

Making an Informed Decision

Breast Surgery with
NATRELLE[®] Saline-Filled
Breast Implants



AMBER

Nurse
NATRELLE[®] Style 68HP

Natrelle[®]

 ALLERGAN



Introduction

TO THE PATIENT

The information contained in this booklet, *Making an Informed Decision, Breast Surgery with NATRELLE® Saline-Filled Breast Implants*, is designed to provide you with an understanding of the risks and benefits of surgery with **NATRELLE®** saline-filled breast implants, as well as provide an overview of the experience of patients in Allergan clinical studies.

Please review this information to ensure your preoperative consultation is effective and comprehensive. Make notes about issues that you would like to further discuss with your plastic surgeon, and ask questions. Give yourself time to consider your choices and proceed with surgery only after you are satisfied that the decision is right for you.

TO THE HEALTHCARE PROFESSIONAL

Discussion of the content of this document is an important part of the informed decision making process for the patient. Please take time to familiarize yourself with the information presented here and incorporate it into your pre-operative discussion.

For your convenience, the following signature block is provided as a means of documenting the preoperative discussion in the patient's file.

After removing the signature block, please give this book to the patient for her records.





Making an Informed Decision

Saline-Filled Breast Implant surgery

I have reviewed the information presented in *Making an Informed Decision, Breast Surgery with NATRELLE® Saline-Filled Breast Implants*. My concerns and questions have been addressed by my doctor, and I have considered alternatives to surgery, including use of external prostheses.

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

Patient Name _____

Patient Signature _____

Date _____

Surgeon Name _____

Surgeon Signature _____

Date _____



Table of Contents

Glossary	7
1. Considering Saline-Filled Breast Implant Surgery	15
1.1 What gives the breast its shape?	15
1.2 What is a saline-filled breast implant?	16
1.3 Are saline-filled breast implants right for you?	17
1.4 What important factors should you consider in choosing saline-filled implants?	18
2. Potential Breast Implant Complications.....	20
2.1 What are the potential complications?	20
2.2 What are other reported conditions?	25
3. General Surgical Considerations	27
3.1 What are questions to consider when choosing a surgeon?	27
3.2 What are other choices and options associated with the surgery?	30
4. Surgical Considerations for Breast Augmentation ...	32
4.1 What are the alternatives to breast augmentation?	32
4.2 What is breast augmentation with breast implants?	32
4.3 What follow-up examinations are important?	36
5. Surgical Considerations for Breast Reconstruction ...	36
5.1 Should you have primary breast reconstruction?	37
5.2 What are the alternatives to breast reconstruction?	37
5.3 What are the choices in reconstructive procedures?	38
5.4 What is breast reconstruction with breast implants?	39
5.5 What reconstruction incision sites are used?	39
5.6 What about the surgical settings and anesthesia?	39
5.7 What is the timing of breast implant reconstruction?	40
5.8 What is the breast implant reconstruction procedure?	41
5.9 Breast reconstruction without implants: Tissue flap procedures	43

6. Overview of Allergan’s Clinical Studies	45
7. Primary Breast Augmentation Study Results	46
7.1 What were the follow-up rates?	47
7.2 What were the benefits?	47
7.3 What were the complication rates?	49
7.4 What were the reasons for reoperation?	49
7.5 What were the reasons for implant removal?	50
7.6 What were the complication rates after implant replacement?	50
7.7 What were the breast disease and CTD events?	51
8. Primary Breast Reconstruction Study Results	52
8.1 What were the follow-up rates?	52
8.2 What were the benefits?	52
8.3 What were the complication rates?	53
8.4 What were the reasons for reoperation?	54
8.5 What were the reasons for implant removal?	54
8.6 What were the complication rates after implant replacement?	55
8.7 What were the breast disease and CTD events?	55
9. Additional Information	56
9.1 What types of <i>NATRELLE</i> ® Saline-Filled Breast Implants are available from Allergan?	56
9.2 What if I experience a problem?	56
9.3 How can I receive more information?	57
Appendix – Data Tables	59



Glossary

Note: A glossary word appears in **bold** the first time it occurs in the text of this brochure.

Anaplastic large cell lymphoma 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 Lack of proportion of shape, size and/or position between the two breasts.

Autoimmune Disease A disease in which the body mounts an "attack" response to its own tissues or cell types. Normally, the body's immune mechanism is able to distinguish clearly between what is a normal substance and what is foreign. In autoimmune diseases, this system becomes defective and mounts an attack against normal parts of the body, causing tissue injury. Certain diseases such as rheumatoid arthritis, lupus, and scleroderma are considered to be autoimmune diseases.

Axillary Pertaining to the armpit area.

Biocompatible The condition of being compatible with living tissues or systems without being toxic.

Biopsy The removal and examination of tissues, cells, or fluid from the body.

Body Esteem Scale A questionnaire which asks about a person's body image.

Breast Augmentation A surgical procedure to increase breast size. For this document, it refers to placement of a breast implant. The first time a breast implant is placed to increase breast size, it is called primary augmentation. All subsequent times the implant is replaced it is called revision-augmentation.

Breast Implant	An internal artificial device or implant intended to replace the breast.
Breast Mass	A lump or body in the breast.
Breast Reconstruction	A surgical procedure 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. For this document, it refers to placement of a breast implant. The first time a breast implant is placed, it is called primary reconstruction. All subsequent times the implant is replaced it is called revision-reconstruction.
Calcification	Process of hardening by calcium salts.
Capsular Contracture	<p>A tightening of the tissue capsule surrounding an implant, resulting in firmness or hardening of the breast and in squeezing of the implant if severe. Capsular contracture is classified by Baker Grades. Grades III or IV are the most severe. Grade III often results in the need for additional surgery (reoperation) because of pain and possibly abnormal appearance. Grade IV usually results in the need for additional surgery (reoperation) because of pain and unacceptable appearance. Capsular contracture II may also result in the need for additional surgery. Capsular contracture is a risk for implant breakage. Below is a description of each Baker Grade.</p> <ul style="list-style-type: none"> • 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 looks abnormal (change in shape) • Baker Grade IV – Hard, obvious distortion, and tenderness with pain
Capsule	Scar tissue which forms around the breast implant. Sometimes this capsule squeezes the implant, resulting in capsular contracture.

Capsulectomy	Surgical removal of the scar tissue capsule around the 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 is a known risk for breakage of the implant and is contraindicated.
Capsulotomy (Open)	An attempt to break the scar tissue capsule around the implant by surgical incision into the scar tissue capsule around the implant.
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.
Deflation	Refers to loss of saline from a saline-filled breast implant due to a tear or cut in the implant shell or possibly a valve leak.
Delayed wound healing	Delayed progress in the healing of an opened wound.
Displacement	Movement of the implant from the usual or proper place.
Dysmorphic Disorder	A psychological condition characterized by an obsession with a minor or an imagined physical flaw to the point that it can interfere with normal functioning.

Epidemiological	Relating to the science of explaining the relationships of factors that determine disease frequency and distribution.
Extrusion	Skin breakdown with the pressing out of the implant through the surgical wound or skin.
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.
Hematoma	A collection of blood within a space.
Hypertrophic Scarring	An enlarged scar remaining after the healing of a wound.
Immune response	A bodily response to the presence of a foreign substance.
Infection	Invasion with microorganisms (for example, bacteria, viruses). An infection usually results in fever, swelling, redness, and/or pain.
Inflammation	The response of the body to infection or injury that is characterized by redness, swelling, warmth, pain, and/or loss of function.
Inframammary	Below the breast.
Inframammary fold	The crease at the base of the breast and the chest wall.
Inframammary incision	An incision made in the fold below the breast.
Inpatient surgery	A surgical procedure in which the patient is required to stay overnight in the hospital.

Latissimus dorsi	Two triangular muscles running from the spinal column to the shoulder.
Malposition	Implant malposition or displacement is when the implant is not in the correct spot in the breast. This could have been due to incorrect placement of the implant during the surgery or due to shifting of the implant position over time.
Mammary	Pertaining to the breast.
Mammography	A type of X-ray examination of the breasts used for detection of cancer.
Mammoplasty	Plastic surgery of the breast.
Mastectomy	<p>The removal of breast tissue due to the presence of a cancerous or precancerous growth.</p> <p>Subcutaneous mastectomy: Surgical removal of the breast tissues, but sparing the skin, nipple, and areola.</p> <p>Total mastectomy: Surgical removal of the breast including the nipple, areola, and most of the overlying skin.</p> <p>Modified Radical Mastectomy: Surgical removal of the entire breast including the nipple, areola, and overlying skin, as well as the lymphatic-bearing tissue in the axilla.</p> <p>Radical Mastectomy: 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.</p>
Mastopexy	Plastic surgery to move sagging breasts into a more elevated position.

