Breast Implant Removal and Replacement

NHS Devon

Commissioning policy

Breast implant removal

Patients who have had previous augmentation surgery privately should be directed back to the private provider in the first instance.

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

- After implant leakage or rupture; or
- Baker Grade II capsular contracture associated with significant pain; or
- Baker Grade IV capsular contracture; or
- Implants are complicated by recurrent implant infection or seroma; or
- The patient develops Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL).

This commissioning decision applies regardless of funding source of the original surgery (i.e., whether funded by the NHS or on a private basis). In the event that only one implant is affected, removal of both implants will be offered to ensure symmetry.

The removal of breast implants due to symptoms termed as Breast Implant Illness (BII) or Autoimmune Syndrome Induced by Adjuvants (ASIA), or due to the risk of developing Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) is **not routinely commissioned**.

Breast implant replacement

Breast implant **replacement** is only routinely commissioned for patients who meet the above criteria for removal **AND** whose original breast augmentation was performed by the NHS as part of a treatment plan to repair or reconstruct missing or damaged tissue that occurred through accident or illness.

Breast implant replacement or any other cosmetic procedures (e.g., mastopexy), is **not routinely commissioned** for patients where their original augmentation procedure was privately funded. Patients are not able to self-fund the additional cost of replacement implant(s) (or any other cosmetic procedures) at the same time as surgery to remove implant(s).

Rationale for the decision

The Academy of Medical Royal Colleges Evidence Based Interventions (EBI) guidelines state that the NHS has a duty of care to patients where there is a clinical indication for implant removal. This includes patients whose original breast augmentation procedure was privately funded but are no longer able to access privately funded care; in these instances, because cosmetic treatments are not routinely commissioned, only removal (not replacement) is commissioned.

EBI guidelines state that clinical indications for implant removal are implant leakage or rupture, severe capsular contracture, recurrent infection or seroma, and Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL). For capsular contracture, implant removal is only clinically indicated where there is associated pain; other presentations are considered a purely cosmetic issue. Grades of contracture are classified using the Baker classification system. Associated pain is present in all cases of Grade IV contractures and can be present in some Grade II contractures (the difference between the two being a subjective difference in the level of implant deformity). Grade III contractures have the same level of implant deformity as a Grade IV contracture but there is no associated pain, as such Grade III contractures do not represent a clinical indication for implant removal.

Removal due to symptoms termed as Breast Implant Illness (BII) or Autoimmune Syndrome Induced by Adjuvants (ASIA) or due to concerns about developing BIA-ALCL are not recommended in EBI guidelines. This position is supported by the MHRA and the British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS). The presence of intact Poly Implant Prothèse (PIP) implants is not included in the EBI guidelines as a routine reason for implant removal by the NHS. This is supported by guidance from the MHRA which states that “there is no reliable evidence that ruptured PIP implants create a greater health risk than a ruptured silicone breast implant from another manufacturer” and that “there are currently no convincing medical, toxicological or other data to justify removal of intact PIP implants.”

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient’s GP, consultant or clinician. Applications cannot be considered from patients personally.

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