Linda L. Haas
Good afternoon. Welcome to our webinar, Breast Implants: Are They Worth The Risk? part two. This is a continuation of a topic that was started by Dr. Lu-Jean Feng several weeks ago. We will continue the conversation.

Hi! I'm Linda Haas, the Director of Operations and CEO of The Lu-Jean Feng Clinic in Cleveland, Ohio. I've worked with Dr. Feng for the past eighteen years and together we have experienced and help a lot of women who have had problems with both silicone and saline breast implants. There's no one better to share her experience and expertise in this area than Dr. Lu-Jean Feng, a graduate of Yale and Yale Medical School, a very brilliant surgeon… so let's get started. Dr. Feng: I'll turn the seminar over to you.

Lu-Jean Feng, M.D.
Good afternoon! Hello everybody I really cherish the opportunity to speak to all of you concerning this very important subject. So, let me hear your first question, Linda.

Linda L. Haas
We have many questions that have come in from all over the world including Australia, Canada and the United States. We have a number of participants today, I hope you find this very informative and educational.

Dr. Feng, the first subject matter that we'll discuss this afternoon involves detoxification and mold. This seems to be a very important topic and something that is on the minds of many women who have breast implants because of the controversy involved. Why does one plastic surgeon have a high rate of patients who they see who has mold in or on their implants and you rarely see this in your practice?

Lu-Jean Feng, M.D.
That's a very good question. I can't comment on one plastic surgeon's experience, but in general there are very few plastic surgeons that see mold. And certainly in my own experience of thousands of implant/explantations since the early nineties I don't see, ever see any mold except in one case in the late nineteen nineties. So I'm very familiar with the clinical picture of mold infection, but for the thousands of other cases I don't see that.

Linda L. Haas
Thank you. Another question that was offered: How do you ensure patients that they don't have mold in or on their implants?

Lu-Jean Feng, M.D.
Well, first of all we are very careful in preserving the implants during removal and after the removal through and en bloc procedure where you have the implant and capsule coming out at the same time I have my nurse photograph right on the operating room table and then we cut open the capsule and really carefully look at the implant to see how clear the contents are, whether there are any black spots. Any black spots on the implant [ ] in the actual valve itself has been analyzed and these have been mostly actually components of blood, believe it or not. Then it is photographed and sent to an outside pathology firm to have it examined- especially the capsule. And so we are very familiar and certainly the pathologists are very familiar with the histomorphological picture of mold and so far they have not seen it, I certainly have not seen this since that one case in the late ninety nineties.

Linda L. Haas
Thank you. Another question regarding the same topic: Do you test the implants specifically for mold and fungus and if not, why not?

Lu-Jean Feng, M.D.
We absolutely test specifically for any microorganism, whether it be fungus, bacteria or [ ] cancer. This is where the pathology is so important because your pathology examines your response to the implant, so if there is mold present there would be tell tale signs of that. Meaning there will be granulomatous formation, epitheliod cells, eosynaphils, but these are highly unusual. We see mostly lymphocytes, plasmacytes- these are all immune responses to a foreign body.

Linda L. Haas
Thank you. Another question: Do you think it's necessary to send the implants and capsules to Dr. [Pierre] Blais in Ottawa Canada for further analysis?

Lu-Jean Feng, M.D.
The capsules in my practice are sent to a pathologist who is very experienced at reading capsular pathology. Now, Dr. Blais is a biomaterials PhD engineer. He has a lot of experience and knowledge regarding implants. If you need more information on the implants, then I would send it to him, but since most people are more concerned about their own response, their own reaction, and what is happening to their body I think the capsular pathology will be most important.

Linda L. Haas
Ok, thank you. Would a significant risk exposure to mold increase the risk of mold in the implants?

Lu-Jean Feng, M.D.
Well first of all, mold likes to live in an oxygen rich environment. So if they like-when you are exposed to mold, where do they like to go? They like to go into our respiratory tree, our nose, our bronchus, our lung. So it doesn't quite, doesn't necessarily live in our muscle, but it's mostly in our lungs, so if you look at fungal infections it is usually in our respiratory tree. It is very hard for it to go into an implant because there is a space between the capsule and the implant. So yes I would say that mold exposure in the environment does not cause mold in the implant. The mold in the implant has to be introduced at the time of implantation.

