

# Breast implant safety

## Patient information sheet

MARCH 2024

This information is for people thinking about getting breast implants. The surgery might be for cosmetic reasons, breast reconstruction after cancer treatment or following the removal of breasts to reduce cancer risk (mastectomy).

This outlines the potential risks and complications of implants. It will guide you through the decision-making process. It does not replace advice from qualified medical professionals. The information has been reviewed by qualified medical professionals and includes:

- how to make informed decisions about breast surgery and breast implants
- possible risks and complications of breast implants
- screening and follow up for people with breast implants.

## Making informed decisions about surgery and breast implants

### Surgical options

During appointments with your surgeon, you should discuss your options.

#### For breast reconstruction, options include:

- implant only
- use of your own body tissue with an implant
- use of supporting mesh
- use of tissue expanders
- flat closure, where excess skin and tissue is removed, and the chest wall is reconstructed to create a smooth, flat chest.

#### For cosmetic augmentation, options include:

- implant only
- use of your own body tissue with an implant
- breast lift and implant.

Note: depending on your circumstances, not all options may be available to you.

### Surgeon credentials and facilities

You should learn about the qualifications and experience of your surgeon, including their track record of performing a procedure. You should also make sure the facility they use is licensed and accredited.

The qualifications of your surgeon are listed on the [Australian Health Practitioner Regulation Agency](https://www.healthpractitioner.gov.au/) website. You should only have implant surgery with a medical doctor who has 'surgery' listed as a specialty.

## Meeting your surgeon

You should have at least two face-to-face appointments with your surgeon to discuss your surgery. You can bring a patient support person with you, such as a friend or family member. You can also take notes or request permission to record the conversation to help you remember important information given during the appointment.

## Clinical assessment

Your surgeon should do a full clinical examination of both your breasts and armpits. Women over 40 need a screening mammogram (breast screen) before any breast surgery. If you are younger than 35, you may also think about having an ultrasound before your surgery, especially if your breasts are lumpy or you have dense breast tissue.

## Implant options

Talk to your surgeon about the placement of the implants. They can be placed under or above the muscle. Your surgeon should talk you through the benefits and risks of each option. Your surgeon should also ensure your implants are the correct size before surgery.

Discuss the different types of implants suitable for you. This should include:

- shape – implants can be round, or teardrop shaped
- surface – implants can have a surface that is smooth or textured
- fill of your implant – implants are filled with saline or silicone.

Some implants may require **supporting mesh** to help keep the implant in place. Supporting mesh will stay in the body for as long as the implants are in.

Some patients having breast reconstruction will need to have **tissue expanders** put in place. These stretch the skin to allow space for the implant. Expanders need at least two operations and several visits with a surgeon so that they can gradually be filled with saline.

To better understand the range of different sizes, shapes and fill materials, you can ask your surgeon to show you the implants in person before making a decision.

## Breast implant shape

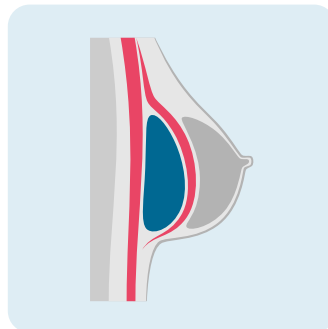


Round shape

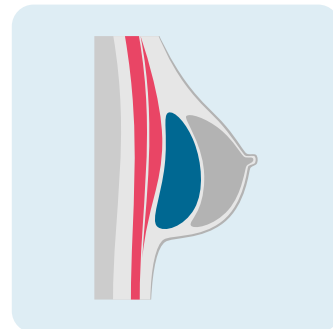


Teardrop shape

## Breast implant placement



Under the muscle



Above the muscle

## Surgery timeframes and operative outcomes

Ask your surgeon about risks and complications. Discuss your expectations and how long it will take to achieve these outcomes. Some patients will need more than one surgery, e.g, placement of an expander, then after some time, implant insertion or a two-stage breast lift and breast implant insertion.

## Informed consent

Ensure you read and understand all the details in your patient consent form, including information about the cost of the procedure.

## Risks and complications for breast implants

Before you agree to go ahead, talk to your surgeon about all the possible risks and complications of implants.

### Health conditions affecting implant outcome

Some health conditions increase the risk of a poor surgical outcome. These include:

- smoking
- taking immunity suppressing medication
- previous radiation therapy to your breasts
- some blood clotting conditions.

Some mental health conditions or autoimmune diseases can also increase the risk of poor outcomes after surgery.

### Breast changes after surgery

After surgery you may feel pain and a loss of sensitivity in your breasts. There may be swelling and scarring. Each breast may also be different in size.

### Changes to the implant after surgery

Your implant may split, leak, ripple, move or develop capsular contracture. This is where scar tissue tightens around the implant. This may result in the need for another operation or explant (removal of implants).

### Systemic symptoms after surgery

You may experience whole-body symptoms after getting implants, such as brain fog, joint pain or fatigue. These are known as systemic symptoms with breast implant (SSBI). If you have concerns about these symptoms, discuss them with your doctor or surgeon.

### Lifespan

Implants do not last forever. If you get breast implants, it is likely that you will need further operations in future.

Breast implants can be also associated with rare malignancies such as lymphoma and squamous cell cancer, which can occur many years after the initial procedure.

## Screening and follow up

If you choose to get implants, make sure you discuss screening and postoperative care with your surgeon. For future reference, you may also ask for a copy of your:

- implant card
- surgery notes.

### Screening

It is best to undertake routine checking of your implants for as long as you have them. Every year you should have an annual physical examination with your doctor. You should also have imaging of your breasts and implants every 2-3 years. All women over 40 will need to have a mammogram every two years.

### Mammograms with implants

Women with implants can have mammograms. This is vital to screen for breast cancer. It should not damage your implants. Before your mammogram, be sure to let the mammographer know that you have breast implants.

### Implant registration

Your surgeon should register your implants on the Australian Breast Device Registry. You can find information on the registry via this link: [Australian Breast Device Registry](https://www.abdr.gov.au/).

### Adverse events

If you have any issue with an implant, speak with your healthcare team and report it to the Therapeutic Goods Administration on its [Report a problem or side effect](https://www.tga.gov.au/report-a-problem) page.

## More information

1. NSW Agency of Clinical Innovation. Toolkit for management of breast implants. Sydney: ACI; 2022 [cited Nov 2023]. Available from: <https://aci.health.nsw.gov.au/networks/surgical-care/resources/management-of-breast-implants>
2. Therapeutic Goods Administration. Breast Implant Hub: Breast implants – things to consider. Canberra: TGA; updated 19 Sep 2023; [cited Nov 2023]; Available from: <https://www.tga.gov.au/resources/resource/guidance/breast-implants-things-to-consider>