

Expert Advice On Removing Implants

Plastic Surgeon Mr Gary Ross explains everything you need to know for those considering having their breast implants removed.

Breast implants age just as our bodies age and with time there are changes that occur. Often these changes cause minimal disruption to patients but pain, discomfort and visible change to implants can occur.

The most accurate data available on implants from the FDA suggests that 30% of all primary breast implants will need to be removed within 10 years and that 50% of implants in revisionary breast augmentation need to be changed within 10 years. It is uncommon for implants to be removed or changed within weeks/months of surgery, although infection, extrusion and rotation of implants can occur.

Most of the reasons for removal or change of implants are related to the aging changes of the implants and the breast/skin. Age related changes of the breast or skin can lead to the skin drooping over the implants and the need for a mastopexy as a secondary procedure. Rippling or palpability can also occur with time due to thinning of the skin.

For implants ageing often leads to the development of capsular contracture. The capsule is scar tissue that surrounds any implant in the body and is

a protective lining. Where this scar tissue changes and tightens it can cause changes that lead to pain, discomfort and visible changes. Leak or rupture of the contents of the implant can also occur.

TALKING IT OVER

When patients consult for revisionary breast augmentation it is important to discuss the pros and cons of implant removal only and removal and replacement with or without mastopexy. Removal only is often not the desired operation by many patients as many women cannot imagine what it would be like to live without implants - especially where they have had implants for many years. They often perceive a loss of femininity, a need to change clothing or image, and interestingly they worry about how other people will react. Consultations for breast revisionary surgery are complex and the pros and cons of removal and replacing with or without lifting need to be discussed in detail.

The most important decision when considering removal is the benefit to the breast and the surrounding tissue. Removal of the implant and the surrounding capsule allow the breasts to recover from the stretching effects of

implants and the possible effects that the implant and capsule have had on the body.

Personally, I have been surprised at patients reactions to having implants only removed when considering breast augmentation revision. Although they often feel that they will have no breast tissue after removal and they dread the result, this is often not the case. Often they are relieved, surprised by how good the result is and have not reacted in the negative manner psychologically that I initially suspected would occur.

WEIGHING UP THE OPTIONS

By removing implants only, the breast is able to settle and gives patients the opportunity to see what it would be like without the implants. I always would offer patients the opportunity to have a further breast augmentation with or without mastopexy at a second stage, but it is surprising that relatively few patients come back for a subsequent operation.

I believe that many women have breast augmentation at a vulnerable time in their lives and live with implants believing that without them they would be perceived unattractive. Years later, many women are adamant that they will have

no breast tissue after and are frightened. I have found that in most cases there is sufficient breast tissue and that the results are very acceptable.

Often there is a sense of relief for patients; that actually having them removed is not as traumatic as they thought. For those that do decide to have further surgery it is much easier to plan and discuss the options with patients at this time, allowing patients to make an empowered choice.

There is no doubt that the informed consent process for revisionary breast augmentation is better for both the patient and the clinician and I have no doubt that the optimal results are obtained by treating patients in this manner. Patients treated in this two stage manner may well behave more like primary breast augment patients rather than revisionary breast augmentation patients with potential longer longevity of the implants.

IMPLANTS V HEALTH

Throughout the years there have been many incidents of patients needing to have implants removed as a result of MHRA or DOH advice in relation to specific breast implants. Concerns regarding connective tissue disorders lead to a moratorium of silicone gel implants in the USA (no link has been proven).

Links to rare conditions and cancers such as anaplastic large cell lymphoma remain under investigation (approx 1 case per year in the UK) and there is never going to be a breast implant that is 100% reliable and 100% safe. Patients must carefully consider removal of breast augmentation as a breast rejuvenation technique.

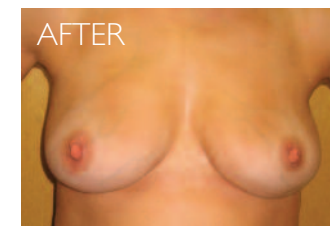
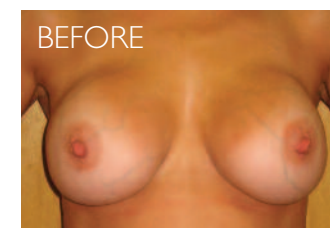
When considering augmentation removal one must consider the breast, skin and the capsule. It is often best to

remove the capsule in its entirety and where this is removed with the implant this is called en bloc removal. It is often best to let the breast tissue and skin settle although one can try and elevate the tissue higher up the chest wall at the same time where appropriate. The operation is often not that painful and patients recover very quickly.

One usually uses the same initial scars to perform the operation and where an inframammary incision has been used one must try and elevate this scar so that on removal of the implant the scar sits near the crease/fold of the breast. There are always risks of irregularities but often there are more extensive irregularities before surgery and these are often well tolerated.

WHO CAN HELP?

Removal of implants is generally seen by patients as a failure. It is important that all patients considering breast augmentation revision should consider removal only as an aesthetic operation. It may be that removal only is in the patient's best interest in the revisionary setting and patients need to carefully weigh up the pros and cons and make an empowered choice. They must consult with a clinician who has experience in all the various different forms of revisionary breast augmentation surgery in order that their expectations for revisionary surgery are realistic. Ask to see before and after photographs at your consultation, and make sure you're putting your surgery in the hands of an expert.



For more information on Mr Gary Ross visit www.garylross.com

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