



Low Plastic Surgery (LPS)

Dr. Lowe's Facts about Breast Removal with or without Breast Lift

How do I get started?

It is important prior to surgery for patients to educate themselves about the pros and cons of breast implant removal with possible breast lift (mastopexy). Although patients who this surgery are typically very happy, this elective operation is not for everybody. The big risks of surgery are infection, bleeding, delayed healing, nipple complex compromise, and scarring. Patients should read the educational materials provided or on our website including consents prior to surgery. Patients should make sure that the surgeon is Board Certified by the American Board of Plastic Surgery, and is a member of the American Society of Plastic Surgeons (ASPS) and American Society for Aesthetic Plastic Surgery (ASAPS). Please check out websites and links at: www.drjlowe.com

Is my implant removal with breast lifts covered by health insurance?

Rarely implant removal is covered by some insurance plans. However, a new cosmetic implant, mastopexy, or other cosmetic work would require an out-of-pocket expense. Patients are encouraged to call their provider regarding coverage. Always forward or bring past medical records or documentation for review. Dr. Lowe determines eligibility based on cancer history, type of implant, dater of surgery, MRI analysis, and clinical history. If Dr. Lowe feels the surgery is cosmetic he will not submit the operation to your insurance provider. If Dr. Lowe feels that the surgery is medical but the provider refuses to pay before or after surgery the patient is expected to pay their outstanding fees.

Breast lifts by definition are cosmetic surgery procedures. These procedures are not covered by medical insurance plans. Many patients have large breast but not large enough to be covered by insurance. It is important to remember that all breast reductions are breast lift, but not all breast lifts are reductions. Both patient groups can expect a lift with incisions around the nipple complex and in the fold. All patient nipple complexes are reduced during surgery to enhance the results. Many patients undergoing breast lifts will need some tissue removed on one or both sides to obtain symmetry and shape. Patients are encouraged to look at photos of breast lift patients online or in our office before scheduling surgery. Dr. Lowe will talk to patients about these important issues during the course of the consultation and consent process.

Should I consider replacing the old implants with Gel or Saline implants?

One of the biggest concerns for patients considering surgery is deciding if saline vs. gel breast implants should be replaced. The cosmetic choice is simple in most cases based on the physical exam but there are often other issues to consider. Is the patient scared of gel implants? Scared patients should get saline implants and not worry. Is the patient planning to follow the FDA gel implant guidelines and does the patient have the resources to pay for this intensive screening? If a patient gets implants gel breast implants look and feel better (a lot better) particularly when combined with a breast lift. Gel implants scar more (capsular contractor), rupture is silent, cost more, incisions are bigger, patient age is restricted, and safety concerns exist. Saline implants do not look and feel as good as gels. Saline implants sag quicker, deflate more often, cost less, incisions are smaller, and safety is rarely a concern. For further review please go to: www.breastimplantsafety.org

Why are there differences in the outer or inner parts of current implants?

There are a number of different types of implant produced by several different manufactures. Most surgeons stick with one manufacture to ensure the best patient service and pricing. Special implant request are available in most cases. Each patient is encouraged to research in advance and discuss these issues during consultation. The implant outer shell can be either textured or smooth. Textured implants may stick better and scar less. Smooth implants stick less and scar

more, but in most cosmetic cases appear more natural. Many issues related to the outer shell are irrelevant with the current generation of implants. Implants may be high or low profile meaning they project more or less. The best option relates to patients anatomy and preference. Gel implants may be more or less cohesive. More cohesive will be stiffer but may be safer. Most patients undergoing breast augmentation with breast lift are best suited for the standard round, smooth, moderate plus profile breast implants. The board certified plastic surgeon will help you decide which implant is best. For further review please go to: www.breastimplantsafety.org

How do I choose size when removing breast implants and lift?

