

Published on Wednesday, April 15, 2009.
Last modified on 4/15/2009 at 12:29 am

Plastic Surgery: Silicone bouncing back from blow to reputation

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For The Gazette**

In my practice I must continually evaluate my techniques, my knowledge and products I use. It has been about three years since the FDA released silicone gel implants for general use in breast augmentation. For years there had been arguments and lawsuits over the safety of gel implants. Companies were bankrupted, trial lawyers enriched, and patients scared. In 1992 gel implants were pulled from the market for breast augmentation, although not for breast reconstruction.

After all the press, lawsuits and accusations, the scientific studies were actually done. This makes great sense, because I think it is much more fun to make accusations and broad statements before knowing the facts, because real life is fairly boring.

In 1999 the National Institutes of Health on Medicine issued a 400-page report, the conclusion of which stated "There is insufficient evidence to support an association of silicone breast implants with defined connective tissue disease. Further, there was no higher incidence of specific health conditions (cancer, autoimmune diseases) for women with implants than those without."

Once the science was done, changing perceptions came more slowly. It wasn't until 2006, after a zillion more studies, including a 10-year study in Europe (Europeans make great guinea pigs), that gels were released again in the United States. Even then, a lot of strings were attached. I had to go to a course on gel implants and learn a

secret gel handshake. Of course, we had been using gel implants all along on breast cancer patients, a logic which still mystifies me.

I am not going to tell you that implants, implants of any kind-breast, hip, eye, knee, heart valve-don't have their problems. They do. They can get infected, become out of place, break, explode (OK, that's not true, my new word software has a lie detector, which is very annoying), or just generally cause problems. Breast implants can get infected, get scar tissue around them (contractures), break or sag. But most of the time they do well, and I wouldn't do an elective procedure with a lot of problems, not because I am such a nice guy, but because I don't want unhappy patients and whining ... well, what does whining do to you?

After three years and at least 300 gel implants, my partner and I have made some observations. Patients like the way they look. Probably four of five patients choose gel over saline. Gels cost about twice as much, which limits their use in some patients. We make a bigger incision for gels, about two inches versus an inch for saline, because the implant comes already filled up. They feel a little more natural than saline, although that difference is less the more breast tissue, or cover, that you have.

So far, we haven't seen any real differences in performance between saline and gel in terms of durability, as they are both pretty good. It is a reasonable rule of thumb that about 25 percent of implants will need replacing at 15 years. Since the new gel implants are vastly better than the ones from 20 years ago, those numbers may improve.

I feel comfortable recommending gel implants to both my reconstructive and augmentation patients, as long as they are willing to sit still for a detailed education process in our office, and agree to follow up on a regular basis.

And no, there is no correlation between the fact that it is spring, and it is warm outside, and I am writing about breast implants. Honestly, you people need to clean it up.

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