



Secondary Breast Implant Surgery

Secondary breast implant surgery is carried out when there is either a problem with your breast implants or a change in your breast shape or size over time or after pregnancy, ageing, weight loss or other body changes. As your breasts have had previous surgery and the breast implants will normally have been in place for some time, this surgery is usually more complicated than your original operation.

Indications for secondary breast implant surgery

- Ruptured breast implants
- Malposition of the breast implant (sitting too high, too low or to one side)
- Capsular contracture (tight scar tissue around implant which causes your breasts to feel hard, to have a change in shape (deformed shape) and/or to be painful)
- Sagging, loose skin or poor shape of the overlying breast tissue
- Visibility of breast implants
- Weight of breast implants
- Change of mind regarding size or shape of breast implants or regarding having breast implants in place
- Persistent infection
- Asymmetry between breasts
- Persistent pain or discomfort
- Symptoms thought to be associated with Breast Implant Illness (BII)
- Breast Implant Associated – Anaplastic Large Cell Lymphoma (BIA-ALCL)

Limitations of secondary breast implant surgery

Your breasts have had previous surgery with some scarring as a part of this. There are usually some limitations in what you are suitable for in terms of implant size or style and in the degree of change that is possible to achieve. This depends on:

- The reason you are having secondary breast surgery
- The size and shape of your breasts
- The quality of your breast tissue and breast skin
- How able your breast tissue is to support further implants if you wish them to be replaced
- The changes that you are hoping to achieve with this surgery

This will be discussed with you in more detail and in relation to your particular circumstances during your consultation with Ms Nugent.

There will be situations where Ms Nugent recommends leaving breast implants out for a period of time before replacing them at a second stage, changing to smaller breast implants or a different type of breast implant or that you no longer have breast implants. In some situations, she will recommend a mastopexy (breast lift) as well to achieve a better shape and position of your native breast tissue. This is usually when problems such as infection, recurrent capsular contractures or sagging of the breast tissue persist even after attempts to solve them.

Existing breast implant details

If Ms Nugent has not performed your original or last breast surgery, it is very helpful if you can supply details about the surgery you had and the implants you have in place. Please bring any paperwork that you have related to your breast surgery and implants with you to your consultation.

Secondary breast implant procedures

Pre- and post-surgery clinical photographs of your breasts will be taken. Breast implant surgery is usually carried out under general anaesthesia (while you are asleep) as a day case or with an overnight hospital stay. The surgery usually takes between 1 and 3.5 hours depending on the procedure being undertaken. While Ms Nugent does not routinely use drains in breast surgery, she is more likely to do so in secondary breast implant surgery. If possible, they are removed the next morning before you go home. Sometimes it is necessary to leave the drains for longer and you will then be discharged home with the drains in place and an appointment will be made for you to return to the hospital for their removal. You will be asked to wear a support bra for 6 weeks afterwards.

Types of secondary breast implant surgery

Please see the relevant information booklet or sheet for more detail on individual procedures such as breast augmentation, breast augmentation mastopexy, mastopexy, lipofilling (fat transfer), BIA-ALCL or BII.

Implant exchange

An exchange of implant is performed without further surgery to your breast tissue. This is usually where only minor problems have occurred or where a patient simply wishes for a different size or style of implant. It can normally be carried out using the original incision.

Capsulectomy with implant exchange or removal

The capsule of scar tissue that has built up around the implant is removed along with the old implants and new implants are placed under the breast if desired. It may be necessary to place new implants in a different plane in relation to the breast e.g. removing implants that have been placed directly under the breast tissue and placing the new implants partially under the pectoralis muscle. This can be helpful in reducing the risk of future capsular contractures. The surgery is usually performed using an incision in the breast crease. It may need to be larger than the incision made to place the original breast implants. Capsulectomies may partially or completely remove the capsule around the breast implant. A partial capsulectomy may be performed if the capsule is very adherent to some tissues in your body e.g. your ribs or if it is very flimsy and the additional trauma to your tissues to remove all of it does not come with a clear benefit. This may be done if there is no risk to you in leaving part of the capsule behind. There are some situations where a full capsulectomy is needed and a partial capsulectomy is not appropriate for these surgeries (e.g. surgery for BIA-ALCL).

If a breast implant ruptures, the silicone gel is usually contained within the capsule that has formed around the implant in your breast and there is none in your breast outside of this capsule. Less commonly, the silicone can be outside this capsule in your breast tissue (your breasts may feel very lumpy where this has occurred) or can travel to the lymph glands under your arms. Silicone that has migrated to the glands under your arms is not removed surgically unless it is really necessary as the risks of the surgery to remove it usually outweigh the benefits of removing it. Silicone that is outside the capsule in your breast tissue can be removed at the time of capsulectomy by removing the involved tissue. It is not possible to guarantee removal of all traces of silicone in this situation but as much as is visible and palpable can be removed. This can impact on the size, shape and symmetry of your breasts afterwards.

