

PLASTIC SURGEON
P O D C A S T

w/ Dr. Javad Sajan

DR. ALEXANDRA KOHLES

Dr. Javad Sajan 00:01

Ever wondered what motivates people to get plastic surgery? Do they regret it? What can we learn from the stories of plastic surgery patients? I'm **Dr. Javad Sajan**. This is the Plastic Surgeon Podcast. Welcome to the Plastic Surgeon Podcast where we listen to real plastic surgery stories of triumph and pain from real patients and providers to further understand the motivations of why they would risk their life under the knife. I'm **Dr. Javad Sajan** and today we are so excited to have **Dr. Alexandra Kohles**. Alexandra is a physician. She's going to share her amazing story with us of plastic surgery and revision plastic surgery. Alexandra, welcome to the show today and we're so happy to have you.

Dr. Alexandra Kohles 00:57

Thank you very much for inviting me.

Dr. Javad Sajan 00:59

She is one of my patients She's an amazing person. I've had the privilege of getting to know her. We're going to talk about her story today. To give you all an overview, Alexandra had surgery when she was 26 in Chile. Then, she moved to America, got married. And, she came to me for revision surgery that we'll chat about. I did two revision surgeries for her. Today, we're going to understand her motivations, her why, and gain a lot of information from her experience. So, Alexandra, and you--I remember when we were chatting earlier, you told me you had breast augmentation done in Chile? And, when you were about 26 years old, is that right?

Dr. Alexandra Kohles 01:34

Yes. So, to put it in context. And, why did I do the surgery back then when I was 26? It was--I'm the--I have two more sisters. I'm the middle child. And, if you see my sisters, I have one that looks like Selma Hayek and the other one looks like Sofia Vergara.

Dr. Javad Sajan 01:58

Mm hmm.

Dr. Alexandra Kohles 01:59

So, I grew up with that. Very voluptuous, gorgeous women. And, I was more into the petite and more athletic kind of built in. And, it was not an issue. When I was in high school, I think I-I was confident enough. It was later in life when I had a long relationship with someone and I think that that that person transferred his insecurities to me.

Dr. Javad Sajan 02:33

Really? Tell me, what insecurities did he have?

Dr. Alexandra Kohles 02:35

So, he was a very--How can I say this? He had--he was very handsome for Latin American standards. And, I think he wanted, I think they made it in a way, I think I challenged him intellectually.

Dr. Javad Sajan 02:45

Mm hmm.

Dr. Alexandra Kohles 02:55

So, I think that in a way it was I cannot say in order not to say something bad about someone.

Dr. Javad Sajan 03:08

Say what you're comfortable.

Dr. Alexandra Kohles 03:09

Yeah. Oh, well, the thing is that I think it was a very long relationship. And I--

Dr. Javad Sajan 03:14

How long was it?

Dr. Alexandra Kohles 03:15

For six years.

Dr. Javad Sajan 03:15

Oh wow.

Dr. Alexandra Kohles 03:16

It was almost when I was almost done with my med school.

Dr. Javad Sajan 03:21

Okay, so you met him in college and then the relationship continued?

Dr. Alexandra Kohles 03:23

I met him in college. And, the thing is that because med school in Chile is seven years.

Dr. Javad Sajan 03:29

Mm hmm.

Dr. Alexandra Kohles 03:30

And, most of the other careers are five, he was done and working.

Dr. Javad Sajan 03:34

What did he do?

Dr. Alexandra Kohles 03:35

He, he was, he studied business.

Dr. Javad Sajan 03:39

Mm hmm.

Dr. Alexandra Kohles 03:39

So, he used to--Well, he started, I think he's still in the financial business. I think.

Dr. Javad Sajan 03:44

Are you still in touch?

Dr. Alexandra Kohles 03:46

No, I'm not. But, the thing is that I think that he was, he wanted to be this, this very handsome and kind of a womanizer

kind of guy. He was. So, I and I have never been that way in order I, I think that aesthetically, a woman should look their best. But I think that also you have to embrace your own personal characteristics. And, I think that I had I was confident enough with the way, the way I was built and the way I dress. But, for example, there were and I think that all women have suffered this at some point with not the right person that you have and not in and also not the right time. I was very stressed in med school, as you might know.

Dr. Javad Sajan 04:36

Yeah. Yes.

Dr. Alexandra Kohles 04:38

And, you're going to through a phase where your studies are more important than probably the way you look. And, I think that he was on a different stage in his life where he wanted everything to be perfect. He was very, so, for example, if I was--if we were going out and I tried to look my best, there are so many ways he was, "Ah, you look beautiful. But--" You see?

Dr. Javad Sajan 04:41

So, you think he was focusing on what wasn't right instead of what was right?

Dr. Alexandra Kohles 05:08

Yeah, but I also at the same time I think that it was his own insecurities.

Dr. Javad Sajan 05:12

Right. What would he say? Would he say like oh you, you know, "Your dress don't fit right. Your makeup is off?"

Dr. Alexandra Kohles 05:16

Well, he would, he would tell me like in the in that--Yeah, he would he would like it if I had more breasts.

Dr. Javad Sajan 05:24

He would say that?

Dr. Alexandra Kohles 05:25

Oh yeah.

Dr. Javad Sajan 05:25

How would he say that? How do you tell that to someone?

Dr. Alexandra Kohles 05:27

Um, he would say for example, if we were going to the beach and I was wearing some sort of swimsuit, and he would--I would notice that he was looking around to people who had--females who had more breast. See--

Dr. Javad Sajan 05:42

Oh. And, you would ask him, "What are you looking at?" Or something like that?

Dr. Alexandra Kohles 05:44

No, I wouldn't. That's the thing with me. I, I would, I would acknowledge it, but because I was so confident in myself, it didn't bother me.

Dr. Javad Sajan 05:52

So, how would he say it? He would just randomly tell you?

Dr. Alexandra Kohles 05:55

Oh, yeah, very honestly. And the thing is that I think--

Dr. Javad Sajan 05:58

You say honestly, do you think that was mean or malicious? Or was it honest?

Dr. Alexandra Kohles 06:03

I don't think it was malicious. I think that it was the way probably he was raised. Because you also have to, you also have to see the background where these comments come from. And, I never took it personally until he broke up with me, you see? And, then when, when they break your heart, then you start, start looking at the history that you had with that partner.

