

Dr. Pierce's 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 consultation 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 consultation 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 look up if your Plastic Surgeon is board certified by going to abplasticsurgery.org and clicking on the "public" tab and looking 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, and 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 of our cases are covered by Valley Anesthesia and I have been working with most of our anesthesiologists for many years.
4. 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.
5. 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.
6. 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 requires a shorter incision in many cases. The only time we would not remove the entire capsule is if it would be a danger to your life.
7. 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.
8. How many explants have you done? Explant surgery is our most common surgical procedure and we have done well over 1000 explants.

9. Will you be the only doctor operating on me? Yes, I do not use an assistant and have not residents or students working with me.
10. 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.
11. 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.
12. Are steroids used during surgery? No
13. 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.
14. 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.
15. 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.
16. What kind of dressing will I have after surgery? We will wrap you in an Ace wrap after surgery and you will leave it on for 1 to 2 days and then, you can take it off and shower and put on your surgical bra which will be provided to you.
17. Do you use any tape or glue on my incisions? We do not use any tape or glue. All of your sutures will dissolve except the suture holding your drain in and one permanent internal suture if you have a lift. This is a suture around your areola to try to prevent the scar from stretching out.
18. Will I have a drain? Yes, we place a drain in all explant patients and the drain is typically in place for one week, but removal will depend on how much fluid is coming out.
19. Can I have my implants back after surgery? We can return your implants unless you have a rupture gel implant.
20. 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).
21. 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.
22. 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.
23. 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.
24. Do you remove enlarged lymph nodes? No

25. 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.
26. 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.
27. 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.
28. 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.
29. 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.
30. 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.