

# Breast Reconstruction

## NATRELLE® 410 HIGHLY COHESIVE ANATOMICALLY SHAPED SILICONE-FILLED BREAST IMPLANTS

Important Factors Breast Reconstruction Patients  
Should Consider

*Natrelle*® 410  
SHAPED GEL

Highly Cohesive Anatomically Shaped  
Silicone-Filled Breast Implants

*Natrelle*

 Allergan™



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# GLOSSARY

Anaplastic large cell lymphoma (ALCL)	ALCL is not breast cancer; it is a rare type of non-Hodgkin's lymphoma, a cancer involving the cells of the immune system.
Areola	The pigmented or darker colored area of skin surrounding the nipple of the breast.
Asymmetry	Uneven appearance between a woman's left and right breasts in terms of size, shape, or breast level.
Atrophy	Thinning or diminishing of tissues or muscle.
Autoimmune disease	An autoimmune disease is a disease in which the body's immune system attacks its own cells or tissues by mistake, causing damage and dysfunction. Autoimmune diseases can affect connective tissue in the body (the tissue that binds together body tissues and organs). Autoimmune diseases can affect many parts of the body, like nerves, muscles, glands and the digestive system.
Biocompatible	The ability to exist along with living tissues or systems without causing harm.
Biopsy	The removal and examination of tissues, cells, or fluid from the body.
Body Dysmorphic Disorder	A psychological condition characterized by excessive worry about an imagined or minor physical flaw to the point that it can interfere with normal daily activities.
Body Esteem Scale	A questionnaire which asks about a person's body image.
Breast augmentation	A surgical procedure to increase breast size. For this brochure, it refers to placement of a breast implant. The first time an implant is placed for augmentation is called "primary augmentation." Any time there is another surgery to replace the implant, it is referred to as "revision-augmentation."
Breast implant	Any surgically implanted artificial device intended to replace missing breast tissue or to enhance a breast.
Breast mass	A lump in the breast.

Breast reconstruction

A surgical procedure to replace breast tissue or reconstruct a breast after tissue was taken out because of cancer or injury. Breast reconstruction also includes the surgical correction of a breast that has failed to develop properly due to a severe abnormality or congenital defect. For this brochure, it refers to placement of a breast implant.

The first time a breast implant is placed to replace breast tissue is referred to as "primary reconstruction." Any time there is another surgery to replace the implant it is referred to as "revision-reconstruction."

Calcification

Process of hardening by calcium salts.

Capsular contracture

A tightening of the scar tissue (also called a capsule) that normally forms around the breast implant during the healing process after surgery. In some women, the scar tissue (capsule) squeezes the implant. When this occurs, it is called capsular contracture. This results in firmness or hardening of the breast, and is a risk for implant rupture. Capsular contracture is classified by Baker Grades. Capsular Contracture Baker Grades III and IV are the most severe. Baker Grade III often results in the need for additional surgery (reoperation) because of pain and possibly abnormal appearance. Baker Grade IV usually results in the need for additional surgery (reoperation) because of pain and unacceptable appearance. Capsular Contracture Baker Grade II may also result in the need for surgery. Each grade is described below.<sup>17</sup>

- Baker Grade I – Normally soft and natural appearance
- Baker Grade II – A little firm, but breast looks normal
- Baker Grade III – More firm than normal, and may look abnormal (change in shape)
- Baker Grade IV – Hard, obvious distortion, and tenderness with pain

Capsule

Scar tissue which forms around the breast implant.

Capsulotomy (closed)

An attempt to break the scar tissue capsule around the implant by pressing or pushing on the outside of the breast. This method does not require surgery but may rupture the implant and is contraindicated.

Capsulotomy (open)

An attempt to break the scar tissue capsule around the implant by surgical incision into the capsule.

Congenital abnormality	An abnormal development in part of the body, present in some form since birth.
Connective tissue disease/disorder (CTD)	A disease, group of diseases, or conditions affecting connective tissue, such as muscles, ligaments, skin, etc., and/or the immune system. Connective tissue diseases (CTDs) that involve the immune system include autoimmune diseases such as rheumatoid arthritis, lupus, and scleroderma.
Contraindication	A use that is improper and should not be followed. Failure to follow contraindications identified in the labeling could cause serious harm.
Contralateral	Opposite side.
Delayed wound healing	Unusually slow progress in the healing of a wound; surgical incision site fails to heal normally or takes longer to heal.
Displacement	Movement of the implant from the usual or proper place.
Extrusion	Skin breakdown with the implant pressing through the skin or surgical incision.
Fibromyalgia	A disorder characterized by chronic pain in the muscles and soft tissues surrounding joints, with tenderness at specific sites in the body. It is often accompanied by fatigue.
Fibrous tissues	Connective tissues composed mostly of fibers.
Flap	A portion of tissue (which may include muscle, fat, and skin) moved from one part of the body to another. The tissue flap may or may not have its blood supply attached.
Gel bleed	When silicone gel leaks or “bleeds” or diffuses through the implant shell.
Gel fracture	Appearance of a fissure or fault line in the gel in response to an applied force.
Granuloma	A noncancerous lump that can form around any foreign material, such as silicone. Like any lump, it should be evaluated to distinguish it from a lump that might be cancerous.
Hematoma	A collection of blood within a space.
Hypertrophic scarring	An enlarged scar that remains after a wound heals.
Incision	A cut made to the tissue during surgery.

Infection	The growth in the human body of microorganisms such as bacteria, viruses, or fungi. An infection usually results in fever, swelling, redness, and/or pain. It can occur as a result of any surgery.
Inflammation	The response of the body to infection or injury that is characterized by redness, swelling, warmth, and/or pain.
Inframammary	Below the breast.
Inpatient surgery	A surgical procedure in which the patient is required to stay overnight in the hospital.
Lactation	The production and secretion of milk by the breast glands.
Latissimus dorsi	Two triangular muscles running from the spinal column to the shoulder.
Low molecular weight silicones	Small silicone molecules that might leak out of the implant.
Lymph nodes	Glands that play an important part in the body's defense against infection. They produce lymph, which travels throughout the body in the lymph system, and filters impurities from the body. Common areas where the lymph nodes can be felt with the fingers include: groin, armpit, neck, under the jaw and chin, behind the ears, and on the back of the head.
Lymphadenopathy	Enlargement of the lymph node(s).
Lymphedema	Swelling of the lymph node(s).
Malposition	When the implant is placed incorrectly during the initial surgery or when the implant has shifted from its original position. Shifting can be caused by many factors, such as gravity, trauma, poor initial placement, or capsular contracture.
Mammary	Pertaining to the breast.
Mammography	A type of x-ray examination of the breasts used for detection of cancer.  Screening mammography – x-ray examination of the breast that is performed on women with no complaints or symptoms of breast cancer; the goal is to detect breast cancer when it is still too small to be felt by a physician or the patient.  Diagnostic mammography – x-ray examination in order to evaluate a breast complaint or abnormality detected by physical exam or screening mammography; additional views of the breast are usually taken.



Mammoplasty	Plastic surgery of the breast.
Mastectomy	<p>Partial or complete removal of the breast due to the presence of a cancerous or precancerous growth.</p> <ul style="list-style-type: none"> <li>• <i>Subcutaneous mastectomy</i>: surgical removal of the breast tissues, but sparing the skin, nipple, and areola.</li> <li>• <i>Total mastectomy</i>: surgical removal of the breast including the nipple, areola, and most of the overlying skin.</li> <li>• <i>Modified radical mastectomy</i>: surgical removal of the entire breast including the nipple, areola, and overlying skin, as well as the lymphatic-bearing tissue in the axilla.</li> <li>• <i>Radical mastectomy</i>: surgical removal of the entire breast including the nipple, areola, and overlying skin, as well as the pectoral muscles, lymphatic bearing tissue in the axilla, and various other neighboring tissue.</li> </ul>
Mastitis	Inflammation of the breast.
Mastopexy	Surgical procedure to raise and reshape sagging breasts.
Metastatic disease	A stage of cancer after it has spread from its original site to other parts of the body.
Migration	Movement of silicone materials outside the breast implant to other parts of the body.
MRI (Magnetic Resonance Imaging)	A radiographic examination that currently has the best ability to detect rupture of silicone gel-filled breast implants.
Necrosis	Death of cells or tissues.
Oncologist	A medical doctor who specializes in diagnosing and treating cancer.
Outpatient surgery	A surgical procedure in which the patient is not required to stay in the hospital overnight.
Palpability	The ability to feel the implant.
Palpable	Felt with the hand.
Pectoralis	Major muscle of the chest.
Periareolar	Around the darkened or pigmented area surrounding the nipple of the breast.
Pivotal Study	The primary clinical study of Primary Augmentation, Primary Reconstruction, and revision (Revision-Augmentation and Revision-Reconstruction) patients that supported the approval of the premarket approval (PMA) application. Safety and effectiveness data were collected yearly through 10 years.

Plastic surgery	Surgery intended to enhance or improve the appearance of the body.
Postoperative	After surgery.
Precautions	Information that warns the reader of a potentially hazardous situation which, if not avoided, may result in minor or moderate injury.
Primary breast reconstruction	The first time a breast implant is placed for the purpose of breast reconstruction.
Ptosis	Sagging or drooping of the breast.
Reoperation	An additional surgery after your first breast implantation.
Revision-reconstruction	Refers to the correction or improvement of a primary reconstruction. For this brochure, it refers to surgical removal and replacement of breast implants that were placed originally for primary breast reconstruction.
Rheumatologic disease/disorder	A variety of diseases involving connective tissue structures of the body, especially the joints and fibrous tissue. These diseases are often associated with pain, inflammation, stiffness, and/or limitation of motion of the affected parts. Can include autoimmune diseases. Fibromyalgia is a rheumatological disorder.
Rosenberg Self-Esteem Scale	A questionnaire that measures overall self-esteem.
Rowland Expectation Scale	A 16 item questionnaire intended to measure expectations and perceived results of implant surgery.
Rupture	A hole or tear in the shell of the implant that allows silicone gel filler material to leak from the shell. Ruptures can be intracapsular (inside the scar tissue capsule surrounding the implant) or extracapsular (outside the scar tissue surrounding the implant).
Saline	A solution made of water and a small amount of salt.
Scar revision	A surgical procedure to improve the appearance of a scar.
Seroma	Similar to a bruise, a seroma occurs when the watery portion of the blood collects around a surgical incision or around a breast implant.
SF-36 Scale	The Short Form 36 Health Scale; a questionnaire intended to measure physical, mental, and social health.



Silent rupture	A breast implant rupture without symptoms or a visible change. Silent rupture cannot be felt by the woman or detected by a doctor through physical examination. Silent rupture can only be discovered through appropriate imaging techniques such as MRI. Most silicone gel-filled breast implant ruptures are silent (see symptomatic rupture below).
Silicone elastomer	A type of silicone that has elastic properties similar to rubber.
Subglandular placement	Placement of a breast implant underneath and within the breast glands but on top of the chest muscle.
Submuscular placement	Placement of a breast implant wholly or partially underneath the chest muscle.
Symptom	Any perceptible change in the body or its functions that indicates disease or a phase of a disease.
Symptomatic	Experiencing symptoms; any evidence or sign of disease or disorder.
Symptomatic rupture	A breast implant rupture that is associated with symptoms (such as lumps, persistent pain, swelling, hardening, or change in implant shape). Some silicone breast implant ruptures are symptomatic, but most are silent.
Systemic	Pertaining to or affecting the body as a whole.
Tissue expander	An adjustable implant that can be inflated with saline to stretch the tissue at the mastectomy site. This is used to create a new tissue flap that is large enough to cover the breast implant.
Toxic shock syndrome	A rare, but life-threatening bacterial infection that may occur after surgery. It occurs most often in the vagina of menstruating women using superabsorbent tampons. Symptoms include sudden fever, vomiting, diarrhea, decreased blood pressure, fainting, dizziness, and sunburn-like rash. A doctor should be seen immediately for diagnosis and treatment if toxic shock syndrome is suspected.
Transaxillary	Under the arm.
Warning	Statement that alerts the reader about a situation which, if not avoided, could result in serious injury or death.

## 1.0 CONSIDERING SILICONE GEL-FILLED BREAST IMPLANT SURGERY

You may be considering breast implant surgery to restore your breast shape after a mastectomy or an injury that resulted in either partial or total loss of your breast(s) or to correct a birth defect. This is referred to as breast reconstruction. Or you may need to have implants from a previous breast reconstruction corrected or improved, which is called revision-reconstruction. Whether you decide to have breast reconstruction depends on your own individual case, medical condition, general health, lifestyle, emotional state, and breast size and shape. You may wish to speak with your family, friends, breast implant support groups, and breast cancer support groups to help you in making this decision.

If you are considering breast reconstruction and do not have a plastic surgeon, ask your general surgeon for the names of experienced, board-certified plastic surgeons in your area. Your general surgeon, plastic surgeon, and oncologist should work together to plan your mastectomy and reconstruction procedure to give you the best possible result.

Allergan has prepared this information to help you better understand the breast implant procedure and assist you in making an informed decision about breast reconstruction or revision-reconstruction surgery. It will help to answer some of the questions you may have about the surgery and about breast implants in general. It will also provide you with specific information about the risks and benefits of Allergan's *NATRELLE*® 410 Highly Cohesive Anatomically Shaped Silicone-Filled Breast Implants. Similar information to help you understand breast augmentation is available from your plastic surgeon, Allergan, or at [www.natrelle.com](http://www.natrelle.com).

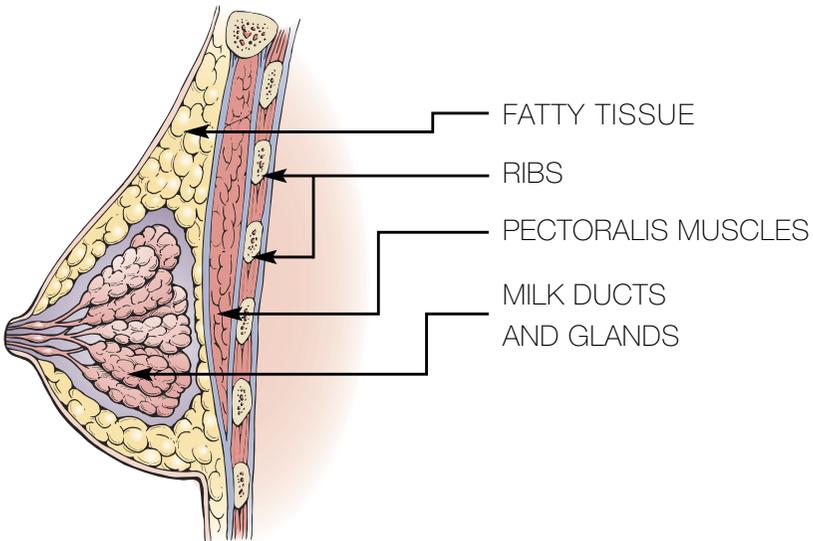
This information cannot and should not replace talking to your plastic surgeon. Your decision on whether or not to get breast implants should be based on realistic expectations of the outcome. There is no guarantee that your results will match those of other women. Your results will depend on many individual factors, such as your overall health (including age), chest structure, breast/nipple shape and position, skin texture, healing capabilities (which may be slowed by radiation and chemotherapy treatment, smoking, alcohol, and various medications), tendency to bleed, prior breast surgery, surgical team's skill and experience, type of surgical procedure, and type and size of implant. Make sure you speak with your surgeon about your expectations of the results, as well as what you can expect regarding the length of the surgery, your recovery, and any risks and potential complications of the surgery. Ask questions.

As part of your decision, both you and your surgeon should sign Allergan's "Acknowledgement of Informed Decision" form that confirms your understanding of the risks and benefits of Allergan's NATRELLE® 410 Breast Implants. This [form is located on page 77](#).

Because breast implants will require monitoring and care for the rest of your life, you should wait 1-2 weeks after reviewing and considering this information before deciding whether to have primary breast reconstruction surgery. In the case of a revision-reconstruction, however, your surgeon may find it medically advisable to perform surgery sooner.

## 1.1 What Gives the Breast Its Shape?

The breast consists of milk ducts and glands, surrounded by fatty tissue that provides its shape and feel. Beneath the breast is the chest muscle (pectoralis major muscle).



Implants are used to make the breast larger or to restore/replace breast tissue. Factors such as pregnancy (when milk glands are temporarily enlarged), rapid weight loss, and the effects of gravity as you age, combine to stretch the skin, which may cause the breast to droop or sag. The implants alone may not adequately lift the breast, or correct the effects of pregnancy, weight loss, or skin stretching. Your surgeon may suggest additional procedures at the time of the breast reconstruction, such as mastopexy, to help achieve improved breast lift.

