NINA S. NAIDU
MD FACS

A Patient's Guide to Breast Implant Removal

Inside this guide:

Dear Patient,

Thank you for choosing to explore breast implant removal with Dr. Naidu. This guide was written to help you understand the risks and benefits of breast implant surgery.

Please read the following information in its entirety prior to your visit, as this will make your time with us more productive. If you have any questions about anything contained in this material, we will be happy to discuss them with you at the time of your consultation.

We look forward to meeting you.

Reasons for Breast Implant Removal

Breast implant removal of your breast implants involves removal of your implants with or without the scar tissue (capsule). Some reasons to consider implant removal include the following:

- your implants have deflated or have ruptured
- your implants have become infected
- you have developed a capsular contracture or tight scar tissue around your implants
- you have undergone a lifestyle or body change and simply no longer wish to have implants
- you have developed other symptoms which may be related to your implants

What is breast implant removal?

Breast implant removal is also referred to as explantation surgery. Explantation is a procedure in which silicone or saline implants are removed for cosmetic or medical reasons. The goal is to remove your existing implants, with or without the associated scar tissue (capsule). If your initial incision was under the breast, you can usually remove implants through the same incision. That is also sometimes true for the nipple incision. If your implants were placed through the armpit incision, you will require an incision beneath the breast for removal.

Capsulectomy

A capsule is the scar tissue that naturally forms around all breast implants. In a small number of cases, this tissue can become firm, painful, and may distort the breast. If this occurs, the capsule will be removed at the same time as the implant. In some cases, an *en bloc* capsulectomy will be performed, which is complete removal of the implant together with the overlying scar tissue as one unit. This is usually only possible when the scar tissue is very firm, as soft scar tissue tends to tear easily and cannot be removed as one piece.

ALCL

ALCL, or anaplastic large cell lymphoma, is a rare but treatable lymphoma which can occur in association with textured breast implants. There have been no documented cases of ALCL occurring in smooth breast implant patients. Due to the low risk of developing BIA-ALCL, the FDA does NOT recommend that women with textured breast implants have them removed unless they are experiencing symptoms. The most common symptom is a collection of fluid around the implant or swelling, but symptoms may also include pain, a lump in the breast or lymph node in the armpit, rash, fever, weight-loss or unexpected changes in breast shape.

Surgical technique

During surgery, the same or a new incision is used. The size and location of the incision will depend upon both the prior incision used, and whether or not the capsule is being removed. After removal, the tissues are washed out with antibiotic solution, drains are placed, and the incisions are closed in several layers.

Additional procedures

Breast lift surgery may be done at the same time as breast implant removal surgery if skin has been overly stretched or shows signs of sagging. The goal is to create smaller, shapelier breasts in better proportion to the body. In some cases, the areolae may be resized or reshaped to better fit your smaller breasts.

Risks of breast implant removal

All surgery carries specific risks and benefits. These risks include but are not limited to the following:

Unsatisfactory result: Breast ptosis or droop, asymmetry, and scarring may occur.

Pain: Pain of varying intensity and length of time may occur and persist following breast implant removal.

Change in nipple & breast sensation: Your breast and nipple sensation may increase or decrease after revision breast surgery.

Inability to breastfeed: Although the breast ducts are not cut during surgery, there is a risk that you may not be able to breastfeed following breast implant removal.

Infection: Although most infections occur within several days after surgery, this complication is possible at any time.

Risks of breast implant removal (con't.)

Hematoma/seroma: While small collections may resolve spontaneously, larger amounts of fluid or blood require additional surgery and possibly additional scars.

Necrosis: Necrosis, or the death of skin and fat, may occur in smokers, following an infection, or with the use of steroids. Additional surgery may be required.

Surgery and Anesthesia

Surgery is performed on an outpatient basis, either in the hospital or in an ambulatory surgery center. Surgery lasts 1—2 hours, and is performed under general anesthesia. General anesthesia is safe and assures that you will be completely comfortable during surgery. Prior to surgery you will be required to obtain routine bloodwork. The evening prior to surgery, you should not eat or drink anything after midnight. This ensures that you will have an empty stomach prior to surgery, which is very important for your anesthesiologist to care for you safely. You must have a responsible adult available to escort you home after surgery.

Recovery

Following surgery, you will awaken in the recovery area. Once you are fully alert, you will be given something to eat prior to discharge. You will need to be seen in the office 2-3 days following surgery for drain removal.

You may return to most normal activities the day after surgery, but aerobic and sexual activity should be limited for 2 weeks. Most patients take 4-5 days off of work. You will be given detailed, written instructions regarding activity. You may notice some temporary swelling, tightness and numbness. If you notice sudden swelling of one or both breasts, severe pain, redness, drainage, or a fever, please contact the office immediately.

About Dr.Naidu

Nina S. Naidu, MD, FACS is Board Certified by the American Board of Plastic Surgery and is a Clinical Assistant Professor of Surgery at Weill Cornell Medical College. Her practice focuses on aesthetic and reconstructive surgery of the breast and body.

Dr. Naidu completed her undergraduate studies at The Johns Hopkins University and obtained her medical degree from Cornell University Medical College. After completing her general surgery and plastic surgery training at New York Presbyterian – Weill Cornell Medical Center, she performed an additional year of fellowship training at the University of Pennsylvania. She is a former member of the American Society of Plastic Surgeons (ASPS), the American Society for Aesthetic Plastic Surgeons (ASAPS), and the International Society of Plastic Surgeons (ISAPS), and is an active Fellow of the American College of Surgeons (ACS). Dr. Naidu maintains privileges at New York Presbyterian Hospital – Weill Cornell Medical Center.

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