

BREAST IMPLANT EXCHANGE or REMOVAL



COSMETIC
SURGERY
PARTNERS

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Background

Despite advances in techniques and breast implant manufacture, all patients with a Breast Augmentation (BA) will require further surgery in the future. This may be due to the breast implant itself, the breast tissue or a combination of the two. Naturally implant failure is increasingly common as the prosthesis ages.

Where possible, existing scars are used, but secondary surgery usually occurs via the inframammary crease. There are four variables to consider and each patient's situation is unique

- **Implant** – the implant should be replaced in the majority of instances and obviously if ruptured
- **Plane** – implants placed beneath the breast ('subglandular') may need to be replaced under the muscle ('submuscular'), particularly with rippling and capsular contracture
- **Capsule** – the scar tissue response to any foreign body is usually soft, thin and flexible. If significantly contracted and distorting the breast it should be removed
- **Breast** – as every woman knows, breasts change with age and gravity. Minor degrees of droop ('ptosis') may be addressed with a dual-plane approach or a larger implant. Moderate and severe degrees require an uplift ('mastopexy')

Pre-Operative Consultation

A detailed consultation will assess your unique situation. Importantly, your general fitness, aims, expectations, alternatives and limitations will be discussed in detail.

Surgical Considerations

Given the variables, it will be no surprise that a range of surgical options is possible:

- **Implant removal** – although the easiest, it usually leaves an empty and drooping breast tissue unless the breast envelope is highly elastic and the prosthesis small
- **Implant removal and replacement** – often with a slightly larger device to better fill a stretched envelope
- **Implant replacement with plane change** – generally from on top to below the muscle (with a larger implant as it appears smaller).
- **Implant replacement with mastopexy** – the most challenging breast surgery balances competing forces of skin tightening and volume expansion. There are more complications and less predictable outcomes

Post-Operative Advice

Strenuous exertion should be avoided for 1 - 2 weeks and regular Paracetamol is helpful. Wound review is planned for 7 days and the majority are back at work within 2 weeks

Risks and Complications

Any surgery carries risk, rare with modern techniques, but secondary surgery takes longer, has more complications and is less predictable. You must ensure that you are happy with the compromises and maintain realistic expectations.

CASE STUDY 1: 36-YEAR ♀ BILATERAL IMPLANT EXCHANGE (HR 360 FOR PIP 270) AND PARTIAL CAPSULECTOMY



PRE-OP



POST-OP 7 WEEKS

CASE STUDY 2: 49-YEAR ♀ BILATERAL IMPLANT EXCHANGE FOR RUPTURE, CAPSULAR CONTRACTURE AND PTOSIS



PRE-OP



POST-OP 6 MONTHS