Breast cancer surgery (full or partial mastectomy or lumpectomy) can greatly change the shape and appearance of the breast. When a woman has a mastectomy some, much, or all of the breast tissue may be removed, and some skin may be removed as well. There will be scarring, and the tissue (skin and breast tissue) may be more sensitive because of the surgery, or chemotherapy, and/or radiation treatments. All of these can affect the size, shape, and overall outcome of reconstruction with breast implants.

## 1.2 What is a Highly Cohesive Silicone-Filled Breast Implant?

A silicone gel-filled breast implant is a sac (implant shell) of silicone elastomer (rubber) filled with silicone gel. Allergan has approval for 3 types of silicone gel fillers: *Responsive* silicone gel, *SoftTouch* silicone gel, and *Highly Cohesive* silicone gel. The focus of this brochure is anatomically shaped highly cohesive silicone-filled breast implants. A separate brochure is available for round silicone-filled implants from your plastic surgeon, from Allergan, or at [www.natrelle.com](http://www.natrelle.com).

Allergan's *NATRELLE*® 410 Breast Implants have a teardrop shape designed to resemble the human breast in shape, weight, and feel. They are filled with a highly cohesive silicone gel that is intended to provide more volume in the lower breast and less volume in the upper breast, and help the implant maintain its shape over time. The highly cohesive breast implant has a textured surface.



Example of a *NATRELLE*® 410 Breast Implant

Refer to [Section 3.11](#) for more information on the different *NATRELLE*® 410 Breast Implants available from Allergan.



## 1.3 Who is eligible for *NATRELLE*<sup>®</sup> 410 Breast Implants and what is the indication statement?

*NATRELLE*<sup>®</sup> 410 Breast Implants have been approved for women for the following uses (procedures):

- Breast augmentation for women at least 22 years old. Breast augmentation includes primary breast augmentation to increase the breast size, as well as revision surgery to correct or improve the result of a primary breast augmentation surgery.
- Breast reconstruction. Breast reconstruction includes primary breast reconstruction to replace breast tissue that has been removed due to cancer or trauma or that has failed to develop properly due to a severe breast abnormality. Breast reconstruction also includes revision surgery to correct or improve the result of a primary breast reconstruction surgery.

A separate patient brochure is available for those women considering breast augmentation surgery and should be read prior to reaching a decision to undergo breast augmentation.

## 1.4 What Are the Contraindications?

A contraindication is a condition or circumstance that, if present, means a procedure should not be done. Contraindications for breast implant surgery are discussed in this section.

Breast implant surgery should not be performed in:

- Women with active infection anywhere in their body, because the implant will make the infection much harder to treat should the infection move into the breast.
- Women with existing cancer or pre-cancer of their breast who have not received adequate treatment for those conditions, because radiation and chemotherapy treatments may increase the risk of some complications seen with breast implants. Also, breast implants may interfere with radiation or chemotherapy treatments.
- Women who are currently pregnant or nursing, because surgery may interfere with the safety of the pregnancy/nursing. Since breast reconstruction is an elective surgery, it should be postponed until you are no longer pregnant or nursing.

## 1.5 What are the Precautions?

A precaution is information that warns the reader of a potentially hazardous situation which, if not avoided, may result in minor or moderate injury. The following are precautions; safety and effectiveness have not been established in patients with these conditions:

- Autoimmune diseases (for example, lupus and scleroderma)
- A weakened immune system (for example, currently taking drugs that weaken the body's natural resistance to disease)
- Planned chemotherapy following breast implant placement
- Planned radiation therapy to the breast following breast implant placement
- Conditions that interfere with wound healing and blood clotting
- Reduced blood supply to breast tissue
- Clinical diagnosis of depression or other mental health disorders, including body dysmorphic disorder and eating disorders. Please discuss any history of mental health disorders with your surgeon prior to surgery. Patients with a diagnosis of depression, or other mental health disorders, should wait until these conditions have resolved or stabilized prior to undergoing breast implantation surgery.

## 1.6 Warnings

Warnings are statements that alert the reader about a situation which, if not avoided, could result in serious injury or death. Read this entire brochure before having breast implant surgery. This is important so that you will understand the risks and benefits and have realistic expectations of the outcome of your surgery. Breast implants are associated with many short-term and long-term risks.

**WARNING** – Be aware that there are many factors that will affect the outcome and timing of your reconstruction with breast implants. These factors include the stage of your disease, the type and extent of cancer removal surgery you have had, the amount of skin and soft tissue available for the reconstruction, and additional treatments such as chemotherapy and radiation, which you may require.

**WARNING** – Be aware that many of the changes to your breast following implantation cannot be undone. If you later choose to have your implant(s) removed and not replaced, you may experience unacceptable dimpling, puckering, wrinkling, or other cosmetic changes to the breast, which can be permanent.

**WARNING** – Before you decide to have breast implant surgery, you should know that breast implants are not lifetime devices, and breast implantation is likely not a one-time surgery. You will likely need additional unplanned surgeries on your reconstructed and/or opposite augmented breasts because of complications or unacceptable cosmetic outcomes. These additional surgeries can include implant removal or replacement, or they can include other surgical procedures. Later surgeries to replace implants (revision-reconstruction) carry higher risks of complications than the first (primary) reconstruction surgery. Therefore, you should also consider the complication rates for revision-reconstruction since you may experience these risks in the future.

**WARNING** – Your *NATRELLE*<sup>®</sup> 410 Breast Implant may rupture without any symptoms (silent rupture). This means that neither you nor your surgeon will know that your implants have ruptured. In order to detect silent rupture, you will need to have regular screening MRI examinations. You should have an MRI 3 years after your breast implant surgery and then every 2 years after that for as long as you have your breast implants.

## 2.0 BREAST IMPLANT BENEFITS AND RISKS

Undergoing any type of surgical procedure involves risks such as the effects of anesthesia, infection, swelling, redness, bleeding, pain, and even death. Some of these risks are serious, and all of these risks need to be balanced against the benefits of the surgery. These benefits and risks of breast implants are described below. At the end of this brochure is a list of published studies used to gather the information discussed in the sections below. These studies may be helpful to you if you wish to learn more about a specific complication or condition. The reference list is not complete because studies are being conducted all the time. Your physician may have other resources for further reading. The information provided below focuses on women undergoing primary reconstruction or revision-reconstruction with *NATRELLE*<sup>®</sup> 410 Breast Implants. The studies in the list of references also include women undergoing breast augmentation and other types of implants from a variety of manufacturers. The risks and benefits of augmentation may differ from those for breast reconstruction, and the risks of other types of implants may differ from those of *NATRELLE*<sup>®</sup> 410 Breast Implants.

## 2.1 What are the Benefits?

Breast reconstruction can replace breast tissue that has been removed due to cancer or trauma or that has failed to develop properly due to a severe abnormality. In addition, revision-reconstruction can correct or improve the result of a primary reconstruction surgery.

Breast reconstruction has the potential to offer both physical and psychological benefits to women, including facilitating emotional healing after cancer and regaining body symmetry.<sup>1,3-8</sup> Many studies have reported that a majority of breast implantation patients are satisfied with the results of their surgery. In Allergan's Pivotal Study through 10 years, approximately 8 out of 10 women undergoing primary reconstruction or revision-reconstruction with NATRELLE® 410 Breast Implants who responded to the question were definitely or somewhat satisfied with their breast implants. [Section 5.1.3](#) provides more information on benefits seen in Allergan's Pivotal Study.

## 2.2 What Are the Potential Risks?

[Table 1](#) describes some of the known risks of breast reconstruction and breast revision-reconstruction along with possible effects of those risks. Additional useful information related to these risks as well as risks occurring in less than 1% of patients in Allergan's Pivotal Study is provided following [Table 1](#). [Sections 5.1.4](#) through [5.1.7](#) as well as [Tables 2](#) and [3](#) provide more information on risks seen in Allergan's Pivotal Study.



**Table 1**  
**RISKS OF BREAST RECONSTRUCTION THROUGH 10 YEARS WITH**  
**NATRELLE® 410 BREAST IMPLANTS**

Event		Likelihood of Event Occurring in Primary Reconstruction Patients <sup>a</sup>	Likelihood of Event Occurring in Revision-Reconstruction Patients <sup>a</sup>	Possible Resulting Effects of the Event
Additional Surgeries (Reoperations)		55 out of 100 patients (55%)	49 out of 100 patients (49%)	<ul style="list-style-type: none"> <li>• Infection</li> <li>• Scarring</li> <li>• Hematoma or seroma</li> <li>• Delayed wound healing</li> <li>• Necrosis</li> <li>• Pain or discomfort</li> <li>• Anesthesia-related complications</li> <li>• Loss of breast tissue</li> <li>• Undesirable cosmetic result</li> </ul>
Implant Removal with Replacement		34 out of 100 patients (34%)	39 out of 100 patients (39%)	<ul style="list-style-type: none"> <li>• Infection</li> <li>• Scarring</li> <li>• Hematoma or seroma</li> <li>• Delayed wound healing</li> <li>• Necrosis</li> <li>• Pain or discomfort</li> <li>• Anesthesia-related complications</li> <li>• Loss of breast tissue</li> <li>• Undesirable cosmetic result</li> </ul>
Implant Removal without Replacement		7 out of 100 patients (7%)	5 out of 100 patients (5%)	<ul style="list-style-type: none"> <li>• Infection</li> <li>• Scarring</li> <li>• Hematoma or seroma</li> <li>• Delayed wound healing</li> <li>• Necrosis</li> <li>• Pain or discomfort</li> <li>• Anesthesia-related complications</li> <li>• Loss of breast tissue</li> <li>• Undesirable cosmetic result</li> </ul>
Capsular Contracture (Baker Grade III/IV)		15 out of 100 patients (15%)	27 out of 100 patients (27%)	<ul style="list-style-type: none"> <li>• Pain or discomfort</li> <li>• Breast hardness/firmness</li> <li>• Reoperation</li> <li>• Implant removal</li> </ul>
Rupture	MRI Cohort	12 out of 100 patients (12%)	20 out of 100 patients (20%)	<ul style="list-style-type: none"> <li>• Implant removal</li> </ul>
	Non-MRI Cohort	10 out of 100 patients (10%)	5 out of 100 patients (5%)	
Other risks Occurring in 1% or more of Patients <sup>b</sup>				
Asymmetry		12 out of 100 patients (12%)	17 out of 100 patients (17%)	<ul style="list-style-type: none"> <li>• Undesirable cosmetic result</li> <li>• Reoperation</li> <li>• Implant removal</li> </ul>
Breast Pain		8 out of 100 patients (8%)	8 out of 100 patients (8%)	<ul style="list-style-type: none"> <li>• Resulting effects are contingent on underlying cause(s)</li> </ul>
Implant Malposition		6 out of 100 patients (6%)	8 out of 100 patients (8%)	<ul style="list-style-type: none"> <li>• Implant visibility</li> <li>• Asymmetry</li> <li>• Reoperation</li> <li>• Implant removal</li> </ul>
Infection		6 out of 100 patients (6%)	9 out of 100 patients (9%)	<ul style="list-style-type: none"> <li>• Redness or rash</li> <li>• Pain or tenderness</li> <li>• Swelling</li> <li>• Fever</li> <li>• Reoperation</li> <li>• Implant removal</li> </ul>
Wrinkling/Rippling		6 out of 100 patients (6%)	13 out of 100 patients (13%)	<ul style="list-style-type: none"> <li>• Discomfort</li> <li>• Undesirable cosmetic result</li> <li>• Reoperation</li> <li>• Implant removal</li> </ul>

Event	Likelihood of Event Occurring in Primary Reconstruction Patients <sup>a</sup>	Likelihood of Event Occurring in Revision-Reconstruction Patients <sup>a</sup>	Possible Resulting Effects of the Event
Hypertrophic/Other Abnormal Scarring	5 out of 100 patients (5%)	3 out of 100 patients (3%)	<ul style="list-style-type: none"> <li>Scar revision procedure (reoperation)</li> <li>Undesirable cosmetic result</li> </ul>
Swelling	5 out of 100 patients (5%)	3 out of 100 patients (3%)	<ul style="list-style-type: none"> <li>Pain or discomfort</li> <li>Resulting effects are contingent on underlying cause</li> </ul>
Upper Pole Fullness	4 out of 100 patients (4%)	2 out of 100 patients (2%)	<ul style="list-style-type: none"> <li>Undesirable cosmetic result</li> <li>Reoperation</li> <li>Implant removal</li> </ul>
Seroma/Fluid Accumulation	3 out of 100 patients (3%)	6 out of 100 patients (6%)	<ul style="list-style-type: none"> <li>Swelling</li> <li>Pain or discomfort</li> <li>Infection</li> <li>Incision and drainage (reoperation)</li> <li>Implant removal</li> </ul>
Hematoma	1 out of 100 patients (1%)	0 out of 100 patients (0%)	<ul style="list-style-type: none"> <li>Swelling</li> <li>Pain or discomfort</li> <li>Infection</li> <li>Incision and drainage (reoperation)</li> <li>Implant removal</li> </ul>
Implant Palpability/Visibility	1 out of 100 patients (1%)	4 out of 100 patients (4%)	<ul style="list-style-type: none"> <li>Undesirable cosmetic result</li> <li>Reoperation</li> <li>Implant removal</li> </ul>
Redness	Less than 1 out of 100 patients (0.9%)	5 out of 100 patients (5%)	<ul style="list-style-type: none"> <li>Resulting effects are contingent on underlying cause(s)</li> </ul>
Delayed Wound Healing	Less than 1 out of 100 patients (0.5%)	3 out of 100 patients (3%)	<ul style="list-style-type: none"> <li>Pain or discomfort</li> <li>Scarring</li> <li>Implant extrusion</li> <li>Necrosis</li> <li>Reoperation</li> <li>Implant removal</li> </ul>
Necrosis	Less than 1 out of 100 patients (0.5%)	2 out of 100 patients (2%)	<ul style="list-style-type: none"> <li>Pain or discomfort</li> <li>Scarring</li> <li>Reoperation</li> <li>Implant removal</li> </ul>
Nipple Complications	Less than 1 out of 100 patients (0.5%)	2 out of 100 patients (2%)	<ul style="list-style-type: none"> <li>Increased or decreased nipple sensitivity</li> <li>Breastfeeding difficulties</li> <li>May affect sexual response</li> </ul>
Bruising	0 out of 100 patients (0%)	2 out of 100 patients (2%)	<ul style="list-style-type: none"> <li>Swelling</li> <li>Pain or discomfort</li> <li>Infection</li> <li>Incision and drainage (reoperation)</li> <li>Implant removal</li> </ul>

<sup>a</sup> Based on the results of the Allergan 410 Clinical Study for the first 10 years after implant surgery

<sup>b</sup> Complications that occurred at a rate less than 1% include capsule calcification, implant extrusion and skin rash

### • ADDITIONAL SURGERIES (REOPERATIONS)

You should assume that you will need to have additional surgeries (reoperations). In Allergan's Pivotal Study, approximately 55 out of every 100 women (55%) undergoing Primary Reconstruction and 49 out of every 100 women (49%) undergoing Revision-Reconstruction had 1 or more reoperations through 10 years. Approximately 12 out of every 100 women (12%) undergoing Primary Reconstruction and 13 out of every



100 women (13%) undergoing Revision-Reconstruction had 2 or more reoperations through 10 years. The costs of additional surgeries may not be covered by insurance.

Patients may decide to change the size or type of their implants, requiring additional surgery. In addition, problems such as rupture, capsular contracture, hypertrophic scarring (irregular, raised scar), asymmetry, infection, and shifting can require additional surgery. Reoperation increases the risk of certain complications, such as rupture, capsular contracture, and infection. [Section 5.1.5](#) provides more information on reoperations reported in Allergan's Pivotal Study.

- **IMPLANT REMOVAL**

Because these are not lifetime devices, the longer you have your implants the more likely it will be for you to have them removed for any reason, either because of dissatisfaction, an unacceptable cosmetic result, or a complication such as capsular contracture. In Allergan's Pivotal Study, approximately 38 out of every 100 women (38%) undergoing Primary Reconstruction and 42 out of every 100 women (42%) undergoing Revision-Reconstruction had their implants removed through 10 years. In approximately 11 out of 100 women (11%) undergoing Primary Reconstruction and 12 out of 100 women (12%) undergoing Revision-Reconstruction implants were removed because the patient requested a different size or style of implant. The vast majority of patients who had their implants removed had them replaced with new implants, which can increase the risk of capsular contracture or reoperation. Removing implants without replacing them can result in dimpling, puckering, wrinkling, or other cosmetic changes in the breast. These changes may be permanent.

Even if you have your implants replaced, implant removal may result in loss of your breast tissue. Also, implant replacement increases your risks of future complications. For example, the risks of capsular contracture and reoperation increase for patients with implant replacement compared to first time placement. You should consider the possibility of having your implants replaced and its consequences when making your decision to have implants. [Section 5.1.6](#) provides more information on implant removals reported in Allergan's Pivotal Study.

