NINA S. NAIDU
MD FACS

A Patient's Guide to Breast Implant Revision

Inside this guide:

Dear Patient,

Thank you for choosing to explore breast implant revision surgery 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 Revision Breast Surgery

Breast implant revision surgery involves the removal and/or replacement of your breast implants. Some reasons to consider revision include the following:

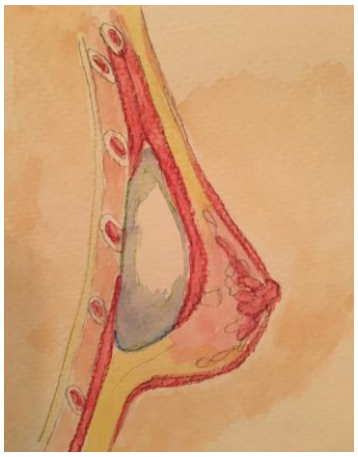
- your implants have deflated or have ruptured
- you want to change your implant size
- you have developed a capsular contracture or tight scar tissue around your implants

Change of implant type

Effective November 17, 2006, both saline and silicone implants are FDA-approved for cosmetic use. Saline implants include the traditional smooth round implant and silicone gel implants which may be smooth round or textured anatomic.

Many patients with older saline implants wish to have their implants exchanged to a silicone gel implant. You will have the opportunity to examine and feel examples of each implant type during your consultation.

Change of implant position



Breast implants can be placed either partially under the pectoralis muscle (submuscular) or over the muscle and under the breast tissue (subglandular). During the 1980's, implants were very commonly placed over the muscle. However, the current trend is to place implants underneath the pectoralis muscle in order to provide optimal long-term coverage of your implants and to avoid creating deformities which cannot be corrected, including visible implant edges and rippling. In addition, submuscular coverage has been shown to decrease the risk of capsular contracture, or scar tissue, which can form around implants. During revision procedures, implants are frequently moved from the subglandular to the submuscular plane.

Change of implant size

Patients occasionally wish to change their implant size following the initial surgery. The original incision is typically used for both removal and replacement with new implants. If you desire a larger size, the "pocket" or space in the breast may need to be enlarged to accommodate the larger implant. If you wish to have a smaller size, the space may need to be reduced with sutures to correctly fit a smaller implant. A breast lift is sometimes required when reducing the implant size.

Capsular contracture

Capsular contracture is hardening of the capsule and implant which may occur following breast implant surgery. During revision surgery for capsular contracture, the implant is removed, the capsule may be removed or opened, and new implants are placed. The original incision is used for revision surgery if possible.

Implant removal

In some cases, patients wish to have their implants removed without replacement. If your implants are large and your skin has stretched out as a result, a breast lift may be recommended following removal. In some cases, the skin will “rebound” to a small extent and a lift will not be needed. The original incision used for implant insertion can usually be used for removal.

Change in nipple-areolar complex position

The nipple and areola may need to be lifted on the breast mound or reduced in size. In this case, additional incisions will be required on the breast. If only a small elevation is required, an incision around the upper part of the areola may be all that is required. For additional lifting and tightening of the skin, a breast lift with an incision extending around the entire nipple-areolar complex and along the lower pole of the breast (“lollipop” incision) is necessary. In all cases, the nipple and areola remain attached to the underlying breast tissue, which allows sensation and the ability to breast feed to be preserved.

Risks of breast implant revision surgery

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

Rupture: The breast implant may rupture at any time after surgery, and this risk increases with time. If a rupture is found, removal with or without replacement is recommended.

Capsular contracture: Capsular contracture may recur following implant revision surgery.

Unsatisfactory result: Wrinkling, asymmetry, implant displacement or shifting, implant palpability, and scarring may occur.

Pain: Pain of varying intensity and length of time may occur and persist following breast revision surgery.

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 revision surgery.

Infection: Although most infections occur within several days after surgery, this complication is possible at any time. Infection may necessitate implant removal for at least three months prior to replacement.

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

Breastfeeding: Although rare, you may not be able to breastfeed following breast revision surgery.

Mammography: Although techniques have been developed to move your implants during the study, complete visualization of the breast tissue is not possible.

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

Additional procedures

In some cases, especially after pregnancy or significant weight loss, a breast lift may be recommended in addition to or instead of breast revision surgery. This involves removing skin from under the breast and around the nipple to lift the breast and tighten the skin. This may create additional risks and scars.

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. Drains are typically placed during implant revision surgery, and these will be removed at that time.

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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