

Linda L. Haas

Good afternoon. Welcome to our webinar today, titled Breast Implants: Are They Worth The Risk? Hi! I'm Linda Haas, CEO of The Lu-Jean Feng Clinic in Cleveland, Ohio. I'm here today with Dr. Lu-Jean Feng, world renown microvascular plastic and reconstructive surgeon, to explore this topic one more time. This is a very controversial subject but today we'll take a look at the aesthetics behind the removal of breast implants and ensuring that the breasts look satisfactory. With that, I'll introduce you to Dr. Lu-Jean Feng.

Lu-Jean Feng, M.D.

Good afternoon! Good afternoon. So good to be here. I can't wait to hear all of your questions and to give all the information that I know on the subject.

Linda L. Haas

Dr. Feng, we will start with our first question which is "Aesthetically, what is your biggest challenge with making the breasts look good after explantation?"

Lu-Jean Feng, M.D.

That's a very good question. The biggest challenge is how to overcome all the potential damage and deformity created by the implantation. Of course, the bigger challenge is when the implant has been in for quite some time. The shorter the implant has been in, the easier it is to correct it.

Linda L. Haas

Dr. Feng, another question: "What causes denting after explantation surgery?"

Lu-Jean Feng, M.D.

Denting is from lack of tissue, so you can dent because the muscle is thinner, you could dent because there's an area where the tissue is thinner. So those are the reasons for permanent dents. I can say this: ever since I started repairing the muscle, the muscle thinness does disappear more quickly- or the dent on the chest wall does disappear more quickly.

Linda L. Haas

Ok. Another question came in: "If my implants are under the muscle, does that mean that the muscle has been cut? If so, is that a problem?"

Lu-Jean Feng, M.D.

When your implants are under the muscle you have to cut the muscle to get the implants in. When the muscle cut is very short, and less muscle is disturbed, there is less disturbance of function and less thinning of the muscle. If the muscle cut is much bigger, meaning that you are trying to fit a fairly large implant into a smaller person they have to cut the muscle in order to make it look right. So frequently I have seen muscle cut much higher and so when you take out the implants of a breast who's muscle has been cut there is greater deformity and unless you repair the muscle the deformity will persist. - Meaning that you're going to see the ribs, and the breast bone and the ribs-more in the central area when you lay down, you'll see that skeletonization. You'll see an emptiness as you lose the natural cleavage area. So, the volume in the breasts is not just the breast volume, its also muscle volume. So, when you replace the muscle volume the breasts look better, even though you have a smaller breast. That's part of the reconstruction of the explanted breasts- a very important part of the reconstruction. - All it is, all it is... can we return the anatomy to the previous breast tissue.

Linda L. Haas

Very good, thank you. [inaudible] Can the chest wall be indented by the implants?

Lu-Jean Feng, M.D.

That's right. Well, let's back up a little bit and say, well how does the- why is the muscle thinner? Well, first of all, when you cut the muscle, part of the lower part of the muscle doesn't work. Ok, when the muscle doesn't work, because it's been cut, its going to get thinner through no usage. Just like if I cut your biceps tendon, do you think you could lift any objects? Could you do a biceps curl? Of course not, you're going to feel weaker, and when you feel weaker, and you stop using it the muscle will get thinner. That's one reason. Second reason: the implant also stretches out the muscle fibers when the implants are placed under the muscle. When you stretch out the muscle fibers its not going to perform in the same way because your resting tension length is changed. I know that from my days as a microvascular surgeon and we do muscle transplantation that the resting muscle length is going to determine how well the muscle performs. So, in other words, if you put an implant underneath the biceps muscle its going to make that biceps muscle weaker and as it gets weaker its going to thin out because the muscle needs constant usage to maintain its bulk. Does that make sense to you?

Linda L. Haas

Yes, that was very clear, thank you. We have another question: Is Brava real and how does it work?

Lu-Jean Feng, M.D.

The Brava device is a fairly good device. It's not easy to use. It's not, it's hard to get my patients to use that because its a fairly bulky device and what it is is that it's a very useful tool. It stretches out the breast tissue externally through suction. That's what it is. And, for people who have tighter skin, who want more volume in the breast, the Brava device is excellent. Now, I don't know if we can still get the Brava device at this point we have difficulty getting the device a few weeks ago so, we'll have to look into it. But, I believe that there are alternatives and what's nice about the Brava is that it, actually studies have shown that it increases more lymphatic flow, increases greater circulation to the breast and it may have also increased stem cell activity in the breast so that it really prepares the breast tissue very well. Now, the interesting thing is that most explant patients don't have tight tissue because the skin is already stretched out by the implant. So, after the implants are removed the skin is fairly loose, so you in some ways you have been stretched mainly on the skin surface as well as the breast surface. So I don't find as much, as great a need, to use the Brava device after explants as I do in a young person who has tight skin, who has never breast fed and who wants larger breasts using their own fatty tissue.