- CAPSULAR CONTRACTURE

The scar tissue (capsule) that normally forms around the implant may tighten over time and compress the implant, making it feel firm and leading to what is called capsular contracture. Capsular contracture may be more common following infection, hematoma, and seroma, and the chance of it happening may increase over time. Capsular contracture occurs more commonly in revision-reconstruction than in primary reconstruction. Because you may have your initial implants replaced, you should be aware that your risk of capsular contracture increases with revision-reconstruction. Capsular contracture is a risk factor for implant rupture, and it is a common reason for reoperation.

Symptoms of capsular contracture range from mild firmness and mild discomfort to severe pain, distorted shape of the implant, and palpability (ability to feel the implant). Capsular contracture is graded into 4 Baker Grade levels depending on its severity:

- Baker Grade I – Normally soft and natural appearance
- Baker Grade II – A little firm, but breast looks normal
- Baker Grade III – More firm than normal, and may look abnormal (change in shape)
- Baker Grade IV – Hard, obvious distortion, and tenderness with pain

Baker Grades III and IV are considered severe, and often additional surgery is needed to correct these grades. Additional surgery may be needed in cases where pain and/or firmness are severe. This surgery ranges from removal of the implant capsule tissue to removal and possible replacement of the implant itself. This surgery may result in loss of your breast tissue. Capsular contracture may happen again after these additional surgeries.

- RUPTURE

An implant rupture is caused by a hole or tear in the shell of the implant that allows silicone gel filler material to leak from the shell. Ruptures can be intracapsular (inside the scar tissue capsule surrounding the implant) or extracapsular (outside the scar tissue surrounding the implant). All women should have regular MRI examinations to detect silent rupture. All women who have ruptured implants should have the implants and any gel removed. With *NATRELLE*® 410 Breast Implants silicone rarely migrates outside of the scar tissue capsule. Further information on rupture is provided in [Section 2.3](#) and further information on rupture reported in Allergan's Pivotal Study is provided in [Section 5.1.7](#).



- UNSATISFACTORY RESULTS

Unsatisfactory results such as wrinkling, asymmetry, implant displacement (shifting), incorrect size, unanticipated shape, implant palpability, scar deformity, and/or hypertrophic scarring, may occur. Some of these results may cause discomfort. Pre-existing asymmetry may not be entirely correctable by implant surgery. Revision surgery may be recommended to maintain patient satisfaction, but carries additional considerations and risks. Selecting an experienced plastic surgeon may minimize, but not necessarily prevent, unsatisfactory results.

In Allergan's Pivotal Study, through 10 years, the most common unsatisfactory result was asymmetry and implant malposition. Approximately 11 out of 100 women (11%) who underwent Reconstruction had additional surgery to improve asymmetry or implant malposition.

- PAIN

Pain of varying intensity and length of time may occur and persist following breast implant surgery. In addition, improper size, placement, surgical technique, or capsular contracture may result in pain. In a European study through 5 years, approximately 1 out of every 100 women with any breast implant had breast pain lasting longer than 3 months.<sup>21</sup> Tell your surgeon about significant pain or if pain persists.

- CHANGES IN NIPPLE AND BREAST SENSATION

Feeling in the nipple and breast can increase or decrease after implant surgery. The range of changes varies from intense sensitivity to no feeling in the nipple or breast following surgery. While some of these changes can be temporary, they can also be permanent, and may affect your sexual response or your ability to nurse a baby.

- INFECTION

Infection can occur with any surgery or implant. Most infections resulting from surgery appear within a few days to weeks after the operation. However, infection is possible at any time after surgery. In addition, breast and nipple piercing procedures may increase the possibility of infection. Infections in tissue with an implant present are harder to treat than infections in tissue without an implant. If an infection does not respond to antibiotics, the implant may have to be removed, and another implant may be placed after the infection is resolved (cleared up). As with many other surgical procedures, in rare instances, toxic shock syndrome has been noted in women after breast implant surgery, and it is a life-threatening condition. Symptoms include sudden fever, vomiting, diarrhea, fainting, dizziness, and/or sunburn-like rash. You should contact a doctor immediately for diagnosis and treatment if you have these symptoms.

- HEMATOMA/SEROMA

Hematoma is a collection of blood within the space around the implant, and a seroma is a build-up of fluid around the implant. Having a hematoma and/or seroma following surgery may result in infection and/or capsular contracture later on. Symptoms from a hematoma or seroma may include swelling, pain, and bruising. If a hematoma or seroma occurs, it will usually be soon after surgery. However, this can also occur at any time after injury to the breast. While the body absorbs small hematomas and seromas, some will require surgery, typically involving draining and potentially placing a surgical drain in the wound temporarily for proper healing. A small scar can result from surgical draining. Implant rupture also can occur from surgical draining if there is damage to the implant during the draining procedure.

- BREASTFEEDING

In long-term studies, approximately 3 out of every 100 women with *NATRELLE*® 410 Breast Implants had difficulty breastfeeding.<sup>11,12</sup> A periareolar incision (an incision around the colored portion surrounding the nipple) may increase the likelihood of problems with breastfeeding. The most common breastfeeding problem is inadequate milk production.<sup>11,12</sup> [Section 5.1.7](#) provides more information on breastfeeding complications reported in Allergan's Pivotal Study.

- CALCIUM DEPOSITS IN THE TISSUE AROUND THE IMPLANT

Calcium deposits can form in the tissue capsule surrounding the implant. Symptoms may include pain and firmness. Deposits of calcium can be seen on mammograms and can be mistaken for possible cancer, resulting in additional surgery for biopsy and/or removal of the implant to distinguish calcium deposits from cancer. If additional surgery is necessary to examine and/or remove calcifications, this may cause damage to the implants. Calcium deposits also occur in women who undergo breast reduction procedures, in patients who have had hematoma formation, and even in the breasts of women who have not undergone any breast surgery. The occurrence of calcium deposits increases significantly with age.

- EXTRUSION

Extrusion is when the breast implant comes through your skin. This may occur, for example, when your wound has not closed or when breast tissue covering your implants weakens. Radiation therapy might increase the likelihood of implant extrusion. Most women with extrusion need to have their implant removed.



- NECROSIS

Necrosis is the death of cells or tissues. This may prevent or delay wound healing and require surgical correction, which may result in additional scarring and/or loss of your breast tissue. Implant removal may also be necessary. Infection, steroid use, smoking, chemotherapy, radiation, and excessive heat or cold therapy may increase the likelihood of necrosis.

- DELAYED WOUND HEALING

Some patients may experience a prolonged wound healing time. Delayed wound healing may increase the risk of infection, extrusion, and necrosis. Smoking may interfere with the healing process. You should contact your surgeon immediately if your wound does not heal within the period of time he/she has discussed with you.

- BREAST TISSUE ATROPHY/CHEST WALL DEFORMITY

The pressure of the breast implant may cause breast tissue thinning (with increased implant visibility and palpability) and chest wall deformity. This can occur while implants are still in place or following implant removal without replacement. The likelihood of breast tissue atrophy and chest wall deformity are unknown in women undergoing primary reconstruction or revision-reconstruction. Either of these conditions may result in additional surgeries and/or unacceptable dimpling/puckering of the breast.

- LYMPHADENOPATHY

Lymphadenopathy is a chronic enlargement of the lymph nodes. A lymph node is a round mass of tissue which makes cells as part of your immune system. The lymph nodes in the armpit (axilla) drain the breast area of fluid. Some patients with breast implants report having enlarged lymph nodes in the armpit(s). Sometimes the enlarged lymph nodes are painful. If they become too large or painful, the lymph node(s) may need to be surgically removed. Painful and/or enlarged lymph nodes should be reported to your doctor. Lymphadenopathy has been associated with tissue reactions, granulomas, and silicone at the lymph nodes of women with intact and ruptured silicone breast implants.

## 2.3 What Causes Breast Implants to Rupture and How Can I Tell if My Implants Are Ruptured?

*Breast implants are not lifetime devices.* Breast implants rupture when the shell develops a tear or hole. Your breast implants can rupture any time after they are implanted, but they are more likely to rupture the longer you have

them. The following things may cause your implant to rupture: damage by surgical instruments, stressing the implant during implantation which may weaken it, folding or wrinkling of the implant shell, excessive force to the chest (for example, during closed capsulotomy, which is contraindicated), trauma, compression during mammographic imaging, and severe capsular contracture. Breast implants may also simply wear out over time.

If a device rupture is found, Allergan conducts laboratory studies to determine the cause of the rupture, such as damage during surgery, or a “wear-out” of the device. These studies include a comprehensive visual and microscopic inspection of the shell, including a measurement of shell thickness, and observation of various characteristics near the rupture location as well as in the entire shell. Mechanical testing of the implant shell may also be performed to better determine the cause of an observed rupture. There may still be unidentified causes of rupture. These laboratory studies will continue to try to identify any additional causes of rupture.

When the shell of a breast implant develops a tear or hole, the silicone gel inside *NATRELLE*® 410 Breast Implants tends to stay in place, making ruptures especially difficult to detect. This means that most of the time neither you nor your plastic surgeon will know if your breast implant has a tear or hole, called a silent rupture. In fact, a plastic surgeon who is familiar with breast implants is likely to detect less than 3 out of every 10 ruptured silicone breast implants by physical examination.<sup>13</sup> The best method to identify a silent rupture is currently MRI examination. MRI examination can detect about 9 out of every 10 ruptured silicone breast implants.<sup>14</sup> You will need regular MRI examinations over your lifetime in order to determine if your implants have a silent rupture. You should have your first MRI at 3 years after your initial implant surgery and then every 2 years, thereafter. The cost of these MRI screenings may exceed the cost of your initial surgery over your lifetime. This cost may not be covered by your insurance, so you should take it into account when deciding to have breast reconstruction.

Sometimes there are symptoms associated with gel implant rupture. If your implants rupture, you may notice hard knots or lumps surrounding the implant or in the armpit, your breast or the implant may change shape or get smaller, or you may notice pain, tingling, swelling, numbness, burning, or hardening in your breast. If you have any of these symptoms you should have an MRI to determine if your implants have ruptured.<sup>1,15</sup>

If you have an MRI that shows signs of rupture, or if your surgeon determines you have signs or symptoms of rupture, he or she will talk with you about your options. As a precaution, Allergan recommends that ruptured implants be taken out permanently and replaced with a new implant or not replaced, depending on your preference or medical need.

There are also consequences of rupture. If your implants rupture, the silicone gel may remain within the scar tissue capsule around the implant. The silicone gel may also move outside the capsule or it may move beyond the breast (gel migration). The silicone gel from a ruptured implant may begin inside the capsule and progress outside the capsule through gel migration if it is not removed. Ruptured implants might also have consequences on your health. More information on these consequences, as reported in the literature, is included below.

In Allergan's Pivotal Study, a group of patients had scheduled MRIs to look for rupture independent of whether or not they had any symptoms. These patients are called the MRI cohort. The remaining patients did not have scheduled MRIs to look for rupture. They are called the non-MRI cohort. The rupture rate for the whole MRI cohort in Allergan's Pivotal Study (including Primary Augmentation, Revision-Augmentation, Primary Reconstruction, and Revision-Reconstruction patients) through 10 years was 16.4% for patients and 9.7% for implants. For the non-MRI cohort the rupture rate through 10 years was 15.5% for patients and 10.1% for implants. In all of the women with ruptured implants, the silicone gel remained within the scar tissue capsule. Allergan will continue to collect information on rupture through the ongoing Pivotal Study.

Additional information on the likelihood that your *NATRELLE*<sup>®</sup> 410 Breast Implants will rupture comes from a published study known as the 410 Swedish MRI Study.<sup>11</sup> Women who had previously been implanted with *NATRELLE*<sup>®</sup> 410 Breast Implants for breast augmentation or breast revision at a single hospital had an MRI to screen for silent rupture. On average the implants were about 6 years old. Approximately 2 out of every 100 women had silent rupture. In all of the women with ruptured implants, the silicone gel remained within the scar tissue capsule.

Additional information on the likelihood that your *NATRELLE*<sup>®</sup> 410 Breast Implants will rupture comes from a published study known as the 410 European MRI Study.<sup>12</sup> Women who had previously been implanted with *NATRELLE*<sup>®</sup> 410 Breast Implants for breast augmentation, breast reconstruction, or revision at 1 of 7 hospitals in Europe had an MRI to screen for silent rupture. On average the implants were about 8 years old. Approximately 3 in 100 women had silent rupture. In all of the women with ruptured implants, the silicone gel remained within the scar tissue capsule.

### [ADDITIONAL INFORMATION ON CONSEQUENCES OF RUPTURE FROM LITERATURE](#)

Below is a summary of information related to the health consequences of implant rupture. These reports were in women who had implants from a variety of manufacturers and implant models. Because of the nature of the reports, some doctors and scientists do not know for sure if the findings are truly associated with breast implants or not.

- Ruptured breast implants have been associated with breasts becoming hard, changing shape or size, and becoming painful.<sup>15</sup> These symptoms are not specific to rupture, as they also are experienced by women who have capsular contracture.
- There have been rare reports of the silicone gel from implants moving to nearby locations such as the chest wall, armpit, or upper abdominal wall, and even as far as the arm or the groin. This migrating gel has damaged nerves, formed granulomas and/or broken down tissues in direct contact with the gel in a few cases. There have been reports of silicone in the liver of women with silicone breast implants. Silicone gel material has moved to lymph nodes in the armpit, even in women whose implants did not appear to have ruptured, leading to lymphadenopathy.<sup>82</sup>
- Concerns have been raised that women with ruptured implants are more likely to develop connective tissue disease, rheumatic disease, fatigue, or fibromyalgia.<sup>23,25,39,40</sup> To determine if these diseases are related to ruptured implants, a number of studies have evaluated many women with breast implants. Only one small study distinguished between women with ruptured or intact implants.<sup>25</sup> Most doctors and researchers agree that there is no evidence that ruptured implants or migrated gel causes any disease that affects the whole body (systemic disease) like Connective Tissue Disease (CTD) or cancer.

## 2.4 What Are Other Reported Conditions?

There have been reports of women with silicone gel-filled breast implants developing other conditions. The relationships between many of these conditions and breast implants have been studied and are discussed below. Furthermore, there may be unknown risks associated with breast implants.

- **CONNECTIVE TISSUE DISEASE (CTD)**

Connective tissue diseases include diseases such as lupus, scleroderma, rheumatoid arthritis, and fibromyalgia. The scientific evidence strongly supports the conclusion that there is no increased risk of connective tissue disease or autoimmune disorders for women with silicone gel breast implants.<sup>1,22-28,30-33,35,37,40,41,43</sup> Independent scientific panels and review groups have also concluded that the weight of the evidence shows no relationship between breast implants and connective tissue disease, or at least if a risk cannot be absolutely excluded, it is too small to be measured.<sup>1,8,10,23,25,29,30,34,36,38-40</sup>

- **CTD SIGNS AND SYMPTOMS**

Some women (even without breast implants) may have some of the signs or symptoms of connective tissue diseases, without having the actual disease. Some reports have linked silicone breast implants with some of these signs and symptoms, such as fatigue, exhaustion, joint pain and swelling, muscle pain and cramping, tingling, numbness, weakness, and skin rashes. Panels of expert scientists and literature reports have found no evidence that silicone breast implants cause a consistent pattern of CTD signs and symptoms.<sup>1,42-45</sup> Having these CTD signs and symptoms does not necessarily mean you have a connective tissue disease; however, you should be aware that you may experience these signs and symptoms after undergoing breast implantation. If you notice an increase in these signs or symptoms, you should consider seeing a rheumatologist to determine whether these signs or symptoms are due to a connective tissue disorder or autoimmune disease.

- **CANCER**

Breast Cancer – Reports in the medical literature indicate that breast implants do not increase the risk for developing breast cancer.<sup>46,49,51,57,66</sup> Some reports have suggested that breast implants may make it harder to detect breast cancer by mammography or biopsy. Other reports indicate that breast implants do not delay breast cancer detection, nor do they decrease cancer survival of women with breast implants.<sup>46,52,58,65,66</sup> A large follow-up study reported no evidence that breast implants are associated with cancer and even showed that women with breast implants had less breast cancer than the general population.<sup>57</sup>

Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) – If you have breast implants you have a very small, but increased risk of developing breast implant associated anaplastic large cell lymphoma, or BIA-ALCL. BIA-ALCL is not breast cancer—it is a rare type of non-Hodgkin's lymphoma (cancer of the immune system). In most cases, BIA-ALCL is found in the scar tissue and fluid near the implant, but in some cases, it can spread throughout the body. In the cases that have spread beyond the scar tissue and fluid near the implant, rare cases of death have been reported.