Linda L. Haas
Thank you. Why don't you believe that prescription antifungals are necessary after explantation surgery?

Lu-Jean Feng, M.D.
Prescription antifungals are used to treat fungal disease. We don't have evidence that there is fungal disease present in the patient, there is no reason to prescribe prescription antifungals. Beside, the antifungals all have significant liver toxicity and we want to protect our liver.

Linda L. Haas
Thank you. If we have to explant with a different plastic surgeon who does not believe in breast implant illness, where do we go for detoxification afterwards?

Lu-Jean Feng, M.D.
Well you have two questions here: First, if the explanting surgeon does not believe in breast implant illness, I would not go to that plastic surgeon because I can guarantee that he or she would not take the time to do the proper procedure. It is very meticulous dissection to remove the capsule from the muscle, from the ribs, from all the other muscles such as intercostal muscle. You cannot do a complete capsulectomy unless you believe that the breast implant illness exists.

On your second question, detoxification is a normal process of our human body. It involves the liver, it involves the skin and our sweat glands, it involves our gut, it involves our kidney. So it is very important to

protect all these organs and then the detoxification will occur and the most important detoxification is actually getting to the root cause of the toxin. Where is the toxin coming from? and removal completely of the toxin is the best way to detox.

Linda L. Haas
Thank you. Dr. Feng, I know you prefer to use a more natural approach to detoxification. What is your approach?

Lu-Jean Feng, M.D.
My approach is very simple. It's very holistic and common sensical. If you think about our bodies, what is our greatest exposure to toxins? It's really through the GI tract. It's through the toxins in our food because we are exposed to our food all the time or the air that we breathe. So, the food, you have to through lifestyle, eat the healthiest food which is going to come from whole foods- not processed foods- whole foods, preferably organic. And of all the food groups, the vegetables are the very very best. Organic vegetables and a variety of them will give you the best detoxification because its going to give the best resources for your body, especially to the liver, to allow detoxification to occur. And through the antioxidants it can certainly put out a lot of inflammation which is part of the illness of the breast implant illness. And certainly a good GI tract- and how do we help our GI tract to get rid of our toxins? It's going to be through healthy foods, it's going to be through healthy supplements if necessary for that to occur. And certainly protecting the kidneys, avoiding non steroidal anti-inflammatories, avoiding unnecessary medications. That would all be very helpful.

Linda L. Haas
Thank you. Question coming in right now: Why do so many women with breast implant illness get candida?

Lu-Jean Feng, M.D.
Oh, that's a good question! When your immune system is preoccupied in terms of fighting a very big foreign body a lot of your cells are preoccupied in doing that and that leaves other cells that are supposed to keep the candida in check in your body more vulnerable. So I would say it's because of the preoccupation through the foreign body response that leaves certain cells or certain organisms stronger because your not able to defend it.

Linda L. Haas
I see, thank you. Is IV chelation helpful?

Lu-Jean Feng, M.D.
Chelation is used for heavy metal toxicity so first I think you should find out, investigate, whether there is heavy metal toxicity in someone's body. Certainly if you have heavy metal toxicity, either through the implants, through the water that you drink, through the food that you consume, through the air exposure around or in your environment- certainly you should do chelation therapy.

Linda L. Haas
Thank you, this is so helpful. Another question, Dr. Feng: Do you have information regarding acupuncture as a method for managing pain, illness and detoxification purposes?

Lu-Jean Feng, M.D.
I have worked with an excellent acupuncturist for over ten years. They are very helpful for certain conditions, such as fibromyalgia, sleep disorders, interstitial cystitis, irritable bowel syndrome. So it is very helpful however, I must tell you this, acupuncture treatment is still a symptomatic treatment. The full recovery of a particular illness is going to come from knowing what is the root cause and getting rid of the root cause. That's when the real cure comes- not really from symptomatic treatment.

Linda L. Haas
Thank you. So let's switch topics for a moment and we'll talk about saline vs. silicone implants. Are saline implants more harmful than cohesive gel implants? And if so, why?

