

Time for a Change...of Implants?

“My breast implants are 10 years old, should they be changed?”

We hear this question or something similar on a surprisingly frequent basis in my practice. While I am not sure of the origin of the urban myth that implants should be periodically changed, it is indeed, just a myth. **Implants which are functioning normally do not have to be replaced according to a schedule.** Yet, implants should not be considered lifetime devices. There are reasons related to the implants themselves as well as changes in the body over time which make implant exchange and occasionally, removal, a desirable option.

The most common reason for exchange of implants is the patient's desire to have a larger or sometimes, smaller, size. Selecting a new size is a challenging task - just as with the original surgery. There is no exact method to pinpoint implant size selection. In our breast augmentation consultations, **we dedicate a lot of effort to determining the best implant size** for each patient in order to minimize the need for size change procedures. The same is true for planning exchange operations, particularly if information is not available about the implants already in place.

Natural breast size and shape also tend to change some over time. Many patients have breast augmentation early in life before pregnancy which can lead to dramatic changes in the breast. While the implants do not change size with pregnancy and tend to remain in the same position, the **breast tissue on top of the implant can change dramatically.** Following the pregnancy, either a breast lift procedure or a combination of breast lift and implant change may be useful. Weight changes and the aging process can have similar effects on the breast. Occasionally, the breast size increases enough over time that implants are no longer needed and may be removed entirely.

One advantage for patients seeking breast revision is that **implant technology and availability has improved dramatically** over the last decade or so.

This is especially true when comparing current implants with devices that were available 20 or 30 years ago. The new generation of gel implants may offer distinct advantages in terms of shape, softness, and durability.



Implants are man-made devices, and like all mechanical devices they have a failure rate. The most common failure occurs when an implant gets a small fold in it. Usually, these are too small for either you, or your surgeon to detect. With time and motion the fold may become a weak point, eventually leading to a break in the shell of the implant. For saline-filled implants, the saline easily flows out of the hole when pressure is applied to the implant. So, saline implants tend to deflate relatively quickly when a leak develops. While many folks worry about a “slow leak,” this has been extremely uncommon in my experience. Diagnosing a hole in the shell of a silicone implant or one of the new gel implants can be more difficult and usually involves a test, such as an MRI. Regardless, **an implant which has failed or malfunctioned should be replaced or removed.**

Secondary surgery (revisiting a previous surgical area) is usually **more complicated and difficult** than the initial procedure. This is due to the presence of scar which limits stretchiness and mobility of the tissues. Likewise, separating out the anatomic layers may be difficult or impossible following previous procedures. So, any decision to revisit a previous surgical site should not be taken lightly.

Your **American Board of Plastic Surgery Certified Surgeon** will serve as the best guide to help you determine whether a change of implants is appropriate or not. Frequently, there are multiple procedure choices available for patients considering or needing implant exchange or removal. And, the best course of action may be to simply do nothing.

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Dr. David Kirn is a Board Certified Plastic Surgeon who is devoted to advanced techniques in Cosmetic Surgery of the Face, Breast, and Body. In private practice since 1998, he is located in a state of the art facility which includes a full service skin care center. The practice is focused on personalized patient care and attention to detail. Where possible, Dr. Kirn utilizes minimally invasive procedures. The goal is to deliver quality clinical results while minimizing patient recovery time. Examples of this include a no-drain tummy tuck, armpit incision breast augmentation with gel or saline implants, fat grafting, and a short scar facelift. In addition, Dr. Kirn and nurse-injectors Carey Sanders, RN and Shirley Ramsey DNP, APRN, offer a full spectrum of non-surgical treatments such as Botox®, Dysport®, Restylane®, Juvederm®, Voluma®, Radiesse®, Kybella® & laser.