Most patients were diagnosed with BIA-ALCL when they sought medical treatment for implant-related symptoms such as swelling, pain, lumps, or asymmetry that developed after their initial surgical sites were fully healed. In the cases known to FDA to date, BIA-ALCL was diagnosed years after the breast implant was placed. The earliest report was one year after implant placement and the latest was 23 years after the implant surgery. About half the cases occurred within the first 7 years after implant. BIA-ALCL was most often diagnosed in women who had textured implants. The textured implant may have been placed at the most recent surgery or at any other prior breast implant operation.

If you develop swelling or pain around your breast implants, be sure to talk to your health care provider. Your health care provider should consider the possibility of BIA-ALCL if, after you have recovered from your breast implant operation, you later notice changes in the way your breast looks or feels—including swelling or pain around the implant. If your health care provider suspects BIA-ALCL they will refer you to an appropriate specialist for evaluation which may involve obtaining fluid and some tissue samples from around your breast implant. If a diagnosis of BIA-ALCL is confirmed, the doctor will develop an individualized treatment plan for you. Because of the small number of cases worldwide and the variety of available treatment options, there is no single defined treatment. However, if you are diagnosed with BIA-ALCL, the National Comprehensive Cancer Network (NCCN) recommends removing the implant and the surrounding tissue.

If you have breast implants you should monitor them and follow your routine medical care. You do not need to take any additional steps. It is not necessary to remove your breast implants if you have no symptoms without a diagnosis of BIA-ALCL.

If you are diagnosed with BIA-ALCL, you can help the FDA understand the disease and effectiveness of treatment.

You or your doctor should report *all confirmed cases* of BIA-ALCL to the FDA (<https://www.fda.gov/Safety/MedWatch/>). In some cases, the FDA may contact you for additional information. The FDA will keep the identities of the reporter and the patient confidential.

In addition, if you are diagnosed with BIA-ALCL, talk to your doctor about reporting it to the PROFILE Registry (<https://www.theptf.org/research/clinical-impact/profile.htm>). Every case of BIA-ALCL should be reported to the PROFILE Registry because this helps provide a better understanding of the disease.

If you are considering breast implant surgery, you should discuss the risks and benefits with your health care provider. You may also visit the FDA's Breast Implants website for additional information

<https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/ucm064106.htm>.

For additional information on FDA's analysis and review of BIA-ALCL, please visit:

<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/ucm239995.htm>



Brain cancer – Most studies of brain cancer in women with silicone gel breast implants have found no increased risk.<sup>48,53,55,63,64,66</sup> One study reported a higher rate of brain cancer in women with breast implants compared to the general population.<sup>47</sup> However, rates of brain cancer were not significantly higher in women with breast implants when compared to women who had other non-breast implant plastic surgery. The data from 4 large studies of women with breast implants and a long-term follow-up study concluded that breast implants are not associated with brain cancer.<sup>62</sup>

Respiratory/lung cancer – Several studies have found that women with silicone gel breast implants are not at greater risk for lung cancer.<sup>48,55,63,64,66</sup> Studies have reported an increased incidence of respiratory/lung cancer in women with breast implants.<sup>47,53,57</sup> However, the risk of lung cancer was not higher than national lung cancer rates for the general population. Other studies of women in Sweden and Denmark have found that women who get breast implants are more likely to be current smokers than women who get breast reduction surgery or other types of cosmetic surgery.<sup>50,56,59</sup> Therefore, the increased incidence of respiratory/lung cancer could be due to smoking rather than breast implants.

Cervical/vulvar cancer – Most studies found that women with silicone gel breast implants have no greater risk of cervical/vulvar cancers than women without implants.<sup>48,55,63,64,66</sup> Two studies reported an increased incidence of cervical/vulvar cancer in women with breast implants.<sup>47,53</sup>

Other cancers – Studies have examined other types of cancer including eye, urinary tract, connective tissue, and endocrine system. Studies show that women with silicone gel breast implants have no greater risk of these types of cancers compared to the general population.<sup>29,43,47,48,53,55,63,64</sup> A large, long-term study found that women with breast implants were not at greater risk for a wide variety of cancers, including stomach cancer and leukemia.<sup>43</sup>

Cancer Screening – With breast implants, routine screening mammography for breast cancer will be more difficult. If you are of the proper age for mammography screening, you should continue to undergo routine mammography screening as recommended by your primary care physician. More x-ray views are necessary for women with breast implants; therefore, you will receive more exposure to radiation. However, the benefit of having the mammogram to find cancer outweighs the risk of the additional x-rays. Be sure to inform the mammography technologist that you have implants. The technologist can then use special techniques to get the best possible views of your breast tissue.

- **NEUROLOGICAL DISEASE, SIGNS, AND SYMPTOMS**

Some women with breast implants have complained of neurological symptoms (such as difficulties with vision, sensation, muscle strength, walking, balance, thinking or remembering things) or diseases (such as multiple sclerosis), which they believe are related to their implants. A panel of expert scientists found that the evidence linking neurological diseases with breast implants is insufficient or flawed.<sup>1</sup> Other researchers have found more evidence that silicone gel breast implants do not cause neurological diseases or symptoms.<sup>1,67,68</sup>

- **SUICIDE**

Some studies showed that women with breast implants were more likely to commit suicide than women without breast implants, but it is not clear whether these suicides were associated with having silicone gel breast implants or an underlying condition that can lead to suicide, depression, and/or anxiety.<sup>47,69,70,72-77</sup> One researcher believes that some women who want cosmetic surgery suffer from a disorder, called body dysmorphic disorder, which may cause them to think about suicide or attempt suicide.<sup>71</sup>

The strongest predictor for suicide is having been hospitalized for any psychiatric condition. One study found that women with breast implants had higher rates of hospital admission due to psychiatric causes prior to surgery, as compared with women who had breast reduction or the general population of Danish women.<sup>70</sup> This may be a contributing factor to the reported higher incidence of suicide in women with breast implants.

- **EFFECTS ON CHILDREN**

At this time, doctors do not know if a small amount of silicone passes through the silicone shell of breast implants into breast milk during breastfeeding. Although doctors cannot accurately measure silicone levels in breast milk, silicon (one component in silicone) levels were not higher in breast milk from women with silicone gel-filled implants than in breast milk from women without implants.

In addition, questions have been raised about whether breast implants can have damaging effects during pregnancy. Two studies in humans have found that children born to women with breast implants did not have an increased risk of birth defects.<sup>80,81</sup> A third study looked at low birth weight and did not find an elevated risk.<sup>79</sup> A recent review including many women found that children of women with breast implants are not at increased risk for birth defects.<sup>10</sup> Overall, there is no evidence that shows silicone gel breast implants have any harmful effects on the children of implanted women.<sup>1,78-81</sup>

- POTENTIAL HEALTH CONSEQUENCES OF GEL BLEED

Small quantities of low molecular weight silicone compounds, as well as platinum, have been found to leak through an intact implant shell. This is called gel bleed.<sup>1,84</sup> The evidence is mixed as to whether gel bleed can affect your health. For instance, studies on implants implanted for a long time have suggested that gel bleed may contribute to capsular contracture<sup>1</sup> and lymphadenopathy.<sup>82</sup> However, saline-filled breast implants have similar or higher rates of capsular contracture and other complications. Because saline-filled breast implants do not contain silicone gel, gel bleed cannot cause these complications in women with saline-filled breast implants, and might not cause these complications in women with silicone gel-filled breast implants. Furthermore, the silicone material used in Allergan's implants did not cause toxic reactions when large amounts were placed in test animals. There is little platinum contained in breast implants, and studies have shown that it is in the safest state.<sup>83,85,86,88</sup>

Allergan performed a laboratory test to analyze the silicones and platinum (used in the manufacturing process), which may diffuse out of intact implants into the body. Over 99% of the low molecular weight silicones and platinum stayed in the implant. The overall body of evidence supports that gel bleed is minimal and has no health consequences.

## 3.0 SURGICAL CONSIDERATIONS FOR BREAST RECONSTRUCTION

This section provides surgical considerations for primary breast reconstruction, followed by considerations for surgery in general.

Your decision to have breast reconstruction is an important personal choice involving both risks and benefits. There are other options for breast reconstruction that do not involve breast implants. Be sure to ask your surgeon for a detailed explanation of each alternative to help you decide which option is most suitable for you and your lifestyle. This brochure is intended to provide general information about silicone breast implants and surgery but is not a substitute for a thorough consultation with your surgeon. You should carefully review and consider all the information you have received before deciding whether to have reconstruction surgery. Prepare a list of questions after reading this brochure, and discuss them with your surgeon.

### 3.1 Should You Have Primary Breast Reconstruction?

Whether you decide to have breast reconstruction depends on your own individual case, medical condition, general health, lifestyle, emotional state, and breast size and shape. You should consult your surgeon to discuss

your personal goals for breast reconstruction, and you may also consider consulting your family, friends, breast implant support groups, and breast cancer support groups to help you in making this decision.

If you are considering breast reconstruction and do not have a reconstructive surgeon, ask your general surgeon for a referral for the names of experienced, board-certified surgeons in your area. Your general surgeon, breast reconstruction surgeon, and oncologist should work together to plan your mastectomy and reconstruction procedure and to advise you based on your specific clinical needs and desired outcome.

### 3.2 What Are the Alternatives to Implantation with NATRELLE® 410 Highly Cohesive Anatomically Shaped Silicone-Filled Breast Implants?

For primary reconstruction patients, alternatives may include:

- Accepting your breasts as they are and having no surgery
- Wearing a padded bra or external prostheses
- Having reconstruction using your own tissue (flap procedure)
- Having surgery with saline implants

For revision-reconstruction patients, alternatives may include:

- No revision
- Removal with:
  - No replacement
  - A padded bra or external prostheses
  - Reconstruction using your own tissue (flap procedure)
  - Replacement using saline implants

### 3.3 What Are the Choices in Primary Reconstructive Procedures?

The type of breast reconstruction procedure available to you depends on your medical situation, breast shape and size, general health, lifestyle, and goals.

Breast reconstruction can be accomplished by the use of a breast implant (either silicone gel or saline-filled), your own tissues (a tissue flap), or a combination of the two. A tissue flap is a combination of skin, fat, and/or muscle that is moved to the chest area. This tissue can come from your stomach, back, or another area of your body. A tissue flap may be used to shape a completely new breast or provide extra skin or other tissue depending on what was removed at the time of surgery, or what changed following radiation therapy. Your surgeon can help you decide what method of breast reconstruction is most suitable for your particular situation.

Whether or not you have reconstruction with or without breast implants, you will probably undergo additional surgeries to improve symmetry and appearance. These additional surgeries may be part of a breast reconstruction that occurs in several stages. For example, the nipple and areola are usually removed with the breast tissue in mastectomy. After the initial reconstruction surgery is complete, nipple reconstruction is usually done as a separate outpatient surgery. The nipple is usually reconstructed by using a skin graft from another area of the body or the opposite breast and a tattoo to match the color. Most commonly, before breast implants can be placed, a temporary soft tissue expander must create a space for them. The tissue expander can be placed at the time of mastectomy or at a later time.

Alternatively, additional surgeries may shape the remaining breast to bring it into better balance with the reconstructed one.

### 3.4 What Is Breast Reconstruction with Breast Implants?

Your surgeon will decide whether your health and medical condition makes you an appropriate candidate for breast reconstruction with implants. If you are having reconstruction in only one breast, your surgeon may recommend placing a breast implant in the opposite, uninvolved breast in order to make your breasts more alike. Alternatively, he/she may suggest breast reduction (reduction mammoplasty) or a breast lift (mastopexy) to improve symmetry. Reduction mammoplasty involves removing breast tissue and skin. Mastopexy involves removing a strip of skin from under the breast or around the nipple and using it to lift and tighten the skin over the breast. If you choose not to alter the unaffected breast, you should discuss this with your plastic surgeon, as it may affect the breast reconstruction methods considered for your case.

### 3.5 What Reconstruction Incision Sites Are Used?

In reconstructive surgery, your surgeon will decide on the incision placement and length, largely based on the type of cancer surgery you will receive.

Most implants used for breast reconstruction are placed through an incision at the mastectomy scar, either during the mastectomy procedure or after tissue expansion.

### 3.6 What About the Surgical Settings and Anesthesia?

When reconstruction surgery begins at the same time as the mastectomy, it is usually performed as an inpatient surgery, which involves an overnight hospital stay. Most reconstruction surgeries occur under general anesthesia. Some stages of reconstruction surgery, such as nipple reconstruction, or placement of the implant after soft tissue expansion, can be done as outpatient surgery.

### 3.7 What Is the Timing of Primary Breast Implant Reconstruction?

The following description applies to reconstruction following mastectomy, but similar considerations apply to reconstruction following breast trauma or reconstruction for congenital anomalies. The breast reconstruction process may begin at the time of your mastectomy (immediate reconstruction) or months to years afterwards (delayed reconstruction). This decision should involve your cancer treatment team, and is based on your individual situation. Immediate reconstruction may involve placing a breast implant but typically involves placing a tissue expander. The tissue expander recreates skin that was removed during the cancer surgery. The tissue expander will eventually be replaced with a breast implant. You should know that any type of surgical breast reconstruction may take several steps to complete.

A potential advantage to immediate reconstruction is that your breast reconstruction starts at the time of your mastectomy. Combining the mastectomy procedure with the first stage of the reconstruction may result in cost savings and potentially fewer days in the hospital. However, immediate reconstruction can expose the implant to postoperative radiation and chemotherapy treatments, which might increase the risk of capsular contracture, extrusion, and other complications. Your initial operative time and recovery time may also be longer.

A potential advantage to delayed reconstruction is that you can delay your reconstruction decision and surgery until other treatments, such as radiation therapy and chemotherapy, are completed. Delayed reconstruction may be advisable if your surgeon anticipates healing problems with your mastectomy, or if you just need more time to consider your options.

There are medical, financial, and emotional considerations to choosing immediate versus delayed reconstruction. You should discuss with your general surgeon, reconstructive surgeon, and oncologist, the pros and cons of the options available in your individual case.

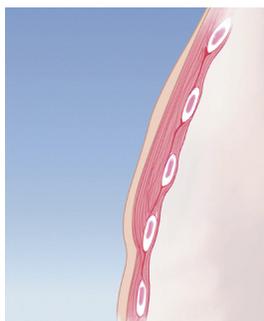
### 3.8 What Is the Primary Breast Implant Reconstruction Procedure?

#### *IMMEDIATE OR DELAYED BREAST IMPLANT RECONSTRUCTION*

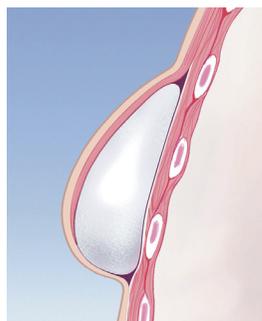
Breast reconstruction using only a breast implant may be done immediately at the time of your mastectomy or sometime thereafter. After the general surgeon removes your breast tissue, the plastic surgeon will then implant a breast implant that completes the reconstruction. In reconstruction following mastectomy, a breast implant is most often placed beneath the chest muscle.

## EXPANDER-ASSISTED (IMMEDIATE OR DELAYED) BREAST IMPLANT RECONSTRUCTION

Breast reconstruction usually occurs in several stages. Initially your plastic surgeon will place a breast tissue expander, which is replaced several months later with a breast implant. The tissue expander may be placed immediately, at the time of your mastectomy, or be delayed until months or years later.



Side View, Breast Tissue Removed



Side View, Expander Inserted and Filled

### TISSUE EXPANSION

During a mastectomy, the general surgeon removes skin as well as breast tissue, leaving the chest tissue too flat and tight to allow a breast implant. To create a breast shaped space for the breast implant, a tissue expander is placed under the remaining chest tissues.

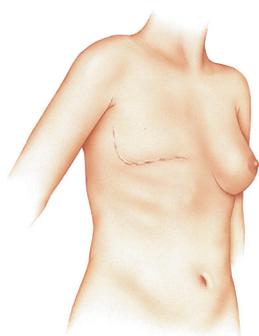
The tissue expander is a balloon-like device made from elastic silicone rubber. The surgeon inserts it unfilled, and over time, adds sterile saline fluid by inserting a small needle through the skin into a filling port. As the tissue expander fills, the tissues over the expander begin to stretch, similar to the gradual expansion of a woman's stomach during pregnancy. The tissue expander creates a new breast-shaped space for a breast implant.

Tissue expanders are usually placed when you are under general anesthesia in an operating room. The operation generally takes 1 to 2 hours. The procedure may require a brief hospital stay or be done as an outpatient surgery. Typically, you can resume normal daily activity after 2 to 3 weeks.