Lu-Jean Feng, M.D.
They are both problematic for different reasons. Saline implants and silicone gel implants in general cause certain local problems in the chest. If you have an implant that is placed under the muscle, the muscle, such as the pectoralis major, has to be cut. When you cut the pectoralis major muscle, you do make that muscle weaker, so other muscles have to compensate so that could lead to potential pain in the chest wall, in the shoulder and in the back. And look at where the implant sits. The implant sits on the intercostal muscle, ribs, pectoralis minor muscle and serratus anterior muscle. Now that muscle goes all the way around your back to insert onto your scalpula. That puts a lot of stress on the scalpula because with the weight of the implant the scalpula is perhaps drawn more laterally. That puts stress on the trapezious, on the rhomboids, levator scapulae. These are all reasons why many patients who had implants under the muscle have neck pain and back pain and it all puts it under stress. These are common problems that both types of implants share. Now, the saline implant can be a problem because the shell over time deteriorates and actually the shell can shed whether it is texture surface, which will shed sooner, or smooth shell saline implants- they will shed at a later time. When it sheds, it will invite more immune inflammatory cells such as the giant cells to come and react to it. Silicone implants can bleed. The oil particles in the silicone can come through the shell. Now, even though they have cohesive gel, the cohesive gel still breaks down in our body over time. And certainly if you have a rupture, from a silicone gel it is more problematic because it is usually silent. So you don't know when it will rupture, or when it does rupture. Certainly if you had trauma you would know that it could rupture at the time of the trauma. The trauma becomes much more of a causative factor for rupture as the implant ages because as the implant ages, the shell becomes weaker and more vulnerable to rupture. Certainly both of them, physiologically or pathophysiologically, create a problem in the body because they create inflammation and when you have inflammation many inflammatory mediators are released and they can create symptoms in every organ system. So there are problems that both share and problems that are different depending on the implants, depending upon the type of implants.

Linda L. Haas
Thank you. Dr. Feng, what do you feel is the true life expectancy of these devices- meaning both saline and cohesive gel implants? What can someone expect in terms of how long they will last before they reach a point of either deflating or rupturing?

Lu-Jean Feng, M.D.
Ok, well I actually did a big study of one thousand six hundred thirty-eight implants back in the nineties when I took these implants out and we looked at all the factors that could cause rupture. Well, it depends on the generation of implant. Certain generation of implants rupture more than other generations. So of course the implants of the second generation rupture much sooner- hey guess what- they rupture at a rate of five years. Since the implants have improved in the third and fourth generation they rupture at a later time, but I would say that I would be very cautious after ten years because the implants do get older. In the study that I have we found that the second generation implants have a 75% rupture rate. The other generation of implants after ten years is about 50% rupture rate. And certainly 50% will survive longer, but you never know because gel implants-remember- that rupture is silent. Saline implants you would know about it. Over time it doesn't have to be ruptured to cause a problem and it doesn't have to deflate to cause a problem because I often see calcifications directly on the implant wall of older implants. What that means is that there is precedent, that inflammation has preceded that deposition of calcification.

Linda L. Haas

Thank you. Dr. Feng can you explain why so many plastic surgeons tell their patients that these implants will last a lifetime in their body?

Lu-Jean Feng, M.D.
Ok, well, I would have to say it depends on who they listen to. The fact that, the saying that or the belief that the implants will last forever that came from the salesmen of the implant manufacturers because they usually show the implants, how strong they are and that they can step on it doesn't rupture. Well, that's when the implants are new and on the shelf and yes, they are very strong. But, when they are inside the body, in a warm environment, such as 37 [Celsius, or 98.6 Fahrenheit] they are different and they do age over time. And certainly, you know, as a surgeon I know that surgeons think mechanically. They don't think about all those inflammatory mediators that are released by the foreign body reaction. A foreign body reaction is not benign. It can cause problems. A foreign body reaction involves the same cells, lymphocytes, plasma cells, that are present around connective tissue disease organs. So, if the lymphocytes that are present in a rheumatoid arthritis joint is problematic, why could it be problematic when lymphocytes are present around an implant?- which is what we see. So, that doesn't make sense. The foreign body reaction can be just as bad as any viral, fungal or bacterial infection or autoimmune flare up. Does that make sense?

Linda L. Haas
It does. Dr. Feng is it always necessary to remove the capsule when doing an explant and is there ever a time where it is ok to leave a small portion of it left behind particularly when it is adhered to the chest wall?

