

# Referral Support Service

## Breast

### B01

### Breast Implant Complications removal and replacement

#### Definition

Any change in appearance of implants or increased associated pain.

Common problems include age related sagging, calcification of breast tissue, capsular contraction, leak from implant, implant wrinkling or rippling, infection, inflammation or irritation.

#### Red flags

Associated symptoms such as Breast lump, nipple changes, nipple discharge – 2WW referral.

#### Management

The CCG does NOT routinely commission the removal of breast implants.

Where there is a clinical indication for removal of breast implants this will only be commissioned in the following circumstances:

- Breast cancer
- Breast Implant associated – Anaplastic Large Cell Lymphoma (BIA-ALCL) is suspected
- Implants complicated by recurrent infections
- Implants with capsule formation that is associated with severe pain
- Implant is proven to be ruptured (intra or extra capsular)
- Baker Grade IV capsular contracture
- Implants with a capsule formation that interferes with breast imaging
- Implant is a PiP implant

This commissioning decision applies **regardless** of funding source of the original surgery (i.e. whether funded by the NHS or on a private basis\*\*). Patients will be offered the choice of removing both prostheses if only one has been ruptured to preserve symmetry.

This policy does not include replacement of removed implants – please see below.

The CCG does NOT routinely commission the **replacement** of breast implants.

Where revision surgery is being carried out for implant failure, the CCG will support the removal of failed implants in certain circumstances (as above) but will not approve their replacement, other than where clinical exceptionality may apply and where approval for funding is granted by the IFR panel.

\*\* in the first instance the patient should be directed back to the original private provider for the procedure. If the private provider is unable to support the patient, the NHS will undertake removal only. The CCG reserves the right to seek reimbursement from the provider.

Replacement of implants will only be considered when patients meet the criteria for removal (as above) and **BOTH** of the following indications are met:

- The original procedure was provided by the NHS

**AND**

- The original implant insertion was following cancer surgery, trauma or developmental asymmetry

The replacement of breast implants for patients whose original surgery was paid for on a privately funded basis is not commissioned unless undertaken following cancer surgery.

**Referral Information**

Referral should include details of original surgery, why performed and who by. Referral back to the original surgeon is always preferable.

**Patient information leaflets/ PDAs**

[Cosmetic surgery - Breast enlargement \(implants\) - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Breast Implant Removal: What to Expect, Pros, Cons, Cost \(healthline.com\)](http://healthline.com)

**References**

[Mammoplasty Complications \(kernowccg.nhs.uk\)](http://kernowccg.nhs.uk)

[NYCCG Clinical portal](#) accessed 1.7.21

[Vale of York CCG Breast Implants \(Removal\)](#)

[Vale of York CCG Breast Implants \(Replacement\)](#)

[Poly implant Prothese \(PiP\) breast implants; Final report of the Expert Group June 2012 Sir Bruce Keogh NHS Medical Director](#)