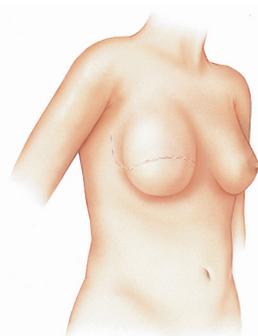
Because the chest skin is usually numb from the mastectomy surgery, you may not experience pain from the placement of the tissue expander. However, you may feel pressure, tightness, or discomfort after each time the expander is filled. These feelings subside as the tissue expands, but may last for a week or more. Tissue expansion typically takes 4 to 6 months.

## PLACING THE BREAST IMPLANT

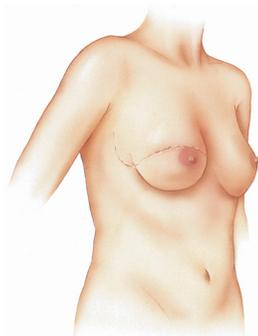
Once the tissue has expanded, your plastic surgeon will remove the tissue expander and replace it with a breast implant. In reconstruction following mastectomy, the breast implant is most often placed under the chest muscle. The surgery to replace the tissue expander with a breast implant (implant exchange) is usually done under general anesthesia in an operating room. It may require a short hospital stay or be done as an outpatient surgery.



Post Mastectomy



Stage 1: Tissue Expander  
Placed and Expansion  
Underway



Stage 2: Breast Implant and  
Nipple/Areola Reconstruction

### 3.9 What About Primary Breast Reconstruction Without Implants (Tissue Flap Procedures)?

The breast can be reconstructed using a section of skin, fat, and muscle (a tissue flap) that is surgically moved from one area of your body to another. The section of tissue may be taken from such areas as your abdomen, upper back, upper hip, or buttocks.

The tissue flap may be left attached to its original blood supply and moved to the breast area through a tunnel under the skin (a pedicled flap), or it may be removed completely and reattached to the blood supply in the breast area (a free flap). A free flap generally requires a longer operation, because of the time required to reconnect the blood supply.

Breast reconstruction with a flap typically requires a hospital stay of several days and a longer recovery time than reconstruction with an implant. Flap surgery also creates scars at the site where the flap was taken and on the reconstructed breast. However, flap surgery has the advantage of being able to replace the lost tissue in your chest area. You may need to replace these tissues when your chest tissues have been damaged and are not suitable for tissue expansion. Another advantage of flap procedures over implantation is that flap procedures generally do not require additional surgery on the unaffected breast to improve symmetry.

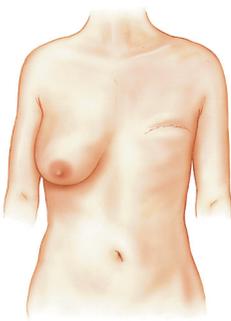
The most common types of tissue flaps are the TRAM (transverse rectus abdominus musculocutaneous flap) (which uses tissue from the abdomen) and the Latissimus dorsi flap (which uses tissue from the upper back).

You should be aware that flap surgery, particularly the TRAM flap, is a major operation, and more extensive than your mastectomy operation. It requires good general health and strong emotional motivation. If you are very overweight, smoke cigarettes, have had previous surgery at the flap site, or have any circulatory problems; you may not be a good candidate for a tissue flap procedure. Also, if you are very thin, you may not have enough tissue in your abdomen or back to create a breast mound with this method.

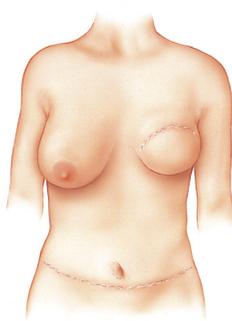
### TRAM FLAP (PEDICLE OR FREE)

During a TRAM flap procedure, the surgeon removes a section of tissue from your stomach and moves it to your chest to reconstruct the breast. The TRAM flap is sometimes referred to as a “tummy tuck” reconstruction, because it may leave the stomach area flatter.

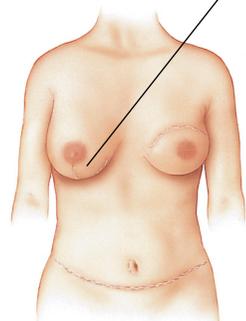
A pedicle TRAM flap procedure typically takes 3 to 6 hours of surgery under general anesthesia; a free TRAM flap procedure generally takes longer. The TRAM procedure may require a blood transfusion. Typically, the hospital stay is 2 to 5 days. You can resume normal daily activity after 6 to 8 weeks. Some women, however, report that it takes up to 1 year to resume a normal lifestyle. You may have temporary or permanent muscle weakness in the stomach area. If you are considering pregnancy after your reconstruction, you should discuss this with your surgeon. You will have a large scar on your abdomen and may also have additional scars on your reconstructed breast.



Post Mastectomy



TRAM Flap



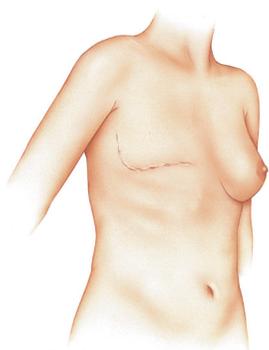
Final Result with Nipple/Areola Reconstruction

*This reconstruction includes a Mastopexy to the other breast to improve symmetry*

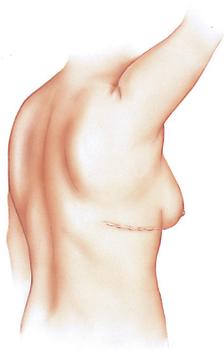
## THE LATISSIMUS DORSI FLAP WITH OR WITHOUT BREAST IMPLANTS

During a Latissimus Dorsi flap procedure, the surgeon moves a section of tissue from your back to your chest to reconstruct the breast. Because the Latissimus Dorsi flap is usually thinner and smaller than the TRAM flap, this procedure may be more appropriate for reconstructing a smaller breast.

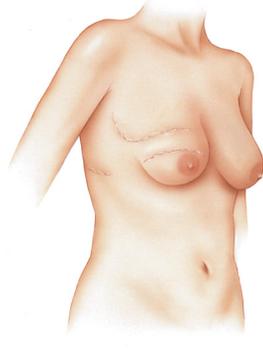
The Latissimus Dorsi flap procedure typically takes 2 to 4 hours of surgery under general anesthesia. Typically, the hospital stay is 2 to 3 days. You can resume daily activity after 2 to 3 weeks. You may have some temporary or permanent muscle weakness and difficulty with movement in your back and shoulder. You will have a scar on your back, which can usually be hidden in the bra line. You may also have additional scars on your reconstructed breast.



Post Mastectomy



View Showing  
Back Scar



Latissimus Dorsi Flap and  
Nipple/Areola Reconstruction

## 3.10 What Are Some General Surgical Considerations?

### CHOOSING A SURGEON

When choosing a surgeon who is experienced with breast reconstruction, you should find out the answers to the following questions:

- How many breast reconstruction implantation procedures does he/she perform per year?
- How many years has he/she performed breast reconstruction procedures?
- Does the surgeon only perform breast reconstruction with breast implants? What types of implants does the surgeon primarily use (saline, *Responsive* silicone, *SoftTouch* silicone, *Highly Cohesive* silicone)?
- Are there other breast reconstruction procedures performed routinely by the surgeon, such as autologous tissue reconstruction (operations that use tissue from the stomach or flank to reconstruct breast tissue), flap reconstruction, etc.?

- How many reconstructions does he/she perform that do not involve implants per year?
- Is he/she board certified, and if so, with which board?
- Did he/she complete a residency in plastic surgery from a recognized and accredited program?
- In which state(s) is he/she licensed to practice surgery? (Note that some states provide information on disciplinary action and malpractice claims/settlements to prospective patients, either by request or on the Internet.)
- What is the most common complication he/she encounters with breast reconstruction?
- What is his/her reoperation rate with breast reconstruction, and what is the most common type of reoperation he/she performs?
- Can he/she perform this surgery in a hospital as well as in the surgeon's independent surgery center? (Note that hospitals require evidence of appropriate training in specific procedures before allowing surgeons to operate in their facilities.)

## INSURANCE

In general, private insurance that covers medically necessary mastectomies will also cover breast reconstructive surgery per the Women's Health and Cancer Rights Act (WHCRA). After the initial reconstruction, insurance may not cover reoperation procedures or additional surgeon's visits, depending on the policy. For example, a reoperation may include temporarily removing the implant so that your oncologist can see if your breast cancer has recurred. Because coverage policies vary and can change over time, no guidance can be given here with respect to coverage under any particular health plan. Therefore, you should contact your health plan to get specific information regarding its coverage policies before deciding to have reconstructive surgery.

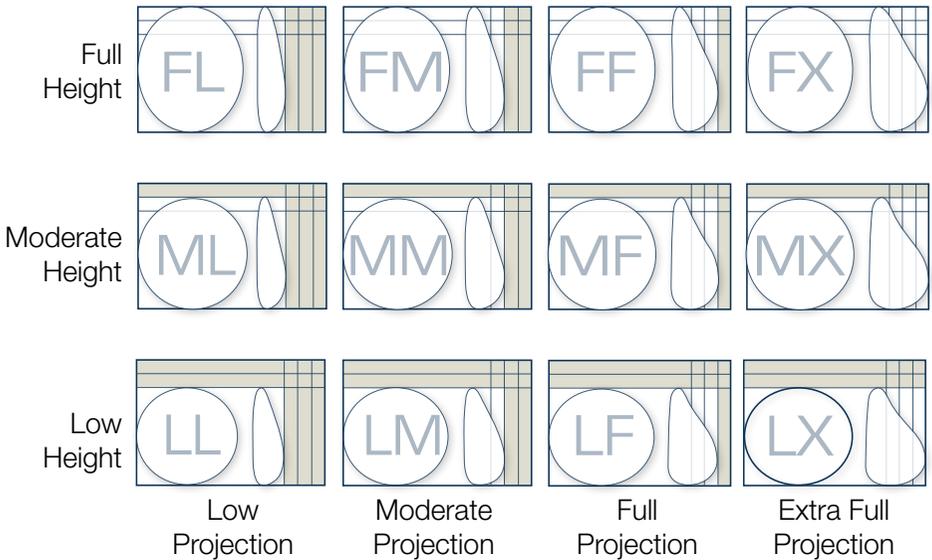
### 3.11 What Are Choices And Options Associated With the Surgery?

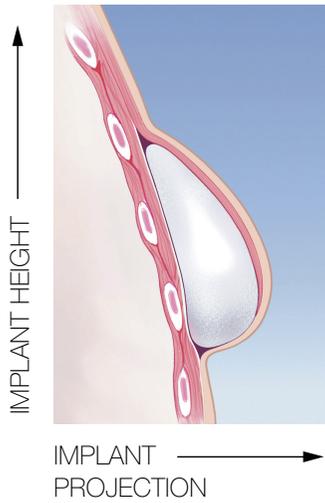
There are 2 approved types of breast implant fillers (saline and silicone), and Allergan has 3 types of silicone fillers (*Responsive* silicone gel, *SoftTouch* silicone gel, and *Highly Cohesive* silicone gel). These options allow your surgeon to use the best type of implant to achieve the effect you desire. Your surgeon can discuss these options with you and may make recommendations to you based upon the physical contours of your body. This brochure is for anatomically shaped highly cohesive silicone-filled breast implants; separate brochures are available for round silicone-filled implants and for saline-filled implants. Carefully review the section on risks and the section on Allergan's clinical study so that you may make an informed choice. Be sure to ask

your surgeon to see and touch samples of both highly cohesive silicone and cohesive silicone as well as saline-filled breast implants. As you hold a NATRELLE® 410 Breast Implant in your hand and move it around you can observe that the highly cohesive gel helps the implant maintain its shape in any position. Allergan's *Responsive* silicone implant has more movement as you hold it in different positions.

### IMPLANT SHAPE AND SIZE

The NATRELLE® 410 Breast Implant comes in a variety of height and projection combinations and a wide range of sizes. Your plastic surgeon will discuss with you the implant options that will best help you achieve the result that is right for you. The following diagram may help you to understand the various sizes and styles of implants as your surgeon discusses the various options with you. Depending on the desired shape you wish to achieve, you and your surgeon have implants with 12 different height and projection combinations, or styles, from which to choose. Generally, the larger you want your cup size, the larger the breast implant the surgeon will consider. Breast implant sizes are measured in volume, by cubic centimeters (cc), not in cup sizes, because cup size depends on the size and shape of the individual woman's chest.





## Approved *NATRELLE*® 410 Breast Implant Styles

410 STYLE	BREAST IMPLANT DESCRIPTION	SIZE RANGE
FL	full height, low projection	140cc – 320cc
ML	moderate height, low projection	125cc – 285cc
LL	low height, low projection	135cc – 300cc
FM	full height, moderate projection	205cc – 670cc
MM	moderate height, moderate projection	160cc – 450cc
LM	low height, moderate projection	140cc – 320cc
FF	full height, full projection	185cc – 740cc
MF	moderate height, full projection	140cc – 640cc
LF	low height, full projection	125cc – 595cc
FX	full height, extra full projection	185cc – 775cc
MX	moderate height, extra full projection	165cc – 685cc
LX	low height, extra full projection	145cc – 625cc

Your surgeon will also evaluate your existing breast and skin tissue to determine if you have enough tissue to cover the breast implant you are considering. In some cases, such as after pregnancy, you might have too much extra skin. If you desire a breast implant size that is too large for your tissue, the surgeon may warn you that breast implant edges may be visible or palpable postoperatively. Also, excessively large breast implants may speed up the effects of gravity on your breasts, and can make your breasts droop

or sag at an earlier age. Larger sized implants may be too large for many women, and can increase the risk of implant extrusion, hematoma, infection, palpable implant folds, or visible skin wrinkling. In Allergan's Pivotal Study, a risk factor analysis showed a trend in one cohort towards an increased risk of capsular contracture with larger size implants. However, this relationship was not consistent across cohorts and timepoints, and the capsular contracture rate remained low for all cohorts.

## SURFACE TEXTURING

The *NATRELLE*® 410 Breast Implant is provided with a **BIOCELL**® textured shell surface. Some studies suggest that surface texturing reduces the chance of severe capsular contracture,<sup>20</sup> while other studies do not.<sup>18,19</sup>

A textured implant may require a larger incision because the rougher textured surface may make it harder to place into the pocket. Forcing the implant through too small of an incision might damage the implant or decrease its durability.

## IMPLANT PALPABILITY

Implants may be more palpable or noticeable if there is an insufficient amount of skin/tissue available to cover the implant and/or when the implant is placed underneath and within the breast glands (breast tissue) but on top of the chest muscle.

## POSTOPERATIVE CARE

You will probably feel somewhat tired and sore for several days following the operation, and your breasts may remain swollen and sensitive to physical contact for a month or longer. You may also experience a feeling of tightness in the breast area as your skin adjusts to your new breast size. The breasts and nipple area also may have less feeling during this time of swelling and immediately after surgery. Other possible complications have been described above.

Postoperative care depends on each patient's situation and may involve using a special postoperative bra, compression bandage, or jog bra for extra support and positioning while you heal. Some surgeons may not want you to wear a bra at all for a period of time following the surgery.

Your surgeon may place postoperative pain balls or other pain medication infusion devices alongside the breast implant to help control your pain after surgery. Breast massage exercises are not recommended after implantation as they may cause the breast implant to rotate.



At your surgeon's recommendation, you will most likely be able to return to work within a few days. However, for at least a couple of weeks you should avoid any strenuous activities that could raise your pulse and blood pressure, or require strenuous use of your arms and chest.

*Note: If you experience fever, do not feel well, or see noticeable swelling, redness, or drainage in your implanted breast(s), you should contact your surgeon immediately.*

## OTHER FACTORS TO CONSIDER IN REVISION-RECONSTRUCTION SURGERY

Some revision surgeries require removing an intact implant (for example, capsulotomy and pocket adjustments), while others leave the implant in place. Any device that has been removed during revision surgery should not be re-implanted. Allergan breast implants are "for single use only."

The timing for any revision surgery following reconstruction should be discussed with your surgeon so that you can consider all issues, such as the potential effects of radiation, chemotherapy, and additional cancer surgery or treatments.

## 4.0 FOLLOW-UP EXAMINATIONS

After your breast implant surgery you will need regular examinations to detect potential complications. You should inform any doctor who treats you of the presence of your implants to minimize the risk of damage to the implants.

### BREAST SELF-EXAMINATIONS

Following breast reconstruction you should continue to perform a breast self-examination monthly. This may be more difficult with a breast implant in place. To continue to perform a monthly breast self-examination efficiently, you should ask your surgeon to help you identify the difference between the implant and your breast tissue. Being able to distinguish the implant from breast tissue will limit the need to over-squeeze the implant. Any new lumps should be evaluated with a biopsy, as appropriate. If a biopsy is performed, be sure to inform the medical professional performing the biopsy that you have breast implants so that he or she can take care to avoid damaging the implant.

