NHS
Royal Cornwall Hospitals
NHS Trust

Removal of implants +/- partial / total 'en bloc' capsulectomy

affix patient label

What is this?

You have decided to have your breast implants removed with either a total or partial capsulectomy. It is not always necessary or possible to remove the whole capsule (the tight fibrous capsule that the body forms around the breast implant). Your surgeon will have had a discussion with you about the amount of capsule they plan to remove.

- **Total capsulectomy or 'en bloc' capsulectomy** – an attempt is made to remove the implant and the complete fibrous capsule that the body normally forms around it, still intact.
- **Partial capsulectomy** – the implant will be removed and as much of the capsule as your surgeon deems is safe will also be removed. This usually includes the whole of the front part of the capsule.

Why do I need it?

Conditions that lead to implant removal with or without capsulectomy include (but not exclusively):

- infection
- capsular contracture
- capsular pain
- implant rupture.

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Are there any alternatives?

Your surgeon will have discussed the option of leaving the implants in place and the implications of doing so. The need for a capsulectomy (partial or total) will also have been discussed in the context of your presenting condition and wishes.

How do I prepare for it?

Most patients attend a pre-admission clinic where we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have. You will also have the opportunity to discuss any concerns or queries with a member of the breast care nursing team.

You must not eat anything for at least **6 hours** before your operation. This is to make sure your stomach is empty when you have your anaesthetic. Drinks containing fats (eg. tea or coffee with milk) and sweets all count as food. You can drink water or a drink without fats in it (eg. black coffee) until 2 hours before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

You will be given a general anaesthetic during the operation which will keep you asleep. The anaesthetist will come and see you before your operation to discuss this with you. You will be able to ask them questions about the anaesthetic.

A member of the surgical team will also see you on the ward. This is usually the surgeon that will perform your operation. Feel free to ask any questions you have about the operation or what will happen after the surgery.

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The surgeon will spend a short time with you measuring and planning the exact steps of the operation and will usually draw and make notes of important landmarks on your skin with a special marker pen. This is called the 'marking-up' process and may be done whilst you are sitting, standing and lying down. An arrow will also be drawn on the side to be operated on and a check made that this consent form has been completed and signed.

What does it involve?

Most implants will have been put in through an incision (cut) beneath the breast in what is known as the inframammary fold. Normally the incision used to insert the implants will be used to remove them and perform the capsulectomy. However, the incision for removal usually needs to be made larger than that required for insertion. If the implants were put in through a different incision your surgeon will discuss the optimal placement of the incision for removal.

The implants and capsule are removed through this incision and a drain is usually placed in the cavity. The capsules are sent for histological (lab) analysis. The wounds are usually closed with absorbable sutures.

What happens afterwards?

It is more comfortable to wear a non-underwired bra or vest top in the first few weeks after surgery. Compression garments are not required. The drains will be removed when there is less than 30 mls / 24 hours or when it is deemed clinically appropriate. You should not drive for 2 weeks. A follow up appointment will be provided.

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What should I look out for?

- **Swelling** – it is not uncommon to experience the sensation of fluid under the breasts after this operation. This is a normal part of the healing process and called a seroma. Unless the breast becomes swollen and tender it usually reabsorbs naturally over a few weeks. Any tender, tense swelling should be reported and assessed in clinic. It may be beneficial for the fluid to be drained with a small needle as an outpatient under ultrasound control. An anaesthetic is not usually necessary.
- **Signs of infection** – such as redness, swelling and temperature can occasionally develop after this surgery and can present with symptoms of spreading redness and increasing pain or pus-like discharge. If this is the case you should have the wound reviewed by the breast team at the Mermaid, your GP or the Emergency Department.

Are there any risks or complications?

As with all procedures, there are risks from having this operation including: infection, bleeding, loss of nipple sensation, alteration in breast sensation, delayed healing, seroma (fluid collection), increased length of the external scar and unpredictable internal scarring leading to aesthetic concerns, hypertrophic scarring (overgrown red and itchy scars) or keloid scars (unsightly scars that grow beyond the incision site), asymmetry, chronic pain, dissatisfaction with appearance and pneumothorax (caused by a breach of the chest during the removal of the capsule at the back of the implant).

General Risks

Risk from the anaesthetic: The risk to a healthy patient of problems arising from an anaesthetic is very small. Each year in the UK however a few healthy people will die or suffer serious heart lung or brain injury following an anaesthetic. For a woman who is otherwise in good health, the risk of a serious complication due to general anaesthesia is less than 1%.

Infection: All surgery has a risk of infection. If the wounds becomes red, hot or weeps, or you feel unwell you should consult your doctor.

Pain: A degree of pain is likely after any surgery. We aim to manage your pain with painkillers to an acceptable level postoperatively.

DVT/PE: With all surgical procedures there is a risk of developing a clot in the deep veins of the leg, deep vein thrombosis (DVT). In a very small number of patients a bit of this clot breaks off and lodges in the lungs. This is a pulmonary embolus and in very extreme cases can be life-threatening. Your surgical team will prescribe you compression stockings and/or blood thinning medication after careful assessment of your individual risk.

Specific Risks

Residual capsule: In addition to the complications mentioned above sometimes it is not possible to remove the posterior capsule due to the risk to the underlying lung (unacceptably high risk of punctured lung – pneumothorax).

Residual silicone: If there is free silicone in the breast tissue due to a rupture it is not always possible to guarantee that all the silicone has been removed and this can lead to subsequent further surgery if this silicone becomes symptomatic (lumpiness, pain, inflammation, cosmetic changes).

Cosmetic change: The final cosmetic outcome may be difficult to predict and can alter during the healing process as tissues settle down. Your surgeon will have discussed with you the likely range of cosmetic outcomes to expect but whether this is acceptable to you once surgery has been performed is unpredictable. The internal scarring may continue to progress in the longer term, leading to an unsatisfactory aesthetic result even if initially things appear satisfactory. Following this procedure, it is very rarely possible to correct cosmetic deformities within the NHS – this would require specially agreed funding arrangements and exceptional circumstances of clinical need.

Further disease: The capsules are all sent for histology and your surgeon will inform you of the results. In the very rare situation where further disease is identified your surgeon and multidisciplinary team will advise you accordingly of the need for further treatments.

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If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690