

Breast Care Leicester

Case study

The following case study is an illustration of one patient's recent experience. It is intended to help future patients understand the process she went through and the choices she made in conjunction with the team looking after her. Expectations, outcomes and patient satisfaction are highly variable from one individual to another.

A 48 year old woman was concerned about a lump in the lower edge of her left breast. She called the Breast Care Leicester team and booked into our weekly Saturday morning clinic at Spire Hospital, Leicester, where she was seen by one of our Consultant Surgeons along with a Breast Care specialist nurse. She explained her concerns and was examined. She had had breast augmentation with implants 11 years ago. The lump she had found was at the lower edge of her implant near the scar. After waiting a few minutes, our Consultant Radiologist carried out mammograms of both breasts and an ultrasound scan of the area of concern. There was no evidence of breast cancer but the capsule of scar tissue around her implants had contracted and caused a ripple in the implant surface at the site of her symptoms. She came back to the consulting room for the results later the same morning, was reassured and told she did not require any further tests or checks and that we could discharge her.

As her implants were more than ten years old, she asked if they could be replaced with new ones. She was offered referral back to the surgeon who had originally operated on her, which she declined. We had an extensive discussion about her wishes and decided that she wanted to have the same size implants again and she wanted to minimise the chances of capsular contracture in the future. As shown in Figure 1, both implants had moved downwards ("bottoming out") over the years and occasionally she found that she had to dress carefully to stop the upper edge of her areola becoming visible above the edge of her clothing (the "sunrise" effect). From a technical perspective, she had capsular contracture around both implants; the scars had lifted and were now on the lower part of the curve of the breasts; she also has some chest wall asymmetry in which her left ribs are more prominent, being almost a centimetre forward of her right ribs.

Figure 1: Pre-operative photographs



In order to allow time for her to consider her options, we made a further appointment. When she came back, we selected the appropriate implants for her, choosing Polytech polyurethane-coated silicone implants of an equivalent size to her existing implants. Polyurethane-coated implants were

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chosen as they are understood have a lower chance of problematic capsular contracture compared to traditional macro-textured silicone surface implants. As well as the usual potential complications and problems associated with implant surgery, we informed her of animal experiments in which high doses of polyurethane were injected into susceptible rodents who subsequently developed cancer, but that the same effect had not been shown in humans. At the same appointment, we took pre-operative photographs and signed a consent form.

Her surgery was scheduled for approximately a month later and carried out at the Spire Hospital, Leicester. At operation, the implants were both removed – the right one showed some “gel bleed” where the silicone had started to seep through the surface of the implant but it had not completely ruptured. The capsule of scar tissue was removed on both sides – this was thick but smooth on the right but on the left was filmy and thin in some places but dense and hard in others (corresponding to the rippling with which she had originally presented). The new implants were positioned higher than before and the inframammary fold was recreated with some internal stitches to allow the scar to sit against the chest wall below the implant. The operation was carried out in the late afternoon and she was booked for an overnight stay, so she returned to the ward. After she had a meal and a drink, she felt well and was discharged home at her own request later that evening.

Figure 2: Post-operative photographs



Post-operatively she made an excellent recovery. A few days later, she experienced pain on one side and attended for a wound check. There were no apparent problems so she was prescribed some additional pain relief and the ward team fashioned a pad to wear in her bra to make her more comfortable. She found this helpful and the pain settled. By the time she came back to the Saturday morning clinic ten days after her operation, she was comfortable and very pleased with the cosmetic result. We removed her dressings, took post-operative photographs and discussed when it would be sensible to resume her sport and exercise classes. All her stitches are dissolvable so do not require removal. We discussed how the scarring is likely to mature and evolve with time, particularly below the implants.

Although she does not require any more scheduled follow-up appointments, she has our contact details should she have any concerns. She kindly gave permission for us to publish this case study here, for which we are very grateful.