NHS
Queen Victoria Hospital
NHS Foundation Trust

Breast Implants

This leaflet aims to try and give you guidance, as well as answer some of the questions you or your family may have about breast implants, surgery or aftercare.

There are many types of implants available and a variety of reasons as to why they are used.

Women may seek breast implant surgery because they:

- are dissatisfied with the size and shape of their breasts
- have a congenital absence or deformity of one of both breasts, or they wish to correct uneven breasts (see asymmetry leaflet)
- wish to regain breast shape or size, for example following the birth of their children
- wish to gain symmetry following a mastectomy for breast cancer as part of their breast reconstruction

Please be aware that NHS funding will need to be sought if you do not have a cancer diagnosis in the form of an Individual Funding Request (IFR). Non-oncological breast surgery is not routinely funded.

Should I consider surgery?

Breast implants can bring psychological benefits to women; they can help to restore lost self-esteem and improve quality of life. However, women should think carefully about their reasons for wanting breast implants and be sure that they are the best solution. Breast implants may not achieve what you hope for, and you should therefore have realistic expectations and should not expect perfection. The majority of patients are pleased with the results of their surgery. However, occasionally, women may have difficulty coming to terms with their new look, because their breasts may not appear as they had imagined they would or as a result of a complication. Having corrective surgery will not create symmetrical breasts.

You may find it beneficial to speak to one of our psychological therapists who can offer body image therapy and counseling. One of the breast reconstruction nurse specialists can refer you; alternatively you can contact the team yourself on the number provided at the end of this leaflet.

How are non-oncological (cancer) decisions made on NHS funding?

Any breast surgery, with the exclusion of breast reconstruction for breast cancer, is subject to NHS funding approval.

At this present time the Clinical Commissioning Groups (CCG's) decide what will and will not be funded within the NHS, the majority of breast surgery is considered low-priority and many applications for funding are denied. You may find that one or several appeals need to be made in the form of an Individual Funding Request (IFR) to your local CCG for consideration of surgery, but this still may not result in funding being granted.

When considering funding, the CCG **may** take into account the following:

- That your BMI (body mass index) is within the healthy range for your height (usually 19 - 26).
- That you are aged 18 or over - to ensure you have reached the end of puberty and stopped growing.
- That you are a non-smoker & if not, you must stop completely (including all nicotine replacement therapies such as patches, e-cigarettes etc.).
- That you have a medical condition that is considered rare.
- That your doctor feels that there are exceptional, clinical circumstances related to your case. This is difficult to define but generally a case would be considered exceptional if your clinical circumstances were different from those presented by at least 95% of patients with the same medical condition at the same

stage. They would also expect only about one similar case a year to occur amongst people living locally.

What types of implants are available?

There are two types of implants that are available in the UK – silicone gel (semi-liquid or cohesive) and saline. Both implants have a silicone shell (outer layer) which can be smooth or textured. At this hospital we mainly use textured implants to reduce the risk of hardening and deformation (capsular contracture).

Silicone gel implants are most commonly used. They are filled with either a firm, jelly-like silicone or a softer, fluid silicone. The firm implants are less likely to leak. The shell of some silicone gel implants is coated with polyurethane foam that breaks down over time. Polyurethane coated implants were reintroduced in the UK in April 2005 and may reduce the risk of developing capsular contracture.

Saline implants are another option but are used less often as they are more prone to leaking and deflation.

Both implants come in two shapes, either round or anatomical (teardrop shaped).

For further information you can visit the Department of Health (DoH) or Medicines & Healthcare products Regulatory Agency (MHRA) websites:

www.dh.gov.uk

www.mhra.gov.uk/Safetyinformation/Generalsafetyinformationandadvice/Product-specificinformationandadvice/Product-specificinformationandadvice-A-F/Breastimplants/

This table summarises briefly the advantages and disadvantages of silicone gel and saline filled breast implants.

