

Breast Implant Revision Surgery

What is Appropriate for You?

Michael C. Edwards, MD, FACS

General Comments

Dr. Edwards is board certified by both the American Board of Plastic Surgery and the American Board of Surgery. Although fully trained in all aspects of Plastic Surgery, Dr. Edwards has chosen to specialize in breast and body procedures. We see patients from the U.S. and other countries for evaluation and treatment of breast revision complaints.

Breast augmentation is a procedure that is assumed by many to be so simple that almost anyone can perform it. Breast implant surgery is actually complex in nature in that every woman, in fact every breast must be considered and treated individually and proper planning and execution are critical to a good outcome. We tell all of our patients that they really have one opportunity to have their first breast augmentation surgery. By this we mean that the patient should be as discriminating in who they chose to perform their breast surgery as they are in many other important life decisions. In the arena of "cosmetic" surgery there are dentists, Family Practitioners, OB/GYN, General Surgeons, Ear Nose and Throat Surgeons and even Dermatologists who advertise and perform breast surgery. It is often not until we have met breast revision patient that they realize they did not have a plastic surgeon as their doctor. A cosmetic surgeon is not the same as a board-certified plastic surgeon; they have not had the same rigorous training. This is a topic for another article.

The common reasons for revision breast surgery are implant deflation, changing implant size, capsular contracture, implant malposition, a double-bubble deformity and the more complicated revisions usually result from poor decision making in the part of the first surgical procedure. Many women are not good candidates for a breast augmentation alone at their first surgery and should have had a breast lift as well. A common example of this is a patient who has breast laxity or sagginess after having had children or losing weight. Some surgeons will stage these procedures either performing the lift first, followed by the breast augmentation or visa versa. We realize that some women do not want the additional scars that accompany a breast lift procedure. Every patient is an individual and should be evaluated and treated as such.

We will review the issues that often bring patients in to see us for revision surgery. They can occur individually or in combination as you will see.

Implant Deflation

Saline implants can leak or "rupture" leading to a distressing situation for the patient. Although it is helpful to evaluate and treat these patients as soon as possible a carefully planned approach can be taken to alleviate anxieties. Most implants placed in the US now come with an implant warranty where the implant manufacturer will replace the implant. The same is true of silicone implants except you would not know if your silicone implant had a structural defect, aka crack unless you had surgery or an MRI to tell you that there was a chance that the implant was defective. Treatment may be as simple as removing the deflated implant and replacing with the same size or you may have decided that you would like to change your implant size. As stated before, each case is different and the starting point is different. If you have a capsular contracture or thin tissues covering your implants, there may be good options to improve on your breast aesthetics (see the complicated cases at the end of this article). If it has been awhile since your primary surgery, your breasts may have changed from changes in your weight or with pregnancy. If this is the case you may need to entertain having a breast lift in addition to tighten your breast tissue and move your nipple to a position more at the apex of your breast.



This patient underwent breast augmentation approximately 8 years previously and noted a decrease in the size and fullness of her left implant. She chose to have a larger implant placed accompanied by a breast lift.

A desire to be larger

The goal with your primary breast implant surgery is to choose an implant that both fits your body frame and tissue characteristics. Your breasts will change with time and life circumstances though. If you choose to have a breast implant revision to change to larger implants, it is very helpful to have the information about your current implants so that an intelligent decision can be made about the change you would like to make. This surgery as well can be relatively simple or require more tissue release to make room for the new bigger implants.



This patient desired a larger breast size and was very happy with her results after switching to silicone implants from her older saline implants.

A desire to be smaller

Just as with changing to a larger size, some patients choose to decrease their implant size after their initial surgery. This could have been due to them not being involved in the planning or from a surgeon feeling they know what is best for the patient. The choice of a breast implant should be based questioning the patient's desired outcome, on a careful analysis of the dimensions of the breast and tissue characteristics, and a good dose of common sense. That having been said, if you choose to decrease the size of your implant, it may not be as simple as placing a new implant. The capsule that surrounds the implant may need to be tightened with internal suturing (capsulorrhaphy) and the skin may need to be tightened or lifted.