Linda L. Haas

Thank you. If I already had an explantation, and I'm a AA cup, what can I do to make my breasts look better if I can't afford fat transfer?

Lu-Jean Feng, M.D.

Well, you can use the Brava device. That device, if you use it successfully- meaning continuously, using effective suction pressure, you can make that breast look larger because if you are a AA cup, the problem is volume. So how can you increase the volume? You can increase non surgically with the Brava device. That's about it. I would not put another implant back in because that defeats the purpose of your original explantation. A AA cup, you know, if you have a lot of excess skin, it may be improved with some form of breast lift procedure that would be another route you could take. But, you have to- There are different ways of doing the fat injection. You can use less stem cells, you can use just platelet rich plasma, so you can use modified versions of fat injection that may be more economical.

Linda L. Haas

Ok. Let's talk about breast lifts for a moment. How do you determine who needs the breast lift and who doesn't?

Lu-Jean Feng, M.D.

I have some very simple answers for this. If your nipple aureola complex is in the wrong place, meaning it is too low, and if you have sufficient breast tissue to work with, meaning that if I pinch your breasts in front

of the implant and I feel that there is enough tissue and I am just not feeling skin only, you can have a breast lift. Other than that, the breast lift procedure is not for everyone. It is not a one-fixer-all procedure because a lot of patients have nipple positions that are perfect. If the breasts just may be a little small: they are not candidates for breast lift. However, you know if your skin is stretched, then yes, you are a candidate for a breast lift.

Linda L. Haas

People's biggest fear seems to be, what will my breasts look like after explantation? Can someone expect a decent outcome?

Lu-Jean Feng, M.D.

The decent outcome really depends on whether you totally correct all the deformities created by the implants. What I mean by this: If you correct, if say the implant is above the muscle, and you have areas where the breast tissue is thinned out or indented, you can do some internal lifting procedures to bring the thicker parts together and to obliterate the indented part. That would work. You can also for example, if you have sufficient breast tissue but you have areas that may be lacking in tissue, such as behind the nipple aureola complex which is critical for the breast to look good, you can have very limited fat injection at the time of your explant. I think that the small volume harvest adiprep fat injection is a very useful technique because you can use platelet rich plasma, which will enhance you take of the graft- the fat graft, and you don't need a lot of fat, but it could potentially correct a dent, correct an area that may be somewhat lacking in tissue and sometimes just little corrections like that will be very helpful- In addition to of course, a muscle repair and internal arrangement of tissue to see if a dent can be corrected.

Linda L. Haas

Ok. I've heard that you don't perform an internal lift, can you explain why?

Lu-Jean Feng, M.D.

I will use that method if it is appropriate for that particular patient. If there is tremendous, a lot of excess skin, the internal lift is not going to be helpful because if you have truly excess skin you have to cut the skin out to make the breasts look better in fact, you know a breast shape is determined by how much skin surface area you have so if you are too aggressive with the internal lift, you could create wrinkles on the skin- and in those circumstances, cutting doing the external lift is much more effective because then you can make the skin tighter and be able to control the breast shape much better.

Linda L. Haas

Ok, thank you. Another question: if I get a breast lift will I still be able to breast feed?

Lu-Jean Feng, M.D.

The answer is: absolutely, because in the breast lift technique that I perform the breast tissue is not touched, meaning that in a breast lift, all you are doing is rearranging the skin on the breast- the superficial skin on the breast. You are not going into the breast, you are not cutting the breast and when you do a combined breast lift with explant you go into the capsule underneath the breast- not through the breast. That preserves the ducts, the lymphatic flow and the blood supply of the breast so its very respectful of all the breast tissue, so I have no question that if you have the ability to breastfeed, then this procedure would not interfere with it- because now after all, not everybody can breastfeed.

Linda L. Haas

Thank you. Another question regarding breast lifts or mastopexies: What percentage of patients who come to you for explantation end up doing a breast lift?

Lu-Jean Feng, M.D.

Ok, let me tell you this: most people would like a breast lift. I would say maybe 60% because they think that the breast lift will make the breast look better. But out of that 60%, I probably reject half of them for breast lift because if I don't feel that it could significantly improve their shape, I wouldn't do it. Because of the extra cost involved for the patient and the extra scarring on the breasts. I have to be sure that there has to be a significant improvement before I recommend a breast lift, so I would say probably 1/3 out of the entire population of explant patients that 1/3 to 1/4 will get a breast lift.

