

Breast implants come up bust in medical field

by Kimberley McGee

The Food and Drug Administration has revealed that studies conducted on silicone gel implants were inadequate and has called a moratorium on breast implants.

The FDA panel will meet again Thursday, to discuss reports of women who have had silicone gel breast implants and have then developed problems such as autoimmune disease in which the body develops a heightened immune system that attacks anything foreign in the body. The panel will also review the safety of implants and if they should stay on the market, as well as propose guidelines for the women who already have the breast implants.

One women's nightmare started four years ago as a re-

sult of fibrocystic tissues that built up in her breasts. Jennifer, (not her real name), a UNLV student, received silicone gel implants due to a necessary mastectomy in 1988.

"I went into it with trust. It never occurred to me that I would have these regrets," Jennifer said.

The 5 hour operation involved complete reconstructive surgery. Jennifer's breast tissue was completely removed. An incision was made in the pectoral muscle and the silicone gel implants were inserted. The muscles then stretched over time, usually 3 to 5 weeks, to fit the implants.

Another option for those considering the breast implant

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operation is offered that involves two initial operations for the implants. First, the breast tissue is completely removed and the pectoral muscle is cut from the chest wall. A stretcher is placed inside this "pocket" and the operation is finished. Over the next six weeks, the stretcher is filled with injections of saline until the desired size is achieved. The stretcher is then surgically removed and a breast implant inserted. Some women decide not to have this second operation due to the satisfaction with the saline filled stretchers, which were made to be temporary.

Jennifer's first doctor wanted to plan the surgery right away.

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"He told me the minimum of what it was all about. He was very 'gung-ho,'" Jennifer said.

She sought another opinion and felt much more comfortable with the way the second doctor handled her situation. "She (the doctor) gave me more facts, the pros and cons," Jennifer said. "The male doctor (focused) on giving me beautiful breasts while the female doctor made me feel comfortable and informed."

Since the operations, Jennifer has had some painful problems. One implant encapsulated which caused her another surgery to have the defected implant and the scar tissue removed. Then, another implant was inserted. This resulted in the ongoing muscle wall deterioration causing a high probability of having the implant removed again.

"I don't know what they would put in... but if women had no options, well, I just can't grasp that," said Jennifer. "My breasts don't define me, but I would feel like an amputee if they were to be removed."

The brand of implants which Jennifer received has since been pulled off the market.

Dow Corning, the leading maker of silicone gel breast implants, said they do not believe any evidence against the company will be revealed in upcoming reports of studies concerning implants.

"I think the scariest part is that I have lost faith in the medical industry and their honesty," Jennifer said.

The Food and Drug Administration stresses regular exams for all women, but especially those with silicone gel breast implants.

New Health Center course helps answer questions

by Karen Splawn

Student health educator Ray Rodriguez had to fit himself into stirrups to prepare for a new class.

Does this sound weird? Well, not from his point of view.

Rodriguez teaches a one-hour, 35-minute reproductive health seminar at the Student Health Center, which covers anatomy and physiology, the menstrual cycle and all available birth control methods. The seminar is mandatory for any woman receiving a pelvic examination.

Before the new class, sexual health information would be taught by nurses to individual

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patients. Rodriguez thought that took up too much time, and felt there had to be a better way. He looked at programs at universities like his alma mater, the University of Maryland, for inspiration on how to start a reproductive course at UNLV.

The thought of a man lecturing on some of the most intimate feminine matters might make women uncomfortable. To break up the tension Rodriguez tells jokes and informs everyone attending that he under-

went a mock examination, which included lying on the table and putting his feet into those dreaded stirrups.

"Women sometimes are not prepared to have a man talking about this (sex)," he said. "There's a different point of view from a male." Men, incidentally, are more than welcome to attend the course.

"We've had a few come in already," he said.

He also lets people know that they don't have to ask any

questions if they don't want to. "I'm not making any assumptions about them, whether they're gay or not, or even if they have sex," he said.

One drawback to the course are the many misconceptions students have about birth control, Rodriguez said.

One woman told him that she and her boyfriend practiced the best kind of contraception—withdraw before ejaculation. Others said condoms weren't necessary because everybody knew the pill prevented sexually transmitted diseases.

Rodriguez said he wasn't really surprised by the responses. "I hear it quite often,"

he said.

He pointed out that several students at UNLV died of complications from acquired immune deficiency syndrome, while others have tested positive for AIDS virus. About 10 percent of pap smears conducted on campus test positive for chlamydia, which can cause infertility. The course helps students see through the haze of contraception rumors, Rodriguez added.

The seminar is taught Monday, 9 to 11 a.m., Wednesday, 12:30 to 4:30 p.m. and Thursday, 1 to 3 p.m. and is free by appointment. For more information, call 739-3370.



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