

BREAST IMPLANTS: SAFETY and CONCERNS

*Your Weekly Newsletter by
Dr. Nick Sieveking*



Plastic surgery of the female breast — reduction, augmentation, lift/mastopexy, or reconstruction after cancer — is one of the most common and most gratifying procedures that we, as plastic surgeons, perform. A reshaped breast, whether it be larger, smaller, lifted, more youthful, or reconstructed after mastectomy, is essential to a woman's sense of femininity, identity, and psychological well-being.

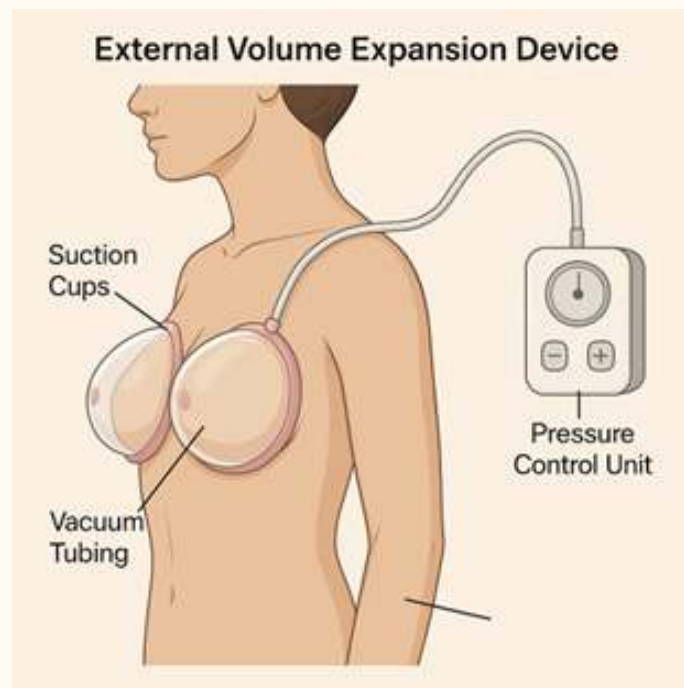
As a plastic surgeon with a background in functional and regenerative medicine, my goals extend beyond aesthetics. I want to ensure that anything I offer surgically does not create harmful downstream effects, trigger chronic inflammation, or contribute to systemic illness. Elective surgery must contribute to long-term wellness — not undermine it.

Are Breast Implants Safe?

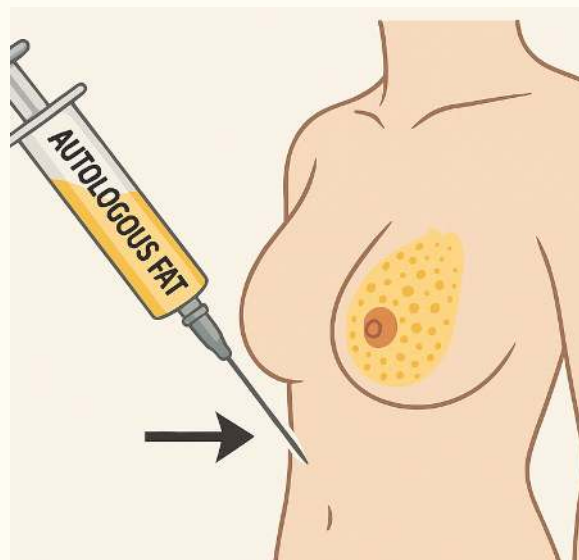
In 2024, over 300,000 “primary” (first time) breast implant surgeries were performed in the United States. The overwhelming majority of these surgeries involve modest, natural enhancements to restore self-confidence and body balance — not the extreme, oversized results that gain social-media attention. Here, we're discussing reasonable, proportionate breast augmentation aimed at restoring confidence and well-being.

Breast Enhancement Options

1. External Volume Expansion (EVE): Negative-pressure/vacuum suction devices stretch breast tissue over months. One study required wearing the vacuum device 11 hours/day for ~18.5 weeks, achieving an average increase of ~155 cc (range 95–300 cc). Only 12 of 40 women were satisfied at 10 months. This represents about a half-cup size increase. EVE is not an option at my practice.



2. Autogenous Fat Grafting: Fat is harvested via liposuction, purified, and re-injected into the breasts. This method is natural and promising but remains unpredictable. Up to 50% of grafted fat may be reabsorbed. Other risks include oil cysts, nodules, scar tissue, and asymmetry, especially if, over time, one breast loses more fat than the other. Future advances may improve predictability, but currently results are limited to approximately one modest cup-size increase. Autogenous Fat Grafting is offered at ***Sievekings Plastic Surgery***.