Metastatic disease	Spreading of cancer cells from the original site to other parts of the body.
Necrosis	Death of cells or tissues.
Oncologist	A doctor who studies, identifies, and treats cancer.
Outpatient surgery	A surgical procedure in which the patient is not required to stay in the hospital overnight.
Palpate	To feel with the hand.
Palpability	The ability to feel the implant.
Pectoralis	Major muscle of the chest.
Periareolar	Around the darkened or pigmented area surrounding the nipple of the breast.
Plastic surgery	Surgery intended for the improvement of the appearance of the body.
Postoperatively	After surgery
Primary Breast Augmentation or Reconstruction	The first time a breast implant is placed.
Ptois	Breast sagging that is usually the result of normal aging, pregnancy, or weight loss.
Reoperation	An additional surgery after your first breast implantation.
Revision-augmentation or reconstruction	Refers to the correction or improvement of a primary augmentation or reconstruction. In the context of this document, it refers to surgical removal and replacement of breast implants that were placed originally for primary breast augmentation or reconstruction.

Rosenberg Self Esteem Scale	A questionnaire which measures overall self esteem.
Saline	A solution that is made up of water and a small amount of salt.
Scar revision	A surgical procedure to improve the appearance of a scar.
Seroma	A build-up of the watery portion of the blood in a tissue location.
SF-36 Scale	A questionnaire intended to measure physical, mental, and social health.
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.
Tennessee Self-Concept Scale	A questionnaire that evaluates how the patient sees herself and what she does, likes, and feels.
Tissue Expander	A temporary adjustable implant that can be inflated with saline to stretch the tissue at the mastectomy site to create a new tissue flap for implantation of the breast implant.
Transaxillary	Across the long axis of the armpit (axilla).
Umbilical	Relating to the navel.



1. CONSIDERING SALINE-FILLED BREAST IMPLANT SURGERY

You may be considering **breast implant** surgery to increase the size of your breasts or to reconstruct a breast. Allergan has prepared this information to help you better understand the breast implant procedure and assist you in making an informed decision about breast augmentation and breast reconstruction surgery. This educational brochure is set up to help you talk with your surgeon, as well as provide you with general information on breast implant surgery and give you specific details about **NATRELLE®** Saline-Filled Breast Implants, which have been used for more than 25 years in 60 countries.

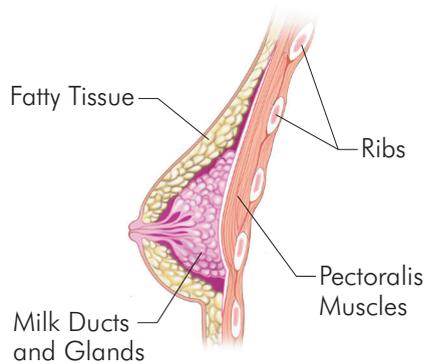
This information cannot and should not replace discussing your surgery with your plastic surgeon. Your decision whether or not to get breast implants should be based on realistic expectations of the outcome. There is no guarantee that your results will match those of other women. Your results will depend 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, it is recommended that both you and your surgeon sign Allergan's consent to surgery form that confirms your understanding of what you have read. This Allergan consent document is located at the beginning of this brochure.

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). 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. However, it is important to realize that implants are used to make the breast larger. 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, such as **mastopexy**, to help achieve improved breast lift.



Breast cancer surgery can significantly change the shape of the breast, to a greater or lesser degree, depending on a number of factors. These factors include how much breast tissue is removed in a partial or complete mastectomy; how much skin is removed at the time of surgery; and how much tissue reaction or scarring there is in the remaining breast and skin in response to chemotherapy or radiation therapy.

1.2 What is a saline-filled breast implant?

A saline-filled breast implant is a sac (implant shell) of **silicone elastomer** (rubber), which is surgically implanted under your breast tissue or chest muscle and then filled with sterile **saline** (a salt water solution) through a valve. **NATRELLE®** Saline-Filled Breast Implants have either a round or contoured shape and come in many different sizes and styles.



1.3 Are saline-filled breast implants right for you?

NATRELLE[®] Saline-Filled Breast Implants are indicated for females for the following uses (procedures):

BREAST AUGMENTATION (FOR WOMEN AT LEAST 18 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 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.

CONTRAINDICATIONS

Breast implant surgery should not be performed in:

- Women with active **infection** anywhere in their body
- Women with existing cancer or pre-cancer of their breast who have not received adequate treatment for those conditions
- Women who are currently pregnant or nursing

WARNINGS

Surgical practices that are contraindicated in breast implantation because they may damage the shell and cause **deflation**:

- Placement of drugs/substances inside the implant other than sterile saline
- Prolonged contact of the implant with povidone iodine
- Injection through the implant shell
- Alteration of the implant
- Stacking of implants (more than one implant per breast)

- You should be aware that closed capsulotomy, the practice of forcible squeezing or pressing on the fibrous capsule around the implant to break the scar capsule, is not recommended as this may result in breakage of the implant.

PRECAUTIONS

Safety and effectiveness have not been established in patients with the following:

- **Autoimmune diseases** (for example, lupus and scleroderma)
- Conditions that interfere with wound healing and blood clotting
- A weakened immune system (for example, currently taking drugs that weaken the body's natural resistance to disease)
- Reduced blood supply to breast tissue
- Radiation to the breast following implantation
- 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 resolution or stabilization of these conditions prior to undergoing breast implantation surgery.

1.4 What important factors should you consider in choosing saline-filled implants?

- *Breast implants are not lifetime devices, and breast implantation is unlikely to be a one-time surgery.* You will likely need additional unplanned surgeries on your breasts because of complications or unacceptable cosmetic outcomes. These additional surgeries can include implant removal with or without replacement, or they can include other surgical procedures. When you have your implants replaced (revision), your risk of future complications increases compared to first time (primary) surgery.

- Many of the changes to your breast following implantation are irreversible (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 of the breast, which can be permanent.
- Breast implants may affect your ability to breastfeed, either by reducing or eliminating milk production. Also, breast implants will not prevent your breast from sagging after pregnancy.
- 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. The implant may interfere with finding breast cancer during mammography. Because the breast and implant are squeezed during mammography, an implant may break during the procedure. 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.
 - You may wish to undergo a preoperative mammogram and another one 6 months to one year after implantation to establish a baseline.
- You should perform an examination of your breasts every month for cancer screening; however, this may be more difficult with implants. You should ask your surgeon to help you distinguish the implant from your breast tissue.
- For patients who have undergone breast implantation either as a cosmetic procedure or a reconstructive procedure, health insurance premiums may increase, your insurance coverage may be dropped, and/or future coverage may be denied. Treatment of complications may not be covered as well. You should discuss the complete extent of your insurance coverage with your insurance company before undergoing surgery.

- You should inform any other doctor who treats you of the presence of your implants to minimize the risk of damage to the implants.
- The long-term (10-year) results from Allergan's clinical studies are included in this brochure and should be carefully reviewed.
- It is important that you read this entire brochure because you need to understand the risks and benefits and to have realistic expectations of the outcome of your surgery.

2. POTENTIAL BREAST IMPLANT COMPLICATIONS

Undergoing any type of surgical procedure involves risks (some serious) such as the effects of anesthesia, infection, swelling, redness, bleeding, pain, and even death, which need to be balanced against the benefits of the surgery itself. There are potential complications specific to breast implant surgery and breast implants, as described below. Located at the end of this brochure is a list of published studies used to gather the information discussed in the sections below. These 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 as well. It should be noted that the references include augmentation and/or reconstruction patients, as well as implants of different types and from a variety of manufacturers.

2.1 What are the potential complications?

DEFLATION

Breast implants are not lifetime devices. Breast implants deflate when the saline solution leaks either through an unsealed or damaged valve or through a break in the implant shell. Implant deflation can occur immediately or slowly over a period of days and is noticed by loss of size or shape of your breast. Some saline implants deflate (or rupture) in the first few months after being implanted and some deflate after several years. Causes of deflation include damage by surgical instruments during surgery, overfilling or underfilling of the implant with saline

solution, capsular contracture, closed capsulotomy, stresses such as trauma or intense physical manipulation, excessive compression during mammographic imaging, umbilical incision placement, and unknown/unexplained reasons. You should also be aware that the breast implant may wear out over time and deflate.

Deflated implants require additional surgery to remove.

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 is one of the most frequent complications experienced by breast implant patients and 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 than in primary breast implant surgery. Because you may have your initial implants replaced, you should be aware that your risk of capsular contracture increases with revision surgery. Capsular contracture can be a risk factor for deflation, and it is the most 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.¹ Baker Grades III and IV are considered severe, and often additional surgery is needed to correct these grades.

Baker Grade I: the breast is normally soft and looks natural

Baker Grade II: the breast is a little firm but looks normal

Baker Grade III: the breast is firm and looks abnormal

Baker Grade IV: the breast is hard, painful, and looks abnormal

Additional surgery is needed in cases where pain and/or firmness are severe. This surgery ranges from removal of the implant capsule tissue to removal and possibly replacement of the implant itself. This surgery may result in loss of your breast tissue. Capsular contracture may happen again after these additional surgeries.