Dr. Javad Sajan 06:29

Mm hmm.

Dr. Alexandra Kohles 06:29

And, then you're saying, because you feel like, "What else could I have done?" But then in introspective is, it's not what I could have done it's "This was not the right person for me."

Dr. Javad Sajan 06:42

Then, you say background. You mean that's how his family was?

Dr. Alexandra Kohles 06:46

I think culturally. I think culturally, men--

Dr. Javad Sajan 06:49

This is in Chile?

Dr. Alexandra Kohles 06:50

This is in Chile. I think Latin American men expect a certain type of women like body shape. And, probably, that you have to dress up, that you have to put makeup. And, and, women also it's I think it's built in the culture. I think not any-more though. I have, I have I see it now with my nieces--

Dr. Javad Sajan 07:12

Mm hmm. Mm hmm.

Dr. Alexandra Kohles 07:13

--that live there and it's--everything is shifting. To, for the good, for the good of womanhood.

Dr. Javad Sajan 07:19

Yes.

Dr. Alexandra Kohles 07:19

I think but also, for example, in this is, this is what the difference--I think between Latin American culture and this, this toxic masculinity is that it is spoken it is out there.

Dr. Javad Sajan 07:35

Mm hmm.

Dr. Alexandra Kohles 07:35

Women know about it. When I moved here to the States, everything was like "Oh, no, we're not that way" manner. But, then you are the only country--this is the thing. My country elected twice a woman president.

Dr. Javad Sajan 07:50

Mm hmm.

Dr. Alexandra Kohles 07:51

You see? We do have CEOs in our companies who are female. And here? You don't, or it's a minimum. You see? So, I think that in here, it's not out there yet though.

Dr. Javad Sajan 08:05

Yeah, I know. I know what you mean. And I think things have changed a lot with more of the hidden culture coming to light, especially with the recent political things.

Dr. Alexandra Kohles 08:15

Yes.

Dr. Javad Sajan 08:16

Now, you were in medical school, and this gentleman broke up with you. Was in your last year of medical school or were you--?

Dr. Alexandra Kohles 08:21

It was when I was entering residency.

Dr. Javad Sajan 08:24

Okay.

Dr. Alexandra Kohles 08:25

Well, we call it internship, which is two years there, but it's basically residency.

Dr. Javad Sajan 08:30

And, did he break up with you for a reason? Did he tell you I'm not happy with your shape or your look?

Dr. Alexandra Kohles 08:35

No, I think that he broke up with me because this is what happens. I think he wanted to--because this was a long relationship--and I think he wanted to be with other women probably. Before before he settle, because after the year, he came, well, he, he tried to reach out to me, you see.

Dr. Javad Sajan 08:56

Did he ever cheat on you or hit you?

Dr. Alexandra Kohles 08:58

Well, later on in life, I knew that he was. No, he never hit me.

Dr. Javad Sajan 09:02

Mm hmm.

Dr. Alexandra Kohles 09:02

No, it was not in that kind of relationship. I think he did it everything. I think he had a double--I wouldn't say a double life. But, I think that what he showed me was different than what he was actually doing.

Dr. Javad Sajan 09:16

So, he was a cheater?

Dr. Alexandra Kohles 09:17

He was a cheater. Oh, yeah.

Dr. Javad Sajan 09:19

And, then you were done with him. He came back. Probably came crawling back missing you.

Dr. Alexandra Kohles 09:23

Well, I don't know if he came crawling. But then. So in the year where, where all of this was, after he broke up with me. And, then in that year, I met my husband. So, so, when he returned, I was dating my husband.

Dr. Javad Sajan 09:39

Yeah.

Dr. Alexandra Kohles 09:40

So--

Dr. Javad Sajan 09:41

Then, when did you start thinking about having? You had,--your first surgery was a breast augmentation in Chile?

Dr. Alexandra Kohles 09:45

So, it was right after we broke up.

Dr. Javad Sajan 09:49

Mm hmm.

Dr. Alexandra Kohles 09:49

Because I was, as you know, they break your heart its your first love. It's your and you're, you're in your 20s where every-

thing is more idealic you're saying. And, then I decided, you know what I "Yeah, I think that it's time for me to get this surgery." I was not happy with my breasts. But, I I think that this gave it a little push. And, also I was, I said, "I'm 26 I--it's not--nothing is going to change it." I'm very athletic and I do a lot of go to gym and stay--in order to stay healthy. And, this was not something that that will do it.

Dr. Javad Sajan 10:28

Did your family know you were gonna have this done? Or were you keeping it really quiet?

Dr. Alexandra Kohles 10:31

No, my family--actually my family was very supportive.

Dr. Javad Sajan 10:34

That's awesome.

Dr. Alexandra Kohles 10:35

Oh, yeah.

Dr. Javad Sajan 10:35

Mom? Dad? And your sisters?

Dr. Alexandra Kohles 10:37

Oh, yeah. Yeah, they didn't. My mom and dad. They they said, "But, why if you're so beautiful?" Kind of like they couldn't understand it until I told them that I was trying to fill the void that I had for a long time. But, also I wanted to change my body. I wanted to reinvent myself. It was more than just having big breasts. It had to do with the image I wanted to see in the mirror and to lift my self esteem.

Dr. Javad Sajan 11:08

And, you had the surgery done? You found--how did you find your doctor there?

Dr. Alexandra Kohles 11:12

So, my doctor, I found because he was one of the doctors that was doing--. He was a plastic surgeon who was the chief of the burn unit in one of the hospitals that I rotated.

Dr. Javad Sajan 11:28

You asked around? People said good things, I'm sure.

Dr. Alexandra Kohles 11:30

Oh, yeah. So, I had a friend of mine that did a surgery with him and she was super happy with the results. And so I said, "Okay, so probably this is the guy that I should go and see."

Dr. Javad Sajan 11:44

Did she have a breast augmentation by him?

Dr. Alexandra Kohles 11:46

She did have a breast augmentation, yes.

Dr. Javad Sajan 11:47

Okay. And, then, you went for surgery with him. How was your consultation?

