Frequently Asked Questions About Implant Removal (Explant)

Over the years, we have performed more than 1,000 explant surgeries. Many patients come to their consultations with a list of questions for their plastic surgeon. To make your consultation as comprehensive and efficient as possible, we have compiled a list of the questions we hear most often. This allows us to focus on your individual circumstances, goals, and concerns.

Please review this list before your consultation and bring any additional questions 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 verify your plastic surgeon's certification by visiting **abplasticsurgery.org**, selecting the public information section, and searching for your surgeon's name.

2. Do you have hospital privileges?

Yes. I have hospital privileges at HonorHealth Shea Medical Center.

3. What type of anesthesia is used?

Anesthesia is provided by Aesthetic Anesthesia Associates. We use only board-certified anesthesiologists. Most procedures are performed under general anesthesia. Each anesthesiologist has their own approach to anesthesia, so the specific medications used may vary from patient to patient.

4. Is the surgery center where you operate accredited?

Most of our surgeries are performed at Scottsdale McCormick Ranch Surgicenter. The facility 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?

Explant surgery does not typically require microsurgical techniques. However, I am trained in microsurgery and performed microsurgical procedures for many years. Plastic surgeons also receive microsurgical training during residency.

6. Do you have an active medical license?

Yes. I have maintained an active Arizona medical license since 2001. You can verify my license status by visiting **bomex.org** and performing a physician search.

7. Do you perform an en bloc capsulectomy?

We attempt to perform an en bloc capsulectomy when technically feasible and appropriate.

An en bloc capsulectomy involves removing the implant and surrounding capsule together as a single unit without opening the capsule. The term **complete intact capsulectomy** is also used to describe removal of the implant and capsule together while keeping the capsule intact.

If the capsule is very thin or firmly attached to the ribs or chest wall muscles, intact removal may not be possible or advisable. In these cases, the implant is removed first, and the capsule is carefully dissected away from the surrounding structures under direct visualization and removed as completely as safely possible. We refer to this approach as a **total precise capsulectomy**.

Our goal is to remove the implant and the capsule as safely possible. No surgeon can guarantee a complete intact capsulectomy in every case. When appropriate, a carefully performed total Precise capsulectomy may be safer, preserve more normal tissue, and require a shorter incision.

8. Do you perform muscle repair?

Yes. We repair or reposition the pectoralis major muscle in patients whose implants were placed beneath the muscle or using a dual-plane technique.

Muscle repair serves several purposes.

- Helps prevent an indentation where the muscle was divided during your original surgery.
- Can help improve breast contour and position by moving the breast tissue toward the midline.
- Provides an additional layer of muscle between the chest wall and breast tissue which can help avoid contour irregularities.
- Helps restore the muscle to a more anatomical position which can improve the function of the muscle.

Patients whose implants were placed above the pectoralis major muscle generally do not require muscle repair.

9. How long will my surgery take?

Surgical times are estimates and vary depending on the complexity of the procedure.

- Implant removal and capsulectomy: approximately 2 hours.
- Implant removal, capsulectomy, and muscle repair: approximately 2.5 hours.
- Implant removal, capsulectomy, and breast lift: approximately 4 hours.
- Implant removal, capsulectomy, breast lift, and muscle repair: approximately 4.5 hours.

If your surgery takes longer than anticipated, there is no additional surgeon’s fee. However, additional operating room or anesthesia fees may apply.

10. How many explant procedures have you performed?

Explant surgery is our most commonly performed surgical procedure, and we have performed more than 1,000 explant procedures.

11. Will you be the only surgeon operating on me?

Yes. I perform the surgery myself without a surgical assistant, resident, or student participating in the operation.

12. What type of incision will be used?

If you have an existing inframammary incision (under the breast), we typically use that scar and extend it as needed to perform the capsulectomy.

