

*MY EYES
ARE UP
HERE*



*Breast Augmentation Overview- Laura Jane Holsey, DO
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Disclaimer


- Please no pictures of slides for patient protection
- There will be pictures and videos



Commonly Asked Questions

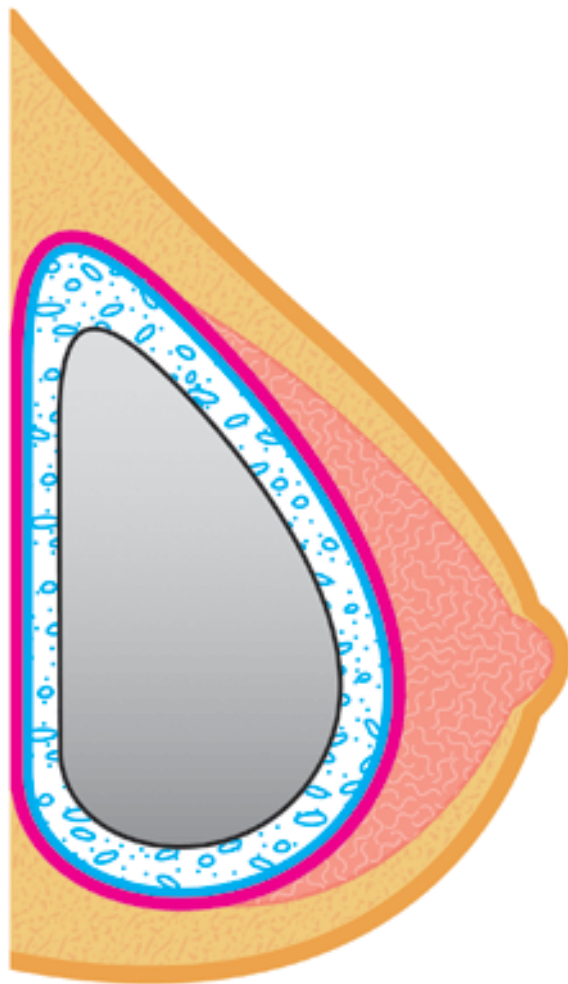
- Can a breast implant be broken?
 - It takes considerable force to break an implant. Usually this happens during an accident resulting in a broken rib injuring the implant. Mentor will cover implant rupture for the first 10 years.
 - Can you fly with breast implants?
 - Can you breast feed with implants?
 - Absolutely
 - Why do some people develop firmness in their breasts after augmentation?
 - Capsular contraction. More on this later
 - Can implants cause cancer?
- 

The Big “C” Word

- FDA has identified a possible connection with breast implants and Anaplastic Large Cell Lymphoma (BIA-ALCL).
 - First case was identified in 1997 in a patient with saline implants
 - The cancer risk 3 in 100 million women.
 - Occurred in both saline and silicone implants. But was found only in textured implants.
 - Confined to around the implant. And is treatable when diagnosed properly
 - Different than breast lymphoma which attacks B cells. BIA-ALCL attacks T cells.
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The Big “C” Word

- Signs and Symptoms
 - Late Onset, Peri-implant seroma (many months to years after surgery). Usually occurs 7-8 years after augmentation
 - Redness and swelling around the implant. Not to be confused with an infection.
 - Less common is contracture of the scar tissue around the breast implant
- Diagnosis
 - If seen on mammogram it is important to test the fluid for cytology. If a mass is presents then Wright Geimsa Stain, testing for CD 30 and Anaplastic Lymphoma Kinase marker.