Dr. Alexandra Kohles 11:51

So, my consultation was probably like, with every plastic surgery. It was he had his office. It was spotless and his team was great. And he said, "Yeah, let's do it if this--if you're if you're truly, if you truly know what you want." And, he said, "But, just to let you know, because of your frame," he said, "I can put a lot of kind of like let's not go overboard and I won't do it."

Dr. Javad Sajan 12:23

Okay.

Dr. Alexandra Kohles 12:23

So, that kind of like the that comment that he said, it was like, "Okay, he is, he's not trying to do a bad job. He's trying to make me aware that this would look good on me because of my proportions." So, he was looking at my case. He was not just doing it because everybody else was getting huge big implants. Do you remember how much it cost to have breast augmentation? Back then, probably, around \$5,000, in the--. Yeah.

Dr. Javad Sajan 13:01

Did you get saline or silicone? Do you remember?

Dr. Alexandra Kohles 13:03

No, I got silicone. But, back then--and this is well now we know it--it was the rugged implant.

Dr. Javad Sajan 13:12

The textured.

Dr. Alexandra Kohles 13:13

The textured one because it was it just came out. And he said to me "Well, and this might have less problems with encapsulation."

Dr. Javad Sajan 13:22

Yeah.

Dr. Alexandra Kohles 13:22

Now, we know that probably that's not it. But, yeah.

Dr. Javad Sajan 13:26

And, a lot of doctors--in about 20 years ago--were doing those kinds of implants.

Dr. Alexandra Kohles 13:31

Oh yeah.

Dr. Javad Sajan 13:31

Round, textured implants. They were putting the implants in above the muscle, which is the way you had it done.

Dr. Alexandra Kohles 13:36

Yes.

Dr. Javad Sajan 13:36

And, he put it in through--did he go through your areola or through the fold?

Dr. Alexandra Kohles 13:41

No, he went underneath the breast. Yeah.

Dr. Javad Sajan 13:44

Okay. And, how did that surgery go for you?

Dr. Alexandra Kohles 13:47

It went well. Although, one of the--and I think that it was my left side. We had to I had to have antibiotics at the post op.

Dr. Javad Sajan 13:58

Did they give you antibiotics before surgery?

Dr. Alexandra Kohles 14:00

Yes, they did. But then I had a little one. I think one of the stitches got--got an infection. So, he gave me oral for afterwards.

Dr. Javad Sajan 14:09

Did you have oral before surgery?

Dr. Alexandra Kohles 14:12

No, I had, I think, no, I just had the antibiotics on surgery.

Dr. Javad Sajan 14:17

Okay.

Dr. Alexandra Kohles 14:17

But, also in those days, he would put a drainage. So, I had, yeah--

Dr. Javad Sajan 14:23

Drain tubes.

Dr. Alexandra Kohles 14:24

A drain tube. Yes.

Dr. Javad Sajan 14:25

Oh wow. So, the way we do breast augmentation now, the way I do it, at least is there's never drains. The reason we don't do drains now. And I know you know a lot of this because you're a physician, is because drains increase the risk of encapsulation. They increase the risk of infection, they cause an extra scar site where the drain comes out of. The other thing that we do now is we start patients on antibiotics the day before surgery, and I keep them on them for at least seven days. And, that's been shown to help decrease the rate of infection in our practice and also encapsulation. The surgery went smooth for you. How was your recovery?

Dr. Alexandra Kohles 15:01

It was, it was fast. I was doing my daily activities probably two weeks after that.

Dr. Javad Sajan 15:09

Mm hmm.

Dr. Alexandra Kohles 15:10

And yeah, and everything went great.

Dr. Javad Sajan 15:12

How was the pain?

Dr. Alexandra Kohles 15:15

The pain. Well, I'm very good with pain. So I don't know if I can be like the standard patient.

Dr. Javad Sajan 15:21

Yeah.

Dr. Alexandra Kohles 15:21

And yeah, so it was it was exactly the same as with you.

Dr. Javad Sajan 15:25

Yeah.

Dr. Alexandra Kohles 15:26

It was--there was no like unbearable pain going through. Um, yeah, so.

Dr. Javad Sajan 15:33

And implants, when implants are placed, they can be placed in one of two positions. You can either put them above the muscle or below the muscle. The way most high volume breast augmentation surgeons do it now is below the muscle. The reason you do it below the muscle is many. First, you get a lower risk of sagging long term. Number two, you get a lower risk of capsular contracture. Now, it depends on the studies, you look at. Capsular contracture above the muscle can be up to 25%. Below the muscle, 7-8% and even lower than that. So, that the convention now for most high volume people is to go below the muscle. Now, textured implants are controversial. Back in the day, the textured was used because many people were putting implants above the muscle like your doctor did. That was a popular method. The problem with that texturing was in some people now it caused a weird kind of lymphoma picture called ALCL. So, it caused that reaction and some women got that form of cancer that had to be surgically treated, sometimes even chemotherapy. The other issue with that old texturing was that they noted that it broke down and caused a ton of issues in the body. Now, there's different kinds of texturing that people do that it's that safer and usually put below the muscle. The other issue with the implants 20 years ago is that silicone that was in that textured shell, oftentimes it was liquid. So, what that what that would mean is that silicone would go through that texture shell and get absorbed into the bloodstream. The silicone used now is solid silicone, so you don't get that absorption.

Dr. Alexandra Kohles 17:13

Yeah. So, yeah. So back then, and this is it--I'm telling you this was 20 years ago.

Dr. Javad Sajan 17:19

Mm hmm.

Dr. Alexandra Kohles 17:20

Yeah, all of the techniques, or the technique that he did, it was in order for it to look more natural. It was the technique that most of the plastic surgeons, at least in Latin America, were doing.

Dr. Javad Sajan 17:34

Yeah.

Dr. Alexandra Kohles 17:35

And then, I think that the implant was just coming out.

Dr. Javad Sajan 17:39

Mm hmm.

Dr. Alexandra Kohles 17:39

So, it was something new that they wanted to try it. And, there was the studies showing that it was less of a risk of encapsulation. But, I did get encapsulated.

Dr. Javad Sajan 17:51

Yeah. But, everything you said is absolutely right. You know, during my training, Alexandra, I want to get your opinion on this. People who trained me often said, "When something new comes out, you don't want to be the first, you don't want to be the last, but you want to be in the middle. You want to let everybody else get the bugs worked out." What do you think about that?