Type of filler	Description of implant	Advantages	Disadvantages
Silicone gel	Filled with a soft or firm silicone substance. Firm or cohesive gel implants contain a more solid, jelly-like gel which will keep its shape if the shell ruptures. Soft implants are filled with a more fluid-like gel.	Long history of use. The soft silicone filler is the softest implant available. It is less prone to wrinkling and feels more natural than other implants. Available in either round or anatomical (breast shaped) designs. The 1998 IRG found no evidence that silicone implants pose a danger to women's health.	Insertion of firm cohesive gel may result in a slightly larger scar than surgery using an implant with soft silicone filler.
Silicone gel	Polyurethane coated implants	Reduce risk of capsular contracture & implant rotation	Once they are placed they are difficult to re-position
Saline	Filled with a salt and water solution of similar concentration to that found in body tissue. May be pre-filled or filled through a valve at the time of surgery.	Long history of use. Available in either round or anatomical (breast shaped) designs. Filled with a solution which can be absorbed and excreted by the body.	May be more prone to rupture or deflation at an earlier stage than other implants. Prone to wrinkling, may feel and look less natural than other implants and may lose volume over a period of time. Less satisfactory in women with little breast tissue.

MHRA 2013

National Implant Registry

All patients having implant surgery will have their details added to the National Implant Registry. This registry was set up in October 2016 and has been designed to collect information on breast implants inserted throughout the UK to monitor and improve patient safety. The registry is maintained by NHS Digital and a separate information leaflet is available to explain why we would like to input your information and what the registry involves. The Department of Health and Social Care have directed NHS Digital to collect this information in England, so it is a legal requirement. Each hospital has to send the information and the national data opt-out does not apply.

What if I smoke?

Smoking can reduce the blood flow to surgical sites. Studies have shown that nicotine and other substances that are found in cigarettes can be harmful to your heart, lungs, and your skin. Smoking can have an adverse effect on the healing of all surgical wounds and cause infection. The same applies to the use of nicotine replacement therapy as, although this will reduce the craving for a cigarette, the nicotine will also reduce the ability of the blood to carry enough oxygen to the tissues. For this reason we advise that you do not use nicotine replacement therapies and should stop smoking completely before any surgery will be considered.

If you are an active smoker we will be happy to advise you on how to get help in stopping smoking. Surgery will not be considered if you smoke.

- www.smokefree.nhs.uk Tel: 0300 123 1044

Pre-assessment Clinic

Most patients are seen in the pre-assessment clinic. This appointment may be on the same day as your surgeons appointment or a letter will be sent to you giving the date and time of your appointment.

The pre-admission assessment can include:

- assessing your general health and fitness before surgery by carrying out various tests and investigations. These may include blood tests or ECG (electrocardiogram - heart tracing). Photographs will provide a record for your notes to allow a comparison of your breasts before and after surgery. These procedures may take a few hours to complete
- discussing your current medication and any allergies you may have
- giving you information about your planned treatment
- informing you about hospital services
- meeting an anaesthetist

If you have any further questions, please write them down and discuss them with the doctors or nurses.

If you are taking the oral contraceptive pill or hormone replacement therapy, do not stop taking this medication. Always seek medical advice. Talk to your GP or visit your local family planning clinic. You will need to bring a list of any medications that you are currently taking to the outpatient clinic, pre-assessment clinic or with you on admission to the hospital.

Risks

All surgery and anaesthesia carries some uncertainty and risks. Thirty percent of ladies will need an operation for a complication within the first ten years.

The following list gives you information on the most common or most significant problems that can occur following this type of surgery.

- **Appearance, symmetry and asymmetry** – A degree of difference between a woman's breasts is entirely normal and although every effort will be made to make your breasts equal in size and shape, you will find that there is a difference between the

two breasts. The final result after surgery can be unpredictable which may mean that the position of the breast or shape of the breast tissue may be unsatisfactory. It may not be possible to produce a natural cleavage and the implant will not drop to the side when a woman lies down. The breast will always feel relatively firm and cool.

