

Frequently Asked Questions About Implant Removal (Explant)

Over the many years we have been performing explant surgeries, many patients bring a list of questions to ask their plastic surgeon. With the goal of making your consult as comprehensive and efficient as possible, we have compiled a list of the most common questions we hear so we can focus on your specific situation. Please read this list before your consult and bring a list of any additional questions that you may have.

1. Are you board certified by the American Board of Plastic Surgery? Yes, I have been board certified by the American Board of Plastic Surgery since 1999. You can check to see if your Plastic Surgeon is board certified by going to abplasticsurgery.org and clicking on the “public” tab and look up your surgeon’s name.
2. Do you have hospital privileges? Yes, I am on staff at Honor Health Shea and Honor Health Osborn.
3. What type of anesthesia is used? We only use board-certified anesthesiologists. Most cases are done under general anesthesia. Each anesthesiologist has their own technique so it is not possible to specify which drugs are used in each case. All our cases are covered by Valley Anesthesia. I have been working with most of our anesthesiologists for many years.
4. Is the surgery center you operate in accredited? Most of our surgeries are performed at Scottsdale McCormick Ranch Surgicenter which is Licensed by the state of Arizona and accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) and Medicare.
5. Do you have microsurgery training? I am not sure where this question started but explant surgery doesn’t require any microsurgery. However, I am trained in microsurgery and performed microsurgical procedures for many years. Most plastic surgeons have some amount of microsurgery training in their residencies.
6. Do you have an active license? I have had an active license in Arizona since 2001. You can check my license status by going to bomex.org and performing a Doctor Search.
7. Do you perform an en bloc capsulectomy? We try to perform an en bloc capsulectomy when possible. An en bloc capsulectomy is when the implant and capsule are both removed as a unit without any holes in the capsule. If the capsule is thin or adherent to the ribs or muscles, it is often not possible to do an en bloc capsulectomy. In this case, the implant is removed and the capsule is then carefully dissected away from the surrounding structures under direct vision and completely removed. This is called a total precise capsulectomy. The outcome, removal of the implant and all the capsule, is the same. No plastic surgeon can guarantee an en bloc capsulectomy in every case and we believe that a precise total capsulectomy is often safer, removes less normal tissue, and, in most cases, requires a shorter incision. The only time we would not remove the entire capsule is if it would be a danger to your life.
8. Do you perform muscle repair? We will repair or reposition the pectoralis major muscle if needed. Not all patients need muscle repair.

9. How long will my surgery take? Surgery time is an estimate and may take more or less time. The average time for implant removal and capsulectomy is 2 hours. If a lift is done at the same time, the average time is 4 hours. If the surgery takes longer than anticipated, there is no additional surgeon fee but there might be additional operating room or anesthesia fees.
10. How many explants have you done? Explant surgery is our most common surgical procedure and we have done thousands of explants.
11. Will you be the only doctor operating on me? Yes, I do not use an assistant and have no residents or students working with me.
12. What type of incision will be used? We typically use your previous scar if you have an inframammary (under breast) scar but will need to make it longer to perform your capsulectomy. If you have an incision around your areola or armpit, we cannot use those incisions and will need to make a new scar on the lower portion of your breast. This area typically heals very nicely but every patient scars differently.
13. Will I get antibiotics? We only use an intravenous dose of antibiotics right before surgery. You will not need antibiotics after surgery. We do not use antifungal medications unless specifically indicated.
14. Are steroids used during surgery? No
15. Do you use the cauterization technique? I'm not sure where this question came from but all plastic surgeons, including myself, use cautery for control of bleeding.
16. What will be prescribed for pain after surgery? While many of our patients can take Tylenol or Ibuprofen for pain, we will prescribe a small amount of pain medication such as Percocet or Vicodin unless you have problems with either of these medications. We encourage our patients to avoid taking opioid medications unless needed.
17. Do you prescribe anything for nausea after surgery? We will prescribe Zofran that you can take for any nausea that you might have after surgery. It dissolves under your tongue.
18. Will I have a drain? Yes, we use drains in all explant/capsulectomy cases and they are typically in place for 1 week. We determine when your drain is ready for removal based on the amount of drainage.
19. What kind of dressing will I have after surgery? We will wrap you in an Ace wrap after surgery. You can take the wrap off after 2 days, shower, and put on your surgical bra which will be provided to you. If you have a lift, we will take off your wrap the day after surgery and replace your dressing and put on your surgical bra.
20. Do you use any tape or glue on my incisions? We do not use any tape or glue. All your sutures will dissolve except the suture holding your drain in. If you have a lift, there is one permanent internal suture around your areola to try to prevent the scar from stretching out.
21. Can I have my implants back after surgery? We can return your implants unless you have a rupture gel implant.
22. Do you send my capsules to pathology? We are happy to send your capsules to pathology. There is an additional fee. Many patients leave it up to Dr. Pierce's discretion (if the capsule looks abnormal or you have a textured implant, your capsules will go to pathology). Pathology only checks for malignancy.
23. Do you check for bacteria, biofilm, mold, or heavy metals? We do not routinely test for bacteria, biofilm, mold or heavy metals unless specifically indicated.