Dr. Alexandra Kohles 18:11

I think that that is the safest way to go. Because you don't want to be the guinea pig on on innovation, but you don't want to stop innovation.

Dr. Javad Sajan 18:22

Mm hmm.

Dr. Alexandra Kohles 18:22

So, that being said, I think that and this is for your viewers to. In my experience, see medicine as not something that is written on stone. We are always finding new things. We're always researching. There's a lot of studies done for things. And, one thing that could have been great at one moment, it will be, it will not be as time goes by and more studies are done. You see?

Dr. Javad Sajan 18:54

You're so right. The pendulum swings and with breast augmentation--

Dr. Alexandra Kohles 18:58

Exactly.

Dr. Javad Sajan 18:59

--the biggest example is going below or above the muscle. Back in the day everybody was going above the muscle. Now, most high volume, people all go below the muscle. Total change in paradigm. And, even with like nose jobs. Back in the day, it was all closed. Now it's all open. And, now, depending on the, shifting back to all closed. So, it's such a diverse practice. You know, medicine is a combination of arts and science. I think you would agree with me on that.

Dr. Alexandra Kohles 19:26

I agree totally with you. I think that--and just for people who are not on the field--just look at it as something that is continuously changing. And it's--but it's changing for, in order to improve, not to make it worse, you see. But, also I think that in plastic surgery, there's so many new techniques that they were not available. There's so many new for example, in my days, BOTOX was not a thing.

Dr. Javad Sajan 19:55

Mm hmm.

Dr. Alexandra Kohles 19:56

And, even fillers were not a thing. And, now, you don't have to go and get mutations or wrinkles out of your face, you don't need a facelift. You see, you don't have to be on the OR. And, that is a big improvement.

Dr. Javad Sajan 20:11

Absolutely. Alexandra, after surgery were things different? How did you feel?

Dr. Alexandra Kohles 20:17

Well, after surgery, so it was a great procedure. I went back to my internship like rotation wise and I had no problems whatsoever. And, in the self esteem department, I think that I, it was funny because I think I had a very good self esteem. But, after I think I got my breast augmentation, I really felt like a woman because I think that probably in subconsciously, I was feeling a little bit like the eternal teenage girl, and not completely a woman. And then also, I think that, what I realized is that I became a woman and because I had this relationship back then that diminished a little bit of my self esteem, I think with this was like this was a new body.

Dr. Javad Sajan 21:19

Did people notice that around you? Did they say--Did they think you were dressing different or acting different?

Dr. Alexandra Kohles 21:25

Um, not dressing differently because I have been--Yeah, I had my style since high school probably.

Dr. Javad Sajan 21:32

Mm hmm.

Dr. Alexandra Kohles 21:32

But, I think that probably the way I approach the world was a little bit more confident. And, and, I don't know if this was because then I was single and I was not in a relationship but I got approached more often. So, so that so that was that also boosted my self esteem, I think.

Dr. Javad Sajan 21:56

And, you ended up meeting your husband, getting married. Was that after the surgery you met him or was it--?

Dr. Alexandra Kohles 22:00

So, so, after. So it was almost a year after the surgery when I met him. And, I met him in Brazil. So, my husband never, never saw me with my previous body. I, as I call it. We always have talks about this and he says that he would have fallen in love regardless. Uh, I have a different opinion. I think that the woman that he met was a more improved woman. So I think that probably-- Yeah, I think I think I never regret anything I do in life. And this was one of the things that I would never regret it.

Dr. Javad Sajan 22:43

Why do you say improved?

Dr. Alexandra Kohles 22:45

Because I think that, psychologically, and I think that there's a maturity when you make such a life changing decision in your life. I think that you can own it. I think that this is, this is for example, when you also have the decision of what career do I want to do?

Dr. Javad Sajan 23:04

Mm hmm.

Dr. Alexandra Kohles 23:04

Or, um, or, or, or the big change of, should I move to a different country?

Dr. Javad Sajan 23:11

Mm hmm.

Dr. Alexandra Kohles 23:11

See, and I think that having a plastic surgery, regardless of the other decisions that you have made in your life, you should put it on this department on a big decision because it is going to change the way you approach the world.

Dr. Javad Sajan 23:27

And, how did it change the way you approach the world?

Dr. Alexandra Kohles 23:30

I think that it makes me more confident as a woman. It made me also realize that we shouldn't be judging people for how they look, or if they want to change something on their bodies.

Dr. Javad Sajan 23:49

Did it make you more accepting of people you think?

Dr. Alexandra Kohles 23:52

I think I was I'm always very I think I'm, I'm hoping that I am a very empathic person. Because I went to medicine for that, in order to help people and try to help them in any way I could. But, also, I think that, I think that, how can I say this? I think people have and, and I'm going to go through women, specifically. Because that's the thing I know. I think we're very hard on ourselves. We're very hard on. We are. Sometimes we're not smart enough. We don't feel like our bodies are the way that they should be. I think culturally and in every culture, culture, there's a sense that you have to be

on a base of a standard.

Dr. Javad Sajan 24:00

Mm hmm. Mm hmm.

Dr. Alexandra Kohles 24:48

And, and, I think that plastic surgery is a great ally for us. I think that if you really need to change something make a decision and do it. And, it will change your life because as a woman that we have so minuses in this world, I think that it gives us a plus.

Dr. Javad Sajan 25:11

It sounds to me that you may be implying or inferring that the surgery helped you feel more in control of your body. Would that be right?

Dr. Alexandra Kohles 25:23

Yes. You know, in a way it was. It was, I was in control of my body transforming into a woman.

Dr. Javad Sajan 25:33

Got it.

Dr. Alexandra Kohles 25:33

The same. I think that I always felt, again, like I was not transitioning from being a teenager to womanhood.

Dr. Javad Sajan 25:41

Mm hmm.

Dr. Alexandra Kohles 25:42

See? And, especially in a cultural world, voluptuous women are what, what men want what other women want, it's, it's it's in my culture.

Dr. Javad Sajan 25:54

You met your husband? You got married in Brazil?

Dr. Alexandra Kohles 25:57

No, we got married in Chile.