If your original incision was around the areola or in the armpit, we generally cannot use that incision to perform the capsulectomy. Instead, we will need to make a new incision along the lower portion of the breast.

If you require a mastopexy (lift), additional incisions will be required.

This area typically heals well, although every patient heals and scars differently.

13. Will I receive antibiotics?

We administer an intravenous dose of antibiotics immediately before surgery. Antibiotics are not routinely prescribed after surgery. We do not routinely use antifungal medications unless specifically indicated.

14. Are steroids used during surgery?

Steroids are not routinely used during surgery.

15. Do you use cautery to control bleeding?

Yes. Cautery is a standard surgical technique used by plastic surgeons, including myself, to control bleeding during surgery.

16. What will be prescribed for pain after surgery?

Many patients can manage their postoperative discomfort with Tylenol (acetaminophen) or ibuprofen. We also prescribe a limited amount of opioid pain medication, such as Percocet or Vicodin, unless you have a contraindication or a history of problems with these medications.

We encourage patients to avoid opioids unless they are needed for adequate pain control.

17. Do you prescribe medication for nausea after surgery?

Yes. We prescribe Zofran (ondansetron), which dissolves under your tongue and can be taken if you experience nausea after surgery. We also prescribe Compazine (prochlorperazine) as a backup medication if Zofran is not effective.

18. Will I have a drain?

Yes. We use drains in all explant and capsulectomy procedures. Drains typically remain in place for approximately one week.

We determine when your drain is ready for removal based on the amount of drainage and your postoperative progress.

19. What type of dressing will I have after surgery?

After surgery, we will wrap your chest with an Ace bandage. You can remove the wrap after two days, shower, and put on the surgical bra we provide.

If you have a breast lift, we will remove the wrap the day after surgery, change your dressing, and put on your surgical bra.

We also use a device called Brijjit on the vertical incision to reduce tension on the incision and help support healing and scar formation. These devices typically fall off within two to three weeks.

20. Do you use tape or glue on my incisions?

We do not routinely use tape or surgical glue on our incisions. Most of your sutures will dissolve on their own, except for the suture securing your drain.

21. Can I have my implants back after surgery?

We can generally return your implants to you. However, returning a ruptured silicone gel implant may not be practical or appropriate. We can discuss this with you before surgery.

22. Do you send my capsules to pathology?

We can send your capsules to pathology upon request for an additional fee. Pathology examines the submitted tissue, and additional testing may be performed when indicated. Many patients leave this decision to Dr. Pierce’s discretion.

If the capsule appears abnormal or you have a history of textured implants, we will send the capsule to pathology for evaluation.

23. Do you test 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 photographs or videos of my implants, capsules, or the inside of my chest?

We routinely photograph your implants and capsules after surgery and will provide these photographs to you.

We do not routinely record videos of the surgery or take photographs inside your chest.

25. Do you test for BIA-ALCL (breast implant-associated anaplastic large cell lymphoma)?

BIA-ALCL is a rare type of lymphoma associated with certain textured breast implants.

We send capsules associated with textured implants, including those from patients with a history of previous textured implants, to pathology for evaluation. The pathologist will determine whether additional testing is indicated.

26. Do you remove enlarged lymph nodes?

We do not routinely remove enlarged lymph nodes as part of explant surgery.

27. What do you do if I have a ruptured silicone implant?

We make every effort to remove as much silicone as safely possible. When indicated, we use a specialized suction device called Explant Express, designed to help prevent ruptured silicone gel from spreading into surrounding tissues.

After removing the implant and capsule, we irrigate the implant pocket with a solution called Phase 1 if indicated.

When technically feasible and appropriate, we attempt an en bloc capsulectomy in cases involving ruptured silicone implants.

28. What are the signs of an infection after explant surgery?

Infection after explant surgery is uncommon. Signs to watch for include increasing redness, swelling, and fever.

Please contact our office if you experience these symptoms or have any concerns about your recovery.