It is important for patients undergoing breast implant removal (with or without breast lift) to understand the post-operative size. Although your surgeon will make recommendations, the patient needs to make the final decision regarding breast size. One plastic surgeon's C cup is often another patient's B cup. Bra manufacturers do not determine cup size because there are substantial variations. A variety of techniques are available to assist patients with choosing breast size: computer analysis, manufacture protocols, sizing bras, surgeon experience, and photographs. Dr. Lowe thinks that all patients should review pre and post-op photos with size descriptions to get it just right. It is helpful to bring a pre and post-op photos of 3-4 patients they like and do not like at consultation. Patients should simply go to www.implantinfo.com to pick out their favorite patient (about your age, height, and shape) post-op photo results. Remember, most patients after implant removal with lift preserve as much native breast tissue as possible.

What is the best technique for breast implant removal with lift?

Patients should take some time to decide where and how to remove their breast implants. The best approach can usually be determined with a consultation with a board certified Plastic Surgeon. In most cases it is best to remove the breast implant capsule along with the breast lift. The surgical incision may be placed around the nipple complex only, around the nipple complex to the fold, or around the nipple complex to the fold and across the breast fold. This depends on the patient's anatomy, preference, and the type and size of the original implant used. Plastic surgeon always does their best to balance the length of the scar with breast shape. The most important issues related to the surgical incisions include a loss of nipple sensation, nipple sensitivity, infection, delayed healing, infection, and scarring. The biggest trade off with any implant removal with lift is the post-surgical scar, but if a patient needs it they need it.

Why do I need a breast lift now?

Many young patients undergoing primary breast augmentation do not need a breast lift. Patients who have had major weight changes, breast feed, or over 40 years of age may be candidates for breast augmentation with breast lift (mastopexy). Almost every patient getting implant removal over 5-7 years from the primary breast augmentation will require breast lift. At the time of the original breast augmentation patients usually have tight skin envelope. Years after breast augmentation the breast do not sag due to a strong capsule that holds the implants up on the chest wall. When the implant capsule is removed the breast lacks support because the skin has been stretch over time. Implant removal without a lift will always result in breast decent and breast sagging. Simply stated, implant removal is not as simple as the primary breast augmentation.

In most cases, the need for breast lift is obvious, but in other cases it may not be clear. Patients with droopy breast who are happy with their native breast size may opt to remove the breast implant and lift the breast. Patients with significant droopiness (ptosis), particularly patients needing larger implant removal, may require two separate surgical procedures. In some patients a breast lift can be delayed or will need revision later. The need for breast lift sometimes is not clear until months after a breast implant removal. Patients should have a frank discussion with the board certified plastic surgeon to help them make the right decision.

Do breast-lifts last forever?

No breast implant removal with breast lifts lasts forever. Breast lift revision rates increase based on original implant size and patient anatomy. When the surgeon removes the breast implants and lifts the breast the breast lift may be limited by the blood flow to the nipple complex. Often the surgeon cannot lift the breast as much due to decreased blood flow based on past or current surgical incisions. Dr. Lowe does not revise the surgical incision for at least 1 year. He will consider staged procedures after implant removal at 6 months in patients wanting new implants, revision lift, or scar revision. In most cases, patients should try to combine a breast lift with implant removal to avoid the cost and inconvenience of two operations

Do I have to have an implant removal?

Saline and gel filled breast implants have reported life span of ten years. Interestingly, ten years is also the length of manufacture warranties and FDA recommended exchange period. Both implant types have a 2% rupture risk per side per year. When saline implants rupture they deflate. When gel implants rupture patients are rarely aware. The manufacture places a silicone capsule around all implants. All patients form a biologic capsule around implants. This capsule (good or bad) as it forms actually prevent implant decent. Inter-capsular rupture refers to gel implant rupture within the human capsule, and extra-capsular rupture refers to rupture outside the human capsule.

Elective gel implant removal or exchange is recommended by some for all ruptures. Dr. Lowe recommends removal or exchange primarily for extra-capsular rupture. Saline rupture usually occurs at 10 years and requires exchange within several weeks. Gel implants usually rupture at 10 years, but implant exchange may be delayed in many cases. Most gel implant ruptures are intra-capsular and are watched. However, extra-capsular gel rupture or aging implants over 25-30 years should be exchanged when possible. Most patients exchange implants due to capsular contracture that causes deformity or pain. Some patients remove gel implants that are ruptured because they are afraid. All patients should know that when implants are removed or exchange in the future, they will often need to a breast capsule removal and possibly a revision breast lift. Dr. Lowe makes income from performing primary and secondary breast revision surgery. If Dr. Lowe recommends a patient to watch and wait, it is because in his opinion it is in the patient's best interest or it makes good clinical sense.