Dr. Javad Sajan 25:58

Okay.

Dr. Alexandra Kohles 26:00

So he--So this is the thing. I was not looking for a husband. I was--After that relationship I was, I was determined.--were focusing on the on my career. That was, and when I met my husband, he's not going to like this. But I thought of him as a summer fling, to be very honest. It didn't turn out that way. When he came back, he was working in Brazil, and it was his last year and he said, "You know what, I need to return to the States." So, he returned here. And then, because he met me, he took a leave of absence. And he dated me for a year so.

Dr. Javad Sajan 26:40

What was different about him that made you feel this was more than a summer fling?

Dr. Alexandra Kohles 26:44

Well, because he took a leave of absence and just went to Chile to date me.

Dr. Javad Sajan 26:50

Did he treat you different than other men?

Dr. Alexandra Kohles 26:52

Uh, I think he treated me different from my last relationship. Yes. He--

Dr. Javad Sajan 27:00

Was he the next serious relationship after that last one?

Dr. Alexandra Kohles 27:03

So yeah, well, so I had a big relationship in high school.

Dr. Javad Sajan 27:08

Mm hmm.

Dr. Alexandra Kohles 27:09

Yeah. And, this, he's not going to like this. I regret not having dated more men.

Dr. Javad Sajan 27:16

You still reg--?

Dr. Alexandra Kohles 27:18

Well, before I marry.

Dr. Javad Sajan 27:19

Okay. All right. Okay.

Dr. Alexandra Kohles 27:22

Because I had...yeah, two boyfriends before my husband and they were long relationships. You see, they lasted forever. So, so, he likes that. I think that I should have dated more. Yeah, probably. I'm not saying a lot of men but probably more than two men before I met him.

Dr. Javad Sajan 27:49

Why?

Dr. Alexandra Kohles 27:50

Because I think it makes you see different personalities, meet different people. Probably. I shouldn't say dated. Probably, I should have had more time with myself.

Dr. Javad Sajan 28:04

Mm hmm.

Dr. Alexandra Kohles 28:04

And, my, my, my girlfriends or you see, uh, yeah, it's it. I think I had a very long period of time with someone.

Dr. Javad Sajan 28:13

Got it.

Dr. Alexandra Kohles 28:13

Yeah. Grow independently. Yes.

Dr. Javad Sajan 28:18

And then you met your husband you guys were together for about a year.

Dr. Alexandra Kohles 28:21

So we so we dated a year and then I said to him, "Okay, so I wasted almost six years with this person." I said, "I'm not getting any, any younger." And, I said, "And, you are from a different country so after this date and this has been wonderful, I love you, but if we're not serious, then we need to call it quits."

Dr. Javad Sajan 28:46

What were you looking forward to make it serious?

Dr. Alexandra Kohles 28:49

Getting married. I was, yeah, I was 28 by then. Yeah. So I'm married for--28? 27? More or less. And, I didn't want to be wasting time to be very honest. I was. It was, I was not young. And, I wanted to have kids.

Dr. Javad Sajan 29:08

Mm hmm.

Dr. Alexandra Kohles 29:09

And, then, he said, "Yeah, you shouldn't worry." And, he proposed there and he had the ring and everything. So yeah.

Dr. Javad Sajan 29:15

That's awesome.

Dr. Alexandra Kohles 29:16

Oh, yeah.

Dr. Javad Sajan 29:16

Did he have the ring ready during that same conversation? Or, was it something he did after the fact?

Dr. Alexandra Kohles 29:21

No, he had it ready.

Dr. Javad Sajan 29:23

So, he knew what you were thinking.

Dr. Alexandra Kohles 29:24

I think he knew from the Big History. He told me one time that he knew from the beginning, like from the three months that we were dating that I was, he was ready. I was the one. He was just waiting for me to challenge him, you know, in some way.

Dr. Javad Sajan 29:39

That's an amazing story. And then you were married. You moved to America with him. You had two kids, right?

Dr. Alexandra Kohles 29:44

Yeah. So we so I finished my--my med school and I work there for a while and--

Dr. Javad Sajan 29:52

What kind of position were you in there?

Dr. Alexandra Kohles 29:54

A general practitioner. So, in Chile, it's a little bit different than in here because you you go seven years of med school, you go immediately knowing that you want to be a doctor. So it's seven years. And then you either go immediately to your specialty, which is like the residency you have here, which is three more years. And, then if you want, you can do a subspecialty. And then it's two more years and so on. Or, you can get points, what it's called in order to get into the specialty that you want. For example, if you were out of med school and your grades didn't match, or you see? Or your letters of recommendation didn't didn't match, you could go to the service public system and go further from the big cities and do like rural or, or be a GP on a small town. And, you get and then you return because you gave that service and then you return and you can get into a specialty that you want. And most doctors do that. Most of my friends did it that way.

Dr. Javad Sajan 31:00

Did you do that?

Dr. Alexandra Kohles 31:01

No, because I was already married. And, I knew that we were coming to the States. So So I said to Jeff, "Okay," and we have decided he already had a career over here. And I was beginning. And in those days, my focus was I wanted to be a mom, I was already 30. And the clock was ticking and all the things that you know, as a physician that can go wrong.

Dr. Javad Sajan 31:23

Sure. Yeah. You moved here. Is that when you had your kids?

Dr. Alexandra Kohles 31:27

Yes.

Dr. Javad Sajan 31:28

Okay. You have two amazing children right now. Boy and a girl, right?

Dr. Alexandra Kohles 31:31

A boy and a girl. The girl is 13 and the boy's just turned 10.

Dr. Javad Sajan 31:36

And, you started noticing some differences with your breasts? Some hardening? Is that correct?

Dr. Alexandra Kohles 31:40

Yes, it was. So they start I think that they started so--. I had Nadia and then I breastfed her. Thank goodness, I could do that. And, and then after that, after I got in shape and everything, I felt that they were a little bit hardened. They were--it was not that bad. It didn't hurt, it hurt a little, but it was not as it was a bearable pain. And I thought, "Okay, that's--that's probably this is normal." And then, when my second child, pregnancy, and then I breastfed him. Then, it was when it started, I think the encapsulation got into a degree where it was painful.