- SKIN
- FAT
- BREAST TISSUE
- FIBROUS CAPSULE
- LYMPHOMA CELLS
- LYMPHOMA CELLS WITHIN EFFUSION FLUID
- BREAST IMPLANT

THE BIG “C” WORD

Where does the cancer occur

*The Big
“C”
Word*

- Treatment
 - Main focus is surgical
 - Removal of the implant and surrounding capsule.
 - Lymph node dissection
 - Advanced disease
 - Rare cases radiation maybe used in combination
 - Chemotherapy
- 



*The Big
“C”
Word*

- Let's Talk Numbers
 - Currently there are roughly 660 cases worldwide; 265 in US
 - No smooth surface implants have been identified to cause BIA ALCL
 - FDA has reported 9 deaths and 17 worldwide. (Two patients died from stem cell transplants, one died from development of a second unrelated lymphoma, and 14 patients died from direct extension of the cancer into their chest wall, ultimately expiring from respiratory failure. Of these deaths, none received complete surgical excision at any point in the patient's clinical history, none received targeted therapy, and most were significantly delayed in diagnosis or receiving any treatment (on average 1-2 years from onset of symptoms))
 - 93% when treated are disease free in 3 years

*The Big
“C”
Word*

- What we are doing now
 - Both Mentor and Allergan are participating in research efforts
 - April 2019
 - France and Canada have removed Allergan Textured implants from the market
 - 86% of the cases of BIA-ALCL cases in Canada were associated with Allergan Textured implants
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The Other

“C”

Word


- Capsular Contraction
 - Who gets this?
 - Etiology is unknown
 - Roughly 4-8% of the population
 - Symptoms
 - Hardening of the breast, either one or both
 - Can be painful
 - There is rarely skin changes associated with this.
 - Mentor does have an extended warranty available that will cover Baker III/IV capsular contraction for 10 years.
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Table 1: Baker classification of capsular firmness in augmented breasts

Grade I	No palpable capsule	The augmented breast feels as soft as an unoperated one.
Grade II	Minimal firmness	The breast is less soft and the implant can be palpated, but is not visible.
Grade III	Moderate firmness	The breast is harder, the implant can be palpated easily, and it (or distortion from it) can be seen.
Grade IV	Severe contracture	The breast is hard, tender, painful and cold. Distortion is often marked.

*THE
OTHER*

“C”

WORD

The Other

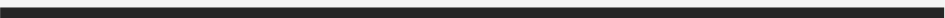
“C”

Word


- Prevention
 - No touch technique
 - Placing implant under the muscle
 - Implant massage
 - Avoiding textured implants

 - Treatment
 - Massage
 - Milk Thistle
 - Singulair
 - Accolate 20 mg BID for 3 months
 - Surgical excision
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<https://www.youtube.com/watch?v=81Aadvj12Qs>



Common Complications

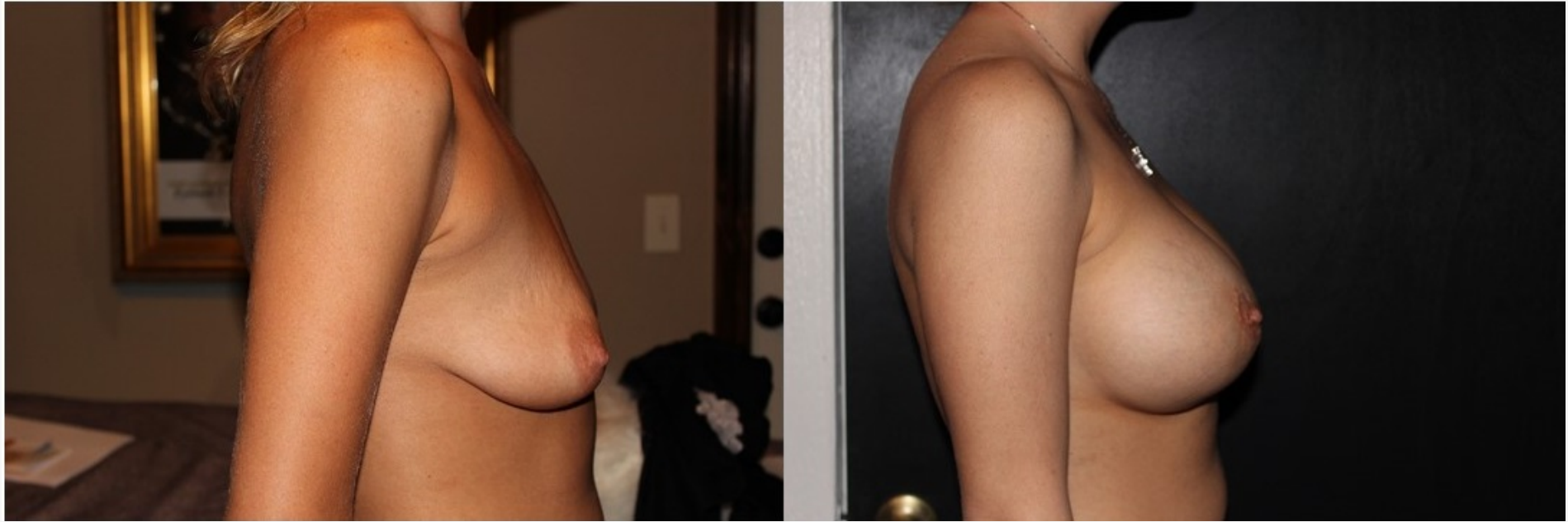
- Swelling
 - Bruising
 - Hematoma
 - Scarring
 - Infection
 - Asymmetry
 - Wrinkling in Saline implants
 - Loss of nipple sensation
-
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Asymmetry
“Sister’s not
twins”