- **BIA-ALCL** - Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) is a rare type of non-Hodgkin's lymphoma of which there are several sub-types. In 2016, the World Health Organisation (WHO) defined this specific type of ALCL associated with silicone breast implants. ALCL is a lymphoma and not cancer of the breast tissue. In women with breast implants, found adjacent to the implant itself and contained within the fibrous capsule. The condition presents usually with a late onset seroma (fluid collection around the implant), and is treated with removal of the implant, and capsulectomy (removal of the scar tissue that forms around all implants), though some cases require chemotherapy. The first case was reported in 1997, yet it is important to note that breast implants have been used since 1962, with current estimations of 5 - 10 million women in the world with breast implants

  Breast implant associated Anaplastic Large Cell Lymphoma (BIA-ALCL) is rare . As of August 2020, ; the Medicines and Healthcare Regulatory Agency (MHRA) received 78 reports of BIA-ALCL in patients with breast implants which meet the WHO diagnostic criteria for BIA-ALCL. . In the UK, the estimated risk of BIA-ALCL is 1 per 20,000.

  People with breast implants do not need to have them removed in the absence of any symptoms from this rare form of cancer. The advice is for patients to check for symptoms such as lumps, swelling or distortions through regular self-examination and to consult their doctor if they have any concerns.

- **Blood transfusion** – It is very rare to have a blood transfusion

after this operation. If you are found to have a low blood count (anaemia) after your operation, a course of iron tablets may be prescribed. Once you have left the hospital your GP may repeat the blood test.

- **Capsular contracture** – The human body forms a wall of scar tissue (fibrous capsule) around any implanted foreign material and breast implants are no exception. As the scar tissue shrinks it becomes noticeable as an apparent hardening of the breast. This is one of the most common complications and happens in approximately 20% of cases, although modern implants have a textured silicone shell with a lower incidence of capsular contracture. If a capsular contracture does occur you will need further surgery. The implant may have to be removed, along with the capsule, and replaced with another implant; if appropriate.
- **Coronavirus (Covid-19)** – is an extremely contagious virus believed to spread by person-to-person contact. Reasonable preventative measures aimed to reduce the spread of Covid-19 have been put in place. However, given the nature of the virus, there is an inherent risk of becoming infected with the virus by virtue of proceeding with elective surgery. You will be asked to follow a self-isolation period of 14 days prior to surgery. You will have a Covid-19 PCR swab test at your consultation with the surgeon and again at 72- 48hrs before surgery. You will be asked to read and sign a Coronavirus (Covid-19) informed risk consent form in addition to a separate surgical consent form.
- **Creasing, ripples & folds** – The nature of the implant capsule may enhance less desirable characteristics such as creasing, kinking, vertical ripple folds and rippling in the breast. These are commonly seen in women with little or no breast tissue following mastectomy.
- **Deep Vein Thrombosis (DVT) & Pulmonary Embolism (PE)** – a blood clot in the legs (DVT) or lungs (PE). This is a potential complication following surgery and bed rest. People who are taking the oral contraceptive pill or hormone replacement

therapy and those who smoke are at the greatest risk. All patients are given compression stockings to wear and a blood-thinning injection called low-molecular weight heparin (Dalteparin) every night whilst in hospital to prevent this.

- **Haematoma** – This is a collection of blood underneath the skin, which may occur after surgery. The breast may become painful and swollen. A second operation may be necessary to remove the haematoma.
- **Infection** – You will be given antibiotics during the operation to prevent infection. If an infection occurs it will be necessary to remove the implant(s) as antibiotics are unlikely to cure the infection. Unfortunately, you will not be able to have these replaced immediately and will need a further operation at a later date. Any operation that involves a general anaesthetic carries a small risk of a chest infection, particularly if you have smoked.
- **Nipples** – As a result of the surgery, if the nipple and areola are present there will be a decrease in or loss of nipple sensation.
- **Pain** – The pain from this sort of operation is not usually severe although different people require varying amounts of pain killers (analgesia). You may feel some mild pain for the first few days/ weeks, such as bruising and twinging. The pain control team can discuss the options available to you if stronger analgesia is required. Your surgeon will have prescribed regular medication to lessen the pain. If you are in constant pain, let the nursing staff know.
- **Radiotherapy** - Pre and post-surgical radiotherapy can have an adverse effect on breast implants increasing the risk of capsular contracture. You may be advised that implants are not the most appropriate option if you have had radiotherapy. You will need to discuss this with your surgeon.
- **Rupture** – This is the development of a split or a hole in the silicone shell of a breast implant. Rupture does not necessarily create a medical problem; the various fillers will react differently.