Dr. Javad Sajan 32:22

So, when we talk about encapsulation, we're talking about capsular contracture. Some people also call that rejection of the implant. So, whenever a woman has an implant in her body, the body responds to that implant by making a capsule, or a thin scar layer that holds the implant in place. When you get encapsulation or capsular contracture, what happens is that gets very thick, it gets very hard, it can get very painful and it gives almost a deformed look because the body is squeezing that implant. Now, we don't really know why exactly capsular contracture can happen. The most recent data that we have, some of the most recent studies show it could be due to bacteria getting on the implant, and that bacteria causes a chronic inflammation, and that inflammation causes the body to wall off the implant. The other reason people can get encapsulation, especially with older implants is because they have silicone leaking. When you have silicone that's leaking through the implant, the body doesn't like that. It wants to wall off that silicone and it makes a hard capsule. Now, if you leave this alone, it can cause problems. If there is leaking silicone, it can get into your bloodstream and cause all kinds of issues. If your encapsulation is causing a deformity and pain, it can limit your movement. It can give you potentially permanent disfigurement of the breast because things are squeezing and getting moved higher and higher and your body's making that scar thicker and thicker. So, that's what capsular contracture is. There's a lot of treatments for it. This can be a two hour discussion. But the most common treatment is revision surgery. Right?

Dr. Alexandra Kohles 34:07

Yes. So and this is the thing, I knew that I needed the revision was that once once I started getting the pain and the and you could tell that the implants were not on this on the position that they were at the beginning.

Dr. Javad Sajan 34:22

Mm hmm.

Dr. Alexandra Kohles 34:22

I said, "You know what we need to we need to revise this." And actually I, I call my plastic surgeon who did the and he said, Yeah, you can come to Chile and we can do it." That was not an issue. But then I started, my husband said well, but it's I don't I don't want you to have it over there because we live here kind of like it was more of a logistic kind of thing.

Dr. Javad Sajan 34:49

Mm hmm.

Dr. Alexandra Kohles 34:49

And, and then I started Okay, I need to research for what plastic surgeons should do my revision.

Dr. Javad Sajan 34:56

And I know you live a little bit south of Seattle.

Dr. Alexandra Kohles 34:58

Yes. I live in wonderful Gig Harbor.

Dr. Javad Sajan 35:00

Yes, beautiful area.

Dr. Alexandra Kohles 35:02

Oh, yeah.

Dr. Javad Sajan 35:02

So, so nice. And you I remember when I met you, you told me you looked around quite a bit.

Dr. Alexandra Kohles 35:08

Oh yeah.

Dr. Javad Sajan 35:08

And, then you had another consult at least one before meeting me.

Dr. Alexandra Kohles 35:11

So you were the third one.

Dr. Javad Sajan 35:13

Okay.

Dr. Alexandra Kohles 35:13

The third is the charm, they call it. So I had one. So I went and did, because this time around, I thought, you know what I should do, uh, thorough research, like all of the doctors, the amazing doctors that we have had over here. And I said, "Well, I'm going to look in my area and see if there's a doctor that I might like, so then I'm closer to home."

Dr. Javad Sajan 35:42

Mm hmm.

Dr. Alexandra Kohles 35:42

But, then I didn't had a very good experience with the doctor.

Dr. Javad Sajan 35:45

I'm not asking you specifics--just so people know--and you're a physician, so you have even more insight I think than most people. When you say not a good experience, can you give us a couple of things of what that means.

Dr. Alexandra Kohles 35:56

So, so this is the thing. So, the physician first. He was not--and this is gonna sound horrible--but I looked at his scrubs. And his scrubs were not, were in very bad shape. And I think that you have to look the part, especially in plastic surgery, which is all about esthetics. So that was one of the red flags. And then the other thing is that he was moving from, his

story was that he was moving from California. And he didn't look a lot like a California kind of physician and, and then he we went into this office, it was it was in a medical center. So he didn't have his own office. So then I thought and then and then the other flag it was that he said, "I can take your insurance and we can do it through insurance." And I was like, "Okay, well if you want to do that, but I bet that the insurance company 1). Won't give you the approval." But the insurance company did give him the approval. So it was it was kind of sketchy.

Dr. Javad Sajan 37:05

So things weren't adding up?

Dr. Alexandra Kohles 37:07

Yeah. And then I went to one plastic surgeon that had, in Bellevue, that had done a breast implants on one of my best, one of my friends. And he was great. His office was great. But there was something missing. And the missing, I always say is that he didn't have the empathy that you had.

Dr. Javad Sajan 37:33

Mmm

Dr. Alexandra Kohles 37:34

He was because that I think, and this is not because I want to praise you, but I think that you do have a way of making you feel that you're it you're going to go beyond your means in order for you to have the best results that you can provide me. And I think--

Dr. Javad Sajan 37:57

Thank you.

Dr. Alexandra Kohles 37:57

--that you know, welcome And so I was in between the doctor in Bellevue and you. But then when you said to me, "You know what we're going to do the best and if it doesn't, if it is not what you want, we can do it again like with no cost." And, and it's not that I was looking for a cheap take on this, but it made me realize, okay, he really backs up his work. This is a great physician and this is not something that you encounter frequently. And I appreciate that, because I think that that's the way we should all be.

Dr. Javad Sajan 38:36

Yeah, whenever I do a revision surgery, especially I stand behind until the end. If I do surgery for somebody, we're friends till you're healed. And we had we had a hiccup--

Dr. Alexandra Kohles 38:44

Exactly.

Dr. Javad Sajan 38:45

We had a little hiccup with yours. We'll talk about that.

Dr. Alexandra Kohles 38:47

Right.

Dr. Javad Sajan 38:47

So, you, yeah, you decided to have surgery with me?

Dr. Alexandra Kohles 38:50

Yeah.

Dr. Javad Sajan 38:51

And, then we, our surgery was to do bilateral, or both sides, breast augmentation revision. We were going to switch the implants out to new smooth implants. We were going to switch the plane of the implants to below the muscle. And that was that surgery. You also had abdominal scar revision that we were going to work on too.

Dr. Alexandra Kohles 39:10

Oh, yeah.

Dr. Javad Sajan 39:11

Which is another whole story.