INCISION SITE

*Most common Incision Sites are Inframmary or
Infra-areolar.*





Changes In Nipple Sensation

- Very low 0.4% with augmentation
- Risk increases slightly increases to 5% with lift
- However most say sensation increases due to new position of the nipple areolar complex
- Nipple necrosis is very rare with augmentation
- Unlikely to affect breast feeding


Scarring



Infection

and


Wound
Complications

- Uncommon and not anyone's fault
 - Can be decreased with use of the Keller Funnel
 - Use of triple antibiotic irrigation
 - Prophylactic antibiotic use
 - Most common organism is Gram positive Staph epi or Staph aureus
 - If infection occurs and can't be controlled with antibiotics. Implant has to be removed for 3 months.
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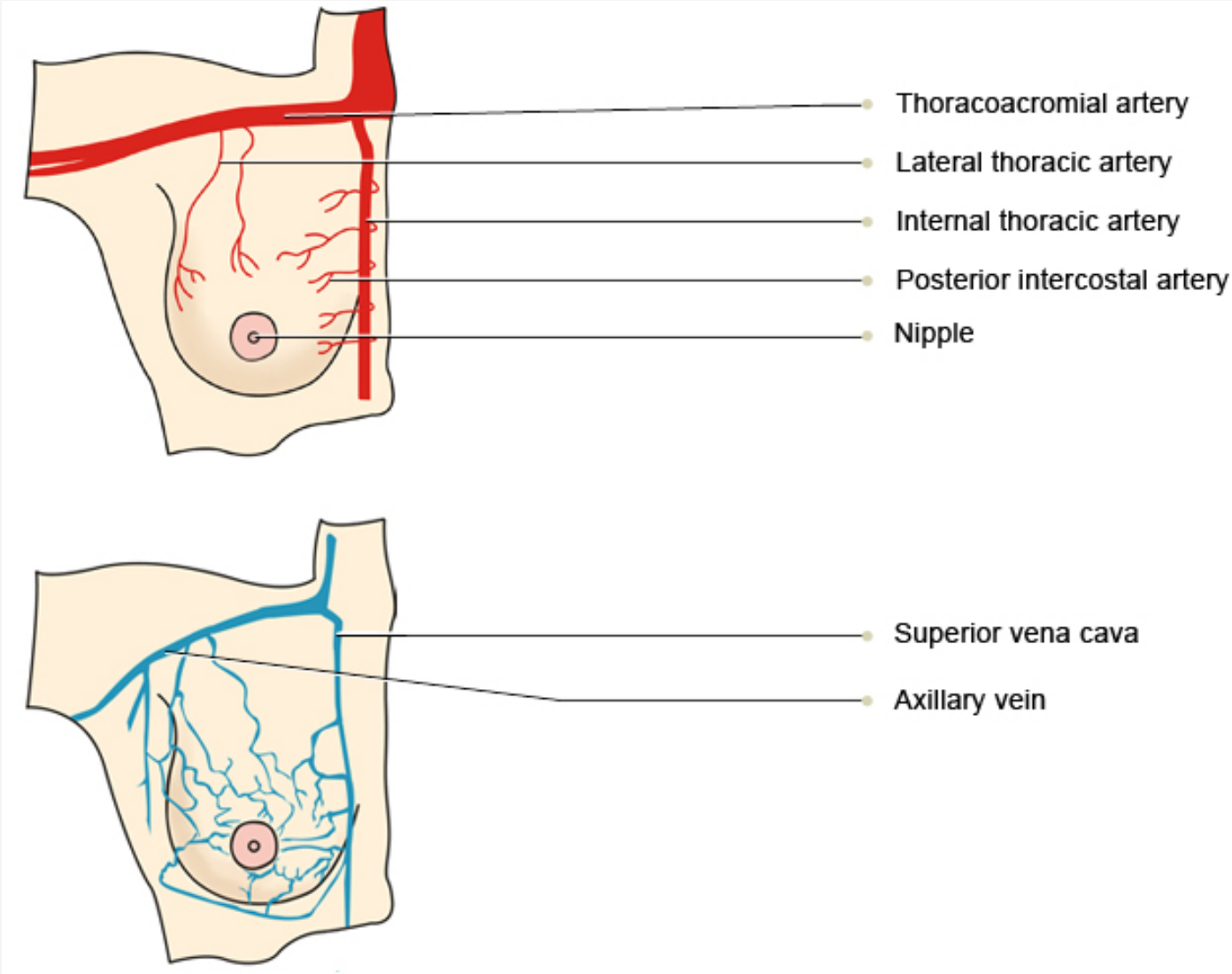
Bruising

