

GENERAL INFORMATION

The removal of breast implants that have been placed either for cosmetic or reconstructive purposes is a surgical operation. Breast implant removal may be performed as a single surgical procedure or combined with additional procedures, as follows:

- Simple breast implant removal, without removal of capsule tissue around implant
- Removal of tissue surrounding the breast implant (capsulectomy)
- Removal of escaped silicone gel in breast tissue (extracapsular, outside of capsule layer) from silicone gel-filled implants (breast biopsy)
- Breast lift (mastopexy following breast implant and/or capsule removal)

Implants that are found to be damaged or ruptured cannot be repaired; surgical removal or replacement is recommended. There are options concerning general versus local anesthesia for breast implant removal.

ALTERNATIVE TREATMENTS

Alternative forms of non-surgical management include not undergoing breast implant removal, or other procedures to replace, relocate, or revise existing situations when patients choose to continue with breast implants. Risks and potential complications are associated with alternative surgical forms of treatment.

SPECIFIC RISKS OF BREAST IMPLANT REMOVAL SURGERY

Skin Wrinkling and Rippling:

Visible and palpable wrinkling of breast skin can occur. This may require additional surgery to tighten loose skin following breast implant removal surgery.

Ruptured Silicone Gel-Filled Breast Implants:

As with any manmade object implanted in the human body, device failure can occur. It is possible that an implant can rupture causing silicone gel to be released from the implant. Implants also can rupture during the removal process. If implant rupture has occurred, it may not be possible to completely remove all of the silicone gel that has escaped. The implant shell material of textured breast implants may be impossible to remove completely. Calcification around implants can occur and may require removal of the scar tissue surrounding the implant (capsulectomy). It may not be possible to completely remove the scar tissue that has formed around a breast implant, implant parts, calcifications, or silicone gel. Additional surgery may be necessary in the future.

Delayed Healing and Tissue Necrosis:

Wound disruption or delayed wound healing is possible. Some areas of the breast skin or nipple region may not heal normally and may take a long time to heal. Areas of skin or nipple tissue may die. Tissue death (necrosis) can potentially occur when surgery is performed to remove implants, capsule tissue, and procedures to tighten the skin and move the nipples upward (mastopexy). Necrosis has also been reported with the use of steroid drugs, after chemotherapy/radiation to breast tissue, and due to smoking, microwave diathermy, and excessive heat or cold therapy. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to breast tissue from past surgery or radiation therapy may be at increased risk for delayed wound healing and poor surgical outcomes. Smokers have a greater risk of skin loss and wound healing complications.

Change in Nipple and Skin Sensation:

You may experience a diminished (or loss of) sensitivity of the nipples and the skin of your breast that usually resolves in three to four weeks. Partial or permanent loss of the nipple and skin sensation is rare. However, decreased or permanent loss in nipple sensation is more likely to occur if extensive surgical dissection is needed to remove scar tissue or silicone gel from a broken implant.

Skin Contour Irregularities:

Contour and shape irregularities may occur. Visible and palpable wrinkling may occur. One breast may be smaller than the other. Nipple position and shape will not be identical on each side. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

Breast Disease:

Current medical information does not demonstrate an increased risk of breast cancer in women who have breast implant surgery for either cosmetic or reconstructive purposes. It is recommended that all women perform periodic self-examination of their breasts, undergo routine mammography.