implant itself. It will also include removal of the scar capsule surrounding the implant, and any allograft material as well. The scar capsule is living tissue produced by the body as a protective response to contain foreign materials that it cannot expel. Since it has been in direct contact with the implant and may therefore harbor potentially harmful contaminants (toxins, bacteria, mold, etc.), **it must be removed entirely** - ideally in a manner which preserves the integrity of the capsule and prevents these contaminants from being released ("*en bloc*").

There is no evidence that capsules dissolve - in fact, if left behind they can cause further complications. Sometimes the scar capsule is too thin or fragile to be removed *en bloc*. In this case, meticulous total capsulectomy and debridement of the surgical site is critical to ensuring none of the capsule is left behind. **The surgeon you use for your explant should be willing to commit to removing the entire capsule(s).** This is particularly critical if you are concerned with systemic symptoms.

☑ Pathology, Documentation, & Return

Explant capsules and chest cavity swabs should be submitted for pathologic evaluation, in order to obtain accurate diagnostic information and ensure appropriate follow-up care. Unless specified, pathology testing will only look for atypical cells – your surgeon will have to specifically request testing for bacteria, fungi, inflammatory cells and foreign materials, and CD30 (a test for BIA-ALCL). This is particularly critical if you are concerned with systemic symptoms. **You may also request an official, comprehensive statement from the pathologist, including all relevant findings and photos, and the return of your implants.**

☑ Pectoral Muscle Repair

Surgical reattachment of the pectoral muscle using dissolvable sutures may be indicated. This can improve both function and appearance. Ask your surgeon about pectoral muscle repair.

"One and Done" – Aesthetic Flat Closure

Surprisingly, some surgeons offering explant services do not ALSO provide an **aesthetic flat closure**. Sometimes they will perform the capsulectomy but fail to remove excess skin, or do a hasty closure that leaves lumps, folds, etc. Waking up to an unexpectedly poor aesthetic result after explant can be emotionally devastating for the patient, who may already be exhausted from a prolonged and often complicated ordeal.

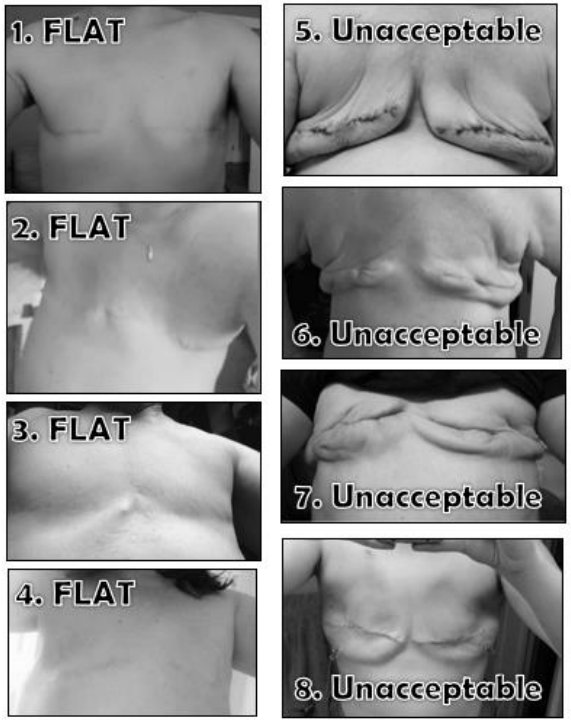
If your goal – as for most women seeking **aesthetic flat closure** – is to be done in one surgery, your best bet will be to find a surgeon who can provide both proper explant AND an aesthetic outcome. This will mean vetting your surgeon from both angles, and being very specific about what you expect. **Aesthetic flat closure** is a valid, beautiful and healthy choice for women explanting. You deserve a great aesthetic result!

Interviewing Your Explant Surgeon

If at any time you feel uncertain about your surgeon's commitment or competence, you should seek a second opinion. *Always listen to your intuition!*

☑ **Communicate your decision and your expectations** to your surgeon. Write down your rationale for *en bloc* explant and aesthetic flat closure so that your surgeon can review it and include it in your medical record. Show your surgeon pictures of the aesthetic outcome you want AND of what you are hoping to avoid. Use the examples below or find more online at ***www.NotPuttingonaShirt.org***.