Versus

Hematoma

- Eccymosis and swelling is normal
 - Hematoma is not normal
 - Swelling a cup size bigger
 - Hematoma can be treated with needle drainage or surgery
 - Possibly increases chances of capsular contraction
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Blood Supply



- Arterial supply • The lateral thoracic artery originates from the axillary artery and supplies lateral breast tissues • The internal thoracic artery (also called the internal mammary artery) originates at the subclavian artery and supplies the medial (toward the middle) breast tissues. • The thoracoacromial artery supplies the superior (uppermost) breast tissue. • The intercostal artery supplies the inferior (lowermost) breast tissue.
- Venous drainage • Venous drainage of the breast is mainly accomplished by the axillary vein. • The subclavian, intercostal, and internal thoracic veins also aid in returning blood to the heart.

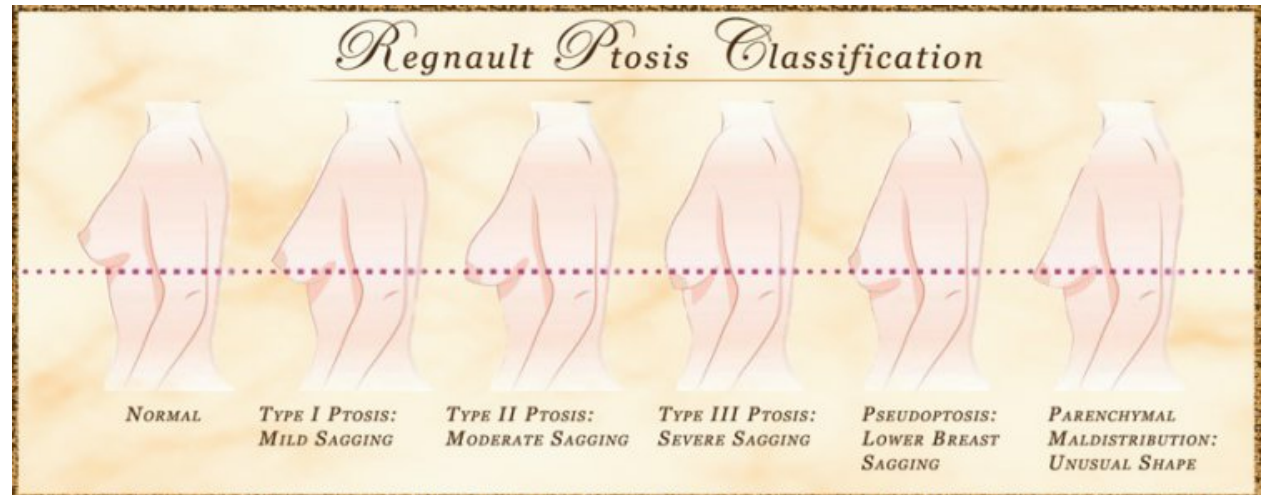


Patient Selection

- Ideal candidate
- Anatomic sternal notch to nipple position and nipple to IMF position
- Amount of breast tissue to cover implant and avoid rippling in saline implants
- Tubular breasts

Chart 1 – Regnault's¹ classification of breast ptosis.

Breast ptosis		
True ptosis	Grade I	Areola at the level of the mammary crease and above the contour of the gland
	Grade II	Areola below the level of the mammary crease and above the contour of the gland
	Grade III	Areola below the level of the mammary crease and below the contour of the gland
Partial ptosis	Areola above the crease and gland ptosis	
Pseudoptosis	Areola above the mammary crease. Loose skin due to hypoplasia	