Lu-Jean Feng, M.D.
When the patient has health problems related to the implants you have to take the capsules out completely. If a patient has a tumor, would you leave any amount of tumor inside the body? You will not get well unless the capsule is totally removed.

Linda L. Haas
And how do you remove that capsule when it is adhered to the chest wall? I understand it creates a lot of bleeding.

Lu-Jean Feng, M.D.
You can control the bleeding. You can remove the capsule carefully off the chest wall because often times the capsule on the chest wall is thicker. And you can certainly grasp the capsule and tease it off the ribs and carefully separate it off the pec minor muscle the serratus anterior muscle and certainly the intercostal muscle. Of course it can cause bleeding but these bleeding points are very predictable. They are usually right up against the cartilage and muscle junction. So it's not going to be diffused bleeding, it's going to be bleeding at certain points, and certainly through experience you can predict that.

Linda L. Haas
In the course of your career, Dr. Feng, what is the most problematic implant that you have encountered?

Lu-Jean Feng, M.D.
In terms of history of implant making, I would say the polyurethane covered gel filled implant is the most problematic because the crystals from the polyurethane are absorbed by the body. They can show up as [toluene citation needed] dilates in the urine, they show up as crystals in all the draining lymph nodes so you can see them in the inframammary nodes as well as the axillary nodes. So these implants are very problematic. Today, I would say the textured surface implants are most problematic because the texturing falls off much more readily. And certainly, if you have a textured gel implant- that would be the worst because not only are you affected by the shell you are also affected by the gel and [gel] bleed.

Linda L. Haas
Ok, thank you. Dr. Feng, would you allow your daughter to put implants in, and if so, what type of implant would you recommend?

Lu-Jean Feng, M.D.
If my daughter wants an implant I would say don't get the implant, let's try something more natural. Maybe when she is of mature age she could have stem cell and platelet rich plasma enhanced fat injection.

Linda L. Haas
Do you put implants in yourself, to this day when patients come to you inquiring about augmentation?

Lu-Jean Feng, M.D.
I have totally stopped putting implants in people because I believe that eventually everyone will have problems with these implants, and some of these problems are not easily reversible. Whenever a cosmetic procedure and cause health problems- it is not worth the risk. Cosmetic procedures are meant to improve the quality of life, so if the quality of life can be destroyed by a cosmetic procedure it is not worth doing.

[Technical glitch with Dr. Feng's audio.]

She will address the question about mammograms in the next edition of this webinar.

Linda L. Haas
So let's switch topics again. This time we'll discuss symptoms, gene mutations and diagnosis. First question we received: what is the connection between Lyme disease and breast implant illness, if any at all?

Lu-Jean Feng, M.D.
They are two different entities, however, what is interesting about these two entities is that they share very similar symptoms and so you ask the question "why?" Well, because Lyme disease is a infection and the body can have difficulty getting rid of the infection because the Lyme can hid. They can hid in biofilms, they can hid inter cellularly, they can change their appearance so to elude the immune system and the immune system is exhausted in trying to fight it. When it is fighting it, it releases a lot of inflammatory mediators. This is where the similarity begins with breast implants. Breast implants elicit a foreign body reaction. It involves the recruitment of lymphocytes and plasma cells to the site of the implant, in the capsule. They are not there as innocent bystanders. They are there to fight the implants and when they are fighting they release a lot of inflammatory mediators, just as in Lyme. Now, you all know that Yolanda Foster (Hadid) came to me because we were on The Real Housewives of Beverly Hills and the reason that she came to me was because she was not responding to Lyme treatment. Her doctors were looking for what are some of the interference. You know in Richard Horowitz's book, Why Can't I Get Better, which is a book about chronic Lyme disease, he lists all the potential factors that prevent somebody from … curing from Lyme disease. And one of them is heavy metal toxicity, so all of the toxins in the environment could prevent someone from getting better. Well, one of the biggest toxins is breast implants. If you had a rupture, if you had multiple implants, and the inflammatory reaction to the implants can prevent you, a person with Lyme disease, can prevent them from getting better because the immune system is also fighting the foreign body. So, part of the Lyme disease treatment is let's get rid of all the other toxins that are competing for the same group of immune cells, let's get the group of immune cells healthy so we can get rid of the rest of the Lyme- all the coinfections. Does that make sense?