You should also examine your breasts for the presence of lumps, swelling, hardening, or a change in implant shape. These may be signs that your implant has ruptured. Report any of these symptoms or persistent pain to your surgeon. Your surgeon may recommend an MRI to screen for rupture.

## SCREENING FOR SILENT RUPTURE

Because most ruptures of silicone-filled breast implants are silent, in most cases neither you nor your surgeon will be able to find evidence of rupture by a physical examination. Therefore, a different method is needed to screen for implant rupture. The best method of screening is currently MRI at a center with a breast coil, with a magnet of at least 1.5 Tesla. The MRI should be read by a radiologist who is familiar with looking for implant rupture. Your doctor should assist you in locating a radiology/screening center, as well as a radiologist who is familiar with the MRI techniques and equipment used to screen breast implants for silent rupture.

Your first MRI evaluation should take place 3 years after your implant surgery. You should have another MRI every 2 years, thereafter, even if you are experiencing no problems with your implant. If there are signs of rupture on MRI, then you should have your implant removed or replaced. More information on rupture is provided in [Section 2.3](#) of this brochure.

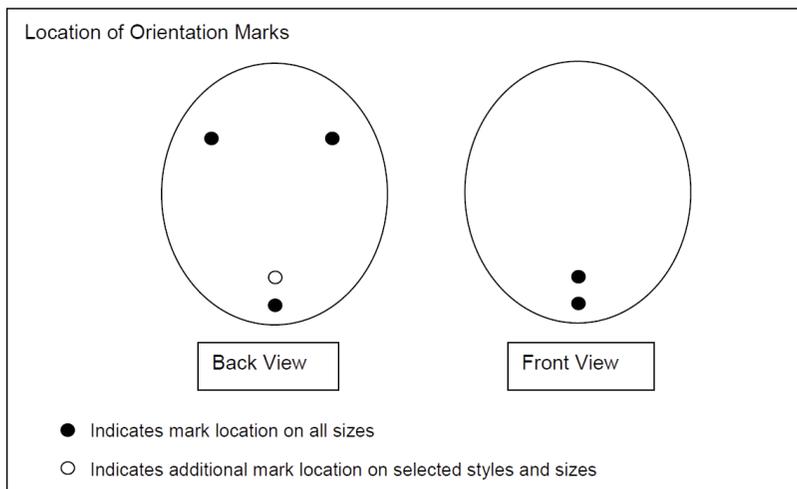
## SYMPTOMATIC RUPTURE

Symptoms associated with rupture may include hard knots or lumps surrounding the implant or in the armpit, loss of size of the breast or implant, pain, tingling, swelling, numbness, burning, or hardening of the breast. If you notice any of these changes, see your plastic surgeon. He or she will examine the implants and determine whether you need to have an MRI examination to find out if your implant has ruptured. As a precaution, Allergan recommends that ruptured implants be taken out and either replaced with a new implant or not replaced, depending on your preference or medical need. Consult with your doctor regarding this and any other medical decisions related to your implants.

## MAMMOGRAPHY

The current recommendations for getting screening/preoperative mammograms are no different for women with breast implants than for those without implants. You need to tell your mammography technologist before the procedure that you have an implant. You should also inform your mammography technologist of the presence and location of the orientation marks on the *NATRELLE*® 410 Breast Implant as these may be visible on the mammographic images. These orientation marks are circular silicone dots located on the surface of the implant and are used to assist the physician with placing the implant in the proper orientation. The back surface of most sizes of *NATRELLE*® 410 Breast Implants has 4 orientation marks; the back surface of some smaller and/or shorter styles may have only 3 orientation marks, as shown below. The front surface of all *NATRELLE*® 410 Breast Implants has 2 orientation marks, as shown below.





Mammography exams should be interpreted by radiologists experienced in the evaluation of women with breast implants. Your surgeon should request a diagnostic mammogram, rather than a screening mammogram, because more pictures are taken with diagnostic mammography. The technologist can use special techniques to reduce the possibility of rupture and to get the best possible views of the breast tissue.

## 5.0 ALLERGAN'S CLINICAL STUDY RESULTS

This section summarizes the results of Allergan's studies conducted on the *NATRELLE*<sup>®</sup> 410 Breast Implants for Primary Reconstruction and Revision-Reconstruction. The Pivotal Study is the primary clinical study for this product and included Styles FF, FM, MF, and MM. Allergan conducted an additional study, called 410XL-001, on Styles FX, MX, LX, LF, LM, LL, ML, and FL. Results from the Pivotal Study are shown in Section 5.1, and results from 410XL-001 are shown in [Section 5.2](#).

The results of these studies give you useful information on the experience of other women with *NATRELLE*<sup>®</sup> 410 Breast Implants. While the results cannot be used to predict your individual outcome, they can be used as a general guide to what you may expect. Your own complications and benefits depend on many individual factors.

### 5.1 Allergan's Pivotal Study

This study evaluated the *NATRELLE*<sup>®</sup> 410 Breast Implants, Styles FF, FM, MF, and MM. See [page 38](#) for a representation of all *NATRELLE*<sup>®</sup> 410 Styles.

### 5.1.1 What Are the Overview Findings of Allergan's Pivotal Study?

Allergan's Pivotal Study was a 10-year study to assess safety and effectiveness in Primary Augmentation, Primary Reconstruction, and Revision (Revision-Augmentation and Revision-Reconstruction) patients. Patient follow-up was at 0-4 weeks, 6 months, 12 months, and annually through 10 years. Safety was assessed by complications, such as implant rupture, capsular contracture, and reoperation. Benefit (effectiveness) was assessed by patient satisfaction and measures of quality of life.

Allergan's Pivotal Study consisted of 941 patients. This included 225 Primary Reconstruction patients and 68 Revision-Reconstruction patients (the remainder were Primary Augmentation and Revision-Augmentation patients). Of these patients, 86 Primary Reconstruction patients and 25 Revision-Reconstruction patients were in the MRI cohort, which means that they were assessed for silent rupture by MRI at years 1, 3, 5, 7, and 10. Remaining patients in the non-MRI cohort who were MRI-eligible and consented to undergo MRI were also assessed for silent rupture by MRI at years 7 and 10. Final results through 10 years are reported in this brochure.

Allergan's Pivotal Study results indicate that 65% of Primary Reconstruction patients and 71% of Revision-Reconstruction patients will have at least 1 occurrence of any complication (including reoperation) at some point through 10 years after implant surgery. The information below provides more details about the complications and benefits you may experience. Please refer to the glossary for the definition of any complication you may not understand.

### 5.1.2 What Are the 10-Year Follow-Up Rates?

Follow-up rates from a clinical study show you how many women continue to provide information on their experience with breast implants.

The Pivotal Study enrolled 225 Primary Reconstruction patients. Of the women expected to be seen at the 10-year follow-up visit, 81% were seen.

The Pivotal Study enrolled 68 Revision-Reconstruction patients. Of the women expected to be seen at the 10-year follow-up visit, 77% were seen.

### 5.1.3 What Are the Benefits?

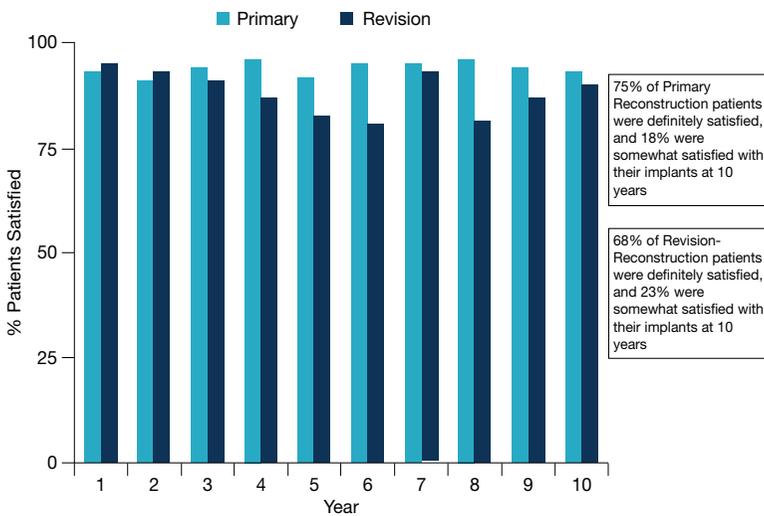
The benefits of *NATRELLE*® 410 Breast Implants were assessed by a variety of outcomes, including assessments of patient satisfaction and quality of life. Data were collected before implantation and at scheduled follow-up visits. Quality of life was assessed through the first 2 years after implantation.



**Patient Satisfaction:** Patients used a 5-point scale to rate their level of satisfaction with their implants at the time of the follow-up visits. Of the original 225 Primary Reconstruction patients, 134 (60%) provided a satisfaction rating at 10 years after implantation. Of these 134 patients, 75% indicated that they were definitely satisfied with their breast implants, 18% indicated that they were somewhat satisfied, 3% indicated that they were neither satisfied nor dissatisfied, 2% indicated that they were somewhat dissatisfied, and 2% indicated that they were definitely dissatisfied.

Of the original 68 Revision-Reconstruction patients, 40 (59%) provided a satisfaction rating at 10 years. Of these 40 patients, 68% indicated that they were definitely satisfied with their breast implants, 23% indicated that they were somewhat satisfied, 3% indicated that they were neither satisfied nor dissatisfied, and 8% indicated that they were somewhat dissatisfied. See Figure 1 below.

Figure 1.  
PRIMARY RECONSTRUCTION AND REVISION-RECONSTRUCTION  
PATIENT SATISFACTION THROUGH 10 YEARS



**Quality of Life Assessments:** To assess quality of life, patients answered a series of questions collected from several quality of life scales.

For Primary Reconstruction patients, prior to implantation, scores on the SF-36 Scale, which measures mental and physical health, were for the most part significantly higher than the general female population. At 2 years, the only significant decrease was in the subscale “reported health transition.” There were no significant changes on the Rosenberg Self-Esteem Scale and on the Body Esteem scale at 2 years. On the Rowland Expectation instrument, patients showed a significant positive change in “improve well-being.”

Primary Reconstruction patients also had significantly improved satisfaction with specific aspects of their breasts after implantation, such as the size, shape, feel, and how well they matched.

Revision-Reconstruction patients did not undergo a quality of life assessment.

#### 5.1.4 What Are the 10-Year Complication Rates?

The complications observed in Primary Reconstruction and Revision-Reconstruction women are presented in [Table 2](#) and [Table 3](#), respectively. The rates reflect the percentage of patients who experienced the listed complication at least once within the first 3, 5, 7, or 10 years after their implant surgery. Some complications occurred more than once for some patients. Please refer to the Glossary at the front of this brochure for the definition of any complication you may not understand.

The most common complication for Primary Reconstruction patients within the first 10 years following implantation was reoperation (56%, or 56 patients out of 100). The most common complication Revision-Reconstruction patients experienced was also reoperation (49%, or 49 patients out of 100).



**Table 2**  
**COMPLICATION RATES FOR**  
**PRIMARY RECONSTRUCTION PATIENTS (N = 225)**

KEY COMPLICATIONS <sup>a</sup>	YEAR 3	YEAR 5	YEAR 7	YEAR 10
Reoperation	32.9%	39.6%	44.7%	56.4%
Implant Replacement	14.8%	18.9%	24.8%	34.3%
Capsular Contracture (Baker Grade III/IV)	7.8%	10.5%	11.1%	14.5%
Implant Rupture	MRI Cohort	3.1%	10.1%	12.4%
	Non-MRI Cohort	0%	6.1%	6.1%
Implant Removal without Replacement	2.9%	4.6%	5.3%	6.7%
OTHER COMPLICATIONS OCCURRING IN AT LEAST 1% OF PATIENTS <sup>b,c</sup>	YEAR 3	YEAR 5	YEAR 7	YEAR 10
Asymmetry	8.5%	9.6%	10.2%	12.4%
Breast Pain	3.0%	4.7%	5.3%	8.2%
Hematoma	1.0%	1.0%	1.0%	1.0%
Hypertrophic/Other Abnormal Scarring	4.2%	4.8%	4.8%	4.8%
Implant Malposition	2.9%	2.9%	3.5%	5.7%
Implant Palpability/Visibility	0.5%	0.5%	0.5%	1.2%
Infection	4.3%	5.4%	5.4%	6.1%
Upper Pole Fullness	4.2%	4.2%	4.2%	4.2%
Seroma/Fluid Accumulation	1.4%	1.4%	2.0%	2.8%
Swelling	3.3%	3.8%	3.8%	5.3%
Wrinkling/Rippling	2.5%	2.5%	3.7%	6.2%
Other Complications	3.9%	4.4%	4.4%	6.0%

<sup>a</sup> Most complications were assessed with severity ratings. This table only includes complications rated moderate, severe, or very severe (excludes mild and very mild ratings). For reoperation, implant removal or replacement, implant rupture, implant extrusion, and pneumothorax all occurrences are included.

<sup>b</sup> The following complications were reported at a rate less than 1%: capsule calcification, delayed wound healing, implant extrusion, nipple complications, redness, skin rash, and tissue/skin necrosis

<sup>c</sup> The following complications were reported at a rate of 0%: breast/skin sensation changes, bruising, irritation, lymphadenopathy, lymphedema, palpable orientation mark, pneumothorax, and ptosis

**Table 3**  
**COMPLICATION RATES FOR**  
**REVISION-RECONSTRUCTION PATIENTS (N = 68)**

KEY COMPLICATIONS <sup>a</sup>	YEAR 3	YEAR 5	YEAR 7	YEAR 10	
Reoperation	21.0%	30.1%	39.9%	48.5%	
Implant Replacement	15.1%	18.2%	28.4%	39.3%	
Capsular Contracture (Baker Grade III/IV)	10.8%	16.0%	21.5%	26.8%	
Implant Rupture	MRI Cohort	0%	14.3%	19.6%	19.6%
	Non-MRI Cohort	0%	5.0%	5.0%	5.0%
Implant Removal without Replacement	0%	1.9%	1.9%	4.9%	
OTHER COMPLICATIONS OCCURRING IN AT LEAST 1% OF PATIENTS <sup>b</sup>	YEAR 3	YEAR 5	YEAR 7	YEAR 10	
Asymmetry	9.4%	13.0%	14.8%	17.4%	
Breast Pain	3.1%	4.8%	4.8%	7.8%	
Bruising	1.5%	1.5%	1.5%	1.5%	
Delayed Wound Healing	2.9%	2.9%	2.9%	2.9%	
Hypertrophic/Other Abnormal Scarring	1.5%	3.2%	3.2%	3.2%	
Implant Malposition	3.0%	3.0%	3.0%	8.0%	
Implant Palpability/Visibility	1.5%	1.5%	1.5%	4.2%	
Infection	4.5%	4.5%	8.5%	8.5%	
Nipple Complications	1.7%	1.7%	1.7%	1.7%	
Redness	2.9%	2.9%	4.9%	4.9%	
Seroma/Fluid Accumulation	4.4%	6.2%	6.2%	6.2%	
Swelling	1.5%	3.2%	3.2%	3.2%	
Tissue/Skin Necrosis	1.5%	1.5%	1.5%	1.5%	
Upper Pole Fullness	1.5%	1.5%	1.5%	1.5%	
Wrinkling/Rippling	7.7%	7.7%	7.7%	12.8%	
Other Complications	1.7%	1.7%	3.6%	3.6%	

<sup>a</sup> Most events were assessed with severity ratings. This table only includes complications rated moderate, severe, or very severe (excludes mild and very mild ratings). For reoperation, implant removal or replacement, implant rupture, implant extrusion, and pneumothorax all occurrences are included.

<sup>b</sup> The following complications were reported at a rate of 0%: breast/skin sensation changes, capsule calcification, extrusion of intact implant, hematoma, irritation, lymphadenopathy, lymphedema, palpable orientation mark, pneumothorax, ptosis, skin rash



### 5.1.5 What Are the Main Reasons for Reoperation?

The main reasons Primary Reconstruction and Revision-Reconstruction patients underwent additional surgery for their breast implant (reoperation) at years 3, 5, 7, and 10 are presented in [Table 4](#) and [Table 5](#), respectively. Women may have had a reoperation for one or more reasons. Furthermore, a surgeon may perform multiple surgical procedures during a single reoperation. For example, during a single reoperation a surgeon may perform incision and drainage, remove the capsule, replace the implant, reposition the implant, and perform scar revision.

In Allergan's Pivotal study, there were 295 surgical procedures performed during 163 reoperations involving 155 Primary Reconstruction patients (68.9% of Primary Reconstruction patients). The most common reason for reoperation through 10 years in Primary Reconstruction patients was because of scarring/hypertrophic scarring (31 of 163 reoperations, or 19.0%).