Linda L. Haas

Thank you. This is a very popular question as of recent there have been some unattractive results posted online, apparently a patient who had come to you and had implant removal and breast lift. How is this possible with your years of experience?

Lu-Jean Feng, M.D.

You have to, I know the patient very well, and I know what the problem is. When a patient really needs volume, they need volume, unfortunately I cannot, or may not be able to put the volume in at the time of the explant. If you have a patient where there is a lot of excess skin due to years of implantation, multiple sets of implants, and very large implants, and history of breast feeding where there is expansion and contraction of the skin- or if you have sun damage where there is not a lot of collagen in the skin. When you do a breast lift, it improves the shape- but it's not capable of improving all of the skin. So the skin may become wrinkled in certain areas, but that's not the end. These patients need more than one surgery to correct the breast, just like in a breast reconstruction. If the problem is more complex, if they have bad skin, thin skin, not enough volume, and significant excess skin, the lift only improves them to a certain degree- because that particular patient, if they didn't have any procedures, if you just take out the implant, would look like, would have a breast that is wrinkled and flat and long - not a very good look. So, at least the breast lift helped to prepare the breast for a fat injection because the shape is better. It's very hard to inject fat in the breast when you have a very bad shape. When you don't even have an acceptable shape. That's one of the conditions of having a natural augmentation at a later time: prepare the shape first.

Linda L. Haas

Ok. Do implants stretch out the nipple areola complex? If so, can that be fixed?

Lu-Jean Feng, M.D.

When you put a bigger implant into the breast and you have nipple tissue that is stretchable. Most people have nipple tissue that is stretchable because we are all genetically ready to procreate and to breast feed. So the nipple will stretch. Yes, of course, the areolar will stretch when you put an implant under the breast. So, when you take out the implant, the areolar will get smaller unless of course it has lost all of its elastin and collagen in the tissue, then the areolar will become more wrinkled. In those circumstances, you can do a variation of a breast lift in order to make the areolar smaller. So, the answer is two fold: some patients will not need anything done to have a smaller areolar, some patients need surgery to have a small aureola.

Linda L. Haas

Ok, thank you. I have gained 70 lbs since I became ill from my implants. Is it better to wait to do the breast lift?

Lu-Jean Feng, M.D.

Not necessarily. When patients gain 70 lbs you have to really look at where did the fat go? It's usually distributed in areas not necessarily in the breasts. It could be in the abdomen, it could be in the visceral fat, it could be in the hip and thigh area, it could be in the back, or the arm... I know people who gain weight and there is only a modest increase in the breast volume. In those cases, you don't have to wait. It is healthier of course if your weight is less because there is less inflammation; you're less of a risk for

surgery as well when your weight is closer to the ideal body weight. So in those circumstances, I do recommend losing weight just for the safety of the operation. But not necessarily for the breast's sake. Some patients, the excess weight don't go to the breasts.

Linda L. Haas

Thank you. Dr. Feng, another question: why do so many plastic surgeons tell their patients that they will look deformed if they remove implants and don't replace?

Lu-Jean Feng, M.D.

Because most of the time they just know how to put implants in and they may have seen it when they are changing implants that the breast does not look good. But I have just years and years of experience since the 1990s- early 90s, to really watch how the breasts have been able to rejuvenate itself after explant and how well it has done with or without any procedures. With just time- that the breasts can improve from the moment I look at it on the operating room table. And every breast is different. Meaning some breasts are going to look fantastic when you just do an explant. Some breasts you are going to need a little help, and some breasts will just take a little bit more time to look good, and some breasts you will need to do additional procedures for it to look good. That just takes a lot of experience and I have seen so many thousands of patients and how the breast take its shape after explant so I can say "not everybody is going to look horrible." And you also have to repair- you have to do all kinds of repair of the breast tissue, at the time of the explant to make sure that it can look the best it can look.

Linda L. Haas

Thank you. I have a question regarding contracture: if you could address what it is and does it do damage to the breast tissue?

Lu-Jean Feng, M.D.

Contracture is a tightening of the capsule around the implant. So it tends to, rather than the implant being the original implant shape, now the implant is more spherical. And there is more pressure on the surrounding tissue- meaning, its almost like the breast is a sponge: contracture is like a big rock on the sponge. So if you put a big rock on a sponge what does it do to the sponge? It dents the sponge. So at the area of greatest tension, because of the contracture, the tissue is thinnest there. The breast tissue will thin. That's why I'm always very concerned when there is a contracture. Contracture does decrease volume of the breast tissue or decrease volume of the muscle tissue depending upon where the implant is located. Sometimes contracture will also allow a crease of the capsule and implant to protrude through the breast tissue so that a mass forms. A sharp mass forms in the breast tissue. Contracture is not a good thing for the breast tissue. It will thin it.