3. Breast Implants: The first true silicone implants were placed in 1962 by Dr. Frank Gerow and Dr. Thomas Cronin. The first patient, Timmie Jean Lindsey, reportedly increased from a small B to a full C cup. Modern implants — saline and silicone — have undergone decades of refinement under FDA scrutiny. Silicone implants remain the most popular due to their durability, softness, and life-like feel. Despite this, questions persist about long-term safety of both Silicone and Saline breast implants.



Do Breast Implants Cause Cancer?

No. Breast implants do not cause breast cancer. There is no evidence they increase the incidence, earlier onset, tumor grade, or mortality of breast cancer. In fact, a meta-analysis published in 2015 showed women with breast implants had a lower incidence of receiving a breast cancer diagnosis (January 2015 Aesthetic surgery journal / the American Society for Aesthetic Plastic surgery 35(1):55-62)

Takeaway. We as plastic surgeons don't truly believe that having breast implants reduces the risk of breast cancer. More than likely, this study reflects that the population who gets breast implants are typically healthier individuals with smaller amounts of native breast tissue- both are factors which reduce the incidence of cancer. But we are confident that this study confirms that breast implants do not cause cancer.

BIA-ALCL: The Real Concern

Breast Implant–Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) is:

- Not breast cancer.
- A T-cell lymphoma forming in the capsule of the breast implant.
- Almost exclusively associated with textured implants.
- Not associated with smooth implants in U.S. data.

Risk ranges from ~1 in 2,200 (highest-risk textured) to ~1 in 86,000 (lower-risk textured). Smooth implants carry essentially zero documented risk.

Symptoms typically present 8–10 years post-op:

- Sudden swelling
- Late seroma
- Pain
- Firmness
- Capsular/Breast mass

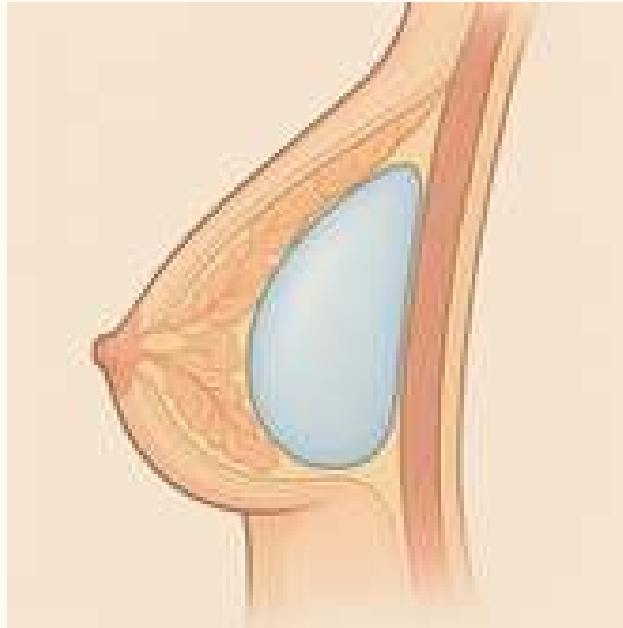
Treatment: Removal of implant and complete capsulectomy. **Cure rates are excellent.**

Mammograms & Cancer Detection

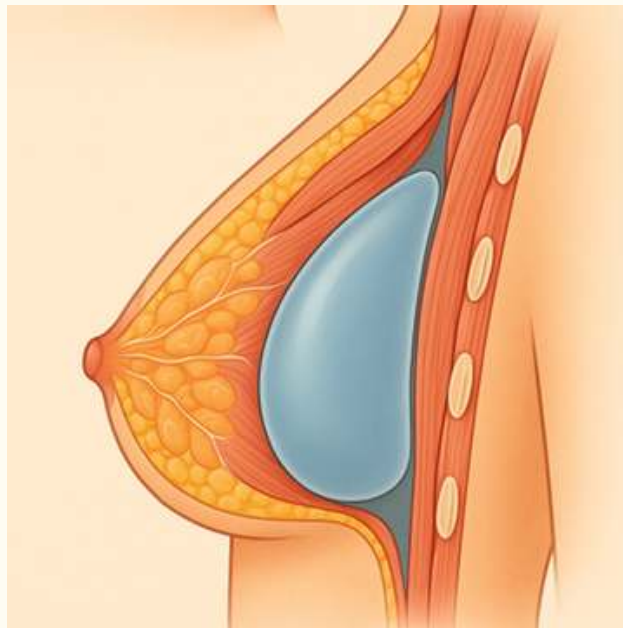
Breast implants can obscure mammogram views. They do not make screening impossible but require experienced technologists and special Eklund “implant-displaced” views.

Implant Position Matters

- Subglandular: most obstructive; hides posterior tissue.



- Submuscular/dual-plane: significantly better visualization.



Do Implants Delay Early Cancer Detection?