¹ Baker, J.L. Augmentation mammoplasty. In: Owsley, J.Q. and Peterson, R., Eds. *Symposium on aesthetic surgery of the breast*. St. Louis, MO: Mosby; 1978:256-263.

ADDITIONAL SURGERIES (REOPERATIONS)

You should assume that you will need to have additional surgeries (reoperations). The reasons for reoperation include patients who decide to change the size or type of their implants, as well as problems such as deflation, capsular contracture, **hypertrophic scarring** (irregular, raised scar), **asymmetry**, and infection.

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 due to reasons such as dissatisfaction, an unacceptable cosmetic result, or a complication such as capsular contracture. Removal is one of the most frequent adverse outcomes associated with breast implants. Having your implants removed and replaced increases your chances of getting future complications.

Most women who have their implants removed have them replaced with new implants, but some women do not. If you choose not to replace your implants, you may have cosmetically unacceptable dimpling, puckering, wrinkling, and/or other potentially permanent cosmetic changes of the breast following removal of the implant. 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.

UNSATISFACTORY RESULTS

Unsatisfactory results such as wrinkling, asymmetry, implant **displacement** (shifting), incorrect size, unanticipated shape, implant palpability, scar deformity, hypertrophic scarring, and/or sloshing 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 always prevent, unsatisfactory results.

PAIN

Pain of varying intensity and length of time may occur and continue following breast implant surgery. In addition, improper size, placement, surgical technique, or capsular contracture may result in pain. You should tell your surgeon about significant pain or if your 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. (See the paragraph on breastfeeding below.)

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 an infection. Infections in tissue with an implant present are harder to treat than infections in tissues 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 deflation can occur from surgical draining if damage to the implant occurs during the draining procedure.

BREASTFEEDING

Breastfeeding difficulties have been reported following breast surgery, including breast reduction and breast augmentation. If your surgeon uses a periareolar surgical approach (an incision around the colored portion surrounding the nipple), it may increase the chance of breastfeeding difficulties.

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 the 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 has been reported to increase the likelihood of extrusion. Extrusion requires additional surgery and possible removal of the implant, which may result in additional scarring and/or loss of your breast tissue.

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. Factors associated with increased necrosis include infection, use of steroids in the surgical pocket, smoking, chemotherapy/radiation, and excessive heat or cold therapy.

DELAYED WOUND HEALING

Some patients may experience a prolonged wound healing time. Delayed wound healing may increase the risk of infection, extrusion, and necrosis. Depending on the type of surgery or the incision, wound healing times may vary. 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. Either of these conditions may result in additional surgeries and/or unacceptable dimpling/puckering of the breast.

2.2 What are other reported conditions?

There have been reports in the literature of other conditions in women with breast implants. Many of these conditions have been studied to evaluate their potential association with breast implants. Although no association has been established between breast implants and the conditions listed below, you should be aware of these reports. Furthermore, there is the possibility of risks, yet unknown, which in the future could be determined to be associated with breast implants.

CONNECTIVE TISSUE DISEASE (CTD)

Connective tissue diseases include diseases such as lupus, scleroderma, and rheumatoid arthritis. **Fibromyalgia** is 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. There have been a number of published **epidemiological** studies which have looked at whether having a breast implant is associated with having a typical or defined connective tissue disease. The study size needed to conclusively rule out the risk of connective tissue disease among women with implants would need to be very large. The published studies overall show that breast implants are not significantly associated with a risk of developing a typical or defined connective tissue disease.

CANCER

Published studies indicate that breast cancer is no more common in women with implants than those without implants. A large, long-term follow-up found no significant increases in the risk rates for a wide variety of cancers, including stomach cancer, leukemia, and lymphoma.

Women with breast implants may have a very small, but increased risk of developing anaplastic large cell lymphoma, or ALCL, in the scar tissue and fluid adjacent to the implant. ALCL is not breast cancer—it is a rare type of non-Hodgkin’s lymphoma (cancer of the immune system).

ALCL has been reported globally in patients with an implant history that includes Allergan’s and other manufacturers’ breast implants.

Most patients were diagnosed when they sought medical treatment for implant-related symptoms such as pain, lumps, swelling, or asymmetry that developed after their initial surgical sites were fully healed. In the cases reported, ALCL was typically diagnosed years after the implant surgery.

Your physician should consider the possibility of ALCL if, after your surgical site is fully healed, you see changes in the way the area around the implant looks or feels—including swelling or pain around the implant. If ALCL is suspected, your physician will refer you to an appropriate specialist for evaluation which may involve obtaining fluid and tissue samples from around your breast implant. If ALCL is confirmed, your physician will develop an individualized treatment plan for you. Because of the small number of cases worldwide and variety of available treatment options, there is no single defined treatment.

If you have breast implants and have no symptoms, you do not need to do anything additional, but you should continue to routinely monitor your breast implants and follow your routine medical care. Removing the implants is not recommended in women with no symptoms without a diagnosis of ALCL.

If you do not currently have breast implants but 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](http://www.fda.gov/medicaldevices/productsandmedicalprocedures/implantsandprosthetics/breastimplants/ucm239995.htm) for additional information.

For additional and the most up-to-date information please visit:

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

EFFECTS ON CHILDREN

There have been concerns raised regarding potential damaging effects on children born to mothers with implants. Two studies in humans have found that the risk of birth defects overall is not increased in children born after breast implant surgery. Although low birth weight was reported in a third study, other factors (for example, lower pre-pregnancy weight) may explain this finding. The author recommended further research on infant health.

3. GENERAL SURGICAL CONSIDERATIONS

3.1 What are questions to consider when choosing a surgeon?

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

- How many breast augmentation/reconstruction procedures does he/she perform per year?
- How many years has he/she performed breast implantation procedures?

- Is he/she board certified, and if so, with which board?
- 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 implantation?
- 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).

The following list of questions may help to remind you of topics to discuss with your surgeon. You may have other questions as well.

Augmentation

- What are the risks and complications associated with having breast implants?
- How many additional operations on my implanted breast(s) can I expect over my lifetime?
- How will my breasts look if I decide to have the implants removed without replacement?
- What shape, size, surface texturing, incision site, and placement site is recommended for me?
- How will my ability to breastfeed be affected?
- How can I expect my implanted breasts to look over time?
- How can I expect my implanted breasts to look after pregnancy? After breastfeeding?
- What are my options if I am dissatisfied with the cosmetic outcome of my implanted breasts?
- What alternate procedures or products are available if I choose not to have breast implants?

- Do you have before and after photos I can look at for each procedure and what results are reasonable for me?

Reconstruction

- What are all my options for breast reconstruction?
- What are the risks and complications of each type of breast reconstruction surgery and how common are they?
- What if my cancer recurs or occurs in the other breast?
- Will reconstruction interfere with my cancer treatment?
- How many steps are there in each procedure, and what are they?
- How long will it take to complete my reconstruction?
- How much experience do you have with each procedure?
- Do you have before and after photos I can look at for each procedure and what results are reasonable for me?
- What will my scars look like?
- What kind of changes in my implanted breast can I expect over time?
- What kind of changes in my implanted breast can I expect with pregnancy?
- What are my options if I am dissatisfied with the cosmetic outcome of my implanted breast?
- Can I talk with other patients about their experiences?
- What is the estimated total cost of each procedure?
- How much will my health insurance carrier cover, especially any complication that may require surgery?
- How much pain or discomfort will I feel, and for how long?
- How long will I be in the hospital?
- Will I need blood transfusions, and can I donate my own blood?

- When will I be able to resume my normal activity (or sexual activity, or athletic activity)?

3.2 What are other choices and options associated with the surgery?

There are two approved types of breast implant fillers, saline and silicone, which gives more options to you in terms of the 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. The focus of this brochure is saline-filled breast implants; a separate brochure is available for silicone-filled implants. Carefully review the section on complications 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 saline and silicone breast implants.

The **NATRELLE**[®] Collection

The **NATRELLE**[®] Collection includes both saline-filled and silicone gel-filled implants, allowing you and your surgeon to select the best implant for your needs.

NATRELLE[®] Saline-Filled Breast Implants

NATRELLE[®] saline-filled breast implants have a self-sealing valve that is used for filling the implant with sterile saline solution (salt water) at the time of surgery. Saline solutions are very common and are used to clean wounds and the surface of the eye. The watery saline solution used in breast implants is isotonic (has the same salt concentration as the normal cells of the body and the blood) and presents no health risk to the patient even if the implant deflates and the saline leaks out. **NATRELLE**[®] saline-filled breast implants typically require a smaller incision. However, visible wrinkling or rippling of the skin over the implant may be more likely to occur.