In the majority of cases of silicone gel filled implants, the silicone gel will remain within the capsule formed by the body and can be removed when the ruptured implant is removed. Occasionally, the silicone can spread outside the capsule into the breast and create a series of lumps known as siliconomas. These may give rise to local symptoms such as tenderness. In a small number of cases the gel has been found in other tissue, the muscles under the breast, the armpit or (rarely) in the nerves into the arms. If any symptoms such as excessive pain, a burning sensation, lumps or aching occur and cause concern, it is advisable to contact your surgeon or ask your GP to refer you. There is no evidence to suggest that air travel will cause strain or rupture to an implant.

- **Seroma** – Sometimes serous fluid will collect around the breast implant or in the back after the drains are removed. Usually this is a small amount only and the body will gradually reabsorb the fluid over a period of a few weeks. Occasionally, a larger amount of fluid collects. This can be drained in the out -patient department and may need to be done on several occasions.

- **Scars** – Any operation will leave a permanent scar. Infection can cause the wound to re-open. This may lead to problems with the scar formation such as stretching or thickening. Even without any problems, the scar, at first, will look red, slightly lumpy and raised. Regular massage of the scar, once fully healed, with a light non-perfumed moisturising cream and use of sensible sun protection measures, such as a factor 30+ sunblock, should help it to settle in time and begin to fade. This may take up to two years. Some people may be prone to the development of keloid or hypertrophic scars which are raised, itchy, and red. If you have a tendency to produce scars like these, please discuss this with the surgeon.

- **Wound breakdown** – Wound healing may sometimes be delayed. This may be because of tension on the wound, poor blood supply to the area, poor nutritional status and/or infection. Occasionally the wound may break down, resulting in; a longer hospital stay, increased hospital visits to have the wound/s assessed and,

possibly, further surgery. Smoking increases the risk of this as smoking can have an adverse effect on the healing of all surgical wounds. Eating a healthy diet promotes good wound healing.

Risks associated with non-oncological breast implants:

Pregnancy & breast-feeding – The implants should not interfere with the ability to breast-feed. However there has been evidence which suggests that the amount of milk produced may be reduced in some women. Reduction in milk production may also occur if the implants are inserted into the periareolar area, this technique tends to cut the milk ducts. There is no evidence of an increase of illness in children of women with silicone gel breast implants.

How long do breast implants last for?

Breast implants are a long-term commitment. They are likely to need replacing and further operations will be required to maintain the benefits of the implants throughout your lifetime. The length of time that the implants last is unknown and varies depending on an individual's personal factors. Manufacturer's guidelines state implants should be expected to last between 10 and 15 years. However, your surgeon may recommend that they remain in place for longer than this, if you are not experiencing any problems. If you have funding approved for surgery on the NHS for the first procedure, you will need repeat funding application approval for any replacement that is required in the future, this is not guaranteed.

Admission to hospital

Insertion of implants usually requires you to be admitted to the hospital on the day of surgery via the main theatre reception. The hospital stay will normally last one to two nights or longer if you are having a mastectomy at the same time. You may require help with housework and care of small children for at least a week after surgery.

You may have already signed your consent form in the outpatients' clinic but will be asked to read and check it once again. Please feel free to ask any questions that you may still have.

It is important that you are completely satisfied that you have been given all the information you need and that you fully understand the risks and benefits of your surgery, before you sign your consent form. You can change your mind at any time before surgery.

An anaesthetist will visit and examine you pre operatively and explain the anaesthetic procedures. A surgeon will see you and may use a special marker pen to draw markings on your skin. It is vital that you do not wipe these marks off. Please ask questions if there is anything that you are not sure about.

You must have nothing to eat for a minimum of six hours and nothing to drink for a minimum of two hours before your surgery. The nursing staff will advise you. This is for your safety, to help prevent vomiting during your surgery whilst you are asleep.

