



MD AESTHETICS

Exchange of Implant(s)

What is Exchange of Implants?

Exchange of Implants is an operation to remove the breast implant(s) you current have in place and to replace with new implant(s). This can be as a straight swap for similar implants, for smaller or larger implants or also performed in conjunction with lipofilling (fat grafting) as a hybrid/composite augmentation, whereby your own fat is harvested, specially prepared and injected in to your breasts in order to improve volume, shape and contour. A hybrid breast augmentation is an option I encourage whereby a smaller implant is inserted and the remainder of the desired volume is achieved through fat grafting.

This procedure is almost always performed in conjunction with either a *Capsulotomy* (opening up and releasing of the wall your body has made around your existing implants) or a *Capsulectomy* – the wall (capsule) around your existing implants is cut out and removed with your current implants, or less often with a *Capsulorrhaphy* in which your capsule is made smaller to reduce the size of the breast pocket in order to accommodate a smaller implant &/or improve the shape of the breast.

Women that may benefit from an exchange of implant(s) are those who:

1. want smaller breasts
2. want larger breasts
3. have capsular contracture affecting one or both breast implants
4. have an implant rupture in one or both breast implants
5. have had larger breasts in the past that have deflated following weight loss &/or pregnancy - sometimes this requires an uplift (Mastopexy)
6. are worried about possible safety notifications regarding the type of implant they currently have inserted (e.g. P.I.P. implant scandal of 2011)
7. want to improve self-image and esteem

Breast implants

Breast implants are either round or anatomical (tear drop) in shape, comprised of an outer silicone shell filled with either silicone gel, Silicone gel and borosilicate microspheres (B-lite) or saline (physiological salty water). Round implants are a good choice if you have sufficient breast tissue to give you a good shape, whereas teardrop (anatomical) implants are a good

choice if you have little or no breast tissue and need to create the shape of the breast mound.

Implants can either have a smooth or a textured surface - a textured surface is the most common implant surface used outside the U.S.A. There is currently much discussion over the surface texture of implants and its relation to a blood cancer (Anaplastic Large Cell Lymphoma or BIA-ALCL) – the current data suggests a lower incidence with smooth implants.

Gel filled implants are the most commonly used variety. The silicone gel used in most implants today is cohesive (gel-like) - so should the implant rupture, the silicone doesn't run out everywhere. Saline filled implants are less commonly used outside of the U.S.A. They do not feel as 'realistic' and have a propensity to leak slowly, resulting in deflation and the rippling of the silicone shell with possible wrinkles that can be both felt and visible.

Implants are manufactured to last a lifetime (most come with a lifetime guarantee against rupture) and, unless there are problems with the implant, there is no need to replace them after a fixed period of time. This said, it is recommended that you have imaging (Ultrasound or MRI) roughly every ten years to confirm they haven't ruptured.

Implant size

The size of your replacement implants is dependent upon several factors, all of which will be discussed with you during your consultation(s). These include:

- the size of implants you already have in-situ – it is helpful if you bring this information with you to clinic
- The kind of 'look' you are after with your new implants
- The dimensions of your chest
- Amount of redundant tissue you have that requires filling – often

In clinic a range of sizes will be recommended based upon the above factors. If you are wanting larger implants you will be asked to perform the 'rice test' at home (see separate sheet) – this will provide us with a ball-park figure of how much extra volume you would like adding to your current implant volume.

The ultimate decision is yours – Mr Davis is there to simply advise and guide you.

The implants used by Mr Davis are manufactured by Mentor, Motiva and B-lite (up to 30% lighter) – Mr Davis has no affiliation to any of these manufacturers, and those used are subject to change in the future should something not currently known come to light. Mr Davis has never used PIP implants nor implanted Allergan implants.

Breast Screening

When you are required to have a mammogram as part of the national breast cancer screening program, or for any other reason, please notify the radiographer that you have implants in place and have had fat grafting (if applicable) – they will then perform a displacement view enabling the breast tissue to be seen. There is no evidence that having a breast implant reduces the ability to detect breast cancer.

How is the operation performed?

The operation is carried out under a General Anaesthetic (you are asleep) and takes roughly one-to-two hours.