NATRELLE[®] Silicone-Filled Breast Implants

NATRELLE[®] Silicone-Filled Breast Implants are pre-filled with a soft cohesive silicone gel, which may make the implant feel more "natural." Other medical devices utilizing silicones are artificial joints, catheters, drainage systems, facial implants, and tissue expanders. The silicone gel used in **NATRELLE**[®] Silicone-Filled Breast Implants has been shown

to be **biocompatible**, making it an appropriate choice for breast implants. Silicone-filled breast implants typically require a larger incision than used for saline implants; however, they may look and feel more natural.

Implant Shape and Size

Depending on the desired shape you wish to achieve, you and your surgeon may choose a round or contoured implant shape. Generally, the larger you want your cup size, the larger the breast implant your surgeon will consider (measured in cubic centimeters, or cc's).

Your surgeon will also evaluate your existing tissue to determine if you have enough to cover the breast implant you are considering, or, in some cases such as after pregnancy, 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 the breast, and can result in droop or sag at an earlier age.

Surface Texturing

Surface texturing is designed to adhere to surrounding tissue. Some studies suggest that surface texturing reduces the chance of severe capsular contracture, while other studies do not.

Palpability

The following may cause implants to be more palpable (more easily felt): textured implants, larger implants, subglandular placement, and the amount of skin/tissue available to cover the implant.

Insurance

For breast augmentation surgery (either primary or revision), you should discuss the impact of breast implantation surgery with your insurance company before undergoing surgery.

For breast reconstruction surgery, most insurance covers the first breast reconstruction operation. Insurance coverage for reoperation procedures or additional surgeon's visits following reconstruction may not be covered, depending on the policy.

4. SURGICAL CONSIDERATIONS FOR BREAST AUGMENTATION

4.1 What are the alternatives to breast augmentation?

For primary augmentation patients, alternatives may include:

- Accepting your breasts as they are and having no surgery.
- Wearing a padded bra or external prostheses.
- Having mastopexy surgery (breast lift) without an implant.
- Having surgery with silicone-filled implants.

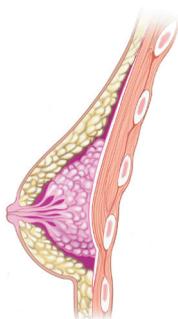
For revision-augmentation patients, alternatives may include:

- No revision.
- Removal with or without replacement.

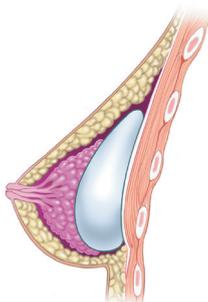
You are advised to carefully consider this information before deciding whether to have augmentation surgery.

4.2 What is breast augmentation with breast implants?

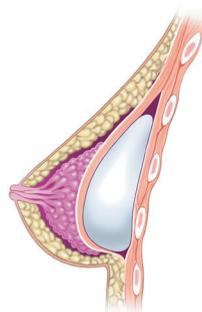
The breast implant can be placed either partially under the pectoralis major muscle (**submuscular**) or on top of the muscle and under the breast glands (**subglandular**). You should discuss with your surgeon the advantages and disadvantages of the implant placement selected for you, as described in the table below.



Breast before augmentation



Breast after subglandular augmentation



Breast after submuscular augmentation

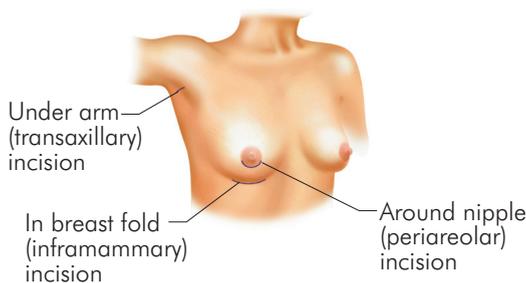
Comparison between Subglandular versus Submuscular Placement

Subglandular Placement	Submuscular Placement
Surgery may be shorter	Surgery may be longer
Recovery may be shorter	Recovery may be longer
May be less painful	May be more painful
May provide easier access for reoperation	Reoperation may be more difficult
More visible and palpable implants	Less visible and palpable implants
Greater likelihood of capsular contracture	Less likelihood of capsular contracture
More difficult imaging during mammography exam	Easier imaging during mammography exam
May not be recommended if you have thin or weakened breast tissue.	May be preferable if you have thin or weakened breast tissue

Incision Sites

To permit the smallest possible incision, the implant is typically inserted empty, and then filled with saline. You should discuss with your surgeon, the pros and cons for the incision site specifically recommended for you.

There are three common incision sites: around the nipple (**periareolar**), within the breast fold (**inframammary**), and under the arm (**axillary**).



Periareolar - This incision is typically more concealed, but since it also involves cutting through the breast tissue, it is associated with a higher likelihood of breastfeeding difficulties, as compared to the other incision sites. Cutting through the tissue may make change in sensation or infection more of a concern.

difficulties, as compared to the other incision sites. Cutting through the tissue may make change in sensation or infection more of a concern.

Inframammary - This incision is generally less concealed than periareolar and associated with fewer breastfeeding difficulties than the periareolar incision site. It is also the most commonly used incision at the present time, and is felt to give the best access to and control of the breast implant pocket.

Transaxillary - This incision is less concealed than periareolar and associated with fewer breastfeeding difficulties than the periareolar incision site. If the incision is made under the arm, the surgeon may use a probe fitted with a miniature camera, along with minimally invasive (very small) instruments, to create a "pocket" for the breast implant. This approach is more difficult, and may increase the risk of damage to, and unexpected location of, the implant.

Umbilical (belly button) - This incision site has not been studied in Allergan's clinical studies and is not recommended.

Additional Procedures at the Time of Breast Augmentation

Your surgeon will examine your breasts and help you make decisions to obtain the best result in your individual situation. In some cases, particularly after pregnancy or significant weight loss, implants alone may not address all of the issues, such as sagging or extra skin, affecting your breasts. This is particularly true when there is extra skin remaining from when the breasts were engorged with milk, or when you might have been carrying more weight.

In these situations, your surgeon may recommend a breast lift (mastopexy) to remove some of the extra skin, or to lift the breasts, at the time of implant placement. Mastopexy involves removing a strip of skin from under the breast or around the nipple to lift the nipple and breast location, and tighten the skin over the breast. Your surgeon will discuss the potential risks, and the location of the additional scars which might be required to lift your breasts or to remove the extra skin.

Surgical Setting and Anesthesia

Augmentation surgery is usually performed on an outpatient basis, in a specialized operating room which may be located in a hospital, surgery center, or surgical suite in the surgeon's office. General anesthesia is commonly used, and local anesthesia with sedation is

also an option. You should be sure to check with your surgeon and with the facility where the surgery will take place to become aware of the tests, presurgical examinations, and length of time you need to be without food or your routine medications prior to the surgical procedure.

The surgery usually lasts one to two hours. Your surgeon will make an incision and create a pocket for the breast implant. Then, the breast implant will be placed in the pocket, filled, and positioned. Finally, the incision will be closed, usually with stitches, and possibly taped.

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 feeling in the breasts and nipple area also may be diminished during this time of swelling and immediate post-surgery recovery. Other possible complications are described in the Breast Implant Complications section.

Postoperative care depends on each patient's situation, may involve the use of 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. At your surgeon's recommendation, you will most likely be able to return to work within a few days, although 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. Your surgeon may also recommend breast massage exercises.

***Note:** If you experience fever, or noticeable swelling and/or redness in your implanted breast(s), you should contact your surgeon immediately.*

Other Factors to Consider in Revision Surgery

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

4.3 What follow-up examinations are important?

Breast Self-Examinations

Following breast augmentation, 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 identify the implant from breast tissue will decrease the necessity of excessive squeezing of the implant during examination. 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 care will be taken to avoid injuring the implant.

Mammography

The current recommendations for getting screening/preoperative mammograms are no different for women with breast implants than for those without implants. Mammography exams should be interpreted by radiologists experienced in the evaluation of women with breast implants. It is essential that you tell your mammography technologist before the procedure that you have an implant. You 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 deflation and to get the best possible views of the breast tissue.

5. SURGICAL CONSIDERATIONS FOR BREAST RECONSTRUCTION

This section provides a discussion of surgical considerations for primary breast reconstruction, followed by a discussion of general surgical considerations.

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 reconstruction option is most suitable for you and your lifestyle. This brochure is intended to provide general information about saline-filled breast implants and surgery but is not a substitute for a thorough consultation with your surgeon. You are advised to 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.

5.1 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 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 plastic 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.

5.2 What are the alternatives to breast reconstruction?

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 silicone implants.

For revision-reconstruction patients, alternatives may include:

- No revision.
- Removal with or without replacement.

You may choose not to undergo breast reconstruction. In this case, you may or may not decide to wear an external breast form (prosthesis) inside your bra. Breast forms are available in a variety of shapes, sizes, and materials such as foam, cotton, and silicone. Custom prostheses are also available to match the size and shape of your breast.

