

## Medicine for Managers

Dr Paul Lambden BSc MB BS BDS FDSRCS MRCS LRCP DRCOG MHSM



# Can I have a Breast Implant?

**In 2010, a European and global scare occurred when about three hundred thousand women, some 47,000 of whom were British, discovered that their PIP breast implants had been deliberately manufactured containing industrial grade silicone rather than the medical grade silicone filler, and that the implants were at greater risk of rupture.**

In the UK many of the women in whom the implants were placed still have them despite offers by the NHS and some private clinics to remove them at no charge.

Unfortunately the offer does not extend to replacement with new safer implants unless they were originally fitted by the NHS. The women who still have the PIP implants face the prospect that they might rupture.

Data produced in France suggests that, of the implants removed, over 25% showed signs of rupture. Indeed the PIP implants are thought to be up to five times more likely to rupture than the medical grade silicone implants.

However, a report by Sir Bruce Keogh, the NHS Medical Director, indicated that the components of the PIP implant were neither toxic nor carcinogenic.

The PIP catastrophe has cast a dark shadow over the use of implants, which is currently the most common type of cosmetic surgery carried out in the United Kingdom. Around 35,000 procedures were carried out last year.

There are two principal reasons for undergoing breast implant surgery:

- For cosmetic reasons, to enhance the shape or size of the breasts or to correct for disparity between the breasts.
- To reconstruct the breast following surgery, normally for breast cancer.

Approximately 85% of the augmentation procedures are carried out in the private sector at an average cost of about £4,500-£5,000. However prices do vary and cheap breast implants can be sourced in countries such as Poland.

Breast Implants are not a new idea. In 1895 the pioneering German Surgeon Czerny undertook what is believed to be the first

implant using fatty tissue harvested from elsewhere in the body. All kinds of other disastrous implant materials were tried (and failed) during the nineteenth century, including ivory, glass balls, wool, rubber, wax and even ox cartilage.

It was not until the 1940s that surgeons returned to the concept of using the patient's own tissues to augment the breast although a number of surgeons were experimenting with silicone injections which were unsuccessful.

The first silicone breast prosthesis filled with silicone was used to augment a breast in 1962. A saline-filled implant was introduced by a French company in 1964.

Is it wise to have an implant? Well, it is certainly a major decision, particularly when it is being done for cosmetic reasons and it should not be undertaken lightly. Any individual considering implants should discuss the matter with her GP and consider the options.

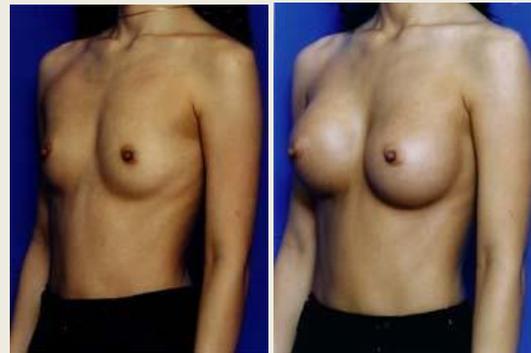
For a specialist opinion, the woman will be referred to a breast surgeon. This would normally be in a private clinic. The surgeon will try to explain and illustrate how implants can alter the appearance of the breasts.

Consideration of the outcomes has got to be realistic so that the outcomes match the expectations. The choice of a surgeon is very important. Cost of surgery should not

be the principal guiding factor. Women should think twice before going to cut-price units at home or abroad.

The changes that may be achieved with a cosmetic implant are as follows:

- Increase fullness and/or size of breasts
- Long-lasting (implants typically last in excess of 15 years)
- Breast asymmetry can be improved if different sizes of implant are used
- May improve sagging (an additional breast uplift may be needed for considerable sagging)
- May facilitate better clothes appearance
- May help self-confidence



Breast implants are normally done in the private sector and cost about £4-5,000.

The NHS does virtually no cosmetic procedures including breast surgery unless it forms part of the reconstruction of a breast following breast cancer surgery or if it is required to treat extreme psychological stress when, for example, breast size is very different or breast tissue has failed to

develop. Funding in such circumstances will depend on the allocations of the Clinical Commissioning Group and the GP will be involved in the discussions around availability.

Breast reconstruction after mastectomy may



be crucial to the restoration of confidence. Surgical results can be excellent and much of the distress, often seen as loss of womanhood, can be ameliorated by the operation.

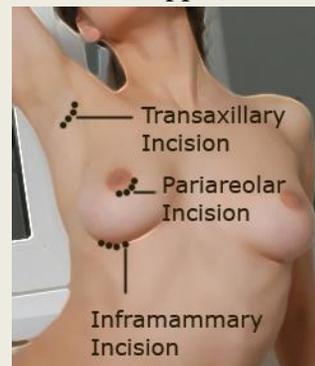
An implant is the simplest way of constructing a new breast. Sometimes the surgery is complicated by inadequate skin remaining following surgery.

However techniques, including stretching the remaining skin, have been developed. Sometimes implants cannot be used following radiotherapy, or if the former breast was very large. In the latter circumstances, the problem can be overcome by reducing the size of the other breast.

These days, breast surgery is undertaken by skilled surgeons. The patient is advised about the options of silicone, polyurethane or saline implants and the relative advantages and disadvantages of each. The

operation is explained, including the location of any incisions, which are influenced by the size and shape of the existing breasts.

The incision is located in such a way as to obtain the best cosmetic result and so are often done in the fold below the breast (inframammary), in the armpit (axillary) and round the nipple.



Anaesthesia can be by local anaesthetic with sedation or using general anaesthesia. Such operations are frequently carried out as a day case, although some surgeons and patients prefer that there is an overnight stay.

As with other operations complications may occur. These will include general complications such as adverse reaction to anaesthetic, bleeding, infection and excessive scarring.

Specific complications of breast surgery will include visible or lumpy scarring, creasing or folding of the implant affecting the appearance of the finished surgery, loss of nipple sensation and rupture of the implant (although this complication is relatively rare these days).

These days implants are safe, give good cosmetic results, provide a soft natural feel, do not stimulate scar formation and rupture only rarely.

Perhaps the most difficult element of cosmetic breast augmentation is the expectation of the patient and the difficulties which do arise when the outcome does not match the expectation.

Overall, however, the procedure is safe, successful and increasingly popular.

[paulalmbden@compuserve.com](mailto:paulalmbden@compuserve.com)