

Letters to the Editor

Giving Patients a Chart Displaying Massage Techniques May Help to Reduce Capsular Contracture Rates

To the Editor:

We read with interest Dr. Schlesinger and Dr. Heck's recent letter¹ about a new pharmacologic treatment for capsular contracture. We want to report our own experience with a different approach toward prevention of capsular contracture, which we believe can also be useful.

Over the past few years, we have observed a low rate (about 2%) of capsular contracture among our patients. From June 1997 until June 2001, we performed 288 augmentation mammoplasties in which 5 third-degree capsular contractures (according to the Baker classification) and no fourth-degree contractures developed. We make use of a "no-touch" technique² in which we replace our powder-free gloves with new ones before handling the implants. We also use a special self-produced stainless steel "retractor-funnel" to minimize contact between the prosthesis and skin. In 95% of cases, we preferred retromuscular placement. To avoid any lateral shifting of the implants, we suggest that the patient should wear a brassiere with lateral reinforcement and anterior fastening (at the sternum level). At the same time, an elastic band placed on the superior mammary pole that pushes the prostheses downward prevents any cephalic displacement. Furthermore, we always administer antibiotics and prescribe low-dose steroids for 1 week after the operation. We recommend that patients lie prone whenever possible to compress the implants.

Later on, we encourage patients to make use of several different kinds of brassiere (eg, "anatomical," push-up, and sport) to maintain their breast in various different positions. When mammary volume is not excessively large, it is advisable for the patient occasionally not to wear a brassiere.

In addition to these guidelines, we believe that breast massage has played an important role in achieving our low contracture rate.³ Patients are instructed how to squeeze and move their implants toward the medial line and downward, which promotes the formation of a wide capsule. We discovered through clinical experience that such massage is necessary even with textured silicone prostheses, to stretch the fibrous scar tissue growing around them. The massage should last not less than 5 minutes and must be vigorously repeated at least 3 times a day for the first month after operation, twice a day during

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1090-820X/2002/\$35.00 + 0

70/8/128629

doi:10.1067/maj.2002.128629

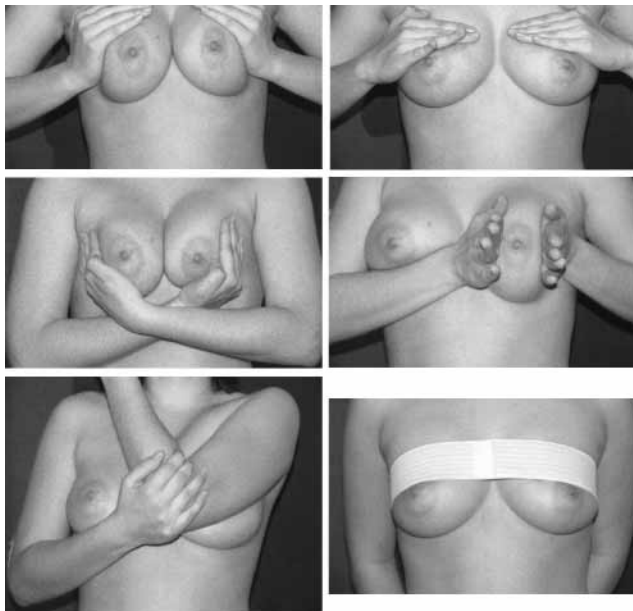


Figure. The photographic sequence we give our patients after augmentation mammoplasty illustrates the correct way to perform breast implant squeezing and movements aimed at preventing the formation of capsular contracture. The final picture in the sequence shows how the elastic band should be worn.

the second postoperative month, and once a day subsequently. We suggest to our patients that this once-a-day regimen become a life-long habit. Among patients who have received naturally shaped implants, we prefer massages to begin no earlier than 1 week after the operation to prevent any rotation.

The most difficult problem we encountered with the massage regimen was ensuring that patients understood how to perform this maneuver properly. We found that especially during the first postoperative week or two, patients did not move their prostheses but only the above-lying mammary parenchyma during the massage in an effort to avoid pain. We tried to explain that the implant had to be pushed inferiorly and medially, whereas nipples had to move only slightly. However, we succeeded in this only when we gave our patients a series of pictures showing precisely what we meant (Figure). We believe such illustrations are useful teaching aids, because often a concept that seems obvious to an experienced surgeon may be difficult for a patient to understand. ■

Giovanni Botti, MD
Chiara Botti
Antonio Cella, MD
Saló, Italy

References

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Evidence of the Extreme Oxidative State of Soybean Oil-filled (Trilucent) Breast Implants Raises Concerns

To the Editor:

About 9000 Trilucent soybean oil-filled breast implants (SOBIs) (LipoMatrix Inc, Neuchâtel, Switzerland) were implanted in about 5000 patients in Britain and 700 in Switzerland. In the United States, about 200 women were enrolled in a clinical study approved by the Food and Drug Administration to evaluate the safety and effectiveness of these implants. Reports indicating a high

rupture rate of SOBIs and possible long-term adverse effects resulting from chemical breakdown of the filler prompted the British Medical Devices Agency (MDA) to advise against the further use of SOBIs in March 1999. In June 2000, after new data regarding high concentrations of potentially genotoxic and carcinogenic components from the breakdown of soybean oil filler, the MDA issued a hazard notice recommending that all women