5.3 What are the choices in 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 prosthesis (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 section of skin, fat, and/or muscle which is moved from your stomach, back or other area of your body to the chest area, and shaped into a new breast. A tissue flap also may be used to provide skin or other tissue needed to make up for what was removed at the time of surgery, or 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 several-stage reconstruction of the removed breast, or to shape the remaining breast to bring it into better balance with the reconstructed one. Most commonly, breast implants are placed after a space has been created for them using a temporary soft tissue expander that can be placed at the time of mastectomy or at a later time.

Portions of the reconstruction may be done in stages. For example, because the nipple and areola are usually removed with the breast

tissue in mastectomy, the nipple is usually reconstructed by using a skin graft from another area of the body or the opposite breast, in addition to tattooing the area to obtain a better color match. Nipple reconstruction is usually done as a separate outpatient procedure after the initial reconstruction surgery is complete.

5.4 What is breast reconstruction with breast implants?

Your surgeon will decide whether your health and medical condition makes you an appropriate candidate for breast implant reconstruction. Women with small or medium sized breasts are the best candidates for breast reconstruction with implants. Women with larger breasts may require reconstruction with a combination of a tissue flap and an implant. Your surgeon may recommend breast implantation of the opposite, uninvolved breast in order to make them more alike (maximize symmetry), or he/she may suggest breast reduction (reduction mammoplasty) or a breast lift (mastopexy) to improve symmetry. 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. Reduction mammoplasty involves removal of breast tissue and skin. If it is important to you 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.

5.5 What reconstruction incision sites are used?

In reconstructive surgery, the incision placement and length is decided by your surgeon, and largely influenced by the type of cancer surgery that is planned for you.

Most implants in breast reconstruction use the mastectomy scar either immediately (during the mastectomy procedure) or after tissue expansion.

5.6 What about the surgical settings and anesthesia?

Reconstruction surgery is usually performed on an inpatient basis in an operating room when it begins at the same time as the mastectomy. Some of the stages, such as nipple reconstruction, or placement of the implant after soft tissue expansion, can be done as an outpatient. General anesthesia is most often used.

5.7 What is the timing of breast implant reconstruction?

The following description applies to reconstruction following mastectomy, but similar considerations apply to reconstruction following breast trauma or for reconstruction for congenital defects. The breast reconstruction process may begin at the time of your mastectomy (immediate reconstruction) or weeks to years afterwards (delayed reconstruction). This decision is made after consultation with the cancer treatment team based on your individual situation. Immediate reconstruction may involve placement of a breast implant, but typically involves placement of a tissue expander, which is used to recreate skin that was removed during the cancer surgery. The tissue expander will eventually be replaced with a breast implant. It is important to know that any type of surgical breast reconstruction may take several steps to complete.

Two potential advantages to immediate reconstruction are that your breast reconstruction starts at the time of your mastectomy and that there may be cost savings and potentially fewer days in the hospital for you in combining the mastectomy procedure with the first stage of the reconstruction. However, there may be a higher risk of capsular contracture, extrusion, and other complications associated with immediate reconstruction as a result of postoperative radiation and chemotherapy treatments. Your initial operative time and recuperative time may 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 surgeon, plastic surgeon, and oncologist, the pros and cons with the options available in your individual case.

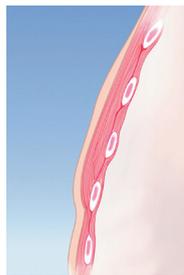
5.8 What is the breast implant reconstruction procedure?

Immediate Breast Implant Reconstruction

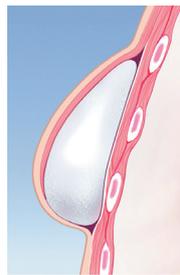
Immediate breast reconstruction may be done at the time of your mastectomy. After the general surgeon removes your breast tissue, the plastic surgeon will then implant a breast implant that completes the reconstruction. In reconstruction following mastectomy, a breast implant is most often placed submuscularly.

Expander Assisted (Immediate or Delayed) Breast Implant Reconstruction

Breast reconstruction usually occurs as a staged procedure, starting with the placement of a breast tissue expander, which is replaced several months later with a breast implant. The tissue expander placement may be done 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 PHASE

During a mastectomy, the general surgeon removes skin as well as breast tissue, leaving the chest tissues flat and tight. 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. It is inserted unfilled, and over time, sterile saline fluid is added by inserting a small needle through the skin to the filling port of the device. As the tissue expander fills, the tissues over the expander begin to stretch, similar to the gradual expansion of a woman's abdomen

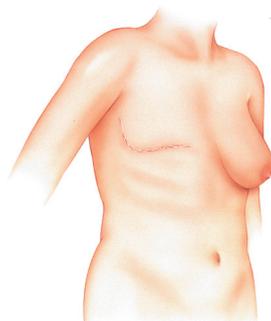
during pregnancy. The tissue expander creates a new breast shaped pocket for a breast implant.

Tissue expander placement usually occurs under general anesthesia in an operating room. Operative time is generally 1 to 2 hours. The procedure may require a brief hospital stay, or be done on an outpatient basis. Typically, you can resume normal daily activity after 2 to 3 weeks.

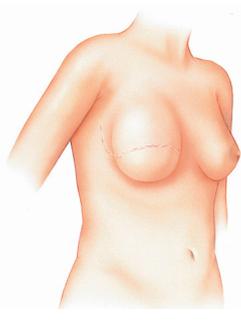
Because the chest skin is usually numb from the mastectomy surgery, it is possible that you may not experience pain from the placement of the tissue expander. However, you may experience feelings of pressure, tightness, or discomfort after each filling of the expander, which subsides as the tissue expands but may last for a week or more. Tissue expansion typically lasts 4 to 6 months.

BREAST IMPLANT EXCHANGE

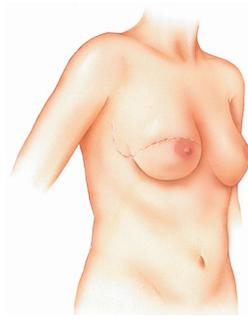
After the tissue expander is removed, the unfilled breast implant is placed in the pocket, and then filled with sterile saline fluid. In reconstruction following mastectomy, a breast implant is most often placed submuscularly. The surgery to replace the tissue expander with a breast implant (implant exchange) is usually done under general anesthesia in an operating room. It may require a brief hospital stay or be done on an outpatient basis.



Post Mastectomy



Tissue Expander placed



Breast Implant exchange
and Nipple/Areola
Reconstruction

5.9 Breast reconstruction without implants: Tissue flap procedures

The breast can be reconstructed by surgically moving a section of skin, fat, and muscle 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.

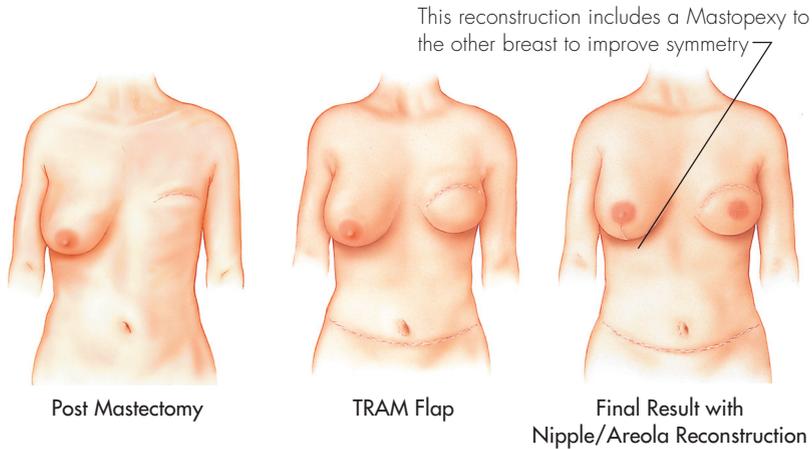
The tissue flap may be left attached to the blood supply and moved to the breast area through a tunnel under the skin (a pedicled flap), or it may be removed completely and reattached to the breast area by microsurgical techniques (a free flap). Operating time is generally longer with free flaps, because of the microsurgical requirements.

Flap surgery requires a hospital stay of several days and generally a longer recovery time than implant reconstruction. 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 tissue in the chest area. This may be useful when the chest tissues have been damaged and are not suitable for tissue expansion. Another advantage of flap procedures over implantation is that alteration of the unaffected breast is generally not needed 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).

It is important for you to 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.

