

Keeping incisions small for implant removal

Breast Reconstruction Specialist Dr. Constance M. Chen discusses options for breast implant removal

NEW YORK, NY, UNITED STATES, September 27, 2022 /EINPresswire.com/ -- The U.S. Food and Drug Administration (FDA) issued a new communication this month alerting patients and healthcare professionals about reports of squamous cell carcinoma (SCC) and various lymphomas associated with breast implants. This is separate from what the World Health Organization (WHO) classified as [breast implant](#)-associated anaplastic large cell lymphoma (BIA-ALCL) in 2016.



Dr. Constance M. Chen

While the FDA does not currently recommend preventative [implant removal](#) for patients who don't have any symptoms or complications, some women with breast implants may want to have their implants removed anyway.

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Just like the initial placement of breast implants, having implants removed is no small decision. There are a number of reasons someone may decide to have implants removed, ranging from the psychological to the practical. Ideally, implants are removed without making any new incisions during the explantation surgery.

In the United States, most breast implants come with a manufacturer's 10-year warranty after the date of implantation. And while some implants can last longer than the warranty period without needing replacement, the longer implants remain in the body the more likely it is that problems will develop. Hardening, implant ruptures, and infection are the three most common reasons implants are removed within the first decade after placement. With each year that passes, the risk of an implant developing problems increases, which explains at least in part why patients between the ages of 40-69 represent only 35% of breast augmentation surgeries, but more than two-thirds of all breast implant removals.

“It doesn’t matter if implants are used for augmentation or reconstructive purposes, or what type of implants they are—saline or silicone, textured or smooth, round or teardrop shaped, or whether they’re placed above or below the pectoralis muscles—no breast implant lasts forever,” says Dr. Chen.

While it may not affect how long breast implants last, it is important to pay attention to the condition they are in. This means regular self-checks and annual checkups, as well as chest MRI scans every other year for silicone implants.

Capsular contracture is the most common reason implants are removed. All breast implants are foreign bodies, and the immune system naturally builds a defensive barrier around them called a capsule. Over time, these capsules often become very hard and contract. In turn, the capsular contracture can cause the breasts to change shape and become painful.

Another common reason for implant removal is infection. Fevers and chills and a pink or red breast can be a warning side of infection. Since the implant has no blood supply, simple antibiotics may not be sufficient, and the implant may need to be removed to avoid sepsis, which is life-threatening. For this reason, anybody with breast implants should take prophylactic antibiotics around invasive procedures such as colonoscopies or dental procedures to reduce the risk of infection.

Rupture is another reason for breast implant removal. With saline implants, it is obvious if there is an implant rupture because the breast deflates. Saline is used to clean contact lenses and to hydrate the body with intravenous fluids, so saline leaking into the body is not dangerous, but most people will remove a deflated saline implant anyway since it may look odd. A silicone implant rupture is usually silent because the silicone gel does not diffuse into the tissues like the liquid saline. For this reason, the FDA recommends a surveillance breast MRI every 2-3 years to help detect silicone implant leaks. Silicone implant ruptures can cause inflammation to the surrounding tissues, so the breast may actually become bigger due to tissue inflammation. While not an emergency in the same way as an infected implant, a ruptured silicone implant should be removed in a timely manner as long as the patient is healthy enough to undergo surgery.

Finally, a growing number of women request implant removal because of Breast Implant Illness (BII), a large constellation of symptoms that patients associate with breast implants such as joint aches, brain fog, fatigue, poor sleep, skin and hair changes, food allergies, and other autoimmune type symptoms. While BII is not a recognized medical diagnosis, women who believe they have BII report that their symptoms disappear once their breast implants are removed.

Whatever the reason for having implants removed, there are multiple types of surgeries that can be used. For patients with BIA-ALCL, the entire capsule needs to be removed because BIA-ALCL is a cancer of the scar tissue - or capsule - around the breast implant. For patients with early stage

BIA-ALCL, an en bloc capsulectomy is curative. For more advanced stages of BIA-ALCL, chemotherapy or radiation therapy may be necessary. For patients who are not concerned about the implant capsule, the implants can be quickly slipped out while leaving the capsule in place. Sometimes the capsule will break down on its own and be resorbed by the body over time.

For patients who want their entire capsule removed with the breast implant, some plastic surgeons will make a larger incision or even a separate incision. If the patient is having additional surgery to change the shape of the breast - such as a breast lift or a mastopexy - additional incisions will be necessary for the skin resection. The two most common types of incision used for the initial implant are either through the inframammary fold in the crease below the breast or the periareolar incision following the curve of the areola. Depending on breast shape, both types of incision do a good job of hiding visible scarring, and they can also be used to remove the breast implant. If the explantation is the only procedure being performed - in other words, there are no additional procedures such as a mastopexy - a skilled surgeon can perform a complete en bloc capsulectomy through the original incision - even if it is a small incision around the areola. "Using the same incision as the initial implant surgery is the best way to minimize scarring," Dr. Chen says.

"It is important to minimize the scar, because any type of plastic or reconstructive surgery—from breast augmentations to reductions, mastopexies, and even implant removals—should make people feel more comfortable, confident, and restored," says Dr. Chen. "Being thoughtful about incision size and placement is just one way to achieve the best possible outcome."

Constance M. Chen, MD, is a board-certified plastic surgeon with special expertise in the use of innovative natural techniques to optimize medical and cosmetic outcomes for women undergoing breast reconstruction. She is Clinical Assistant Professor of Surgery (Plastic Surgery) at Weill Cornell Medical College and Clinical Assistant Professor of Surgery (Plastic Surgery) at Tulane University School of Medicine. www.constancechenmd.com

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