

Correction of Late Breast Implant Ptosis with Conversion to Composite Muscle Pocket and Placement of a Larger Implant

Lawrence Gray, MD

R. Brannon Claytor, MD

Atlantic Plastic Surgery

Portsmouth, New Hampshire USA

Goals

- * Following capsular contracture, the second most common complication for breast augmentation is implant displacement.
- * The migration of the implant under the soft tissue envelope can occur to both saline and silicone implants.
- * Pocket placement in the subpectoral position may create anatomical deformational forces which predispose the implant to displacement.

Goals

- * This may lead to lack of inferior pole support and the sheer weight of the implant.
- * These forces may displace the soft tissues and cause the implant to slip below the inframmary fold and create ptosis.
- * While primary complete muscle coverage utilizing the composite muscle of the pectoralis and the serratus has been criticized for late superior pole migration and inadequate lower pole shape, we have demonstrated that the composite muscle pocket offers a potential solution for refractory implant displacement.

Methods

- * A retrospective review was performed on 20 patients over a 7 year period. None of the initial surgeries were performed by the senior author, except for one.
- * All patients had late breast implant ptosis. The average age of the patient was 39.5 ± 11.2 years old.
- * The average time from implant placement to surgical treatment for implant displacement was 9.1 ± 7.4 years.

Methods

- * 9 patients had implants in the submammary pocket and 11 patients had implants in the subpectoral pocket.
- * All patients had the implants removed and replaced. The implants were placed in a neopocket created deep to the pectoralis and serratus muscle. The composite muscle pocket was closed over the implant.
- * Implants removed were 327.5 ± 119 cc's and they were replaced on average with larger implants 401.4 ± 144 cc's.

Results

- * Of the 7 patients who required repeat surgery, 2 had initially undergone augmentation mastopexy and required repeat mastopexy. One patient had undergone 2 prior attempts at ptosis correction with soft tissue suturing and required a postoperative capsulotomy and subsequent mastopexy.
- * 2 patients had smaller implants placed at the time of the composite muscle pocket placement and developed superior migration, which required a lowering capsulotomy.

Results

- * All patients were followed for an average of 28.3 \pm 14 months.
- * 13 of the 20 patients required no further surgery with an average follow up of 28.2 \pm 10 months.
- * The average time to revision was 15.1 months. There was one postoperative hematoma requiring operative drainage.

Conclusion

- * Breast implant ptosis results from loss of lower pole support. This may occur early following augmentation in cases where the inframmary fold has been violated.
- * Capsulorrhaphy, tie-over mattress sutures, skin excision often result in short term improvement and recurrent implant ptosis. Complete muscle coverage with a composite muscle pocket (CMP) offers an alternative to ADM materials.

Conclusion

- * While the observations in primary augmentation that complete muscle coverage has inadequate lower pole shape and poor inframmary definition, these are the soft tissue qualities that are required to counter breast implant ptosis when the implant has slipped below the inframmary fold.
- * To counter late superior pole migration, larger implants are placed. This maneuver fills the breast envelope, restores upper pole fullness and provides shape to the lower pole.