

Breast Care Leicester

A case of capsular contracture requiring implant exchange

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 38 year old lady contacted Breast Care Leicester to arrange an appointment with one of our Consultant Surgeons accompanied by our Breast Care Specialist Nurse. She had bilateral breast implants placed 12 years ago having lost a considerable amount of weight and consequently also lost breast volume. She is a fit and active woman who runs her own business.

The original implant surgery had been uneventful and she had no problems until last summer. Following a road traffic accident, she became concerned about pain in one of her breasts and associated asymmetry. She was initially concerned that one of the implants had ruptured as a result of the accident. Her GP referred her to the local NHS breast clinic, where both an ultrasound scan and an MRI scan were arranged. Neither of these showed any sign of implant damage and no further action was advised. Her symptoms progressed after this with increasing distortion of the left breast with associated diffuse ache and a very tender area on the outside of her breast towards her armpit. The edges of the implant were becoming visible. She was referred back to the NHS clinic where it became clear that she had a Baker Grade 4 capsular contracture around the left implant. Grade 4 is the most severe category of capsular contracture and means the implant is hard, painful and visibly abnormal. Unfortunately, implant exchange cannot be offered on the NHS currently so she contacted Breast Care Leicester.

She was seen by one of our Consultant Surgeons in the breast clinic at Nuffield Leicester on Friday evening the same week. Her previous imaging had concentrated on the integrity of the implant rather than the breast tissue itself. Before embarking on surgery, we arranged mammograms and ultrasound of both breasts to ensure there were no breast tissue concerns that would need to be addressed first. The imaging results were reassuring so she asked us to arrange breast implant exchange. We had an extensive discussion about her options including removal of implants; removal with skin-reducing mastopexy or implant exchange. We discussed what she wished to achieve in terms of cosmetic outcome and it was clear that she wished to have larger implants but in particular was keen to have round implants that "stood out" more than her current ones. She also wished to avoid implants that felt too firm.

We arranged a second pre-operative consultation in case she had any further questions or issues to raise and at the second consultation we completed a consent form. Approximately one month after her initial consultation she was admitted for her surgery to the Nuffield Hospital. The same consultant surgeon carried out her operation under general anaesthetic. Her existing implants were removed, the capsules of scar tissue that surrounded her implants were removed on both sides – on the left the capsule was thick and leathery and had contracted around the implant causing it to be distorted and painful. New implants were selected – approximately 15% larger by volume, but with the same base size meaning that they had considerably more "projection" and stood out more than

her previous ones as she requested. The implants contained moderately cohesive silicone gel in order to achieve her request of an implant which “stood out” but was not too firm. Following her operation she made an excellent recovery and was discharged home later the same day.

She has very kindly given us permission to publish this case report including her pre- and post-operative photographs on our website. The photograph on the left shows her before implant exchange with distortion particularly noticeable around the upper pole of her left breast (arrowed). The photograph on the right shows her after the implants were exchanged and the capsules removed.



At her follow up appointment a month later she was extremely pleased with the cosmetic outcome and the way her scars were healing. She was still wearing a very supportive sports bra as we advised but was back at work and had returned to full activity including gym training. The ache and tenderness that she had been experiencing had resolved completely, and by now her post-operative discomfort was also improving and the implants were beginning to feel more “natural” to her.

This woman’s pain and distortion had been due to the contracture of the scar capsule around one of her implants. This is a common consequence after breast implant surgery and the solution is to replace the implants and remove the capsule surgically. As capsular contracture is a common reason for needing to replace implants, this lady is very sensibly making financial provision so she is prepared should her implants need to be replaced again in a few years’ time.