24. Do you take photos or videos of my implants, capsules or inside my chest? We routinely take photos of your implants and capsules after surgery and we will send these photos to you. We do not video your surgery routinely or take photos inside your chest wall.
25. Do you do testing for BIA-ALCL (Breast Implant Associated Anaplastic Large Cell Lymphoma)? BIA-ALCL is a rare lymphoma associated with textured implants. All capsules associated with textured implants, or history of previous textured implants, are sent to pathology. The pathologist will determine if any additional studies are indicated.
26. Do you remove enlarged lymph nodes? No
27. What do you do if I have a ruptured silicone implant? Every attempt will be made to remove as much of the silicone as possible. We also use a solution called Phase 1 to irrigate the pocket after your implant and capsule are removed. We will perform an en bloc capsulectomy if possible in cases of ruptured silicone implants.
28. What are the signs of an infection after explant? Infection after explant surgery is very uncommon but the signs to look for are redness, swelling and fever. Please contact us if you have any questions after surgery.
29. What happens if there is a complication after surgery? We are always available for any problems after surgery. You can text Christina or call the office and be connected directly to Dr. Pierce's cell phone for emergencies. Please reserve routine questions for regular office hours. If we are going to be out of town, there will be another plastic surgeon covering our practice.
30. How many follow ups are there after surgery? That will depend on if you have a lift at the same time as your implant removal and capsulectomy. If you only have an explant and capsulectomy, your follow up will be at 1 week after surgery to remove your drain, 6 weeks, and 6 months. If a lift is performed, we also see you one day after surgery. Of course, we are available to see you any time between visits.
31. Do you perform explant surgery through my insurance? We do not accept insurance for explant surgery and we are not contracted with most insurance companies. You will not be able to submit a claim to your insurance company after surgery.
32. What can you do to improve the appearance of my breasts after implant removal and capsulectomy? If you only have implants removed with a capsulectomy, we have little control over what your breasts will look like after surgery. This will depend on how much breast tissue you already have, how large your implants are, your age and genetics. It will take 6 months or even up to one year to see your final result. If you are a candidate, a lift (mastopexy) or fat transfer may be an option to improve the size and shape of your breast after implant removal and capsulectomy.
33. Will I need a lift after implant removal? It is difficult to answer this question without examining you. If your nipples are below your crease or you have excess skin after implant removal, a lift might be indicated. It is important to have adequate blood supply to your nipple/areola. In many women, it is not safe to perform a lift at the same time as an explant/capsulectomy.
34. Do you do fat transfer? We often perform fat transfer to restore some of the volume lost after implant removal/capsulectomy. We do not usually perform fat transfer at the same time as implant removal/capsulectomy and prefer to wait at least 6 months. It is also important to have enough fat in other areas to use for fat transfer.
35. Am I able to obtain a copy of my operative report, pathology report and photos? We are happy to provide you with any of your records upon request.