Tubular Breast

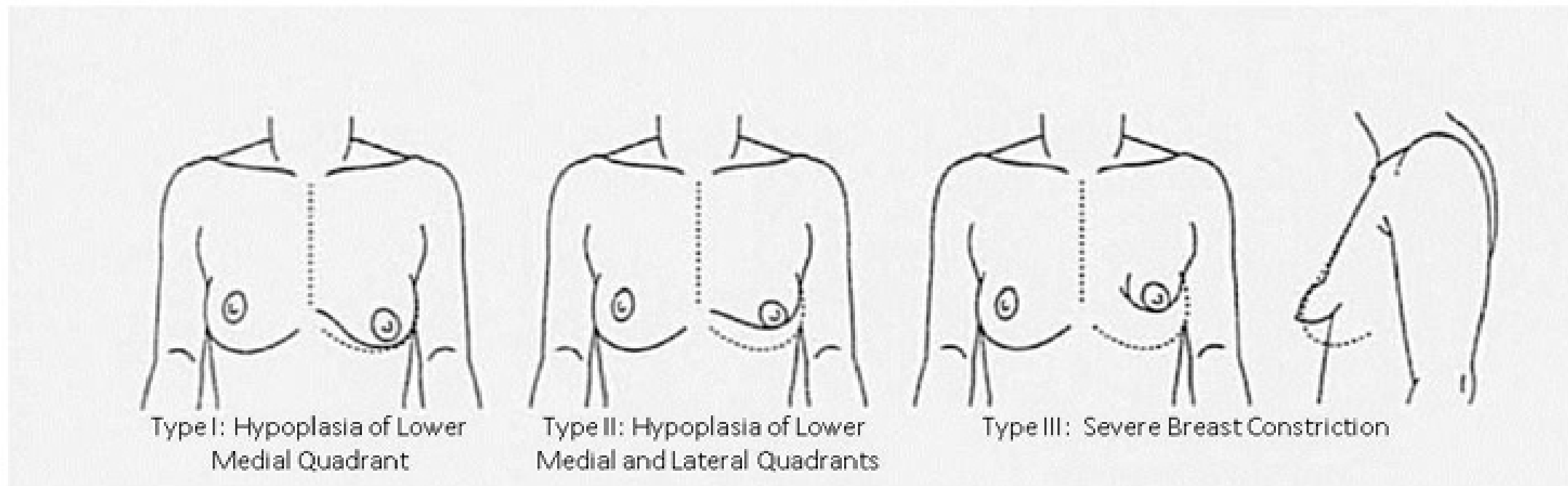
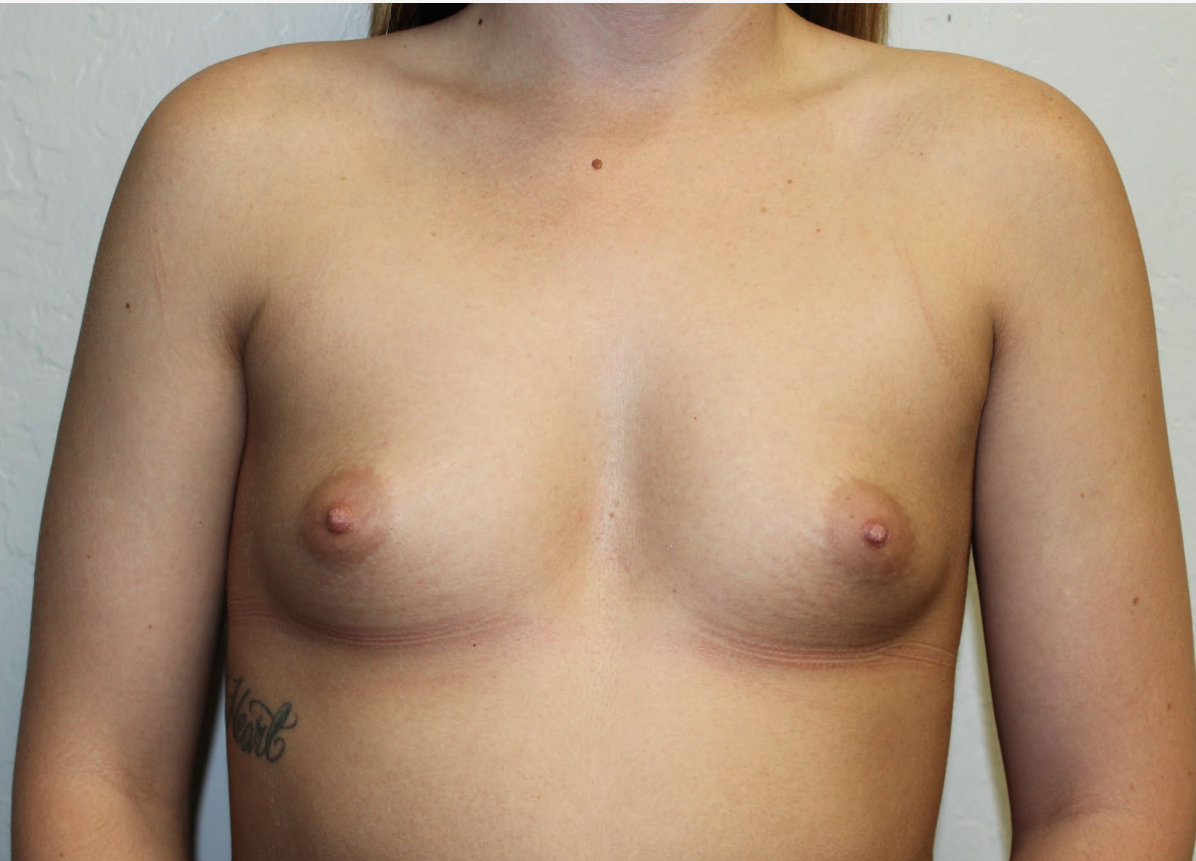



Figure 1

Patient Expectations


- Cup size is an estimation
- Sizing kit helps to gauge ideal breast size
- Measuring base diameter
- Life style



Surgery Preparations

- Avoid medications that could increase bleeding for 1 week before surgery
 - Avoid Herbal medications
 - Begin washing with Hibiclens at least 2 days before surgery
 - Avoid smoking at least 48 hours before and after surgery (or just quit)
 - Prescriptions
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Post Surgery Care

- Begin antibiotics
 - Usually the first 3 days are the worst
 - May ice for 20 minute intervals
 - Avoid Ibuprofen
 - May shower after their first post-operative visit
 - Continue to wear post surgical garment
 - Begin breast exercises
- 



QUESTIONS

References

- <https://www.mayoclinic.org/healthy-lifestyle/womens-health/expert-answers/breast-implants-and-cancer/faq-20057774>
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