In Allergan's Pivotal Study, there were 91 surgical procedures performed during 40 reoperations involving 31 Revision-Reconstruction patients (45.6% of Revision-Reconstruction patients). The most common reason for reoperation through 10 years in Revision-Reconstruction patients was because of capsular contracture (9 of 40 reoperations, or 22.5%).

**Table 4**  
**MAIN REASONS FOR REOPERATION IN**  
**PRIMARY RECONSTRUCTION PATIENTS**

MAIN REASON FOR REOPERATION	YEAR 3	YEAR 5	YEAR 7	YEAR 10
Asymmetry	4 (4.5%)	7 (6.2%)	9 (7.0%)	13 (8.0%)
Breast Cancer Mass	1 (1.1%)	1 (0.9%)	2 (1.6%)	4 (2.5%)
Breast Pain	2 (2.2%)	3 (2.7%)	3 (2.3%)	4 (2.5%)
Breast Tissue Contour Deformity	5 (5.6%)	5 (4.4%)	5 (3.9%)	5 (3.1%)
Capsular Contracture	8 (9.0%)	14 (12.4%)	16 (12.4%)	20 (12.3%)
Extrusion of Intact Implant	2 (2.2%)	2 (1.8%)	2 (1.6%)	2 (1.2%)
Hematoma/Seroma	2 (2.2%)	2 (1.8%)	3 (2.3%)	3 (1.8%)
Implant Malposition	13 (14.6%)	14 (12.4%)	16 (12.4%)	20 (12.3%)
Infection	8 (9.0%)	9 (8.0%)	9 (7.0%)	9 (5.5%)
Necrosis	1 (1.1%)	1 (0.9%)	1 (0.8%)	1 (0.6%)
Need for Biopsy	0	4 (3.5%)	7 (5.4%)	12 (7.4%)
Patient Request for Style/Size Change	11 (12.4%)	12 (10.6%)	12 (9.3%)	12 (7.4%)
Ptosis (sagging)	5 (5.6%)	5 (4.4%)	6 (4.7%)	6 (3.7%)
Scarring/ Hypertrophic Scarring	24 (27.0%)	27 (23.9%)	28 (21.7%)	31 (19.0%)
Suspected Rupture	1 (1.1%)	4 (3.5%)	7 (5.4%)	16 (9.8%)
Wrinkling	2 (2.2%)	3 (2.7%)	3 (2.3%)	3 (1.8%)
Other <sup>a</sup>	0	0	0	2 (1.2%)
<b>Total</b>	<b>89</b> Reoperations (100%)	<b>113</b> Reoperations (100%)	<b>129</b> Reoperations (100%)	<b>163</b> Reoperations (100%)

<sup>a</sup> Other includes patient request and unknown

**Table 5**  
**MAIN REASONS FOR REOPERATION IN**  
**REVISION-RECONSTRUCTION PATIENTS**

MAIN REASON FOR REOPERATION	YEAR 3	YEAR 5	YEAR 7	YEAR 10
Asymmetry	1 (6.3%)	2 (8.3%)	2 (6.5%)	2 (5.0%)
Breast Tissue Contour Deformity	0	0	0	1 (2.5%)
Capsular Contracture	4 (25.0%)	4 (16.7%)	7 (22.6%)	9 (22.5%)
Delayed Wound Healing	3 (18.8%)	3 (12.5%)	3 (9.7%)	3 (7.5%)
Hematoma/Seroma	1 (6.3%)	1 (4.2%)	1 (3.2%)	1 (2.5%)
Gel Fracture	1 (6.3%)	0	0	0
Implant Malposition	2 (12.5%)	3 (12.5%)	3 (9.7%)	4 (10.0%)
Infection	1 (6.3%)	1 (4.2%)	3 (9.7%)	3 (7.5%)
Need for Biopsy	0	1 (4.2%)	1 (3.2%)	2 (5.0%)
Nipple Complications	0	2 (8.3%)	2 (6.5%)	2 (5.0%)
Patient Request for Style/Size Change	1 (6.3%)	4 (16.7%)	3 (9.7%)	4 (10.0%)
Scarring/Hypertrophic Scarring	0	1 (4.2%)	1 (3.2%)	1 (2.5%)
Suspected Rupture	1 (6.3%)	0	1 (3.2%)	3 (7.5%)
Wrinkling	1 (6.3%)	2 (8.3%)	2 (6.5%)	3 (7.5%)
Unknown <sup>a</sup>	0	0	2 (6.5%)	2 (5.0%)
<b>Total</b>	16 Reoperations (100%)	24 Reoperations (100%)	31 Reoperations (100%)	40 Reoperations (100%)

<sup>a</sup> Two reoperations were performed for reasons not provided

### 5.1.6 What Are the Main Reasons for Implant Removal?

The main reasons Primary Reconstruction and Revision-Reconstruction women had implants removed through 10 years are presented in Figure 2 and Figure 3, respectively. For Primary Reconstruction patients, 115 implants were removed from 78 patients. Of these 115 implants, 97 were replaced. The most common reason for implant removal was that the patient requested a different implant style or size (24 of the 115 implants removed, or 21%).

For Revision-Reconstruction patients, 40 implants were removed from 26 patients. Of these 40 implants, 37 were replaced. The most common reason for implant removal was capsular contracture (10 of the 40 implants removed, or 25%).

Figure 2.  
MAIN REASONS FOR IMPLANT REMOVAL THROUGH 10 YEARS  
PRIMARY RECONSTRUCTION (N = 115 IMPLANTS)

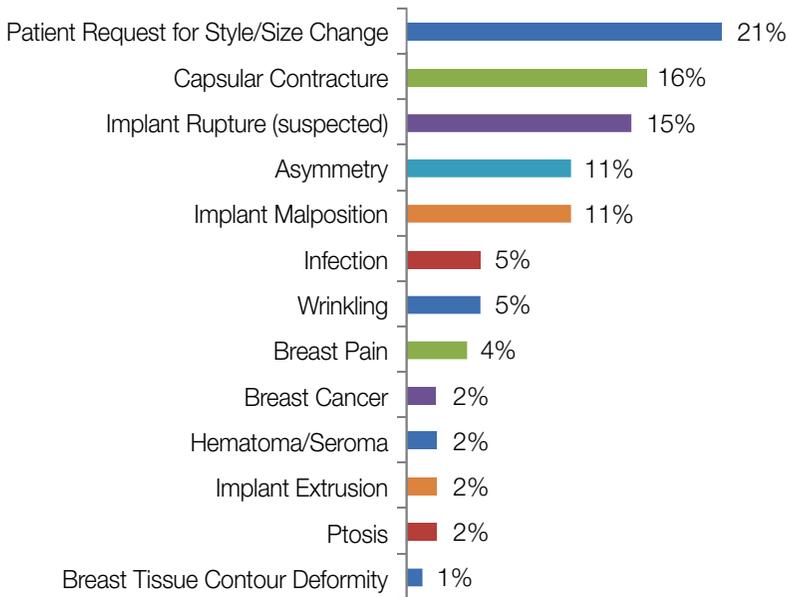
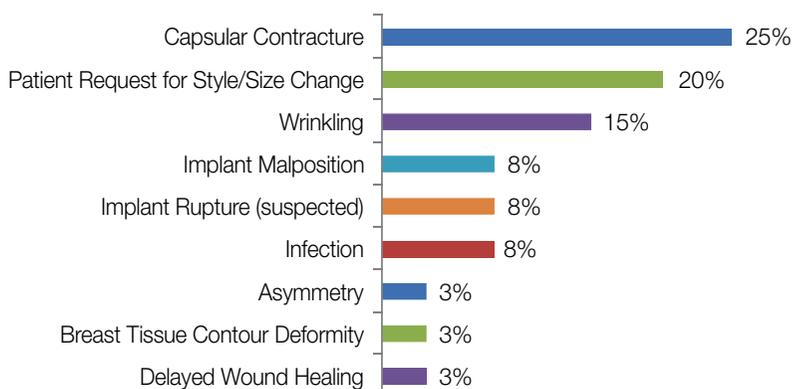


Figure 3.  
 MAIN REASONS FOR IMPLANT REMOVAL THROUGH 10 YEARS  
 REVISION-RECONSTRUCTION (N = 40 IMPLANTS)



### 5.1.7 What Are Other Clinical Data Findings?

Below is a summary of clinical findings from the Pivotal Study with regard to connective tissue disease (CTD), CTD signs and symptoms, cancer, lactation complications, reproduction complications, and suicide. These issues, along with others, are being further evaluated as part of an Allergan post-approval study of patients followed through 10 years.

#### IMPLANT RUPTURE

The rupture rate for the whole MRI cohort in Allergan's Pivotal Study (including Primary Augmentation, Revision-Augmentation, Primary Reconstruction, and Revision-Reconstruction patients) through 10 years was 16.4% for patients and 9.7% for implants. For the non-MRI cohort the rupture rate through 10 years was 15.5% for patients and 10.1% for implants. For Primary Reconstruction patients in the MRI cohort, 12.4% of patients had a ruptured implant, and 9.4% of implants ruptured through 10 years. For Revision-Reconstruction patients in the MRI cohort, 19.6% of patients had a ruptured implant, and 12.0% of implants ruptured through 10 years. This means that through 10 years, approximately 12 of every 100 Primary Reconstruction patients and 20 out of 100 Revision-Reconstruction had at least one ruptured breast implant.

For all ruptured implants in the Pivotal Study, the silicone gel remained within the capsule surrounding the implant.

## CTD DIAGNOSES

There were 2 Primary Reconstruction patients (0.9%) in the Pivotal Study who reported CTDs through 10 years. One patient had a new diagnosis of alopecia at 7 months after implantation and rheumatoid arthritis at 25 months after implantation and another patient had fibromyalgia 27 months after implantation. There was 1 Revision-Reconstruction patient (1.5%) who reported a CTD through 10 years of rheumatoid arthritis at 98 months after implantation. It cannot be concluded that these CTD diagnoses were caused by the implants because there was no comparison group of similar patients without implants.

## CTD SIGNS AND SYMPTOMS

Patients who are not diagnosed with a CTD may still have some of the signs or symptoms of these diseases. In Allergan's Pivotal Study, self-reported signs and symptoms were collected at the 2, 4, 6, 8, and 10 year follow-up visits in the categories of General, Gastrointestinal, Neurological, Urinary, Global, Pain, Fatigue, Fibromyalgia, Joint, Muscular, Skin, and Other. Statistically significant increases were found for Primary Reconstruction patients in the symptom categories of Pain and Fatigue. For Revision-Reconstruction patients, no significant increases were found.

The Pivotal Study was not designed to evaluate cause-and-effect associations because there is no comparison group of patients without implants. Further, other factors that might contribute to CTD signs and symptoms, such as medications, lifestyle, and exercise, were not studied. Therefore, it cannot be determined whether any increase in CTD signs and symptoms was due to the implants or not, based on the Pivotal Study. However, you should be aware that you may experience an increase in these symptoms after receiving breast implants.

## CANCER

There were 17 Primary Reconstruction patients (7.6%) with a recurrence of breast cancer through 10 years, and 1 report of Non-Hodgkin's lymphoma and 1 report of uterine cancer.

There were no Revision-Reconstruction patients with recurrence of breast cancer through 10 years, and no reports of other cancers in Revision-Reconstruction patients.

One Reconstruction patient in the pivotal study was reported with ALCL through 10 years.



## LACTATION COMPLICATIONS

Two Primary Reconstruction patients attempted to breastfeed following implantation in the Pivotal Study and did not experience any difficulties with breastfeeding. No Revision-Reconstruction patients attempted to breastfeed following implantation.

## REPRODUCTION COMPLICATIONS

One (0.4%) of the Primary Reconstruction patients in the Pivotal Study reported a reproduction problem through 10 years. One (1.5%) Revision-Reconstruction patient experienced a reproduction problem through 10 years.

## SUICIDE

There were no reports of suicide in the Primary Reconstruction and Revision-Reconstruction patients in the Pivotal Study through 10 years.

## 5.2 Allergan's 410XL-001 Study

This study evaluated the *NATRELLE*® 410 Breast Implants, Styles FX, MX, LX, LF, LM, LL, ML, and FL. See [page 38](#) for a representation of all *NATRELLE*® 410 Styles.

### 5.2.1 What Are the Overview Findings of Allergan's 410XL-001 Study?

Allergan's 410XL-001 Study is a study to assess safety and effectiveness of 410 Styles FX, MX, LX, LF, LM, LL, ML, and FL in Primary Augmentation, Primary Reconstruction, and Revision (Revision-Augmentation and Revision-Reconstruction) patients. Patients undergo annual follow-up. Safety is assessed by complications, such as implant rupture, capsular contracture, and reoperation. Benefit (effectiveness) is assessed by patient satisfaction, and measures of quality of life.

Allergan's 410XL-001 Study consists of 331 patients. This includes 99 Primary Reconstruction patients and 60 Revision-Reconstruction patients (the remainder are Primary Augmentation and Revision-Augmentation patients). All of these patients are assessed for silent rupture by MRI at every other year beginning at Year 3. The study is currently ongoing, with results through 3 years reported in this brochure. You should also ask your surgeon for any available updated Allergan clinical information.

Allergan's 410XL-001 Study results indicate that 44.4% of Primary Reconstruction patients and 35.0% of Revision-Reconstruction patients will have at least 1 occurrence of any complication (including reoperation) at some point through 3 years after implant surgery. The information below provides more details about the complications and benefits you may experience. Please refer to the glossary for the definition of any complication you may not understand.

## 5.2.2 What Are the 3-Year Follow-Up Rates?

Follow-up rates from a clinical study show you how many women continue to provide information on their experience with breast implants.

The 410XL-001 Study enrolled 99 Primary Reconstruction patients. All 99 women were seen at the 3-year follow-up visit.

The 410XL-001 Study enrolled 60 Revision-Reconstruction patients. All 60 women were seen at the 3-year follow-up visit.

## 5.2.3 What Are the Benefits?

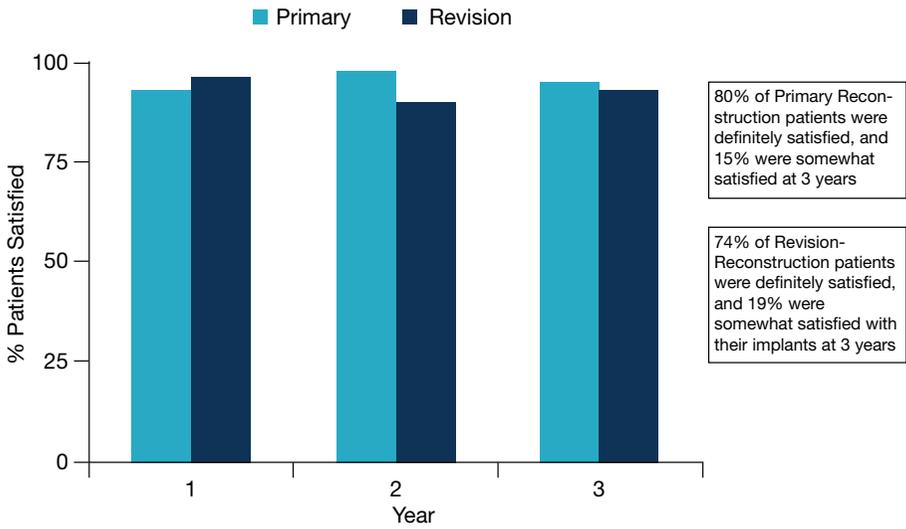
The benefits of *NATRELLE*® 410 Breast Implants were assessed by a variety of outcomes, including assessments of patient satisfaction and quality of life. Data were collected before implantation and at scheduled follow-up visits. Quality of life was assessed through the first 2 years after implantation.

Patient Satisfaction: Patients used a 5-point scale to rate their level of satisfaction with their implants at the time of the follow-up visits. Of the original 99 Primary Reconstruction patients, 99 (100%) provided a satisfaction rating at 3 years after implantation. Of these 99 patients, 80% indicated that they were definitely satisfied with their breast implants, 15% indicated that they were somewhat satisfied, 3% indicated that they were neither satisfied nor dissatisfied, 2% indicated that they were somewhat dissatisfied, and 0% indicated that they were definitely dissatisfied.

Of the original 60 Revision-Reconstruction patients, 57 (95%) provided a satisfaction rating at 3 years. Of these 57 patients, 74% indicated that they were definitely satisfied with their breast implants, 19% indicated that they were somewhat satisfied, 5% indicated that they were neither satisfied nor dissatisfied, 0% indicated that they were somewhat dissatisfied, and 2% indicated that they were definitely dissatisfied. See [Figure 4](#) below.



Figure 4.  
PRIMARY RECONSTRUCTION AND REVISION-RECONSTRUCTION  
PATIENT SATISFACTION THROUGH 3 YEARS



Quality of Life Assessments: To assess quality of life, patients answered a series of questions collected from several quality of life scales.