THE TRAM FLAP (PEDICLE OR FREE)

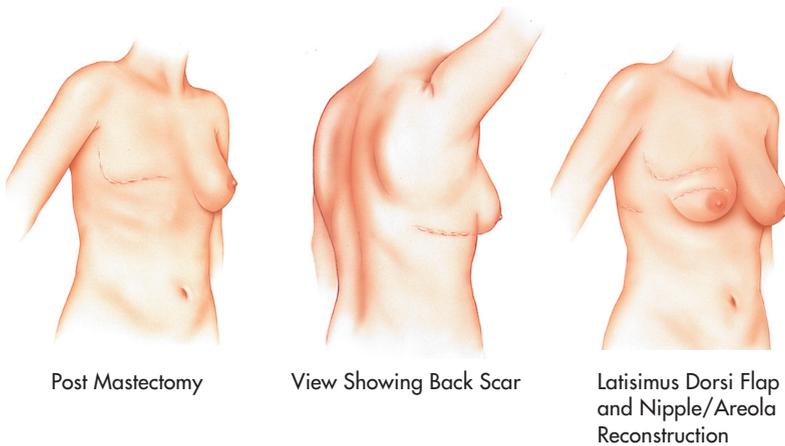


During a TRAM flap procedure, the surgeon removes a section of tissue from your abdomen and moves it to your chest to reconstruct the breast. The TRAM flap is sometimes referred to as a "tummy tuck" reconstruction, because it may leave the stomach area flatter.

A pedicle TRAM flap procedure typically takes three to six 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 one year to resume a normal lifestyle. You may have temporary or permanent muscle weakness in the abdominal 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.

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 Latisimus Dorsi flap procedure typically takes two to four hours of surgery under general anesthesia. Typically, the hospital stay is two to three 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-OPERATIVE CARE

Depending on the type of surgery you have (i.e., immediate or delayed), the post-operative recovery period will vary.

Note: If you experience fever, or noticeable swelling and/or redness in your implanted breast(s), you should contact your surgeon immediately.

6. OVERVIEW OF ALLERGAN'S CLINICAL STUDIES

Although you will experience your own risks (complications) and benefits following breast implant surgery, this section describes the specific complications and benefits of **NATRELLE**® Saline-Filled Breast Implants. Allergan's studies indicate, for example, that most women can expect to experience at least one complication at some point through 5 years after implant surgery. The studies also indicate that the chance of additional surgery through 10 years is 3 in 10 for augmentation patients. The information below provides more details about the complications and benefits you may experience.

Allergan conducted clinical studies testing of its saline-filled breast implants to determine the short-term and most common complications as well as benefits of their implants. These were assessed in the following studies:

- The Large Simple Trial (LST)
- The 1995 Augmentation Study (A95)
- The 1995 Reconstruction Study (R95)
- The Post Approval Survey Study (PASS)

The Large Simple Trial was designed to determine the 1-year rates of capsular contracture, infection, implant leakage/deflation, and implant replacement/removal. There were 2,333 patients enrolled for augmentation, 225 for reconstruction, and 317 for revision (replacement of existing implants). Of these enrolled patients, 62% returned for their 1-year follow-up visit. The results of this study were consistent with the A95/R95 and PASS studies.

The A95 and R95 Studies were designed as 5-year studies to assess all complications as well as patient satisfaction, body image, body esteem, and self concept. Patients were followed annually and data through 3 years were presented to FDA for marketing approval. After approval, Allergan transitioned data collection to a post-approval study. The first phase of this postapproval study consisted of completion of the A95 and R95 Studies, with collection of all risk/benefit information through 5 years.

The Post Approval Survey Study (PASS) was designed to collect long-term safety data from A95/R95 patients at 6-10 years post-implant. The data were collected from surveys mailed out to the patients each year. The 10-year PASS Study data are shown within both the Augmentation and Reconstruction Sections.

7. PRIMARY BREAST AUGMENTATION STUDY RESULTS

This section summarizes the results of the clinical studies conducted on **NATRELLE**[®] saline-filled breast implants for primary augmentation.

7.1 What were the follow-up rates?

Follow-up rates from a clinical study show you how many women provided information on their experience with breast implants. High participation of patients demonstrates that the data you review in the sections below are based upon a satisfactory number of participants.

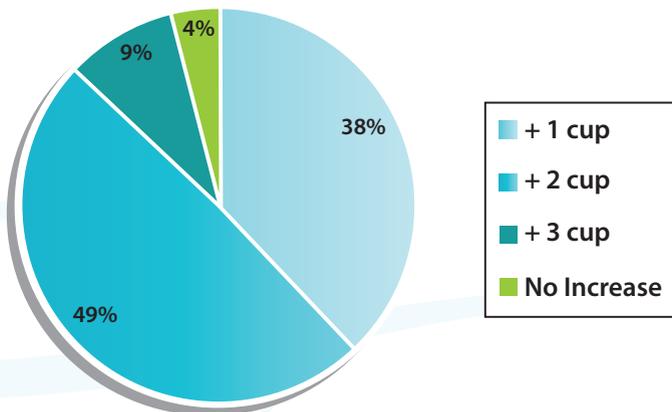
The A95 Study enrolled 901 augmentation patients, with 81% returning for their 5-year follow-up visit. Of the women expected to return completed surveys for the 10-year post-implantation study interval in the PASS study, data were collected for 91% of the augmentation patients.

7.2 What were the benefits?

The benefits of saline-filled breast implants in the A95 Study were assessed by a variety of outcomes, including bra cup size change and assessments of patient satisfaction and quality of life. Data was collected before implantation and at scheduled follow-up visits.

Breast Measurement: For primary augmentation patients, 859 (95%) of the original 901 patients had a breast measurement within 18 months of surgery. Of these 859 patients, 38% increased by 1 cup size; 49% increased by 2 cup sizes; 9% increased by 3 cup sizes; and 4% had no increase or decrease. See Figure 1 below.

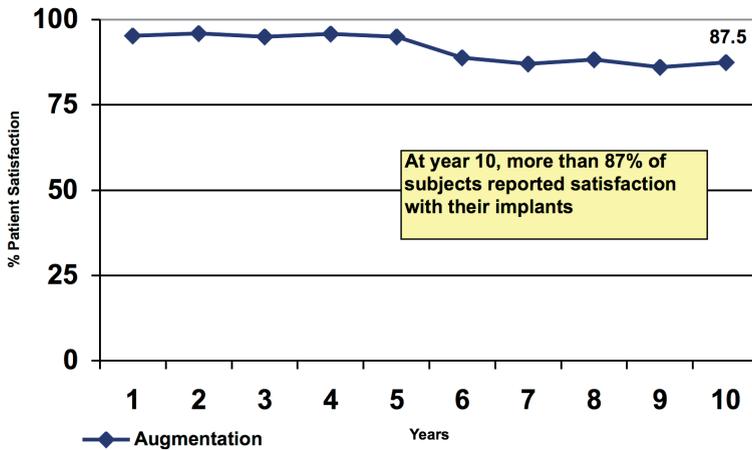
Figure 1. Cup Size Changes in Primary Augmentation Patients



Patient Satisfaction: Allergan's patient satisfaction was based on a 5-point scale assessment of satisfaction with their implants at the time of

the follow-up visits. Of the original 901 primary augmentation patients, 683 (76%) provided a satisfaction rating at 5 years, with 649 (95%) of these patients indicating that they were satisfied with their breast implants. At 10 years post-implant, 88% of the patients who provided satisfaction scores on a 6-point scale indicated being satisfied with their breast implants (Figure 2).

Figure 2. Primary Augmentation Patient Satisfaction (responses of somewhat satisfied, satisfied, or definitely satisfied)



Quality of Life Assessments: Quality of life assessments were obtained prior to implantation and at 6 months, 1 year, and 3 years after surgery. Before implantation, augmentation patients scored higher (better) than the general U.S. female population on the **SF-36** scales, which measure general health-related quality of life. After 3 years, augmentation patients showed a slight worsening in their SF-36 scores, although all scales remained higher than the general U.S. female population. The **Rosenberg Self Esteem Scale** (which measures overall self esteem) and the **Tennessee Self Concept Scale** (which measures overall self concept) showed slight improvements over the 3 years. The **Body Esteem Scale** (which measures overall body image) showed a slight worsening overall but a large improvement in body esteem related to sexual attractiveness at 3 years.

Breast satisfaction was significantly increased after 3 years, including satisfaction with breast shape, size, feel or touch, and how well they matched (Table 1).

Table 1. Change from Pre-Surgery in Breast Satisfaction Scale

Quality of Life Scale	Primary Augmentation	
	Year 1	Year 3
Satisfaction with Breasts	Improved	Improved
How Well Breasts Matched	Improved	Improved
Satisfaction with Breast Shape	Improved	Improved
Satisfaction with Breast Size	Improved	Improved
Satisfaction with Breast Feel/Touch	Improved	Improved

7.3 What were the complication rates?

The 5-year complication rates from the A95 Study are presented in the Appendix, Table 1. The rates reflect the number of augmentation patients out of 100 who experienced the listed complication at least once within the first 5 years after implantation. Some complications occurred more than once for some patients. The 2 most common complications experienced within the first 5 years of implantation were reoperation (25.9% or almost 26 patients out of 100) and breast pain (17.0% or 17 patients out of 100).