Linda L. Haas
Yes, it does. Dr. Feng, what are the most common symptoms that are associated with women who are having a reaction to their breast implants?

Lu-Jean Feng, M.D.
Here's some of the most common symptoms: fatigue, muscle and joint pain- especially muscle pain in the neck and shoulder area, in the back because that is a direct effect of the implants. Another direct effect of the implants is respiratory difficulty. One of the common symptoms that I hear is that I cannot do some of the exercises I was able to do before I got implants, number one: I was not able to do a pushup where as before I could do it. I could not do a pull up where as before implants I could do it. I cannot do a bench press or flies, but I was able to do it before. That's one of the most common symptoms in terms of muscle and joint pain. Another one is: I find it very difficult to take a deep breath, especially when I am exercising or when I am laying in bed and the implant is sitting on my chest. It is very hard to take a deep breath.

Some of the other symptoms are related to a greater immune response. I have much greater food sensitivity, much greater chemical sensitivity than before I had implants. Or, I have more rashes, I have more hives because I have become much more sensitive or immune intolerant as a result to my reaction to implants. So those are some of the complaints. Well, why do I get fatigue? Well, because your immune system is working very hard. Another is brain fog and anxiety. Well, anxiety is very interesting because anxiety is when the inflammatory mediators reach the brain and the brain becomes inflamed. You know, brain fever is anxiety. I have heard that many times before from neurophysiologists. Well, you have heard of depression by chronic illness, well there is anxiety of chronic illness as well- or anxiety is chronic inflammation.

Linda L. Haas
Thank you. Dr. Feng, what percentage of patients recover from their symptoms after being explanted and which population of patient do not?

Lu-Jean Feng, M.D.
I would say that most patients recover their illness, recover their health after a proper explantation. Percentage? I would put it at over 75%. What are some of the factors that interfere? Well, it's just like in Lyme disease. What are some of the toxins that are still present in the patient's body? Smoking, people who drink alcohol, those are not healthy livers. People who have very bad eating habits. I would say that the best detox diet is a plant-based diet and this is why in my practice, my facility, we have a professional kitchen that makes plant-based [cuisine] because that is the best detox diet. And certainly we can get very specific about food. We don't use [high] heat, direct heat, without water in our food. That's why we have soups, because in dry heat cooking such as roasting, baking, grilling, barbequing, that produces a lot of free radicals and in particular advanced glycation end products. Advanced glycation end products are compounds that are formed when sugar is combined with protein, combined with fat under the direct activation of heat. That is directly related to inflammation. You know what, our white cells have advanced glycation end product receptors and when the receptors are locked on by the AGEs, that actually directly stimulates the nucleus to produce more inflammatory cytokines. So food source is a very important source of inflammation. So if the patient is not getting better after a proper explantation procedure you have to look at their lifestyle. Are they eating the proper foods? Are they protecting their liver? Are they protecting their kidneys? Are they having regular bowel movements? I'm telling you regular bowel movements are most important for detoxification. Are they deficient in magnesium? Are they deficient in antioxidants? What is their omega 3 content of their fatty acids in the red cells? Certain ratios are much more pro inflammatory, and certain ratios of omega 6 to omega 3 are more anti inflammatory. Those are all the factors we look at when we examine, when we evaluate patients who are not getting well. Do they still have silicone present in other parts of their body such as lymph nodes. You know certainly, when the lymph nodes are small and have silicone in them you do not need to remove them but when the lymph nodes very big and have silicone in there you need to remove them- and there are ways of detecting that.

Linda L. Haas

And that's our next topic. Let me continue. Over time, do you believe that everyone who has breast implants will develop some type of inflammatory reaction?

Lu-Jean Feng, M.D.
Yes, I do believe that over time, every patient with implants will develop some kind of problem, either a local problem or a systemic problem. It is a foreign body. It is a foreign body that can break down. When it breaks down in little pieces it is going to incite the inflammatory, the immune system, that's when the patient develops more pain, more contracture, and other systemic symptoms- and that's why I don't put implants in anymore. It's too much of a gamble for the patient and it invites potential future liability.