Linda L. Haas

Thank you. Let's talk for a moment about fat transfer. This is a very popular topic perhaps you can explain your method of doing fat transfer to the breast.

Lu-Jean Feng, M.D.

Yes, well I have had a long experience, a long history of doing fat injections. The fat injections in the past did not work well. We have since learned a lot more about how to do fat injections. First, you cannot put a lot of fat in one area. The fat has to spread out over the breast and it has to be in many different planes separated by normal tissue. So the thicker the area that you can inject, the better opportunity, the ability to take- meaning so that the fat becomes permanent. The other two methods that we use in addition to this technique is the use of stem cells- stromal vascular fraction- you can get about 40 million cells in 100 ccs of fat of which 4% are stem cells, the rest are precursors to vessels, capillaries, arterioles, [audio glitch] they're called pericytes, and there will also be other growth factors. That's very important. This particular enhanced fat injection, since I've been doing since 2009, has produced much more predictable results. We've also started to use platelet rich plasma. Now, platelet rich plasma is very useful in the patient who

doesn't have a lot of fat because in order to use the stem cell growth factor, stromal vascular fraction enhanced fat injection, you need about- you have to waste about 100 ccs of fat. If you cannot afford to waste any fat then you use platelet rich plasma, which comes from the patient's blood. It's spun down twice in order to get a platelet concentration 5-6 times the normal of your blood, and you can activate the platelets so it will release growth factors and that- those growth factors- there's about 8 of them, they're going to help the fat regain their circulation and not only that but it will help the skin as well that it sits under. So, if somebody has enough fat, and we always now include the platelet rich plasma as we use both methods. The only time I don't use the stem cell stromal vascular fraction method is when the patient is more deficient in their fat- patients who are very, very thin who need more volume and you have to save every little bit of the fat for the fat injection. So I would say that now, today, when we do fat injections, it is a highly successful procedure using those three modifications of technique. That really has, and you can see on the picture. This is a former patient who is a physician and she just wanted larger breasts, yes, her breasts are a little bit saggy, but she has never had implants. She does not want implants because she knows the potential for health problems and she doesn't want to have to change them in time- she just wanted bigger. So you can see, that in the before picture, between the axilla and the breast there is a dent, right around here. After the fat injection, the dent disappeared. This is about a year out. And you can see that there is more breast tissue in the cleavage area and it almost looks like the breast is slightly lifted because you can see more breast skin underneath the aureola complex. The breast is also closer together, some of the lateral views you can see that the breast is more prominent. So, I am very very happy with this technique and I don't think you need to repeat it because I believe that I can get a good part of the fat to take- one time.

Linda L. Haas

Thank you very much. Does fat transfer with stem cells make you more at risk for breast cancer?

Lu-Jean Feng, M.D.

No, it does not increase the risk of breast cancer. There is no study that shows this. I've gone to many fat injection conferences where this issue is discussed at length. No, at this point there is no increase risk for breast cancer. You know breast cancer, that comes from many different sources. It comes from lack of physical activity, it comes from being over weight, it comes from not enough vitamin D, it comes from too much alcohol, smoking, there are many causes of breast cancer, and certainly genetics play a role. The stem cells that we use really are not shall we say, that powerful. Not like the stem cells of an embryo. Then they are very powerful; they can turn into many different kinds of cells. Here, the stem cells that we use they are not a great number, it's really the growth factors that we're using, but the stem cells- adult stem cells in the way that we use it only just help the precursor cells to develop into vessels and that is a prerequisite for the fat to become a permanent part of your breasts. It has to regain blood supply. All these methods that I described to you, the three methods: thin layering of breast, using stromal vascular fraction, using platelet rich plasma- they all try to get the vessels growth so that the fat circulation will reestablish. It's really for circulation and that only.

Linda L. Haas

Thank you. Another question, We have a person who read that fat injections to the breast can cause lumpiness. Can you please explain that?

Lu-Jean Feng, M.D.

Yes, lumpiness is due to poor graft take- meaning there is not enough circulation the fat is injured and there are areas where it did not take well. So, in those circumstances I would say that for some reason there was not enough blood supply. And any of those three things could happen. The three reasons: number one is the fat really evenly distributed through multiple planes? You cannot stuff the breast with fat. It has to have room to get oxygen. So if someone is thinking that bigger is better and more is better then that's actually not a good approach there has to be room so that there is circulation can be reestablished. If the breast is too full and too tight its going to choke. You're going to choke all the cells.

