

## Surgical Risks for Breast Augmentation

In November 2006, silicone gel-filled implants were approved by the FDA for use in breast augmentation and reconstruction. Breast augmentation is contraindicated in patients who have untreated breast cancer or pre-malignant breast disorders, active infection anywhere in the body or individuals who are currently pregnant or nursing.

Silicone implants were approved for patients at least 22 years of age. Otherwise a patient must be at least 18 years old to undergo a cosmetic augmentation. There is no age restriction on reconstruction procedures using implants.

According to the Institute of Medicine, there is no evidence to suggest any causation of diseases from exposure to silicone (gel or shells of saline implants). Implants are also not “for life” as more surgery will be needed in your future to correct problems that may arise in your breasts. Changes to breasts following augmentation may be irreversible and leave unacceptable appearances should you choose to have the implants removed. Larger implants are associated with more problems in the long run. Anything over 350cc is considered “larger”.

**Alternative Treatments:** external prostheses or padding; tissue transfers (ie: tummy); autogenous fat injections; not having surgery

### **Risks inherent to implant surgery**

**Implants** – failure or rupture (warranty covers for deflation/failure for up to 10 years from surgery date); gel implants can have silent ruptures undetected by exam resulting in FDA recommendation of obtaining a MRI of your breast every 2 years as ruptured implants should be removed or replaced.

**Capsular Contracture** – prolific scar formation around the implant resulting in extreme firmness and sometimes distortion and pain. Risks for recurrences after surgical interventions are high.

**Implant Extrusion/Tissue Necrosis** – implant could work its way through the skin or scar which is facilitated if tissue atrophy should develop; removal would be required if this occurred resulting in permanent scar deformity.

**Rippling** – implants can develop visible and/or palpable ripples; this is aggravated when the tissue coverage is thinner and more pronounced with saline and textured implants.

**Calcifications** – calcium can deposit in the scar tissue that forms around the implant causing pain, firmness and visibility on mammography.

**Chest Wall Irregularities** – implant can create indentations in your rib cage that may be permanent

**Implant displacement/malposition** – displacement or malposition can occur during the healing process; this may result in breast distortion or asymmetry and additional surgery may be required to correct this

**Unusual Activities and Occupations** – activity with the potential for chest trauma could potentially break or damage your implant and result in bleeding or a fluid collection.

**Silicone Gel Bleed** – (for gel implants only) Microscopic amounts of gel material and platinum can pass through the shell of the implant. This theoretically could contribute to contractures and lymph node swelling. The evidence to date shows no evidence of this being harmful. Newer gel implants are also more cohesive and the shells less permeable.

**Change in Nipple and Skin Sensation** – you may lose or have altered sensation in your nipple which in most cases does recover but in some instances is permanent. Hypersensitivity is quite common but does resolve with massage and time.

**Mammography** – is hindered by the presence of implants and can affect the ability to use mammography as a screening tool as you age; a baseline is recommended if you are nearing the age of 40.

**Removal/Replacement of Breast Implants** – you should anticipate more surgery in your future; advanced contractures can make reoperations difficult and you may not like how your breasts appear should removal be necessary.

**Large Volume Augmentation** – this places you at risk for less than optimal long-term outcome and the need for additional surgery and expenses; implants larger than the normal dimensions of the breast can produce irreversible tissue thinning, bottoming out, and rippling.

**Sentinel Node Mapping Problems** – breast surgery can interfere with diagnostic procedures that depend on unaltered lymph drainage used to stage breast cancer

**Nipple and Breast Piercing** – can lead to infections that could involve your implants and necessitate removal

**Breast Feeding** – you may not be able to breast feed after an augmentation; risks are slightly greater when the incision goes around the areola

**Intimate Relations after Surgery** – activity that increases your pulse or heart rate can lead to bleeding if you have not adequately healed; ask your doctor when it is safe to pursue such activities

Disclaimer: Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including not having surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. This should not be considered all inclusive in defining other methods of care and risks encountered. This is not intended to define or serve as the standard of medical care.