Dr. Alexandra Kohles 39:13

Yes. whole story.

Dr. Javad Sajan 39:14

Yes. But we'll focus on the breast for now. So, we, so we did your, so you then you came from my consult, you had the pre op, we did surgery. How did that surgery go? How did you feel?

Dr. Alexandra Kohles 39:25

So, that surgery was a little bit more painful than I expected but also it was because there was so much going on there.

Dr. Javad Sajan 39:34

Yes.

Dr. Alexandra Kohles 39:34

So you had to take the implants and then do a different pocket and so on.

Dr. Javad Sajan 39:38

So, so, your surgery was really--I remember it was one of the more challenging ones--because the capsule you had was so hard, and so firm. And when I when you switch up a pocket, it sounds easy. We'll just take the implant out from above the muscle and put it below it's very challenging because--Yeah, you have to take out that shell between the gland and the muscle and then you got to make sure that those layers stick together. And they were apart for 20 years, right?

Dr. Alexandra Kohles 40:04

Oh yeah.

Dr. Javad Sajan 40:04

So, you got to make sure they stick together without getting a blood or fluid in that space. And then you got to make a new space underneath the muscle and then make it all add up. So it took several hours, but it went well. And we got it done. It's always more painful to go below the muscle.

Dr. Alexandra Kohles 40:20

Yeah.

Dr. Javad Sajan 40:20

Always.

Dr. Alexandra Kohles 40:20

Yeah.

Dr. Javad Sajan 40:21

So, we did that for you. And then you had your recovery.

Dr. Alexandra Kohles 40:24

Yes, I had my recovery. And I have to say this too. It's not just, it's not just you, who is great. I think that your team is it's fantastic. From your nurses to your receptionist, everybody's on board, and everybody is on the same page. So and that makes your your, your practice so fabulous.

Dr. Javad Sajan 40:48

Thank you. You were doing well. You healed well from that surgery.

Dr. Alexandra Kohles 40:52

Yes.

Dr. Javad Sajan 40:53

And, you're when I did your surgery, your right breast had that real encapsulation. So we really focused on that. We took care of both, but then we had a hiccup from the surgery.

Dr. Alexandra Kohles 41:03

Yes so

Dr. Javad Sajan 41:03

Tell me what happened.

Dr. Alexandra Kohles 41:04

So the left breast I don't know why.

Dr. Javad Sajan 41:06

And that was the more normal breast that was the breast I was least troubled the right one was the one that was more troubled before surgery.

Dr. Alexandra Kohles 41:13

Exactly. So everything was was great. Everything was healing, but then around six or seven months at post op, the left breast didn't didn't want to go down, like didn't want to drop like you call it. So it remained, there was a difference between uh one the right one looked more natural than the left one. And actually if you evaluate to the touch, also it was a little bit it--I think that we had created a little bit of capsular contracture.

Dr. Javad Sajan 41:49

It was firmer.

Dr. Alexandra Kohles 41:49

Not--exactly--not as bad as the one that I had. But it was not as soft, dropping, and actually aesthetically didn't look they didn't look the same.

Dr. Javad Sajan 42:00

No, no, there was firm--She had a new capsular contracture now on the left side, and now it was below the muscle. So then, we chatted about it, we decided to do a revision. My plan was to remove the capsule that had formed on that left side, to use a special dissolvable surgical mesh to act as a spacer to prevent it from coming back, and put a new implant in. Why did you decide to have that revision not just let it be?

Dr. Alexandra Kohles 42:07

Yes So I was, probably, I was already in my 40s. And as of this session, after your 40s, well, there's there's two trains of medicine here. But in order for you to have your mammogram, you start either on when you're 40 on your regular 40 or your start on your regular 50s. And I was looking at myself and I said to myself, "Okay, so if I need to be doing this annually, which is a mammogram. I wanted to be as I want if they detect anything to be as easier for whoever's taking my mammogram in order to see anything that is bad. So I, I, I follow my advice of, "Let's do it now before it's too late." So my thinking was "Okay, so I'm a woman, I am always going to be a woman. My breasts are there. And now is the time and age where I should be super diligent on my mammograms. And also, one of the things that I like that my breast implants now are underneath my muscle is that the gland is free for these exam to be performed in. It's more accurate.

Dr. Javad Sajan 43:45

Correct, when implants are above the muscle, mammography is much harder and not as predictable. So we went into the third revision.

Dr. Alexandra Kohles 43:53

Yes.

Dr. Javad Sajan 43:54

Was that painful?

Dr. Alexandra Kohles 43:56

No, actually, this this time around. It has been the easiest I think of all the revisions that we have we have gone through. After a week I was it was it felt like it was a month. It I had not--very little bruising. Actually, I don't think that it was that swollen even. And because I'm very good with pain I didn't even have to take like the big painkillers at all.

Dr. Javad Sajan 44:27

Why do you think you didn't lose trust in me after you had a complication with your second revision?

Dr. Alexandra Kohles 44:33

Because I think that, first of all, you have been doing it for a while now. Which is a plus. But also you are young enough in order for you to innovate. And then the third and most important thing I think that you have established a great practice here. With from, I'm telling you, every employee that you have, and in most of all, I think that you backup your job. And I think that I--

Dr. Javad Sajan 45:04

Do you feel did that with your--?

Dr. Alexandra Kohles 45:05

Oh yes. And I think that I think that you are that what I like about you is that you want to learn from your mistakes, which is not something that you usually find in surgeons, and I'm telling this because I know the personality of a surgeon. So I think that you have both of medicine, I think that you have the empathy of a family medicine doctor, and the techniques and drive and focus of a surgeon

Dr. Javad Sajan 45:42

Thank you. And the rate of getting your contracture in a revision breast augmentation is about 25%. So before surgery, we knew even if we did everything right, there was a one in four, one in five chance of it not being 100% successful. And that was after that first revision I did. We did another revision now the chance for success isn't that high, but we use mesh and we took many precautions to prevent it. How are you feeling now after that third revision?

Dr. Alexandra Kohles 46:10

I feel that finally I think I got the breast that I wanted and needed. I think that I'm hoping I'm hopeful that I don't have to do another revision. But, if that is the case that I have to do it in the long run, I think it was worth it.