The 10-year complication rates from the PASS Study are presented in the Appendix, Table 2. These results are from patient surveys rather than physician visits. The survey contained questions on only the 5 complications listed in Table 2. The rates reflect the number of augmentation patients out of 100 who experienced the listed complication at least once within the first 10 years after implantation. The most common complication experienced through 10 years was reoperation (36.5%, about 37 out of every 100 patients).

7.4 What were the reasons for reoperation?

There may be one or more reasons identified for having a reoperation (additional surgery after the primary augmentation). Furthermore, there may be multiple surgical procedures (for example, implant removal with or without replacement, capsule procedures, incision and drainage, implant reposition, scar revision, etc.) performed during a reoperation.

The reasons for reoperation in the A95 Study through 5 years and the PASS Study through 10 years are shown in the Appendix, Table 3.

There were 293 reoperations performed on 225 patients through 5 years. The most common reason for reoperation through 5 years was implant deflation (18.1% of the 293 reoperations).

Through 10 years, there were 424 reoperations performed in 315 patients. The most common reason for reoperation through 10 years was also implant deflation (21.7% of the 424 reoperations). The percentage of reoperations due to lump/mass/cyst increased from 8.5% of 293 reoperations through 5 years to 13.9% of 424 reoperations through 10 years. The occurrence of lumps, masses, and cysts can be expected to naturally increase as patients age and could be an explanation for the increase.

7.5 What were the reasons for implant removal?

Table 4 in the Appendix details the primary reasons for implant removal.

In the A95 Study through 5 years, there were 166 devices removed in 98 patients. Of these 166 devices, 156 were replaced and 10 were not. The most common reason for implant removal was patient request for a size or style change (43.4% of the implants removed).

For the PASS Study, there were 300 devices removed in 170 patients through 10 years. The most common reason for implant removal was also patient request for a size or style change (41.3% of the implants removed).

7.6 What were the complication rates after implant replacement?

There were 78 patients in the A95 Study who had 126 implants removed and replaced with **NATRELLE**[®] Saline-Filled Breast Implants. Table 5 in the Appendix reflects the number of replaced implants (not patients) out of 100 implants associated with the listed complications within 5 years following replacement. For example there was capsular contracture in 13.2% or 13 out of 100 implants at some time within 5 years after replacement. The complications reported following implant replacement were restricted to the same ones collected in the Large Simple Trial.

7.7 What were the breast disease and CTD events?

Below is a summary of clinical findings from the A95 Study with regard to breast disease and connective tissue disease (CTD).

Breast Disease

There were 81 reports of breast disease through 5 years; 80 of which were benign. One malignancy was reported.

Connective Tissue Disease

There were 7 confirmed reports of connective tissue disease (CTD) through 5 years. Confirmed reports were based on a diagnosis by a doctor. These included 3 instances of Graves' disease and two each of hyperthyroiditis and chronic fatigue syndrome or fibromyalgia. It cannot be concluded that these CTD diagnoses were caused by the implants because there was no comparison group of similar women 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 A95 Study, self-reported signs and symptoms were collected at the 2 and 4 year follow-up visits in the categories of General, Gastrointestinal, Neurological, Urinary, Global, Pain, Fatigue, Fibromyalgia, Joint, Muscular, Skin, and Other. For Primary Augmentation 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.

8. PRIMARY BREAST RECONSTRUCTION STUDY RESULTS

8.1 What were the follow-up rates?

Follow-up rates from a clinical study show you how many women provided information on their experience with breast implants. High participation of patients demonstrates that the data you review in the sections below are based upon a satisfactory number of participants.

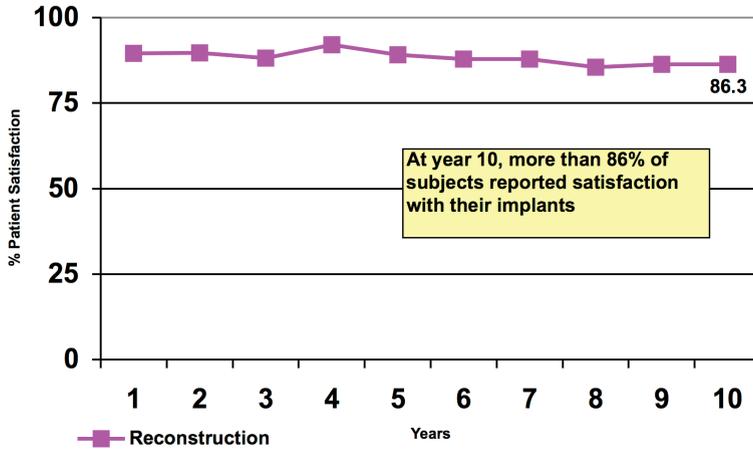
The R95 Study enrolled 237 reconstruction patients, with 80% returning for their 5-year follow-up visit. Of the women expected to return completed surveys for the 10-year post-implantation study interval, data were collected for 86% of the reconstruction patients.

8.2 What were the benefits?

The benefits of saline-filled breast implants in the R95 Study were assessed by patient satisfaction and quality of life. These outcomes were assessed for patients with both original and replacement saline devices before implantation and at 3 years after surgery for quality of life measurements and at every follow-up visit for patient satisfaction.

Patient Satisfaction: Allergan's patient satisfaction was based on a 5-point scale assessment of satisfaction with their implants at the time of the follow-up visits. 137 of the original 237 patients (58%) were included in an analysis of satisfaction at 5 years. Of these 137 patients, 89% indicated being satisfied with their breast implants at 5 years. At 10 years post-implant 86% of the patients who provided satisfaction scores on a 6-point scale indicated being satisfied with their breast implants (Figure 3).

Figure 3. Primary Reconstruction Patient Satisfaction (responses of somewhat satisfied, satisfied, or definitely satisfied)



Quality of Life: Before implantation, reconstruction patients scored higher (better) than the general U.S. female population before implantation on all but one of the SF-36 scales, which measure general health-related quality of life. After 3 years, reconstruction patients showed an improvement in that SF-36 score to above the rate for the general U.S. female population. The following 3 overall scales showed no change over the 3 years: Tennessee Self Concept Scale (which measures overall self concept), Rosenberg Self Esteem Scale (which measures overall self-esteem), and the Body Esteem Scale (which measures overall body image).

Breast satisfaction was significantly increased after 3 years, including overall satisfaction and how well they matched.

8.3 What were the complication rates?

The 5-year complication rates from the R95 Study are presented in the Appendix, Table 6. The rates reflect the number of reconstruction patients out of 100 who experienced the listed complication at least once within the first 5 years after implantation. Some complications occurred more than once for some patients. The 2 most common complications experienced within the first 5 years of implantation were reoperation (44.5% or about 45 patients out of 100) and asymmetry (39.0% or 39 patients out of 100).

The 10-year complication rates from the PASS Study are presented in the Appendix, Table 7. These results are from patient surveys. The surveys contained only the complications listed in Table 7. The rates reflect the number of reconstruction patients out of 100 who experienced the listed complication at least once within the first 10 years after implantation. The most common complication experienced through 10 years was reoperation (54.6%, almost 55 out of every 100 patients).

8.4 What were the reasons for reoperation?

There may be one or more reasons identified for having a reoperation (additional surgery after the primary reconstruction). Furthermore, there may be multiple surgical procedures (for example, implant removal with or without replacement, capsule procedures, incision and drainage, implant reposition, scar revision, etc.) performed during a reoperation.

The reasons for reoperation through 5 years in the R95 Study and through 10 years in the PASS Study are presented in the Appendix, Table 8.

There were 125 reoperations performed in 99 patients through 5 years. The most common reason for reoperation through 5 years was capsular contracture (25.6% of the 125 reoperations). This does not include planned reoperations like nipple procedures.

There were 159 reoperations performed in 120 patients through 10 years in the PASS Study. The most common reason for reoperation through 10 years was also capsular contracture (21.4% of the 159 reoperations).

8.5 What were the reasons for implant removal?

Table 9 in the Appendix details the primary reasons for implant removal.

In the R95 Study through 5 years, there were 70 devices removed in 62 patients. Of these 70 devices, 49 were replaced and 21 were not. The most common reason for implant removal was capsular contracture (31.4% of the 70 implants removed).

Through 10 years in the PASS Study, there were 104 implants removed from 85 patients. The most common reason for implant removal was implant deflation (32.7% of the implants removed).

8.6 What were the complication rates after implant replacement?

There were 37 patients in the R95 Study who had 40 implants removed and replaced with **NATRELLE**[®] saline implants. Table 10 in the Appendix reflects the number of replaced implants (not patients) out of 100 implants associated with the listed complications within 5 years following replacement. For example, there was capsular contracture in 42.4% or about 42 out of 100 implants at some time within 5 years after replacement. The complications reported following implant replacement were restricted to the same ones collected in the Large Simple Trial.

