augmentation: Principles and Practice*. New York: Springer.