Dr. Javad Sajan 46:31

If your daughter said, "I want breast augmentation now." What would you tell her?

Dr. Alexandra Kohles 46:36

That I will support her in anything that she wants to do in life to be very honest. And this is not just with plastic surgery, but I think that if she wants to change something from her body I'm hoping that she feels confident enough to talk to me about it so we can do our research.

Dr. Javad Sajan 46:58

Mm hmm.

Dr. Alexandra Kohles 46:58

Find the best surgeon for her. Although, probably, I will bring her to you. But she has to make up her mind.

Dr. Javad Sajan 47:07

Of course.

Dr. Alexandra Kohles 47:07

So, I think that that is a because it's a very personal decision. You have to feel comfortable with the procedure itself. Why are you doing it? Who is performing it? Where are you doing it to?

Dr. Javad Sajan 47:22

If you could go back, would you still have done the breast augmentation?

Dr. Alexandra Kohles 47:27

Yes.

Dr. Javad Sajan 47:27

Originally?

Dr. Alexandra Kohles 47:28

I think that--Yeah, but I think that, and when I look back, I think that if I had done it when I was 19, for example.

Dr. Javad Sajan 47:38

Mm hmm.

Dr. Alexandra Kohles 47:38

I might have regretted that I did it that young. I think that, I think that 26 was the right age where I knew myself I knew what I wanted. I was not doing it for anybody but myself. And I think that that comes from maturity. There's nothing else in the world that can give you that, because I think that most of the people also they need to realize that when you make the decision of changing something from your body that is bothering you, please do it because of you. Not because somebody's not because you want to please somebody else with your aesthetics.

Dr. Javad Sajan 48:20

I see that so often. Whenever someone does surgery for somebody else, they will never be happy. I do a lot of mommy makeovers. When the women come and I see the partner sort of dictating what to do or what they should get it. It's never a happy ending. But when the woman comes for a mommy makeover, and she does it because she feels it's right. And she has support, supportive support, not just support saying do it. Much happier in the long run and we get a smoother journey.

Dr. Alexandra Kohles 48:53

Yeah, I think every decision in life, not just your plastic surgery. I think that every decision in life if you do it because it's something that you want to do, it's the right decision. No matter what the decision that you're making. But if you're doing it because you want to please someone else, because you want to show something, or because you there's other motives to do it, you are never going to be happy.

Dr. Javad Sajan 49:17

I really agree with another thing you said earlier about not having regrets. I believe life happens the way it does for a reason and a purpose. And you make something out of that. If you look back at your experience now, would you do anything differently?

Dr. Alexandra Kohles 49:33

Yes, I think that what I would have done is a little bit more research on my part. In the sense not that I didn't trust my plastic surgeon but I think that it was not the right plastic surgeon for my breast implant. For example, my plastic surgeon was a great surgeon that was doing burn people. And he was, he is he is he's great at doing that. I think that probably he was beginning to do breast implants or he was not giving his 100% on that. And then the other thing is that and I think that it has changed in Chile now, but in those days, the surgeons had had they didn't have their own clinics, so they own ORs like you do in Lynnwood. They what they do is that they get benefits on a hospital.

Dr. Javad Sajan 50:34

Mm hmm.

Dr. Alexandra Kohles 50:35

So when I did my plastic surgery and was on it was an OR on a hospital, which probably that makes it more risky for infections, you see.

Dr. Javad Sajan 50:44

It's true.

Dr. Alexandra Kohles 50:44

So if you're researching for plastic surgery, and this is for the Latin American viewers that you have, see if you can get a plastic surgeon that has its own OR.

Dr. Javad Sajan 50:59

I agree with you.

Dr. Alexandra Kohles 50:59

And not doing it. And I think that that I think that would be my regret, sort of, but I wouldn't change the whole path because I wouldn't be meeting you so.

Dr. Javad Sajan 51:10

Thank you. There's a lot of data on that actually looking at infection rates at an ambulatory surgical center versus an inpatient hospital. And you're absolutely right, the infection rates are lower. Almost always.

Dr. Alexandra Kohles 51:24

Well, in Chile, it changed. Kind of like 10 years ago. Now. I think those that my my friends that live in Chile, and they have gone through plastic surgeons because we're aging. Yeah, the plastic surgeons are now on, they have their own ORs. You see, they shifted that. So.

Dr. Javad Sajan 51:45

Your story is absolutely amazing and remarkable. Is there any other advice you would give to anybody else who's thinking about having this done or somebody who's thinking about having a revision?

Dr. Alexandra Kohles 51:55

I think that if you're for somebody who wants a breast plan, a breast augmentation, I think that make a list of the pros and cons first. See if you are willing to go into a little bit of pain that goes with it and also into the sense of changing your body forever. Because once you get a breast implant, well you can take them out, but then your breasts won't come back as they used to when you didn't have them. And then for people who need a revision, I would tell them that don't feel bad if you have to have a revision, it's not something that you did bad or sometimes it's not even something that the surgeon did. Sometimes your body will try to reject the implant in some sort of way. So it's it's expected so--

Dr. Javad Sajan 52:55

The not feeling bad what you said is so true. So I do a lot of revision surgery and, and it never occurred to me until a patient started telling me about why they didn't go back to their original doctor or do it sooner. The number one reason "I felt bad. I felt ashamed. I felt stupid."

Dr. Alexandra Kohles 53:13

Exactly. And I--it has nothing, it's out of your control. That's what I would say. It's out of your control. And it's something that if you have, breast implants might happen. There's this lucky, lucky percentage of people that they don't have to do a revision ever. But there's also a percentage that they will have to do it. And if you have to do it, just go do your research. Once again, see, see if this surgeon is good for you.

Dr. Javad Sajan 53:44

Makes sense. Thank you, Alexandra. Thank you so much for being our guest today. I have learned a lot from you and your experience and I hope your ordeal teaches our listeners how and what to expect as they start their own journey for cosmetic surgery. I appreciate you, your story, your time, and I'm honored to have you as a good patient, confidant, and

friend. Thanks for listening to the Plastic Surgeon Podcast and tune in next week for my amazing guest who had gender affirming surgery, also known as transgender surgery. I look forward to hearing from you on next week's podcast and catch us on all social media @realdrseattle. Bam What!