



MD AESTHETICS

Removal of Implant(s)

What is Removal of Implants?

Removal of Implants is an operation to remove the breast implant(s) you current have in place.

Women that may want implants removing are those who:

1. No longer want their implants
2. have capsular contracture(s) and do not want them replacing
3. have ruptured implant(s) and do not want them replacing
4. have been diagnosed with BIA-ALCL and need the implants and capsules removing as part of the treatment.
5. have infected implant(s)
6. feel their implants are causing ill health

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 had implants in the past.

How is the operation performed?

The operation is carried out under a General Anaesthetic (you are asleep) and takes roughly twenty minutes. Usually your old incision scars are excised and access gained through the resulting wound. 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 until your scar has healed and more robust. 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 three months after surgery – earlier if required.

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 five-to-seven day course of oral antibiotics.

- *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.

- *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. The cancer itself is located within the breast capsule that had formed around the implant. If the diagnosis is made, then the treatment is removal

of the 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 may be made noticed following removal of your implants.
- Deflated breasts/loose skin
Following the removal of implants your breasts will likely be deflated and appear droopy as a result of them being empty with resulting loose skin. Occasionally the skin envelope of the breast can naturally tighten a little but this is usually very limited if it does occur.
- *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.
- *Further surgery in the future – this is likely to incur more costs*