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P.S. A Word About Implants & Some Unanswered Questions

BY KATHY LATOUR

As someone who testified before Congress during the 1990s about the need to keep silicone implants, I chose an implant again with no hesitation for my second reconstruction almost two years ago. I agree with John Canady, MD, president of the American Society of Plastic Surgeons, who says the silicone scare of the '90s did a huge disservice to women, particularly those with breast cancer.

Canady says he took out perfectly good silicone implants from women who were seeing what he called “pseudo science” in the media about implants leaking silicone into the body and causing all kinds of autoimmune problems.

“Understand that a plastic syringe that every doctor uses moves very freely because they are lubricated with silicone,” Canady says. “And a diabetic gives themselves shots all the time, giving themselves free silicone all the time. When you look at the whole thing, it never did add up and no one has ever shown in a good study that silicone has a causative effect on auto-immune disease.”

While earlier issues of implant safety were never proven, a study published in January 2008 in *Archives of Surgery* reported that women who had immediate reconstruction with implants had twice the rate of infection in the year after surgery than women who used their own tissue for a transverse rectus abdominis myocutaneous (TRAM) flap. I was reconstructed before this information became available, and I don't know if it would have changed my decision, but I do think those of us with implants need to know what this information means. For women whose implants develop infections for no apparent reason many years after reconstruction, what should be done preventively?

My infection odyssey began when I went in the week after surgery to have the drains removed. The left breast, the new reconstruction, was in great shape, but the right breast had some nasty stuff in the drain that got me an immediate consult with an infectious disease specialist, a diagnosis of staph infection, an intravenous line in my arm, my very own I.V. pole for at-home antibiotic infusion, and a lot of frustration for the three months it took to quell the infection. While no one could explain why I developed such a severe infection, I can only wonder if the 1986 removal of my lymph nodes, the body's natural drainage system, could have been the culprit.

Other questions about implants remain. Those of us who have carried implants in our bodies were made vaguely aware when they were inserted that they were not meant to last a lifetime, and this is the same information women are given today.

But women are still not given procedures to follow concerning when to evaluate whether the implant has ruptured, what that would mean, and when and how it should be replaced.

When my plastic surgeon replaced the implant in my right breast, it was ruptured and he called it “a mess.” The liquid silicone had, as it was supposed to, stayed in the hard shell that had formed around it, but I was completely unaware of the rupture. Should I have tried to determine if the implant had ruptured? How exactly does one do that? Canady says a sonogram can sometimes determine if an implant has ruptured; it may take an MRI scan, but even then it’s hard to say. And if I had known it was ruptured, should I have had it replaced? Those of us who have implants need the research to continue and we need some answers.