

Breast Prosthesis Removal and Replacement

Policy

NHS NWL CCGs will fund breast implant removal where the following criteria are met:

- One of the following indications applies:
 - Rupture of silicone-filled gel.
 - Implants complicated by recurrent infections.
 - Extrusion of implant through skin.
 - Implants with Baker Class IV contracture*.

Removal of both implants where asymmetry is an issue will be funded.

Replacement with a new prosthesis will only be considered where original implants were funded by the NHS for non-cosmetic purposes. Additional cosmetic surgery (e.g. mastopexy or bigger implants) should **not** be done at the same time as the re-implantation and will not be funded.

If the above criteria for funding have not been met, funding may be considered via the Individual Funding Request route where there are exceptional circumstances present.

For PIP implants, NHS NWL CCGs will remove your implants in line with Department of Health Guidance, but will not replace them unless it is clinically necessary.

Please note that patients on the gender dysphoria pathway are out of scope of this policy, as these services are commissioned by NHS England.

Note: Patients who smoke should have attempted to stop smoking 8 to 12 weeks before referral to reduce the risk of surgery and the risk of post-surgery complications. Patients should be routinely offered referral to smoking cessation services to reduce these surgical risks.

These policies have been approved by the eight Clinical Commissioning Groups in North West London (NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith and Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG and NHS West London CCG).

Background

Women who have undergone breast augmentation procedures can rarely go through their entire lives with the same prostheses (implants). The survival time of implants varies depending on individual circumstances but removal is often necessary at some point for various reasons. Some prostheses breakdown over time and complications may develop.

The US Food and Drug Administration (FDA) advise that ruptured silicone implants should be removed since the health risks of extruded silicone are not known. The FDA caution that asymptomatic rupture may be present in up to 4% of women with silicone implants, and recommend regular screening for asymptomatic ruptures.

Rupture of silicone implants can be subdivided into two categories, intra- and extra- capsular. After implantation, a reactive fibrous capsule is formed around the implant. If the extruded silicone is contained by this fibrous capsule the rupture is termed intracapsular. If the silicone gel is extruded beyond the capsule, the rupture is termed extracapsular. Extracapsular silicone can induce granulomatous reaction and can occasionally migrate to the axillary lymph nodes, producing a lymphadenopathy, which can mimic cancer. Clinically, extracapsular ruptures are often associated with a change in size and consistency of the breast. Extracapsular ruptures can usually be identified on mammography or other imaging studies. Research by the Department of Health concluded that there is no evidence of long term harm associated with the use of silicone gel implants. Nevertheless, an intracapsular rupture can evolve to an extracapsular rupture and the FDA indicated that ruptured implants, whether intracapsular or extracapsular, should be explanted.

*Baker Classification Grades:

Grade I (Absent)	Grade II (Minimal)	Grade III (Moderate)	Grade IV (Severe)
The breast is soft with no palpable capsule and looks natural.	The breast is a little firm with a palpable capsule but looks normal.	The breast is firm with an easily palpated capsule and is visually abnormal.	The breast is hard, cold, painful, and markedly distorted.

References

Patient information

<http://www.nhs.uk/Conditions/Breast-implants/Pages/Complications.aspx>

References

1. Aesthetic (Cosmetic) Surgery and other related procedures Evidence Based Framework for Decision Making. NHS Leeds Cosmetic Framework September 2008.
2. FDA News release, November 2006 FDA Approves Silicone Gel-Filled Breast Implants After In-Depth Evaluation.
3. Baker JL, Bartels RJ, Douglas WM. Closed compression techniques for rupturing a contracted capsule around a breast implant. *Plast Reconstr Surg* 1976;58:137-41.