



Implant Removal – Explantation and Capsule Management

When breast implants are placed, the body naturally forms protective scar tissue around the implant. The management of the capsule depends on the patients reasons for undergoing an explantation procedure. Some of the most common reasons for breast implant removal include:

- Capsular contracture
- Implant rupture
- Implant displacement (bottoming out)
- Breast implant illness
- BIA-ALCL (Breast Implant-Associated Anaplastic Large Cell Lymphoma)
- Change in personal taste
- Desire a different size or type of implant
- Prefer a more natural look

Lets look at the 4 types of procedures, their definition and indication.

Types of Procedures

1. Plain Implant Removal

Implants are removed through incision into the capsule without removing capsular tissue. In some cases the surgeon may score the left behind capsule.

This procedure is the simplest and safest option for patients who wish to remove their implants due to aesthetic reasons only, have no capsular contracture and present no symptoms of Breast Implant Illness. The advantages of Plain Implant Removal include:

- Preservation of support for overlying skin envelope in case of thin soft-tissue
- Improved circulation for breast skin in case of planned mastopexy
- Improved pocket control and support if implant replacement is planned

Plain Implant Removal is not recommended in cases of:

- BIA-ALCL (Breast Implant-Associated Anaplastic Large Cell Lymphoma)

- Complicated capsular contractures such as calcified capsules
- Embedded silicone in the capsule or when an associated mass is identified
- Breast Implant Illness

2. Partial Capsulectomy

Removal of a portion of the capsule, usually the anterior (situated toward the front), while leaving some of the capsule intact. The decision for this procedure is best made in the operating room based on the placement of the implant. In case of submuscular placement, the removal of the posterior section of the capsule may in some cases carry significant risks. In the case of leaving the posterior capsule behind, it is often cauterized to destroy the remains, or scored, if no implant exchange is planned.

3. Total Capsulectomy:

Complete removal of the anterior and posterior capsule. Lay press and social media often refer to this procedure as an “en bloc” (removal of implant and capsule as a single unit), this is however an inaccurate use of this oncologic term, and in case of non malignancy should be referred to as “en masse”.

Total capsulectomy is a more invasive procedure which carries higher risk of bleeding and other complications compared to Plain Implant Removal or Partial Capsulectomy.

4. En Bloc Capsulectomy:

En bloc is performed in case of confirmed malignancy. It involves the complete removal of the anterior and posterior capsule, in addition to a healthy margin of breast tissue, associated masses and in some cases lymphnodes.

Therefore, en bloc capsulectomy should only be performed in cases of diagnosis of BIA-ALCL and is not recommended for patients with symptoms of Breast Implant Illness, as there is no evidence supporting any benefit in the removal of healthy breast tissue surrounding the capsule. To the contrary, in case of Partial or Total Capsulectomy, the preservation of healthy breast tissue is more beneficial for explant patients.

Although in the field of plastic surgery, the patient’s preferences in deciding on aesthetic and reconstructive procedures and techniques are paramount, **it is the surgeon who will ultimately decide on the procedure and technique in order to achieve the patient’s desired outcome with consideration to risks vs. benefit.**

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