For Primary Reconstruction patients, prior to implantation, scores on the SF-36 Scale, which measures mental and physical health, were significantly higher than the general female population, with the exception of role limitations due to physical problems. At 2 years, significant improvements in the “role limitations due to physical problems”, “physical functioning”, and “bodily pain” subscales were seen. There were no significant changes on the Rosenberg Self-Esteem Scale, the Body Esteem scale, or the Rowland Expectation scale at 2 years.

Primary Reconstruction patients also had significantly improved satisfaction at 1 and 2 years after implantation with specific aspects of their breasts, such as the size, shape, and feel.

Revision-Reconstruction patients did not undergo a quality of life assessment.

## 5.2.4 What Are the 3-Year Complication Rates?

The complications observed in Primary Reconstruction and Revision-Reconstruction women are presented in Table 6 and [Table 7](#), respectively. The rates reflect the percentage of patients who experienced the listed complication at least once within the first 3 years after their implant surgery. Some complications occurred more than once for some patients. Please refer to the Glossary at the front of this brochure for the definition of any complication you may not understand.

The most common complication for Primary Reconstruction patients within the first 3 years following implantation was reoperation (37%, or 37 patients out of 100). The most common complication Revision-Reconstruction patients experienced was also reoperation (35%, or 35 patients out of 100).

Table 6  
COMPLICATION RATES FOR  
PRIMARY RECONSTRUCTION PATIENTS (N = 99)

KEY COMPLICATIONS <sup>a</sup>	YEAR 3
Reoperation	37.4%
Implant Replacement	0%
Capsular Contracture (Baker Grade III/IV)	2.0%
Implant Rupture	1.3%
Implant Removal without Replacement	0%
OTHER COMPLICATIONS OCCURRING IN AT LEAST 1% OF PATIENTS <sup>b</sup>	YEAR 3
Asymmetry	3.0%
Breast Pain	1.0%
Implant Malposition	4.0%
Infection	2.0%
Redness	2.0%
Other Complications	2.5%

<sup>a</sup> Most complications were assessed with severity ratings. This table only includes complications rated moderate, severe, or very severe (excludes mild and very mild ratings). For reoperation, implant removal or replacement, implant rupture, implant extrusion, and pneumothorax, all occurrences are included regardless of severity.

<sup>b</sup> The following complications were reported at a rate of 0%: breast/skin sensation changes, bruising, capsule calcification, delayed wound healing, hematoma, hypertrophic/other abnormal scarring, implant extrusion, implant palpability/visibility, irritation, lymphadenopathy, lymphedema, nipple complications, palpable orientation mark, pneumothorax, ptosis, seroma/fluid accumulation, skin rash, upper pole fullness, swelling, tissue/skin necrosis, and wrinkling/rippling.



Table 7  
COMPLICATION RATES FOR  
REVISION-RECONSTRUCTION PATIENTS (N = 60)

KEY COMPLICATIONS <sup>a</sup>	YEAR 3
Reoperation	35.0%
Implant Replacement	1.7%
Capsular Contracture (Baker Grade III/IV)	1.7%
Implant Rupture	7.1%
Implant Removal without Replacement	0%
OTHER COMPLICATIONS OCCURRING IN AT LEAST 1% OF PATIENTS <sup>b</sup>	YEAR 3
Implant Malposition	1.7%
Wrinkling/Rippling	1.7%

<sup>a</sup> Most events were assessed with severity ratings. This table only includes complications rated moderate, severe, or very severe (excludes mild and very mild ratings). For reoperation, implant removal or replacement, implant rupture, implant extrusion, and pneumothorax all occurrences are included regardless of severity.

<sup>b</sup> The following complications were reported at a rate of 0%: asymmetry, breast pain, bruising, capsule calcification, delayed wound healing, hematoma, hypertrophic scarring/other abnormal scarring, implant extrusion, implant palpability/visibility, infection, irritation, loss of nipple sensation, loss of skin sensation, lymphadenopathy, lymphedema, nipple complications, palpable orientation mark, pneumothorax, ptosis, redness, seroma/fluid accumulation, skin hypersensitivity/skin paresthesia, skin rash, swelling, tissue/skin necrosis, upper pole fullness.

### 5.2.5 What Are the Main Reasons for Reoperation?

The main reasons Primary Reconstruction and Revision-Reconstruction patients underwent additional surgery for their breast implant (reoperation) through 3 years are presented in [Table 8](#) and [Table 9](#), respectively. Women may have had a reoperation for one or more reasons. Furthermore, a surgeon may perform multiple surgical procedures during a single reoperation. For example, during a single reoperation a surgeon may perform incision and drainage, remove the capsule, replace the implant, reposition the implant, and perform scar revision.

In Allergan's 410XL-001 study, there were 76 surgical procedures performed during 38 reoperations involving 38 Primary Reconstruction patients (38.4% of all Primary Reconstruction patients). The most common reason for reoperation through 3 years in Primary Reconstruction patients was breast cancer mass (16 of 32 reoperations, or 50.0%).

In Allergan's 410XL-001 Study, there were 53 surgical procedures performed during 22 reoperations involving 22 Revision-Reconstruction patients (36.7% of all Revision-Reconstruction patients). The most common reason for reoperation through 3 years in Revision-Reconstruction patients was breast cancer mass (6 of 18 reoperations, or 33.3%).

Table 8  
MAIN REASONS FOR REOPERATION IN  
PRIMARY RECONSTRUCTION PATIENTS

MAIN REASON FOR REOPERATION	YEAR 3
Asymmetry	7 (21.9%)
Breast Cancer Mass	16 (50.0%)
Capsular Contracture	1 (3.1)
Implant Malposition	2 (6.3%)
Infection	2 (6.3%)
Suspected Rupture	1 (3.1%)
Wrinkling	1 (3.1%)
Other <sup>a</sup>	2 (6.3%)
<b>Total</b>	<b>32 Reoperations (100%)</b>

<sup>a</sup> Deformity

Table 9  
MAIN REASONS FOR REOPERATION IN  
REVISION-RECONSTRUCTION PATIENTS

MAIN REASON FOR REOPERATION	YEAR 3
Breast Cancer Mass	6 (33.3%)
Breast Pain	1 (5.6%)
Capsular Contracture	1 (5.6%)
Hematoma/Seroma	6 (33.3%)
Implant Malposition	1 (5.6%)
Wrinkling	2 (11.1%)
Other <sup>a</sup>	1 (5.6%)
<b>Total</b>	<b>18 Reoperations (100%)</b>

<sup>a</sup> Contour defect



## 5.2.6 What Are the Main Reasons for Implant Removal?

For Primary Reconstruction patients, no implants were removed.

For Revision-Reconstruction patients, 1 implant was removed and replaced for breast cancer mass.

## 5.2.7 What Are Other Clinical Data Findings?

Below is a summary of clinical findings from the 410XL-001 Study with regard to rupture, connective tissue disease (CTD), CTD signs and symptoms, cancer, lactation complications, reproduction complications, and suicide. These issues, along with others, are being further evaluated as part of an Allergan post-approval study of patients followed through 10 years.

### IMPLANT RUPTURE

The rupture rate in Allergan's 410XL-001 Study (including Primary Augmentation, Revision-Augmentation, Primary Reconstruction, and Revision-Reconstruction patients) through 3 years was 3.1% for patients and 1.9% for implants. For Primary Reconstruction patients, 1.3% of patients had a ruptured implant, and 0.8% of implants ruptured through 3 years. For Revision Reconstruction patients, 7.1% of patients had a ruptured implant, and 5.7% of implants ruptured through 3 years. This means that through 3 years, 1 out of every 100 Primary Reconstruction patients and 7 out of every 100 Revision-Reconstruction patients had at least one ruptured breast implant.

### CTD DIAGNOSES

There were no new diagnoses of connective tissue diseases through 3 years in the XL-001 Study.

### CTD SIGNS AND SYMPTOMS

Patients who are not diagnosed with a CTD may still have some of the signs or symptoms of these diseases. In Allergan's 410XL-001 Study, self-reported signs and symptoms were collected at the Year 2 follow-up visit in the categories of General, Gastrointestinal, Neurological, Urinary, Global, Pain, Fatigue, Fibromyalgia, Joint, Muscular, Skin, and Other. For Primary Reconstruction patients, at 2 years no statistically significant increases after accounting for age were found. In the Revision-Reconstruction cohort, the incidence of joint signs and symptoms increased significantly after accounting for age, however, no other signs and symptoms were significant for this cohort.

The 410XL-001 Study was not designed to evaluate cause-and-effect associations because there is no comparison group of patients without implants. Further, other factors that might contribute to CTD signs and symptoms, such as medications, lifestyle, and exercise, were not studied. Therefore, it cannot be determined whether any increase in CTD signs and symptoms was due to the implants or not, based on the 410XL-001 Study. However, you should be aware that you may experience an increase in these symptoms after receiving breast implants.

## CANCER

There was 1 Primary Reconstruction patient with recurrence of breast cancer through 3 years.

There were no Revision-Reconstruction patients with a recurrence of breast cancer through 3 years.

No patients in the 410XL-001 study were reported with ALCL through 3 years.

## LACTATION COMPLICATIONS

No Reconstruction or Revision-Reconstruction patients attempted to breastfeed following implantation.

## REPRODUCTION COMPLICATIONS

One (1.7%) of the Revision-Reconstruction patients in the 410XL-001 Study reported 1 reproduction problem (spontaneous miscarriage) through 3 years.

## SUICIDE

There were no reports of suicide in the Primary Reconstruction and Revision-Reconstruction patients in the 410XL-001 Study through 3 years.

# 6.0 ADDITIONAL INFORMATION

## 6.1 What If I Experience a Problem?

You will be given a device identification card with the style and serial number of your breast implant(s). This card is for your permanent record and should be kept in a safe place. In the event you have a concern or problem with your implant you can use this card to describe the implant to your health care provider or to Allergan.



You should immediately report any problems that you notice with your implants to your plastic surgeon. If you believe that you have experienced a serious problem(s) related to your breast implants, you should have your health professional report the problem(s) to the Food and Drug Administration (FDA and/or to Allergan). You may also report any serious problem directly through the FDA's MedWatch voluntary reporting system. An adverse event is considered serious and should be reported when it results in a hospitalization, disability, congenital problem with your child, or other medical or surgical intervention. The information reported to MedWatch is entered into databases to be used to follow safety trends (patterns) of a device and to determine whether further follow-up of any potential safety issues related to the device is needed.

To report, use MedWatch Form 3500, which may be obtained through FDA's website at <http://www.fda.gov/medwatch/index.html>. You may also call 1.888.INFO.FDA (1.888.463.6332), 10 am to 4 pm Eastern Time, Monday through Friday, to receive an additional FDA MedWatch Package. Keep a copy of the MedWatch form completed by your surgeon for your records.

## 6.2 What Is Device Tracking?

Silicone gel-filled breast implants are subject to Device Tracking by federal regulation. This means that your physician will be required to submit to Allergan the serial number of the implant(s) you receive, the date of surgery, information relating to the physician's practice and information on the patient receiving the implant(s). Your surgeon will write this information on the Device Tracking Form supplied by Allergan with each silicone-filled breast implant. Your surgeon will return the first page of the form to Allergan following surgery. The second page of the form will be provided to you following surgery. You have the right to remove your personal information from Allergan's Device Tracking program. If you choose NOT to participate in Device Tracking, please check the appropriate box on the Device Tracking form and return to Allergan. You also have the right to have your personal information withheld from disclosure to third parties who may request information from Allergan, such as the FDA. If you choose to participate in the Device Tracking program but do NOT want your personal information to be released to third parties, please also check the appropriate box.

Allergan strongly recommends that all patients receiving NATRELLE® 410 Breast Implants participate in Allergan's Device Tracking program. This will help ensure that Allergan has a record of each patient's contact information so that all patients can be contacted in the case of a recall or other problems with the implants.

## ASSESSMENT OF INFORMATION EFFECTIVENESS

The “Required Information” section of the Device Tracking Form also has a question designed to assess the effectiveness of this *Breast Reconstruction with NATRELLE® 410 Highly Cohesive Anatomically Shaped Silicone-Filled Breast Implants* patient brochure provided prior to your surgery. This question asks you to verify that you received and had adequate time to review this important information. Please check either yes or no. When the Required Information section is complete, return the entire page to Allergan by fax or mail, using the information provided on the form.

Please inform Allergan whenever your contact information changes by calling 1.877.641.4844 or e-mailing [SB-DeviceTracking@allergan.com](mailto:SB-DeviceTracking@allergan.com).

### 6.3 What is the *ConfidencePlus*® Limited Warranty?

The *ConfidencePlus*® Limited Warranty provide lifetime replacement and limited financial reimbursement in the event of shell leakage or breakage resulting in implant rupture, subject to certain conditions as fully set forth in the *ConfidencePlus*® literature. Allergan offers two levels of coverage under its warranty program. Our standard *ConfidencePlus*® Premier Limited Warranty program applies automatically to every Allergan *NATRELLE*® 410 breast implant recipient subject to the conditions set forth in the *ConfidencePlus*® literature. For more information, please visit [www.cppwarranty.com](http://www.cppwarranty.com) or contact Allergan’s Product Surveillance Department at 1.800.624.4261

### 6.4 How Can I Receive More Information?

Upon request, you will be provided with a copy of the package insert (Directions for Use; *NATRELLE*® 410 Highly Cohesive Anatomically Shaped Silicone-Filled Breast Implants). You can request a copy from your surgeon or from Allergan. It can also be found on [www.allergan.com/labeling/usa.htm](http://www.allergan.com/labeling/usa.htm). The package insert has many undefined medical and technical terms because it contains information directed only to the surgeon.

For more detailed information on the preclinical and clinical studies conducted by Allergan, you are referred to the Summary of Safety and Effectiveness Data (SSED) for this product which may be accessed at [www.fda.gov/breastimplants](http://www.fda.gov/breastimplants).

If, after reading this information, you have additional questions about breast implants or breast implant surgery, there are a number of resources available to you.



## TOLL-FREE NUMBER

If you are a patient or a prospective patient and wish to speak to an Allergan Breast Implant Support Specialist to inquire about breast implants, discuss any concerns, or request a copy of the patient labeling or package insert (Directions for Use), call toll free at 1.800.362.4426 (7 am to 5 pm Central Time).

## ADDITIONAL RESOURCES

Allergan

1.800.624.4261

[www.natrelle.com](http://www.natrelle.com)

[www.allergan.com](http://www.allergan.com)

Institute of Medicine Report on the Safety of Silicone Implants

[www.nap.edu/catalog/9618.html](http://www.nap.edu/catalog/9618.html)

Food and Drug Administration

1.888.INFO.FDA or 1.240.276.3103

[www.fda.gov/breastimplants](http://www.fda.gov/breastimplants)

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## Acknowledgement of Informed Decision

I understand that the patient labeling provided by Allergan is intended to provide information regarding the benefits and risks of silicone gel breast implants. I understand that some of this information is about breast implants in general and some is specific to Allergan's breast implants. I understand that choosing to have reconstruction breast surgery with implants involves both benefits and risks. I also understand that scientists and doctors have not been able to identify or quantify all of the risks of breast reconstruction with implants and that, over time, additional information may become available.

I have had adequate time to review and understand the information presented in the patient labeling, *Breast Reconstruction with NATRELLE® 410 Highly Cohesive Anatomically Shaped Silicone-Filled Breast Implants*. My concerns and questions have been addressed by my doctor. I have considered alternatives to reconstruction surgery, including use of external prostheses or surgery with saline-filled breast implants.

I am choosing to proceed with silicone gel-filled breast implant surgery.

By circling my response for each statement below and signing below, I acknowledge that:

**Yes / No** I have had adequate time to read and fully understand the information in this brochure,

**Yes / No** I have had an opportunity to discuss this information with my surgeon and to ask any questions I may have,

**Yes / No** I have carefully considered options other than reconstruction surgery with breast implants and have decided to proceed with silicone gel breast implant surgery,

**Yes / No** I have been advised to wait an adequate amount of time after reviewing and considering this information before scheduling my silicone gel breast implant surgery,

**Yes / No** I am aware that this patient labeling is available online, and I am aware that I may also ask my surgeon for a copy of this signed acknowledgment

Patient Name (Printed): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By my signature below, I acknowledge that:

- My patient has been given an opportunity to ask any and all questions related to this brochure, or any other issues of concern;
- All questions outlined above have been answered “Yes” by my patient;
- My patient has had an adequate amount of time before making her final decision, unless an earlier surgery was deemed medically necessary,
- This *Acknowledgement of Informed Decision* will be retained in my patient’s permanent record, and
- I have provided the device tracking form to my patient.

Surgeon Name (Printed): \_\_\_\_\_

Surgeon Signature: \_\_\_\_\_

Date: \_\_\_\_\_





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