This petite woman did not get the results she wanted with her first surgery. Her initial surgeon felt that placing larger implants would negate the need for a breast lift which is what she had with her revision surgery and decrease in implant size. She is now more proportionate and her areolas are smaller which is what she wanted as well with her first surgery.

Capsular contracture

It is not known precisely what causes the capsule or scar that surrounds an implant to tighten. Trauma or bleeding around the implant, an infection either of the breast or even elsewhere on the body or just plain idiopathic (unknown cause) are the reasons felt to be causative in nature. Once a capsular contracture has declared itself it will most likely require surgery to repair. Other more conservative modalities tried include aggressive massage, Vitamin E, Accolate or Singulair (prostaglandin inhibitors) and even therapeutic ultrasound. There are mixed reports of success, most of which are anecdotal in nature. Surgical treatment involves either removing the entire capsule (capsulectomy) or opening the capsule by making cuts in it (open capsulotomy). The decision will depend on a number of factors including the type of implant, how old they are, etc.



This patient was offered a full mastopexy but wanted only a capsule release with peri-areolar breast lift.

Implant Malposition

The capsule that surrounds the implant ideally allows enough room for a soft and supple/natural feeling breast but it is too large it will allow the implant to move farther than is desired leading to implant malposition, aka "implant drop out or armpit breast". Treatment revolves around properly diagnosing the problem and repairing it with either internal sutures alone or what ever other external technique is required, such as a breast lift. There is more information being published about using materials to support the reinforced folds such as collagen products like Alloderm, Strattice or synthetic mesh.



This patient was unhappy with the shape and position of her left breast inferiorly and to the side which were repaired with internal suturing.



Synmastia occurs when the pockets that the implants are in communicate with each other. The best solution is to avoid by proper technique and not using implants that are too large. Operative repair can be accomplished with internal suturing with or without the products listed above. This is a difficult problem to correct but with proper planning can be corrected. Other descriptions in the public are "uni-boob, bread-loafing, etc.

This patient underwent larger volume breast augmentation in the past and over time developed a communication between the pockets.

Double-Bubble Deformity

This complication can occur when an attempt is made to lower the infra-mammary fold with a breast augmentation. The look is that the implant is there and the patient's breast is almost stacked on top of it. This can also be seen when an implant is placed under the muscle in a patient who should have a breast lift as well. Treatment depends on the cause. It may involve releasing the muscle inside (referred to as a dual plane technique), moving the implant from below to above the muscle or performing a breast lift to tighten and elevate the breast over the implant.



After breast augmentation by another provider, this patient was unhappy with the shape of her left breast. Repair involved releasing the muscle internally.

Coverage problems (rippling)

If the breast tissue covering the implant is too thin you can see rippling of the implant through the skin. In the upper breast this is referred to as traction ripples. It can be seen in the well-performed surgery when the patient is a thin woman with little coverage.



This patient was unhappy with the visibility of the implant ripples.

This may be a very difficult cosmetic problem to correct. Some hope exists with pending approval of the more cohesive or firm silicone implants which effectively do not ripple. Other thoughts are to use a sheet of dermis (Alloderm or Strattice) to line the pocket and provide more tissue thickness. This is a costly option but may be the best alternative. A small handful of plastic surgeons are using fat grafting to try to cover this but this is not yet mainstream and the effects of this grafting on future mammograms needs to be addressed.

Complex Revisions

These cases are considered complex because they require a multi-dimensional approach. Many times this approach is taken when a patient wants to change the size of their implant and they are unhappy with the coverage of their implant. In this first patient she desired to be smaller and wanted to try to decrease the visibility of the implant ripples through her tissue. The surgical plan involved removing the existing implant, repairing the capsule to make it tighter, changing to a partially sub-muscular position (site change) and tightening the breast tissue with a mastopexy.



This patient had firm capsular contracture and wanted not only to soften the feel of her breast but to improve the shape. The same approach was used as with the above patient except a slightly larger implant was used.



<p

This brief discussion is meant to educate you about the options available to patients who have had breast surgery and want to investigate a possible change. Dr. Edwards enjoys seeing patients, going over their concerns and proposing and carrying out a plan to help you achieve the goal you desire.