Linda L. Haas
Are there any tests to help determine if symptoms are definitely related to my breast implants?

Lu-Jean Feng, M.D.
Currently there are no tests. There are indirect tests, if somebody has had more inflammatory biomarkers that are positive, that could certainly, potentially relate to silicone implants. Unfortunately, there is no actual specific enough test. Now, we could do ultrasounds and we could do MRIs in the chest to determine if someone has an enlarged lymph node, or if someone has a rupture. We could do gene testing in such a way that it could point to potential vulnerabilities in their genes that are more susceptible to inflammation, or to connective tissue disease or to certain defects in detoxification. But, unfortunately now we do not have any specific test.

We could look at symptoms, and certainly the symptom list we are currently working on right now, every patient that comes to see me they get to rate their symptoms and these are the symptoms that we commonly see. And also, these are the symptoms that we commonly see go away after explantation, so we are tracking that and hopefully, we will have a paper that documents that using a consistent tool to investigate patient's symptoms before an explantation.

Linda L. Haas
Great. Is there an association between women who are post-menopausal and have breast implants?

Lu-Jean Feng, M.D.
Yes, you know I took the time to get certified in advanced bio-identical hormone replacement therapy, because I believe that every person as they get older will suffer the affects of aging- not so much in terms of the outer appearance but internally. That is related to loss of hormones. In women, because the loss of hormones is so sudden the symptoms are very apparent such as hot flashes, you know your skin getting old, not being able to sleep well, feeling their midsection get larger. But also for men it is a more gradual process, in terms of loss of testosterone. But because implants are mostly in women, when you lose these hormones, such as DHEA, your immune system becomes more vulnerable. You know, DHEA, produced by your adrenals is lost through age, and when you don't have as much DHEA I think you become much more immune reactive. That't when you lose tolerance, that's when you become more chemically sensitive and I think that's when a lot of these symptoms to breast implants occur as well. Either because the symptoms are directly related to loss of hormones, or indirectly because the loss of hormones makes you more immune reactive.

Linda L. Haas
Thank you. Dr. Feng we are down to our final two questions as we are trying to contain this webinar to 45 minutes. So, as time is running out we want to discuss, quickly, the issue of lymph nodes. You did touch on it before when you said that if the lymph nodes contain silicone and they are large they should be removed, when they are small it is insignificant. Probably what you're saying is that it's not worth the risk. Is that true?

[Technical glitch with Dr. Feng's audio.]

The question is repeated again.

Lu-Jean Feng, M.D.
Silicone in the lymph nodes, first of all you have to document it properly. I have removed many silicone lymph nodes in the past and studied them. I have published papers on it. The silicone in the lymph nodes first has to be detected by ultrasound, which is probably the best way because it has a very specific signal. But to remove it you really have to have it needle localize, meaning that particular node has to be specified through needle localization and that can only be done by a radiologist. You can't tell which [lymph nodes] have silicone and which [lymph nodes] do not if you just blindly go into the axillary space. They really have to be localized. Most of the silicone that I see in the lymph nodes are incredibly small and not alway accessible. Some of this silicone lymph nodes are actually behind the ribs. They are very close to the lung, and the only way to remove these lymph nodes is to take out a rib to remove them. Some silicone in the lymph nodes are very high up in the chest near the axillary vessels. They are very hard to be localized. So, yes, you can approach it in those areas but which ones are you going to take? Are you going to take it all or are you going to take a few? So, unless the lymph node can be localized I wouldn't take them out because you could take out normal lymph nodes and that certainly wouldn't be good.

So if the lymph node is enlarged, if the lymph node is painful, if the lymph nodes can be localized, then these are all the conditions in which you could take our the lymph node. Otherwise if it too small, too inaccessible, you can't get to it. The most important thing is how did it get there? So it is more important to remove the implant and capsules that really remove the secondary effect of implantation.

Linda L. Haas
Thank you, Dr. Feng I think this has been a very informative webinar. I hope all of the participants enjoyed it. We plan to continue this at least once a month. If you have a topic that you would like us to discuss, please send your request to info@fengclinic.com
I wish all of you a wonderful weekend.

Lu-Jean Feng, M.D.
Thank you very much it has been a pleasure!