



MAXWELL  
AESTHETICS

# *Breast Explant*

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QUESTIONS AND ANSWERS



**Is the surgeon Board Certified?**

Dr. Maxwell is Board Certified by the American Board of Plastic Surgery. She is also a fellow of the American College of Surgeons, member of the American Society of Plastic Surgeons and member of the American Society for Aesthetic Plastic Surgery.

**Where is my surgery done and is it at an accredited facility?**

All surgeries take place at the Surgery Center at River Road, which is adjacent to our office. This is a State, Medicare, and AAAASF certified facility. This means our surgical facility meets the highest standards for patient safety.

**Does the surgeon have hospital privileges?**

Yes, Dr. Maxwell maintains hospital privileges at Tucson Medical Center. In the unlikely event that there would be a complication requiring further medical care, patients are transferred to that hospital. She maintains a close relationship with the hospitalist team on staff, making sure patient care is not interrupted and proper management is ensured.

**What type of anesthesia will be used and will I have a Board Certified anesthesiologist?**

Patients receive a general anesthetic, meaning they are completely unaware of the surgical events. Dr. Maxwell has worked with the same anesthesiologist for over 14 years, and he is Board Certified. Every patient will have the opportunity to meet the anesthesiologist the morning of surgery to answer any questions or discuss any individual needs.

**What type of medications does the anesthesiologist use, including nausea medications and steroids?**

Anesthesia is completely individualized. Every patient is a little different. After a complete review of your medical chart and an interview in person, the anesthesiologist will select the proper combination of medications and will safely and effectively administer the proper doses and combination of medications needed to allow the operation to be performed. A complete list of these medications will be provided to you at discharge.

**Will any fluid be drained from the implant during surgery?**

No. The implants and the capsules are carefully dissected as to not damage the implant during surgery. If a patient has an extremely thin capsule, the implants will be removed from the scar tissue pocket to prevent rupture and then the capsules are carefully removed by Hydro-dissection En Bloc Total Capsulectomy.

**Does the surgeon perform the removal of the implants En Bloc/ Total Capsulectomy?**

Dr. Maxwell specializes in Breast Implant Removal. She has developed a technique called Hydro- dissection where the capsules are removed En Bloc. She guarantees that 100% of the capsule will be removed at the time of surgery. All capsules are unique to the patient. Some are very thin, others thick and the technique used is always the same. A saline fluid is placed with a pump and a small needle between your normal tissue and the capsule, literally floating the capsule free. At the time of your consultation, you will also be provided multiple photos of examples of both capsules removed En Bloc for a Total Capsulectomy.

**How long will the surgery take?**

Surgery time will take approximately 2-3 hours.

**What types of antibiotics will be used during surgery?**

Patients will receive one dose of Cephalosporin antibiotic in their IV prior to surgery. Once the implants and capsules have been removed, the pocket will be irrigated with a triple antibiotic solution containing Bacitracin, Gentamicin and Cephalosporin. We also use a dilute Betadine solution to irrigate the pockets.

**If my implants were placed in a sub muscular pocket, will the muscle be repaired?**

Yes. Dr. Maxwell will repair the muscle with dissolvable suture. This is an extremely important step in surgery, as it helps reshape the breast to its original form.

**Where is my incision and how long will it be?**

Dr. Maxwell uses an inframammary fold incision and the length of the incision can be anywhere from 2 to 3 inches depending on the size of your implant and the extensiveness of the capsule.

**Will the surgeon use cautery to reduce bleeding? Will there be any use of foreign material and what type of sutures are used?**

Dr. Maxwell has developed a technique to help remove the capsules with reduced bleeding, but blood vessels will be cauterized to minimize bleeding. No foreign material such as staples or mesh will be used at the time of surgery and all sutures are self-dissolving.



**Will the surgeon send your capsules for pathology and swab the chest pocket for bacteria, fungus or mold?**

If Dr. Maxwell locates any suspicious tissue, this will automatically be sent into pathology. Otherwise, capsules and a chest cavity swab will only be sent to pathology per patient request. Dr. Maxwell has a pathologist she works with, but will also be willing to send in your capsules and/or swab to the laboratory of your choice. This is an expense that is not covered by your surgical fees.

**Will I be tested for BIA-ALCL?**

Breast Implant Associated Anaplastic Large Cell Lymphoma or BIA-ALCL, is a rare and highly treatable type of lymphoma that can develop around breast implants. This is a very rare disease. Most cases of BIA-ALCL have been associated with textured implants. Lymphoma has been reported with both saline and silicone implants.