So, the many reasons for failure, one of them is the failure of blood supply. That's what creates lumps and that's what creates calcification because it is struggling. It had some struggle some circulation struggle took place to give you the lump and that's the only reason for the lumps.

Linda L. Haas

Dr. Feng, do you ever do fat injection at the time of the explantation?

Lu-Jean Feng, M.D.

I do. I do for small volume fat injection. Not to increase the breast size but to decrease deformity. For example, if a patient comes to me and on my physical exam I realize that she did not have a lot of tissue in a certain area of the breast which would impact on how she will look. If it is a small enough area I may recommend the fat injection. There we are talking 30-60 cc of fat and we would use platelet rich plasma to enhance the fat. Those I could use at the same time, and of course the more breast tissue you have for me to put that in, again, it's like I'm working with a chest- meaning the breast- if I can put the fat in many thousands, many, many layers of drawers inside the chest, many instead of a few drawers of fat that's well separated by normal layers- then I could do it. But, I really have to examine the patient to see if this would work. So yes, small injections of fat can be done at the time of the explant as long as the patient has fat. Typically I do the fat injection at that time in another area of surgery; in a facelift, in rejuvenating the face. A lot of times people, when you lift the face there's still areas that are thin or deficient and that makes them look old. Fat injection in the face does not require a lot of fat. That you could do at the same time. It's highly effective. So, knowing that that can be done and that it works very well I have since used small amounts of fat in breast tissue that may have a small deformity that is easily corrected by fat injection.

Linda L. Haas

Thank you. Can you do a breast lift and fat injection at the same time?

Lu-Jean Feng, M.D.

That is more difficult. I would not recommend that because when you're doing a breast lift, you are opening up space between the skin and the breast. And you already have a space underneath the breast because you just did an explant, you just did a capsulectomy. So, your areas that you can safely inject the fat are very limited, plus also you really cannot put it in a large area because number one, it may affect the blood supply. The blood supply may not be good now because the breast tissue has many open areas - certainly when you inject the fat you don't want the fat to flow into a drain or flow into other spaces because the space is open. As a result, I do not do fat injection and breast lift at the same time.

Linda L. Haas

Would your recommendation be to do a breast lift first?

Lu-Jean Feng, M.D.

Yes. I would do a breast lift first and then fat injection later. Usually fat injection if you're really looking for large volume enhancement you need to do it later. That, you get the best result. I know that because I've tried that in the past and I find that the result is not as good. Not as good as if you come back later when everything is all healed and everything is together. Meaning that there are no open spaces- you don't have different dissection planes open- and that you can put much more fat in the breast- even if you are not putting a lot of fat it will give you a better take of that fat graft.

Linda L. Haas

Who is the perfect candidate for fat injection?

Lu-Jean Feng, M.D.

A person who has a good shape breast but not enough volume. That is the best candidate for fat injection. So, the shape has to be good, you know the shape can be improved by a breast lift. Unfortunately the breast lift only improves volume in very limited areas, but most people I find who have had implants for a long time have more deficient volume on the top- even after a breast lift- unless they have some volume there to begin with. The breast lift helps the volume on top in only a small area. But if somebody wants more volume in the top of the chest they need to have fat injection.

Linda L. Haas

Excellent. Dr. Feng we are down to our final question: What is the best advice you can give to someone who is thinking about removing implants but fearful of the outcome?

Lu-Jean Feng, M.D.

They should come see me because I will tell them what their breasts will look like. Seriously- I am not boasting myself. I have had so many years of experience just one examination will tell me how their breasts will look and knowing their history will be very very helpful. If you can't come to see me you can always look at your mammogram or MRI of your breast and look at how much breast tissue you have in front of your implants. If you have sufficient breast tissue you probably will look ok, but most of the time you're going to need some opinion from a physician or plastic surgeon who has done a lot of these. There are certainly a lot of other plastic surgeons that have large experiences in doing explants you see them on the websites and Facebook groups where they recommend different physicians for explants. I would certainly want to go to someone who has had some experience in doing that.

Linda L. Haas

And as you all know, Dr. Feng has 28 years of experience, has seen patients from every state in the US and from 30 countries around the world. She really has helped literally, thousands and thousands of women. With that, this concludes our program I want to thank you for attending. Our next webinar will be Saturday, August 13th 2 p.m. EST I hope you can join us. We'll post the topic on our website and if you go to www.fengclinic.com to register we'd love to have you again. Thank you. Stay well.

Lu-Jean Feng, M.D.

Thank you.