



Plastic surgeon Dr Ravi Mahajani, who grew up in Darwin, has seen about 15,000 patients since starting his practice in 2003; right, the foot of a man that Dr Mahajani saved after a car crash. He transplanted muscle from the man's back onto the foot/leg and joined arteries and veins using microsurgery

surgery took over," he said. "Professor Carson said we needed a plastic surgeon here and pushed for me to do it."

Dr Mahajani was a qualified plastic surgeon by 2003 and went into private practice in Adelaide, also working at various public and private hospitals.

Two years later he came home, settling in the Territory with his wife and two children.

According to his computer, he has seen up to 17,000 patients in the past decade.

He said skin cancer removals were a huge chunk of his work, sometimes doing up to 25 a day.

"There is one woman I have taken more than 200 skin cancers off and I do the odd child with skin cancer," he said.

He has also done about 30 labia reductions in his career — one of many procedures under which a patient may qualify for a Medicare rebate.

"Sometimes women have a massive labia minora, which should be inside the labia majora," he said.

"It gets caught in underwear, can be painful during sex, cause hygiene issues and people are embarrassed.

"The thing is people don't know you can do something about it, or are too embarrassed to front up with the problem when they shouldn't be — this is a real medical problem."

Dr Mahajani said cosmetic procedures made up "probably less than one per cent of overall cases" in his heavy workload.

"A lot of what people perceive as 'cosmetic' surgery' has functional or medical benefits," Dr Mahajani said.

"I worked on a woman with two big skin cancers on her face — if you chopped them

out and didn't stitch them up correctly she would get significant scarring, her eyelid would drop down.

"The surgeries are about a functional outcome with a good cosmetic result."

TERRITORIANS have been urged to research the credentials and experience of a potential surgeon and their facility before committing to a procedure.

"It's very important day surgery units are well equipped and are registered and accredited," Dr Mahajani said.

"We go through a lot of training to get to this point.

"But once a doctor has a medical degree they can technically perform plastic surgery, whether they are trained or not, and there is not a great deal of control over who can do what.

"A GP, for example, may be a very good plastic surgeon and many do fantastic anaesthetic, you just have to do your homework.

"You need to look at whether they're operating in an accredited facility, using good-quality prosthesis, what kind of anaesthetic they use and whether a trained anaesthetist is giving it.

"If you're going under, the anaesthetist keeps you alive — forget what the surgeon does, you want to wake up at the end."

This year, two young women undergoing breast enlargement surgery almost didn't wake up after going into cardiac arrest in separate incidents at The Cosmetic Institute in Bondi, NSW.

The ABC reported TCI was under investigation by the Health Consumer Complaints Commission for alleged inappropriate use of

anaesthetics.

Senior members of the Australasian College of Cosmetic Surgery wrote to the HCCC, concerned that, "The Cosmetic Institute may be placing patients at risk ... by providing surgery under deep sedation while not being properly licensed to do so".

The Royal Australasian College of Surgeons and the Australian Society of Plastic Surgeons websites have public search engines with information about a practitioner's specialties and accreditation.

Dr Mahajani's advice also applies to those who choose to go overseas for surgery.

"Some places are fantastic, some are not," he said.

"Surgery is an imprecise science, things can and do go wrong anywhere, even if the surgery was perfect."

ATERRITORY nurse had an identity crisis after she had her G-cup sized breasts reduced.

"I'm a quiet person and a lot of people don't know my name, so for 25 years I was remembered as the 'girl with big tits'," she said.

"It defined me.

"After surgery it was like, what am I known as now?"

"But my life is a lot better and I dealt with it — I'd go buy a nice bra for \$5, as opposed to \$105.

"Even now I will break into a run, go to grab them and realise I don't have to."

The woman, 39, who will be known as Maria to protect her privacy, said she was teased at high school, and stopped going to pubs in her 20s because of the relentless sexual comments from sleazy drunk men.

"It got to the point where one night I picked up a glass (ready to hit someone)," she said. "I was objectified — going to the pub was about as enjoyable as going to the dentist."

Dr Mahajani performed surgery on the slim-figured woman almost five months ago, taking 800g from her left breast and more than 500g from her right, reducing her size to a C-cup.

He does about two to three breast reductions a month.

Maria said she could now find underwear and tops that fit, and working to minimise the physical damage from having breasts disproportionate to her body size was now her focus.

"I have permanent grooves in my shoulders from bra



straps cutting in over the years — they were too thin to hold the weight," she said.

"I have neck problems and a hump in the middle of my back because I walked with my shoulders rolled forward to try to hide my breasts. I also have lower back problems."

She said she was an E-cup until she had her daughter in 2006, when she expected to shrink after breast feeding.

Instead, she grew. Maria said after undergoing two major operations in Brisbane — "expensive missions" — she never considered leaving Darwin for her breast surgery.

She spent four days in Darwin Private Hospital and three weeks resting before returning to work on regular duties. "My husband has been supportive — we've been together since the end of high school and he still reckons he's shocked," she said.

"I wish I had done this when I was 20."

BREAST REDUCTION

The advice: "Anyone considering it, get top private hospital cover because you can get it done quicker and choose your surgeon, and you don't have to go on a waiting list," Maria said.

The risks: Infection, which could lead to further surgery, drainage or cleaning out of the site which can add to scarring; Reduced nipple sensitivity; Difficulty breast feeding.

The road to recovery: "Behave yourself," Maria said. "Just rest, no arms above the head.

"It wasn't that painful by the time I got home, was just on panadol, but don't think because you feel so good you can go and do whatever you want — you can't." She said her mum came and stayed with her to help around the house.

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