Patients usually have had their implants in an average of 7 to 10 years and notice swelling, pain or lumps in the breast. Ultrasound can be used to determine if there is fluid around the implant and if so, this can be drained and examined prior to surgery or collected at the time of explantation. The treatment for early staged disease is total removal of the capsules when the implants are removed. Since this is the correct approach during explant this is routinely done.

Any patient with a delayed seroma or fluid around the implants will be treated as if they have BIA-ALCL. The fluid is collected in surgery and both the capsule and fluid is sent to the pathologist for appropriate testing.

**For extracapsular silicone rupture, how is the pocket cleaned out? Will the surgeon check the lymph nodes for silicone and will lymph nodes be removed?**

Silicone shells that are used to augment the breasts will eventually fail or rupture. When filled with saline the breast will just get smaller. Ruptured gel implants do not deflate but they can change size or shape, become harder or encapsulated. To determine if a gel implant is ruptured you will need an MRI, the most reliable test to determine integrity of the implant shell.

Ruptured gel can be found inside the original capsule or outside this capsule (also called extracapsular rupture). Normally this can be determined with a good physical exam of the implants. When the silicone gel has extruded from the original capsule, the gel itself can be surrounded by a capsule. This additional capsule is removed at the time of explantation. All gel, both inside and outside the capsule, will be removed in the event of a rupture.

**Will the surgeon return the implants to the patient cleaned or uncleaned?**

All patients can request their implants to be returned to them. Patients will also need to request whether they would like them to be returned cleaned or uncleaned.



**Will photos be taken at the time of surgery of my implants and capsules?**

Yes, both the implants and capsules will be photographed at the time of your explant surgery.

**Will drains be used to prevent fluid accumulation after surgery?**

Dr. Maxwell uses drains after surgery. These are placed in the pocket that is left after the implants and capsules are removed. Drains are removed between four to seven days, depending on the amount of fluid output. How to care for your drains will be discussed at your pre-operative appointment two weeks before surgery. Drains will be removed at our office by our medical staff.

**Will I be prescribed antibiotics or fungal medication post-surgery?**

Dr. Maxwell does not feel that there is a benefit to treating patients post-operatively with antibiotics and antifungal medications, as it creates more harm than good. Systemic antibiotics can alter the normal bacteria populations and this can have serious detrimental effects. If a patient did test positive for fungus or bacteria, we would refer you to a specialist that would monitor the selection of proper antibacterial or antifungal medications.

To prevent post-operative wound infections a single dose of Cephalosporin is given in the IV prior to surgery. This is a well-documented, standardized therapy used in all surgery centers. making sure patient care is not interrupted and proper management is ensured.

**Will the surgeon prescribe post-operative pain medication and what type?**

Yes, Dr. Maxwell will prescribe medication for post-operative pain management. We offer both narcotic and non-narcotic options. The best pain management is Ibuprofen, but the type of pain medication will be agreed upon with the patient at their pre-operative appointment 2 weeks prior to surgery.

**What are the signs of infection, seroma and hematoma? How are they treated?**

To date we have not seen post-operative wound infections. We use one dose of Cephalosporin at the time of surgery to prevent these type of infections.

We have no cases of seroma or delayed seroma following the Hydro-dissection En Bloc Capsulectomy.

After a review of all our cases, there is a 1% chance of hematoma. This a bleeding that occurs in the pocket that contained the implant. This rate is less than ½ the national average.

In the event there is swelling and suspected bleeding at the surgical site, the recommended treatment is to return to the operating room and evacuate the blood. There are never additional charges for this, as the healing and recovery are so much quicker with proper management of this complication.

**What should I expect for my healing time frame? How many follow-up appointments will I need?**

Most of our patients return to work within 5 to 10 days, once the drains have been removed. We recommend that our out-of-state patients plan on staying in Tucson for at least 7 to 8 days post-surgery. There will be limited lifting restrictions (10-15 # lbs maximum) and no vigorous physical activity for at least four weeks after surgery; but we do encourage walking, as it is good for mental health and helps promotes healing.

The first immediate post-operative appointment will be 1-3 days after surgery, then at 1 week, 1 month, 6 months and then 1 year. For our out-of-state patients, the 1 month follow-up will be scheduled as a phone call.

**Can I request a copy of my entire chart?**

Yes. Upon request, you can receive your entire chart including your operative note, clinical notes and all photographs.

**Does your office accept insurance or assist in providing documentation for reimbursement?**

Dr. Maxwell's practice is self-pay and we do not file health insurance claims, but our staff is willing to provide you any documentation or coding you will need to seek reimbursement.