No. A JAMA study (2004; 291(17):442-50) found:

- No delayed diagnosis of breast cancer with or without breast implants
- No difference in stage of tumor when diagnosed
- No larger tumors at discovery
- No difference in lymph-node status
- No difference in survival

Autoimmune & Connective Tissue Disease Concerns

Large, well-designed studies — Mayo Clinic Cohorts, Harvard Nurses' Health Study, Danish Nationwide data, and FDA post-approval studies — show no increased risk of:

- Rheumatoid arthritis
- Lupus
- Scleroderma
- Sjögren's
- Dermatomyositis
- MCTD

Do Implants Interfere with Breast-Feeding? Can Silicone Pass into Milk?

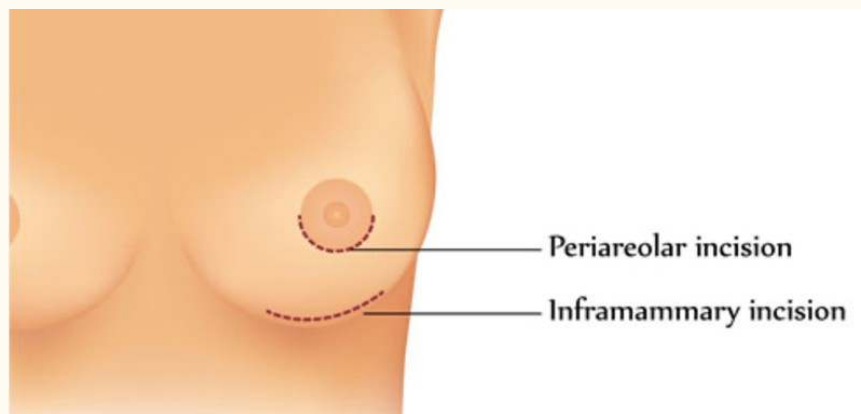
Most women can breast-feed successfully. 15% of women are unable to successfully breast-feed their children. It's difficult to assess whether previous breast implant surgery is the cause of unsuccessful breast-feeding, or whether the patient is just part of the minority who cannot breast their babies.

Factors that may reduce milk supply:

- Peri-areolar incisions (disrupt ducts/nerves)
- Sub-glandular placement (pressure on ducts)

Minimal effect:

- Infra-mammary incisions. Sufficiently away from the nipple, milk, ducts, and important nerves.
- Sub-muscular placement. Not in direct contact with rest tissue, milk, ducts, and important nerves.



Silicone Safety with breast feeding: Silicone does not pass into breast milk at harmful levels. Studies show lactating women with silicone implants are similar to control women with respect to levels of silicone in their breastmilk and blood.

Will Patients Need More Surgery if they commit to primary breast documentation?

Almost certainly. Implants are durable but not permanent.

- Saline: average 12 years before implant fails, starts to leak, and needs to be removed/replaced.
- Silicone: may last decades but not guaranteed

Reasons for future surgery include:

- size change
- rupture or leakage
- capsular contracture
- cosmetic adjustments
- elective explantation

Breast Implant Illness (BII)

BII is a patient-reported constellation of symptoms:

- Fatigue
- Brain fog
- Joint/muscle pain
- Rashes
- Sleep problems
- Dry eyes/mouth
- Anxiety/autonomic symptoms

Is **BII** real?

- Yes — the symptom cluster is real and recognized by the FDA and major centers.
- No — it is not a single, clearly defined autoimmune disease.

Possible causes:

- Chronic inflammation
- Biofilm (persistent bacteria) on the implant capsule
- Immune activation in genetically susceptible individuals

What should patients with BII-like symptoms do?

Evaluate for:

- Thyroid dysfunction
- Autoimmune disease
- Food sensitivities
- Sleep disorders
- Chronic infections (Lyme, EBV)
- Medications
- Lifestyle stressors

If no cause is found, removal of implants is reasonable.

How successful is explantation?

- 70–80%: major improvement
- 10–20%: partial improvement
- 10–20%: no change

Conclusion

Breast implants are extremely safe for the vast majority of women. They remain the single most effective means to predictably and safely augment the breast size or achieve breast reconstruction after mastectomy. But, patients have to remember that breast implants like other implants such as artificial hips and knees, chin implants, dermal fillers, pacemakers, etc. are foreign to our body. Our bodies can accept them with no complications; or, our bodies can recognize them as “foreign” and mount some degree of an inflammatory response to these external devices implanted in our body. That said, this inflammation in rare circumstances can cause health issues. The complications that can occur are exceedingly uncommon and usually correctable. Until more predictable alternatives exist, silicone and saline implants remain the gold standard for natural, reliable breast enhancement and reconstruction.

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**Be on the lookout for next week's newsletter, "Hormones for Skin Health:
The New Era of Hormone Safety."**



Sieveking Plastic Surgery

1200 Old Hillsboro Rd., B2, Franklin,
TN 37069

info@sievekingplasticsurgery.com

615-321-1010

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