

Beauty

Breast Surgery, Augmented



Is “internal bra” surgery
the stuff that *braless dreams*
are made of?

By Kathleen Hou

There's a \$65 candle inspired by a unique feeling (and it's not love). Scented with bamboo and thyme blossom, it's meant to capture the euphoric sensation of arriving home after a long day and flinging off your bra—move over, Baies, it's all about Braless. That elusive feeling is difficult enough to evoke in a candle, but a surgery? Yet that's what the “internal bra,” a procedure that's become more popular in recent years, might bring to mind—perhaps along with the lyrics to *Wicked*'s “Defying Gravity.” In actuality, doctors offer more nuance on the subject.

The “internal bra” refers to the process of surgically inserting a material into your body for breast support—sometimes called “mesh” as shorthand, although that's not a scientific term, explains Rady Rahban, MD, a plastic surgeon in Beverly Hills. A more accurate term might be “scaffolding.” Surgeons can find the approach helpful in a variety of breast surgeries, ranging from breast lifts (mastopexies) to reductions, reconstructions, or augmentations, in helping to preserve results for a longer period of time.

“Listen, this is serious, Kathleen,” plastic surgeon Bruce Van Natta, MD, tells me over the phone from his office in Indianapolis. “I've got patients in their seventies that we've done breast lifts on, and they don't need to wear a bra.” William P. Adams Jr., MD, a Dallas plastic surgeon, adds that

documenting its risks and results. However, the FDA has not cleared or approved ADM for breast reconstructive surgeries, and advises that patients may have a higher chance for complications.

Unlike the choice between lace or silk, both types of “matrices” must be assessed differently. ADM has a potential ick factor (as Los Angeles plastic surgeon Steven Teitelbaum, MD, says, “There's just [about] nobody who says, ‘Oh fine, put pig skin in me’”) and can be more expensive than GalaFLEX. Surgeons can also use ADM to help fix capsular contracture, a potentially painful and disfiguring buildup of scar tissue that happens in about 5 percent of implant surgeries.

ONE OF THE DOWNSIDES OF both materials is that some thinner patients can sometimes feel it under the skin. But Teitelbaum finds GalaFLEX of particular benefit when doing transgender breast augmentations, as it helps to lock in the bottom of the implant, and has been using the substance in some other types of cases. “I didn't think you needed it,” he says of being an initial skeptic. “I thought my patients were so happy, why would I want to put that in? But then I saw [Van Natta's] presentation [showing his results with and without it], and I said, ‘His long-term results are better than mine. I've got to do better.’” GalaFLEX LITE is a new iteration that is even

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while effects are not permanent, adding a so-called internal bra to a breast surgery “probably doubles the length of time that something lasts.” Both doctors were part of the initial U.S. pilot program for a substance called GalaFLEX.

A biologically-derived absorbable polymer—the same material as some types of sutures—GalaFLEX can be shaped to appear almost like a mesh demi-bra. According to GalaFLEX, over a period of between 18 and 24 months, the scaffold encourages new healthy tissue to be produced. That tissue can be two to four times stronger, meaning “we've got much more robust support,” Van Natta says. (GalaFLEX is FDA-cleared for abdominal hernia repair; in the breasts, its use is considered off-label, and GalaFLEX notes that it has not been cleared or approved for usage in breast surgery. The FDA has not determined the safety and effectiveness of surgical mesh in breast surgery. It is not to be confused with transvaginal mesh, which the agency banned in 2019.)

Another material surgeons use is acellular dermal matrix (ADM), which is taken from living tissue, generally from a cadaver or a pig, and then chemically treated, or “washed,” of its cells. New York City plastic surgeon David Hidalgo, MD, says ADM is “felt-like” in feel and acts like a trellis does for flowers. “The scaffolding serves as a matrix, which tissue adheres to,” Hidalgo says. ADM has been used in soft tissue repair for decades, and there have been a number of studies

more pliable and drapable, and Van Natta believes it could one day be an “absolute perfect product” for the neck area.

Even if they aren't personal fans, some surgeons see the benefit in ADM and GalaFLEX. Beverly Hills plastic surgeon Garth Fisher, MD, says, “It can be ideal for some patients and surgeons, but not for me. I believe in my practice, and my techniques. The material [can] add some benefit, but [also comes] with some significant downsides that dissuade me from using it.” And calling anything an “internal bra” may be a stretch. Hidalgo considers the term to be a bit of a marketing strategy. “The notion of a structural internal bra is—well, *fantasy* is too strong a word, because it may prove to have some value,” he says. He does use ADM in his practice, but considers the material too flimsy to produce bra-like results.

All the surgeons agree that an “internal bra” procedure is not a lifestyle choice, something for those who are hoping to simply toss out all their underwires. The approach could be viewed as a potential bonus for a patient who is already considering certain types of breast surgery. Van Natta says, “If somebody doesn't need a lift, then they wouldn't need GalaFLEX.” Melinda Farina, founder of the plastic surgery consultancy Beauty Brokers Inc., says, “I have a lot of young girls who come in and they're like, ‘I want the internal bra. I never want to wear a bra again.’ And I say, ‘No, no, that's not what it's really for.’”