

Breast implant follow-up: A personal opinion

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The breast implant issue has achieved a momentum of its own in the past few years, and perhaps it is time to take stock of the situation particularly with regard to looking after our augmentation patients. This issue is confused by many factors and a major part of this is that patients are getting their information from many sources. When we are asked our opinions we can only say what is proven to date, and that does not often satisfy people who want to know more than we can tell them.

For this reason one of the best questions to ask implant patients is: "have you decided to have your implants out?" The decision really is the patient's choice to make and by asking this question we affirm this, and find out what is going on in the patient's mind.

The next part of the consultation may involve considering capsulectomy at the same time as implant removal. This decision is somewhat more difficult. If the capsules are hard or calcified, there seems to be good indication to remove them, but there is a dilemma about doing a capsulectomy if the capsule is thin in the breast that is soft with no capsular contracture. A capsule's posterior wall could also be difficult to remove over the chest wall in the submuscular position. This decision involves us since capsulectomy may produce morbidity, and may not be the patient's decision alone. We need research to find out what happens to the capsule after the implant is removed if the capsule is left in.

Diagnosing a ruptured implant is best done by surgery. Directly inspecting the implant leaves no doubt as to the integrity of the outer shell of silicone gel filled breast implants, but there are obvious problems with this, particularly in the majority of patients who are happy with their results.

Other tests of implant integrity leave something to be desired. Xeromammograms are an excellent way to see real implant detail, but unfortunately are no longer available since the machines are 20 years old and are not being replaced. Our last xeromammogram machine in Toronto was taken out of service in March 1993.

Plastic surgeons and patients want accurate tests, but ultrasound for implant integrity seems to be too inaccurate. They might be useful, however, to diagnose gel extravasation outside the capsule, but that would be diagnosed clinically or at surgery anyway. Magnetic resonance imaging is not available due to a lack of a specific breast head and to a significant waiting period.

Mammograms used in cancer detection show the outer wall of the implant, but no detail of the implant itself nor the posterior surface. Computed axial tomography scans may be useful for examining implants without surgery and may be more commonly done as more experience is gained.

Follow-up with clinical examination of the breast yearly by the patient's plastic surgeon, family doctor or gynecologist is advisable, as well as patient reporting of breast lumps, breast symptoms, or any change or feel of the breast to their doctor. The operating plastic surgeon seems to be the best person to see yearly since he/she is most up-to-date on the status of implants and can work easily with a general surgical colleague if a biopsy is necessary to distinguish between a mass caused by an implant and a breast tissue mass.

In this time of change, we need to continue to look after our patients, to respect their wishes if they choose to have implant removal and to find the best ways to assess implants in the body. We need to continue research in immunology and breast cancer, and to study the fate of capsules after silicone gel filled implants are removed.