The surgery

The most common procedure involves making an incision in the crease under the breast then making an envelope to put the implant in. Sometimes the incision is made around the nipple or under the armpit. The implant is usually placed under the skin of the chest wall behind the muscle (pectoralis major). The stitches are usually dissolvable and do not need to be removed. This procedure is done whilst you are asleep under a general anaesthetic. The procedure usually takes about one to two hours or about three hours if you are also having a mastectomy.

After the operation

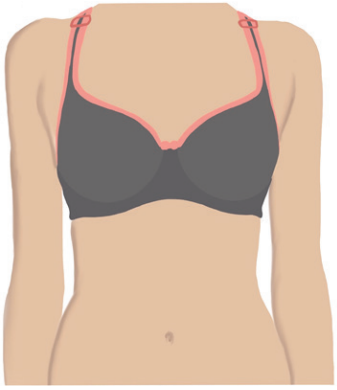
When you wake up after the surgery, you will be in the recovery area. The nursing staff are very experienced and they will ensure that your recovery is as pain-free as possible. Painkillers will be given to you on a regular basis for as long as you need them. The operation does not usually cause much pain afterwards, although some tightness and bruising may cause discomfort. Please tell the nurses if your pain persists.

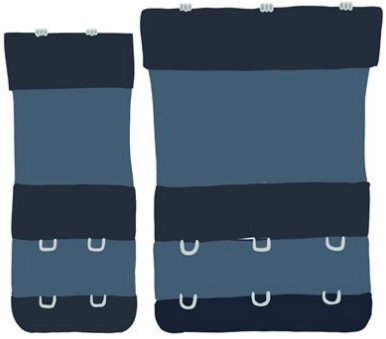
Drains & dressings

Wound drains are inserted into the breast at the time of surgery to allow any fluid to drain away. The drainage tube is attached to a vacuumed bottle where the fluid is measured. The nurses remove them, on the doctor's instructions, usually after 24 to 48 hours, depending on the amount and colour of the fluid drained. Following removal, a small amount of leakage from the wound is common. A light gauze pad can absorb this. Waterproof dressings may be used to keep the wounds clean and dry. You will be able to have a shower on the ward depending on the type of dressing used and nursing staff will be able to advise you. The dressings should stay in place until your plastic dressing clinic appointment one week later.

Bra

You will need to wear a good, supporting, non-wired, 'sports-type' bra continuously for 23 hours a day for approximately six weeks following surgery, as this will help with reducing the swelling and help the breasts settle into their new shape. After surgery, you can expect to find some swelling and your breasts will seem high and firm which may seem unnatural to you. However, after a while the swelling will reduce and become more comfortable, and the breasts will take on a more natural shape. We strongly recommend that after six weeks you have your breasts measured to determine what bra size you need. You must not lift heavy objects or play any strenuous sports for the first two to three weeks.





Breast firmness and tenderness is common in women and can relate to your monthly periods. After your breasts have healed, these symptoms may return. It may take some months for the scar tissue to settle and at first your breasts may feel lu mpy and tender. You may be asked to wear a breast band on top of your bra to help the implants stay in position.

Contact information

Should you have any further questions or need further advice or information please do not hesitate to contact the hospital.

Macmillan Breast Reconstruction	Tel: 01342 414302
Nurse Specialists	01342 414606
Monday to Friday	01342 414163
(answer machine available)	01342 414793

Email: qvh.breastcare@nhs.net

Psychological Therapy Team	Tel: 01342 414478

Further information sources

Queen Victoria Hospital
http://www.qvh.nhs.uk

Poland Syndrome Support Group
http://www.pssgcharity.org

British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS)
www.bapras.org.uk

If you'd like to find out how you can support QVH, please visit www.supportqvh.org

Please ask if you would like this leaflet in larger print or an alternative format.

Macmillan Breast Reconstruction Nurses BCN1404
Issue 6 – Ref: no. 0181
Approved by the Patient Information Group
Print August 2023 – Review August 2026

www.qvh.nhs.uk