Capsulectomy & implant exchange & mastopexy

In addition to removing the scar tissue around the implant and replacing the implant as described above, a breast lift or mastopexy is performed to lift and improve the breast shape as well. The incision (and therefore the scar) will depend on the extent of mastopexy required.

Implant removal +/- capsulectomy & mastopexy

The breast implants and any significant scar tissue or capsule around them are removed and not replaced. A breast lift or mastopexy is performed to lift and improve the breast shape. The incision (and therefore the scar) will depend on the extent of mastopexy required.

En bloc capsulectomy & implant removal

The complete capsule of scar tissue that has built up around the implant is removed along with the old implants without piercing the capsule. This technique is indicated for BIA-ALCL and may also include excision of any involved breast or local tissues beside the capsule. If you are considering en bloc capsulectomy for any other reasons, please be aware that a much larger incision in your breast crease is needed to perform this technique. While it is often requested by patients when worried about BII and Ms Nugent is willing to perform en bloc capsulectomies for this reason if requested to, there is not direct scientific data to support a benefit of en bloc capsulectomy over a standard capsulectomy & implant removal for BII. It is important to appreciate that sometimes it is impossible to remove the capsule without making a hole in it, even in the most experienced surgeon's hands. Sometimes it is also not possible to remove the whole capsule, depending on how adherent it may be for example to the ribs.

Mastopexy

A breast lift or mastopexy can be done over existing breast implants when sagging of breast tissue has occurred over the implants but the implants themselves are not problematic and are of a suitable size and style. This lifts and improves breast shape. The incision (and therefore the scar) will depend on the extent of mastopexy required.

Lipofilling (fat transfer)

Fat transfer can be done from another area of the body e.g. hips or thighs to improve the shape or symmetry of breasts over implants or to hide visible outlines of implants better. It does carry the risk of damaging the implant when fat is being placed around the breast or transmitting an infection through the entry point in the skin to the implant.

Adjustment of implant position

If an implant is sitting too high or low in relation to the other side or the breast itself, it may be necessary to adjust the shape or size of the breast pocket that the implant is sitting in. It may be recommended that the implant is replaced with a fresh implant in these situations to reduce the risk of infection from exposure of the implant during the adjustments.

Implant removal

Rarely, simple implant removal is all that is needed. This can be done using the original surgical incision and is normally a very straight forward procedure.

Mesh or acellular dermal matrix (ADM)

In some of the procedures described above such as implant exchange with capsulectomies with or without a mastopexy, it may be necessary to use a mesh or ADM to provide additional support to hold the breast implant in its desired position. This is needed when there is very little breast tissue or very weak breast tissue that would have difficulty in supporting or adequately covering a new implant.

Staged procedures

While usually Ms Nugent carries out all the planned surgery in one procedure, there are situations where she will advise doing the surgery in two or even three steps. Usually a 3 to 6 month gap is placed in between procedures. This is normally planned in advance but occasionally due to unexpected findings in surgery or fragility of your breast tissue and skin, this decision will be taken during surgery.

Some examples of staged procedures include:

- Performing a mastopexy at a later stage if breast skin and tissue is very thin and fragile after a capsulectomy where not much native breast tissue remains
- Performing a mastopexy at a later stage if there may be a change that it is not needed i.e. mild laxity in the breast tissue but a reasonable breast shape
- Performing lipoaugmentation (fat transfer) at a second stage
- Lipoaugmentation may need more than one session even if performed at the first surgery
- Replacing a breast implant at a second stage

Investigations

In some patients requiring secondary breast implant surgery, Ms Nugent will recommend scans such as ultrasound or MRI scan before surgery. She will also recommend sending tissue or fluid for analysis in some clinical situations. This is usually done at the time of surgery or a scan. If any further treatment is required as a result of this, Ms Nugent will advise you after she receives your results.

Reporting of explanted implants

It is recommended that ruptured breast implants are reported to the Medicines and Healthcare products Regulatory Agency (MHRA) so that trends or higher than usual rates of problems with breast implants are identified. Ms Nugent will do this on your behalf if indicated.

The type and condition of removed implants as well as the reason for removal are also recorded in the Breast and Cosmetic Implant Registry.

Post-operative course

You will have bruising and swelling in your breasts afterwards which will peak at day 2 to 3 and slowly resolve over the weeks following this. Most of this will go in the next 4 to 6 weeks but swelling can persist for up to six months. You will have a scar, the location and extent of which will be discussed in advance with you and will depend on the exact surgery that you require. Bigger scars may be needed to perform secondary breast implant surgery than those used in your original operation and they may need to be placed in different locations on the breast. It may take 6 to 12 months for the shape of your breasts to fully settle following secondary breast implant surgery particularly after some types of mastopexy.

You will need to wear a support bra for 6 weeks postoperatively. This helps to provide support to your breasts and to keep swelling controlled. It may take you longer to recover from secondary breast implant surgery than first time round and particularly if you have had capsulectomies, your breasts may be significantly more tender and painful in the early recovery period.