29. What happens if I have a complication after surgery?

We are available to help if you experience problems after surgery. You can use our messaging system to contact Dr. Pierce and our staff. In an emergency, you can call the office to be connected directly to Dr. Pierce's cell phone.

Please reserve routine questions for regular office hours whenever possible. If we are out of town, another plastic surgeon will cover our practice.

30. How many follow-up appointments will I have after surgery?

The number of follow-up appointments depends on whether you have a breast lift at the same time as your implant removal and capsulectomy.

If you have only an explant and capsulectomy, your scheduled follow-up appointments will generally be at one week, when your drain may be removed, six weeks, and six months after surgery.

If a breast lift is performed, we will also see you the day after surgery.

We are available to see you between scheduled appointments whenever necessary.

31. Do you accept insurance for explant surgery?

We do not accept insurance for explant surgery and are not contracted with most insurance companies. Depending on your insurance plan, you may have limited or no reimbursement options.

Please discuss any questions about insurance coverage or reimbursement with our office before scheduling your procedure.

32. What can you do to improve the appearance of my breasts after implant removal and capsulectomy?

If you have implant removal and capsulectomy alone, we have limited control over the final appearance of your breasts. Your results depend on several factors, including the amount of existing breast tissue, the size of your implants, your age, and your genetics.

It may take six months to a year to see your final results.

If you are a suitable candidate, a breast lift (mastopexy) or fat transfer may be options to improve the size, shape, and contour of your breasts after implant removal and capsulectomy.

33. Will I need a breast lift after implant removal?

This question is difficult to answer without examining you. If your nipples are below your breast crease or you have significant excess skin after implant removal, a breast lift may be indicated.

Maintaining an adequate blood supply to the nipple and areola is essential. Depending on your anatomy and surgical circumstances, it may not be advisable to perform a breast lift at the same time as implant removal and capsulectomy.

We will discuss the safest and most appropriate options for you during your consultation.

34. Do you perform fat transfer?

Yes. We often perform fat transfer to restore some of the volume lost after implant removal and capsulectomy.

We generally prefer to wait at least six months after implant removal and capsulectomy before performing fat transfer, allowing the breasts time to heal and settle.

You must also have sufficient fat in other areas of your body to use for the transfer.

35. Can I obtain copies of my operative report, pathology report, and photographs?

Yes. We are happy to provide copies of your medical records, including your operative report, pathology report, and photographs, upon request.

36. Will I be required to get any labs, X-rays, or medical clearance prior to surgery?

Every patient is evaluated individually. As a general rule, all patients over 60 years of age are required to have a CBC (complete blood count), BMP or CMP (basic metabolic panel or comprehensive metabolic panel), and EKG before surgery. These requirements are established by the anesthesia team.

If you have had the required laboratory tests and EKG within two months of surgery, those results may be used. Medical clearance may also be required depending on your medical history.

37. Can I have a virtual (telemedicine) consultation?

We prefer to see patients in person whenever possible, but we understand that this is not always practical, especially for patients traveling from out of town.

If you are considering implant removal and capsulectomy alone, a virtual consultation may be an option. If you are considering a breast lift or other additional procedures, an in-person examination will generally be necessary to assess your anatomy and discuss the most appropriate surgical plan.

38. What is your policy regarding out-of-state patients or patients who live a long distance from Scottsdale?

Many of our patients travel from out of state or from locations a considerable distance from Scottsdale. We make special arrangements to accommodate these patients.

We ask patients traveling from out of state, or those who live more than two hours from Scottsdale, to remain in the area for 24–48 hours after surgery. Some patients choose to stay for approximately one week so that their drains can be removed before they return home.

If you plan to take a long drive or fly after surgery, we may recommend or require the use of a sequential compression device (SCD), depending on your individual risk factors and travel plans. SCDs help reduce the risk of blood clots. Your postoperative travel plans and any additional precautions will be discussed with you before surgery.