Usually your old incision scars are excised and access gained through the resulting wound. It is usual that the pocket your implants are situated in (on top of/under your muscle) will not be changed unless clinically indicated. Implants are inserted using a Keller funnel® (one of many measures employed by Mr Davis to minimise possible contamination of the implant). It is normal that you will be able to go home the same day.

What happens after surgery?

You will be required to wear a non-underwired post-surgical support bra (Mr Davis advocates LipoElastic® garments) for a period of at least six weeks.

You will be encouraged to shower one day after surgery, however you are to dab your breasts dry, let them dry naturally or to use your hairdryer on a cool setting to blow them dry – you are NOT to rub your breasts for one month after surgery.

After two weeks you will be asked to apply moisturiser over your scar on a daily basis for a period of three months.

You will come for a wound check one week after your surgery and return to see Mr Davis in clinic between six and ten weeks after surgery – earlier if required. Further follow-ups will be arranged as necessary.

Potential risks

- *Bleeding & Haematoma*

Bleeding can occur at any time in the first 10 days or so after the surgery so you should therefore avoid any trauma to your breast area and avoid strenuous exercise or anything that is causing your breasts to be moving vigorously in any direction. Where possible, arm movements should be limited in the first week.

Your breast will usually become swollen and tender with a bleed and may develop bruising – if this occurs you should return for review as you may require a return to the operating theatre to explore and stop any bleeding vessel(s) and remove any blood.

- *Seroma*

This is a collection of clear/pale yellow fluid that essentially leaks and collects from the tissues as part of the normal reaction to surgery/injury. This nearly always resorbs over a period of weeks, but is occasionally large enough to warrant it being aspirated with a needle and syringe under Ultrasound guidance.

- *Infection*

Whilst not common, should it occur your breasts may be swollen, red, warm/hot and tender. You may also feel unwell in yourself. This is treated with a two-week course

of oral antibiotics and will need to be explored and washed out in the operating theatre. There is a high chance that your implant(s) will be removed and the breast allowed to settle for a period of three-to-six months before being replaced with a new implant(s).

- *Scars*

Scars are by definition permanent, so will always be there. Initially scars can be red and with time should fade through pink to ultimately be pale and flat. Occasionally scars can become hypertrophic or keloid whereby they are raised, red, lumpy, itchy and unsightly or can stretch to become wider.

- *Altered nipple sensation*

The nerves supplying the nipple areolar complex can be damaged during the surgery resulting in your nipple(s) feeling numb after surgery. This usually recovers with time, however permanent loss of or reduced sensation can happen. Ever so occasionally the nipple can become oversensitive.

- *Altered breast sensation/numbness:*

As per the nipple, nerve damage can occur to the nerves supplying the skin over the breast. This is usually temporary but can occasionally be permanent, resulting in numb skin.

- *Inability to breast feed*

Although uncommon, it is possible that you will be unable to breast feed after a breast enlargement as the milk ducts and/or nerve supply to them can be interfered with when creating the pocket in which to put the implants. Breast feeding with implants is however not known to carry any adverse effects to the child.

- *Implant displacement/rotation/extrusion*

Despite making a pocket to fit the implant you have chosen, with time the implants can move position, more commonly when under the muscle &/or with smooth implants, thereby changing the distribution of volume and shape of your breast(s). Rotation of the implant is not an issue with round implants however with anatomical (tear drop) implants if the implant should rotate then the volume of the implant will be in the wrong position and result in distortion of the shape and/or volume distribution of your breast(s). Implant extrusion can happen if your wounds come open during the healing phase and a part of the implant becomes exposed. Very rarely this can happen years down the line where the tissues stretch and become weaker, eventually opening up at the scar line. Should this occur you will require a return to theatre to wash the breast pocket and implant out before repairing the open wound.

- *Implant rippling, folds and palpable edges*

Implants are not completely filled with gel otherwise they would become too firm and unnatural. As a result of the slight under-filling the implant shell can form small folds or ripples that can be felt and sometimes seen through the skin and breast tissues. Placing the implants under the muscle can help to cover this, however with

time as the breast soft-tissues stretch and become thinner and the muscle becomes thinner as the use of it is less once disturbed by an implant underneath it, this initial benefit becomes less and less. No matter whether you have an implant over or under the muscle, the implant edge +/- rippling is nearly always felt at the inferior margin where the breast crease is. Should palpable edges, rippling and folds in an implant be an issue then fat grafting over the top of the implant can often help cover this over.