Recovery

Most people return to work after 1 to 2 weeks depending on the nature of their work. Exercise or strenuous activities need to be avoided for 6 weeks post-surgery. Light activities can be resumed within 2 weeks and normal activities are usually unrestricted after 6 weeks.

Complications

As with any surgery, there are some complications associated with secondary breast implant surgery. Please see the individual information booklet or sheet for complications relating to breast augmentation, breast augmentation mastopexy, mastopexy or lipofilling (fat transfer). Regarding secondary breast implant surgery specifically, please note the following:

Unexpected findings in surgery

Occasionally during secondary breast implant surgery, unexpected events can occur or there are unexpected findings which affect or prevent performing the planned surgery or require adjustments to the surgical plan or procedure. Should this happen, Ms Nugent and/or the operating room team will carry out any emergency treatment required and will adhere as much as possible to the planned surgery if safe to do so. If this should occur, you will be informed of this, any consequences of this and if any further treatment or assessment is required at the earliest opportunity.

Swelling and bruising

This will peak around day 2 to 3 post surgery and will gradually reduce after that. Most of the swelling is usually gone by 6 weeks but occasionally lasts longer than expected. It may be more extensive or last longer than after your original surgery as secondary surgery often takes more time and is more extensive.

Bleeding

If you have a tendency to bruise or bleed easily or take medications such as aspirin that make you more prone to bleeding, this may be a higher risk for you. It may be necessary to stop some medications in advance of surgery. Occasionally there is more bleeding than expected from the incisions or bleeding under the skin forming a haematoma. A return to theatre may be needed to deal with this. There is a higher risk of bleeding after capsulectomy surgery than other types of breast surgery.

Infection

Implants that are being replaced because of infection have a higher risk of further infection than those that have never been infected.

Damage to the skin of breast or nipple

On rare occasions, removing silicone that is close to the skin of the breast or to the undersurface of the nipple, can result in damage to the skin of the breast or the nipple.

Seroma

After surgery, the body naturally produces a certain amount of fluid as part of its reaction to surgery and attempts to heal the area. Sometimes this fluid can build up underneath the skin after the drains have been removed and require drainage in the clinic or under ultrasound guidance with a fine needle. This may need to be repeated until it stops being produced. After capsulectomy (partial or complete), the risk of seroma formation is higher than other types of breast surgery where no capsule removal has taken place.

Slow healing

This may be due to one of the problems mentioned in this section such as infection or sometimes some areas are slower to heal than others or due to overdoing it after surgery. This is usually managed with dressings in the clinic.

Poor scar formation

Scars may be tender, raised, lumpy, stretched, red or slow to settle. Bigger scars may be needed to perform secondary breast implant surgery than those used in your original operation and they may need to be placed in different locations on the breast.

Asymmetry

No-one is perfectly symmetrical and we all have differences between the two sides of our body. These differences persist after surgery but are usually small enough that they are not overly visible and do not require any treatment. With secondary breast surgery, the risk of persistent asymmetry is higher than after the original surgery as it is usually more complex surgery and there are often some physical limitations to what is achievable.

Reformation of capsular contracture

If you have had a capsular contracture around your breast implants at any stage, you are at higher risk of developing a further capsular contracture in the future compared to those who have had breast implants and never developed capsular contractures. This has occurred in up to 40% of patients with previous capsular contractures in some clinical studies. Further surgery (usually at additional cost) is needed to treat a recurrent capsular contracture.

Adjustment to a reduced breast size

If implants are not replaced or if a smaller implant is used to replace those removed, your breasts will be smaller after surgery. If a breast lift (mastopexy) is performed although no significant amount of breast tissue is removed, your breasts may appear smaller due to the tightening and lifting effect of the surgery.

Loose skin

If implants are removed and not replaced or replaced with smaller implants, you may have loose skin and/or sagging afterwards in your breasts as they will have stretched to accommodate the original implants. This can be counteracted by having a breast lift (mastopexy). If skin and breast tissue has been very stretched by large implants, it does not have good elasticity and sagging can recur in the future even after a mastopexy.

Advice not to replace implants

If after repeated breast implant surgeries, you continue to have problems, it may be necessary to accept that you should not have any further breast implants placed and to accept a smaller breast size.

Disappointment with the result

Sometimes after undergoing secondary breast implant surgery, patients are disappointed with the result. This may be due to one of the problems described above occurring or due to unrealistic expectations of the surgery e.g. mild asymmetries, visible scarring or less than expected improvement of breast size or shape. It is important that you discuss your expectations in advance of the surgery so that you can understand what to expect from the surgery and so this situation is avoided as much as possible. (Additional costs may be incurred for further procedures.)

Longevity of procedure

Secondary breast implant surgery is usually very successful. The improvement in your breast shape and/or size is apparent early on although it is 6 to 12 months before the final result can be seen. The results are usually long-lasting.

The natural ageing process of the body continues regardless of surgery and so may over time alter your breast shape or size leading to recurrence of loose skin or sagging of the breast tissue. Significant changes in weight or the hormonal changes of pregnancy and breast feeding can also affect the longevity of secondary breast implant surgery.

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