Mastectomy patients who asked for a flat result:



☑ **Evaluate** your surgeon's responses. Do they seem to accept and respect your decision, and your rationale? Or, do they try to talk you out of it, suggest a less invasive explant procedure or make statements about hedging your bets by "leaving a little extra in case you change your mind"? **If you sense pushback, it may be time to consider a new surgeon.**

Although plastic surgeons are specially trained to create aesthetically pleasing results**,** their **experience with and aptitude for the explant procedure, the aesthetic flat closure, or**

both can vary dramatically. If your surgeon isn't confident in their ability to do what you are requesting, consider a second opinion.

☑ Be Specific: Checklist of Questions

Leave no room for miscommunication in your discussion with your surgeon. Ask for specifics.

- ☐ Have they done *en bloc* or total capsulectomy & **aesthetic flat closure** before?
- ☐ Will one surgery be sufficient, or should you expect to need revision surgery(ies)?
- ☐ How do they manage the pectoral muscle?
- ☐ Do they routinely send excised materials for pathology? **If not, you can request this.**
- ☐ Is their pathologist willing to provide an official statement of all relevant findings?
- ☐ Will your implants be returned to you?
- ☐ Do they routinely document the encapsulated implants, unencapsulated implants and chest cavity with photos? **You can request this.**
- ☐ How will they address any special challenges in your case – for example, obesity, large implants, capsular contracture, or allografts?
- ☐ How will they avoid "dog ears"? How far will the incisions extend on the lateral chest in order to achieve a flat contour?
- ☐ What type of flat closure incision/scar pattern will your surgeon use, and why?
- ☐ How will they account for gravity's effect on the tissues to ensure a smooth closure?
- ☐ Should you expect concavity? What is their approach to addressing concavity?

☑ Document Your Expectations

While the responsibility for the aesthetic outcome ultimately lies with the surgeon(s), it's your body. Protect yourself by ensuring that your expectations are documented in your medical record. We recommend taking the following steps:

- ☐ **Bring a support person to your surgical consults** – i.e., a partner or family member.
- ☐ **Provide your surgeon with pictures that represent your desired aesthetic outcome** and ask they be included in your record.
- ☐ **Have your surgeon confirm your wishes in writing.** Write a summary of your discussion in consult and email it to your surgeon. Ask for a response confirming the understanding. This will alert you both to any misalignment in expectations.
- ☐ **Ask if your surgical consent form can specify total capsulectomy & aesthetic flat closure. Request a signed copy.**
- ☐ **Trust your intuition.** If at any point you suspect that your surgeon may not produce your desired result, find a new surgeon. **It's worth it to ensure that your wishes are respected, and that you get a surgical outcome that meets your expectations.**

The Day of Surgery: Review the Details

Since the time between your initial consult and surgery date can be weeks or months, it is prudent to use the checklist of questions in this brochure to **review the details of your case with your surgeon again the day of surgery.**

For More Information:

NotPuttingonaShirt.org/Explant
HealingBreastImplantIllness.com
Center4Research.org/Breast-Implants
BreastImplantSafetyAlliance.org

NotPuttingonaShirt.org

Going Flat After Implant Reconstruction: Your Body, Your Decision

There are many reasons a woman may choose to explant and "go flat" after initial implant reconstruction.

Women seek **explant** with **aesthetic flat closure** not just because of dissatisfaction with their implant reconstruction's appearance, but also as a result of serious complications. These include implant rupture, capsular contracture, infection, chronic pain or mechanical dysfunction and weakness, and even autoimmune diseases or BIA-ALCL (a cancer linked to implants).

Mindful that past and ongoing cancer therapies could be a factor, many women explant in hopes of resolving a decline in overall health and quality of life that began after receiving breast implants. Minimizing every potential barrier to health is their top priority.

The two paths forward aesthetically after explant are **autologous breast reconstruction** (DIEP, TRAM, etc.), or **aesthetic flat closure** (removal of excess skin and contouring to reconstruct a smooth chest wall contour). Both options are valid, with benefits and drawbacks. Remember, **this your body, your life, and your decision.**

What is a "Proper" Explant?

☑ Capsulectomy: *En Bloc* or Total

An explant procedure that aims to resolve (or prevent) systemic symptoms will necessarily involve much more than simple removal of the