Why do breast implant removal with lift cost more than primary operation?

The cost for revision is limited for patients who experience complications or planned surgery within the first year when returning to the original surgeon. However, future breast implant removal or exchange is never as easy or as cheap as primary surgery. After implants have been in for several years the breast tissue shrinks, capsule forms, and skin stretches. Patients can rarely remove or replace implants without further significant work. The implant capsule must be removed at removal and a lift will be required as well. Removal with breast lift alone is possible if there is adequate native breast to meet patient expectations. Breast lift is required if the patient's implants have been in a while, and there is droopiness with little breast volume. Sometimes multiple stages are required with implant removal. The first stage includes removal of old implant, capsule, and lift breast. Second stage includes scar revision or revision breast lift.

What about the FDA Guidelines, do I have to follow the rules?

The FDA has a number of rules about silicone gel filled breast implants. They currently recommend implant screening with MRI every 1-2 years to rule-out silent rupture. The cost of this screening will not be covered by most insurance. FDA recommends implant removal every 10 years in all patients with gel implants. The manufactures agree with a mandatory implant exchange, and more exchanges mean more implants sales. Also, the FDA warns about gel implants association with a rare form of blood cancer. Patients should stay informed of current FDA rules and guidelines. FDA website:

<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/default.htm>

What about patient safety concerns?

There are a variety of safety concerns related to breast implant removal with breast lift. Many of the concerns are related to the implant device and have already been reviewed. Patients should always keep their own copy of their past implant card for reference. However, in most cases the safety of breast surgery is most dependent on your surgeon and the surgical facility. Cosmetic breast implant removal with or without mastopexy is an elective operation reserved in most cases for patients in good health in an outpatient setting. Dr. Lowe is a real plastic surgeon, who performs real surgery, in a real surgical center. As a member of the American Society of Plastic Surgeons (ASPS) he is required to follow safety guidelines designed to ensure the best patient safety and outcomes. Dr. Lowe proudly performs cosmetic surgery only in accredited hospitals and surgical facilities. Most of his cosmetic patients undergo surgery at his certified in-office operating suite, Associates Surgery Center of Oklahoma (ASCO). ASCO is fully certified by the American Association for the Accreditation of Ambulatory Surgery Facilities (AAAASF). For further information about safety and credentials go to: www.AAAASF.org or www.drjlowe.com

Should I wait and think about my options?

Breast implant removal with or without breast lift is an important decision. The surgical procedure carries significant risks and benefits. Revision rates are high even in the best surgeon's hands. At times the surgery may need to be modified or changed during surgery. Patients require a period of recovery, breast support, and scar maintenance. Patient should choose a board certified plastic surgeon that they feel comfortable, takes time, reviews risks, puts safety first, and trust. One of the most important aspects of the surgery is patient care and follow-up. Although surgeons cannot pay all the cost of revision it is usually best to stick with the surgeon you choose to ensure the best outcome at the best price. When possible, patients should talk about their plans with physicians, family members, and significant others. Patients should have realistic expectations regarding the surgery, recovery, long term care, potential scarring, and results. Breast augmentation with breast lift (mastopexy) is often the right thing for the right person

What are Dr. Lowe's take home points?

1. Understand that implant removal with lift will decrease size of breast significantly
2. Take your time & ask questions (breast augmentation is a commitment)
3. Understand risks of nipple compromise, delayed healing, and scarring
4. Remove as much skin a possible and understand revision may be required
5. Previous surgical procedures may result in limitations to current results
6. Down size breast when possible (the bigger they are the faster they fall!)
7. Do not cut corners, get breast lift when you need it (one or two stages) or skip it all
8. Many patients elect to replace breast implants in the future
9. Surgeon and facility certification and safety really matters
10. Pick and stick with your surgeon when possible