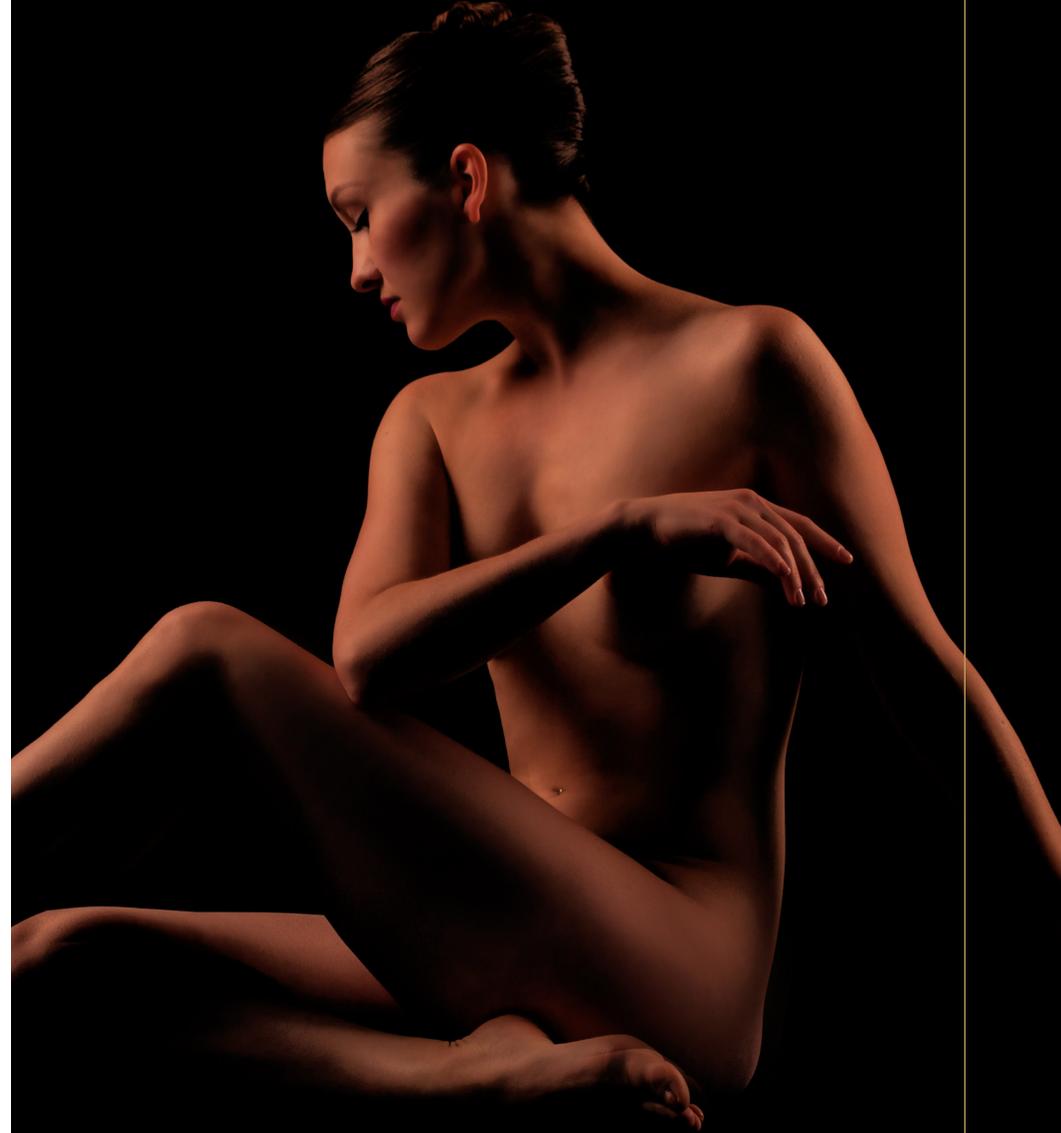
**Will I receive all surgery paperwork ahead of time and will I be required to sign a confidentiality consent or a nondisclosure agreement?**

All surgery paperwork including informed consents, surgical contract and pre-operative paperwork will be sent to you prior to surgery.

We believe in having a trusting and professional relationship with our patients and so we do not ask patients to sign a nondisclosure or confidentiality agreement. We trust that you will honor us as much as we value you. If there is a dispute or issue that needs to be addressed, Dr. Maxwell expects that you will attempt to address this with us and allow her to resolve your concerns. You should trust your doctor to give you the best care possible and to handle complications if they were to arise. We expect our patients to treat us with the same respect and not air problems outside the practice.

**Will I receive information prior to surgery regarding pre- and post-operative care?**

Yes. All patients will receive a pre-op appointment 2 weeks before surgery. This appointment can be completed over the phone for out-of-state patients. Your pre-op appointment will cover all pre- and post-operative instructions, prescriptions, and advice to follow to avoid problems and facilitate a speedy recovery.





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