

Risks associated with Breast Reconstruction with Implants

Patient information leaflet

General Advice and Risks Involved

Risks involved in implant reconstruction are listed below:

1. Wrinkling, rippling and palpability: this problem is more often encountered in thin women who do not have sufficient fat in their skin to hide the implants. If you have fat deposits elsewhere, your surgeon may offer you fat transfer at the time of second surgery for implant exchange.
2. Capsular contracture: All implants develop a thin layer of capsule around them, this is body's response to foreign material. However it remains thin and soft without any impact on aesthetic outcome. When this capsule becomes hard and thick, it starts to alter the shape, which may even become obvious and visible. What leads on to capsular contracture is hard to determine in many women, it can definitely be caused by infection and the risk is significantly higher if you have had radiotherapy to breast or chest wall.
3. Implant loss: If the implant gets infected, it is usually difficult to treat that with antibiotics only and invariably needs the removal of implant. You stay without reconstruction for few months to allow the infection to clear off and another implant can be placed later.
4. Asymmetry: this is like to develop due to the ongoing change in body shape and weight as you age. This is more so if you have had one-sided implant reconstruction and your opposite natural breast will change with years going by.
5. Implant rotation: this problem may be encountered with shaped (tear drop shaped) implants, which provide more natural look to the reconstruction than round implants. Usually this does not result in significant asymmetry particularly in clothes.
6. Need for Revisional surgery: this may be required to improve the aesthetic outcome following either any of the above problems or due to progressive asymmetry due to ageing or change in body weight.

7. Infection: You may get an infection in your breast. If this happens, your surgeon may need to remove the implant to allow the infection to be properly treated, before considering re-implantation.

8. Bleeding: you will be bruised after the operation, however occasionally a return to theatre is required to stop the bleeding and to remove the blood clot.

9. Nipple and skin complications: there is a risk of partial or total nipple loss if this is preserved during mastectomy, and there is also a risk of wound complications or patches of skin loss after mastectomy. This is common in diabetics, smokers, and people with connective tissue disorders, previous scars on the breasts. Your surgeon will advise you of the likely risk.

10. Scars: Sometimes scars can become red, thick and painful and may need more surgery.

11. Leakage of silicone. If your implant ruptures, the silicone gel will usually remain within the capsule that the body forms, and can be removed if the ruptured implant is removed. Occasionally the silicone can spread outside the capsule and into the breast, surrounding tissues or into the armpit, where it can form small lumps known as silicone granulomas. In this case some breast tissue may be lost when the implant is removed.

12. Cleavage: Your cleavage may appear widened following this operation and cannot be guaranteed in its width or narrowness.

13. Deep vein thrombosis: This can happen after any operation and general anaesthetic. Risks are reduced by wearing preventative stockings and/or giving an anti-clotting injection. You are advised to mobilize soon after you are deemed fit to get out of bed after the operation and stay active on you return to home.

14. Loss of sensation: the reconstructed breast is usually numb. Some patients experience increased sensation, which can last for 2-3 months.

15. BIA-ALCL: Breast implants associated Lymphoma.

[Please click on this link for further information](#)

General Advice:

Dressings and stitches: You will have dissolvable stitches in the wound, covered by glue (water-proof) only. You can shower with the glue on; avoid getting into bath. The glue would gradually start peeling off after 7-10 days. A small leakage from the scar line often occurs. This is normal and a simple dry dressing may be applied to protect your clothes.

Bra: It is advisable that you wear a soft, comfortable, non-wired bra for the first 4-6 weeks in order to support the breast. You could stay without bra for the first couple of weeks if that is more comfortable for you.

Medications: You can resume your regular medications after the operation once you start eating and drinking unless advised otherwise.

Driving: you are advised not to drive for 4-6 weeks.

Any strenuous activities involving the upper arm and shoulder are best avoided during the first 8-12 weeks to allow the implant to settle down. These activities involve the chest wall (pectoralis) muscle and can result implant displacement. You are encouraged to gently exercise your shoulder to ensure it regains full range of movements.

Silicone issues:

The safety of silicone implants has attracted much publicity. The Independent Review Group by DoH looked at the evidence and did not find any link between silicone implants and illnesses. The report is available on the web, www.silicone-review.gov.uk/index.htm

Miss Roy has never used PIP implants and the implants used are manufactured by reputed companies. Please feel free to ask for the implant details or the warranty information provided by the manufacturer.