



BREAST AUGMENTATION AND CAPSULAR CONTRACTURE

Capsular contracture is a condition when the fibrous capsule surrounding a breast implant tightens and/or thickens, causing excessive firmness and distortion of the breast shape. In advanced states, breasts may become painful.

This condition is the most common side effect of breast augmentation surgery and reconstructive procedures that involve the placement of breast implants. Approximately 15 to 20 percent of women who have breast augmentation surgery experience capsular contracture; the figure is slightly higher (over 20 percent) for breast reconstruction patients.

It is normal for a tissue capsule to form around any foreign object implanted in the body. Tissue capsule formation occurs not only within breast implants, but also with artificial joints and heart pacemakers. Although this issue is sometimes referred to as a "scar capsule," it is not actually scar tissue. It is a normal part of the body's healing response and typically is not problematic.

Capsular contracture can happen at any time after breast implants are placed, but it most commonly occurs during the first few months after surgery. In patients affected by this condition, the tissue capsule tightens and/or thickens, constricting the implant and distorting its shape. The contracture patients sometimes believe their implants have hardened, but this is not the case. Once the implant is released from the breast tissue capsule, it is as soft as it was before placement.

The cause(s) of capsular contracture are not yet known, but several factors that may increase a patient's risk for the condition have been identified. These factors include:

- The occurrence of an infection, hematoma (a localized swelling filled with blood), or seroma (an accumulation of fluid) in a breast implant patient increases the chance of capsular contracture.
- Patients living with autoimmune disorders may have an increased risk of capsular contracture
- Bacterial contamination of the implant shell, which may lead to an inflammatory response in the body that causes the tissue capsule to shrink.
- Placement of the implant under the gland (above the chest muscle) rather than under the muscle. Capsular contracture rates are lower for patients with submuscular implant placement.
- Smoking, which impedes healing due to decreased oxygen levels in the blood.

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There are three types of treatments for capsular contraction: closed capsulotomy, open capsulotomy, and open capsulectomy. In a closed capsulotomy, the breast implant surgeon firmly squeezes the breast implant in order to "pop" the tissue capsule and open it up. Since the patient is not under anesthesia the procedure is likely to be uncomfortable, but fortunately it lasts only a few seconds. This method is not recommended by breast implant manufacturers because it can rupture the implant (manufacturer's warranties typically do not cover an implant that was damaged in this manner). Also, closed capsulotomy is not very effective in alleviating capsular contracture.

The other two treatments (open capsulotomy and open capsulectomy) have a much higher success rate than closed capsulotomy, but both techniques involve surgery. In open capsulotomy, the breast implant surgeon goes into the tissue capsule and makes small cuts in the scar tissue to release the implant. Depending on the breast implant surgeon's preference and the method by which the breast implant was initially placed, the incision may be made in the crease of the breast, around the areola, or in the armpit. For this procedure, patients typically are given local anesthetic along with IV sedation or general anesthesia.

An open capsulectomy is similar to an open capsulotomy, but in this procedure the breast implant surgeon removes the tissue capsule rather than just making cuts in it. This allows the body to form a new capsule, which in most cases behaves normally. The procedure takes longer than an open capsulotomy but has a higher success rate.

While the risk of capsular contracture cannot be completely eliminated, there are a number of ways for breast implant patients to reduce their risk. Suggestions include:

- Choosing saline rather than silicone-filled implants, which have a higher rate of capsular contracture.
- Opting for submuscular rather than subglandular placement of the implants. It is believed that when implants are placed under the chest muscles, the muscles help "massage" the implant and keep the tissue capsule from shrinking.
- Massaging the breasts regularly, especially during the first year after breast implant surgery.
- Doing exercises that compress the breasts, such as lying face down on the floor. Quite a few yoga poses fall into this category.