- *Implant rupture*

Although manufacturers guarantee their implants for life against rupture, one must accept that just like anything else machine and man-made, a small percentage are going to fail and rupture. Rupture can be as a result of multiple factors. It usually presents with your breast swelling and enlarging and/or the shape of your breast changing. Following clinical examination, you will usually be sent for a scan and if rupture confirmed it is recommended that you have the implant(s) removed or exchanged.

- *Capsular contracture*

The body's immune system recognises that the implant does not belong to it, however it is too large to be able to destroy it so it does the next best thing and builds a wall around it, encapsulates it, in order to 'control & contain' any potential problems the implant could cause the body. We call this wall a 'Capsule'. For the most part you will not be aware that the capsule is there, however with time the capsule can become firm – this is not an indication to have anything done. The capsule can also start to contract, resulting in a change in shape of the implant and often the overlying breast. It can also cause pain. If you have a change in shape and/or pain these are the indications to have your implant(s) exchanged or removed completely. The more times that you have surgery to exchange your implants the more likely you are to experience this complication earlier along the timeline compared to the first time you had implants inserted. Whilst many causes of this are theorised, one factor that has been shown to clearly increase this occurring is pregnancy.

- *BIA-ALCL*

Breast Implant Associated – Anaplastic Large Cell Lymphoma is a rare blood type cancer that has become associated with having breast implants in. The theories of why it happens are to do with possible low grade infection and to do with the texturing of the implants – this will all be discussed with you in clinic, but data is always being updated as we learn more about this. Regular updates can be found on www.fda.gov and www.associationofbreastsurgery.org

BIA-ALCL most commonly presents between 8 & 10 years of having implants put in (reports are between 1 & 20 years) and is often represented by a spontaneous, painless swelling of the breast, although lumps, a rash and or pain can be presenting symptoms and signs. If the diagnosis is made, then the treatment is removal of the implant and surrounding capsule – this is often curative. Some patients have required chemotherapy and to date, 9 women have died from this condition.

The current lifetime risk ranges from 1:3000 to 1:30,000 depending upon the range of implants used.

- *Asymmetry*
No two breasts are the same – they are sisters not identical twins. Subtle differences in your breasts and chest wall anatomy can be made more obvious by having an implant placed as the implants can magnify what is already there. Obvious asymmetries can be planned for to try to make them less noticeable by, for example, different sized implants being placed in to each breast. Any asymmetries that are noted will be discussed with you in clinic.
- *DVT/P.E.*
Very occasionally a blood clot may form in one of the deep blood vessels in the leg (Deep Vein Thrombosis). Blood clots have the potential to break bits off that can travel up to the lungs resulting in a pulmonary embolus. As a way of reducing the risk you will be required to wear compression(TED) stockings on your legs from admission on the day of surgery until 2 weeks after surgery. You will also be encouraged to keep as mobile as is possible and to stay well hydrated.
- *Swelling &/or bruising*
Swelling will almost certainly occur naturally and can take months to fully settle down. Bruising can be treated, unless contraindicated, with the use of Arnica or other such products should you wish.
- *Double-bubble deformity*
If you have heavy breasts or the bulk of your breast tissue is located lower down your chest wall, then when an implant is placed the breast tissue will invariably fall off the top of the implant creating a so-called “double-bubble” effect – you have the mound of the breast implant with the breast tissue sagging off the bottom. This more commonly happens when the implants are placed under the muscle, but can occur when placed on-top of the muscle.
- *Future ptosis & ‘Bottoming out’*
By adding weight to your breasts you are giving gravity more to work with so the resulting droop of your breasts will occur quicker than if you had no implants/extra volume and weight in place. The skin and soft tissues of your lower half of your breast can also stretch disproportionately resulting in the implant dropping and too much volume being under your nipple-areolar complex – this is known as ‘bottoming out’ The longer you can wear proper support bras after your surgery in your daily life, the longer your results are likely to last.
- *Visible veins/stretch marks*
Any veins or stretchmarks on your breast can be magnified and thus become more obvious when the breast is stretched over the underlying implant.
- *Further surgery in the future – this is likely to incur more costs*