8.7 What were the breast disease and CTD events?

Below is a summary of clinical findings from the R95 Study with regard to breast disease and connective tissue disease (CTD).

Breast Disease

There were 99 reports of breast disease through 5 years; 75 of which were benign and 24 were malignant.

Connective Tissue Disease

There was one confirmed report of Graves' disease through 5 years. It cannot be concluded that these CTD diagnoses were caused by the implants because there was no comparison group of similar women 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 R95 Study, self-reported signs and symptoms were collected at the 2 and 4 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 Joint and Pain at 4 years.

The Pivotal Study was not designed to evaluate cause-and-effect associations because there is no comparison group of patients without

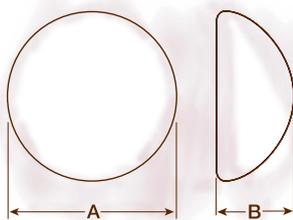
implants. Further, other factors that might contribute to CTD signs and symptoms, such as medications, lifestyle, and exercise, were not studied. Therefore, it cannot be determined whether any increase in CTD signs and symptoms was due to the implants or not, based on the Pivotal Study. However, you should be aware that you may experience an increase in these symptoms after receiving breast implants.

9. ADDITIONAL INFORMATION

9.1 What types of **NATRELLE**[®] Saline-Filled Breast Implants are available from Allergan?

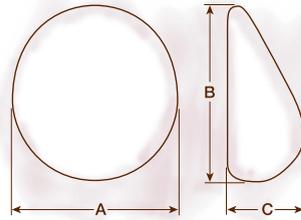
NATRELLE[®] saline-filled breast implants come in a variety of shapes, surface textures, and sizes. All have a self-sealing (diaphragm) valve that is used for filling the device. Depending on the style, the filling valve may be located on the front (anterior) or the back (posterior) of the implant. Your surgeon will discuss with you the implant design that will best help you achieve the result that is right for you.

The following diagram may help you to understand the projections of implants as your surgeon discusses the various options with you.



A = Width; B = Projection

Round Breast Implant



A = Width; B = Height; C = Projection

Shaped Breast Implant

9.2 What if I experience a problem?

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 FDA. You are encouraged to report any adverse events through your health professional. Although reporting by physicians or other health professionals is preferred, women may also report any serious problem directly through the MedWatch voluntary reporting

system. An adverse event is serious and should be reported when it results in an initial or prolonged hospitalization, disability, congenital anomaly, or medical or surgical intervention. This 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 1.888.463.INFO.FDA (1.888.463.6332), 10:00am-4:00pm 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.

9.3 How can I receive more information?

Upon request, you will be provided with a copy of the physician labeling (also called the Directions for Use, "DFU"). You can request a copy from your surgeon or from Allergan. The DFU has many undefined medical and technical terms because it contains information written for the surgeon and medical staff.

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 <http://www.fda.gov/cdrh/pdf/p990074.html>.

If, after reading this information, you have additional questions about breast implant 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 Pacific Time).

ADDITIONAL RESOURCES

Allergan

1.800.624.4261

www.natrelle.com

www.allergan.com

www.breastimplantanswers.com

Institute of Medicine Report on the Safety of Silicone Implants

www.nap.edu/catalog/9618.html

Food and Drug Administration

1.888.INFO.FDA or 1.301.827.3990

www.fda.gov/cdrh/breastimplants/

BREAST RECONSTRUCTION RESOURCES

The following list of resources may help you to find more information and support for your breast reconstruction decision.

National Cancer Institute

1.800.422.6234

www.nci.nih.gov/

American Cancer Society

1.800.ACS.2345

www.cancer.org/

YME National Breast Cancer Organization

1.800.221.2141

www.y-me.org/



Appendix – Data Tables

The data tables from Allergan’s A95, R95, and PASS clinical studies are located in this section. These tables are a supplement to the text found in sections 5 and 8. For any terms you do not understand, please refer to the glossary at the front of this brochure.

Table 1
Primary Augmentation: Complications from A95 Study

Complication*	5-Year Complication Rate
	N = 901 Patients
Additional Operation (Reoperation)	25.9%
Breast Pain	17.0%
Wrinkling	13.7%
Asymmetry	12.2%
Implant Palpability/Visibility	12.1%
Implant Replacement/Removal for Any Reason	11.8%
Capsular Contracture Baker Grade III/IV	11.4%
Loss of Nipple Sensation	9.9%
Intense Nipple Sensation	9.8%
Implant Malposition	9.2%
Intense Skin Sensation	7.6%
Implant Deflation	6.8%
Scarring Complications	6.5%
Irritation/Inflammation	3.2%
Seroma	2.6%
Skin Rash	1.9%
Capsule Calcification	1.8%
Hematoma	1.7%
Delayed Wound Healing, Infection	≤1% each

* Many events were assessed with severity ratings, and for these complications the rates shown in the table include only complications rated moderate, severe, or very severe (excludes mild and very mild ratings). All occurrences are included for reoperation, implant removal, leakage/deflation, scarring complications, irritation/inflammation, seroma, hematoma, skin rash, infection, implant extrusion and tissue/skin necrosis.

Table 2
Primary Augmentation: Complications from the PASS Study

Complication	10-Year Complication Rate
	N=901 Patients
Reoperation	36.5%
Breast Pain	29.7%
Capsular Contracture Baker Grade III/IV	20.8%
Implant Removal	20.2%
Implant Deflation	13.8%

Table 3
**Primary Augmentation: Main Reason for Reoperation
in the A95 and PASS Studies**

Reasons for Reoperation	5-Years	10-Years
	% (N=293 Reoperations)	% (N=424 Reoperations)
Implant Deflation	18.1%	21.7%
Capsular Contracture	17.7%	13.2%
Implant Malposition	9.2%	7.3%
Lump/Mass/Cyst	8.5%	13.9%
Patient Request for Style/Size Change	8.5%	11.3%
Hematoma/Seroma	8.5%	6.8%
Scarring	6.8%	4.7%
Ptosis	4.8%	6.1%
Asymmetry	4.1%	3.1%
Add/Remove Saline	3.1%	3.1%
Wrinkling	2.4%	1.9%
Implant Palpability	1.4%	1.2%
Delayed Wound Healing, Infection, Nipple Complications	1.4%	<1%
Skin Lesion/Cyst	1.0%	<1%
Breast Pain, Capsule Calcification, Implant Extrusion, Irritation	<1%	<1%
Cancer	0	<1%

Table 4
Primary Augmentation: Main Reason for Implant Removal
in the A95 and PASS Studies

Primary Reason for Implant Removal	Through 5 Years % (N = 166 Implants)	Through 10 Years % (N = 300 Implants)
Patient Choice for Style/ Size Change	43.4%	41.3%
Implant Deflation	31.9%	33.3%
Capsular Contracture	10.2%	9.0%
Wrinkling	3.6%	2.7%
Implant Palpability/ Visibility	3.6%	2.0%
Asymmetry	1.8%	2.7%
Breast Pain	1.8%	1.0%
Implant Malposition	1.2%	5.3%
Infection, Implant Extrusion, Damage to Implant During Surgery, Unknown	<1% each	<1% each
Breast Mass/Lump/Cyst	0	1.3%
Total	100%	100%

Table 5
Primary Augmentation: Complication Rates
after Implant Replacement

Complication Following Replacement of Augmentation Implants	5-Year Complication Rate % (N = 126 Implants)
Removal/Replacement	18.3%
Capsular Contracture Baker Grade III/IV	13.2%
Implant Deflation	9.0%

Table 6
Reconstruction: Complications from R95 Study

Complications*	5-Year Complication Rate N = 237 Patients
Additional Operation (Reoperation)	44.5%
Asymmetry	39.0%
Capsular Contracture Baker Grade III/IV	35.7%
Implant Replacement/Removal for Any Reason	28.0%
Implant Palpability/Visibility	27.1%
Wrinkling	24.6%
Loss of Nipple Sensation	18.1%
Breast Pain	17.7%
Implant Malposition	16.9%
Implant Deflation	7.5%
Irritation/Inflammation	6.6%
Intense Skin Sensation	6.3%
Scarring Complications	6.0%
Infection	6.0%
Capsule Calcification	5.4%
Seroma	3.9%
Tissue/Skin Necrosis	3.6%
Skin Rash	3.3%
Implant Extrusion	3.2%
Delayed Wound Healing	2.7%
Hematoma	1.3%

* Many events were assessed with severity ratings, and for these complications the rates shown in the table include only complications rated moderate, severe, or very severe (excludes mild and very mild ratings). All occurrences are included for reoperation, implant removal, leakage/deflation, scarring complications, irritation/inflammation, seroma, hematoma, skin rash, infection, implant extrusion and tissue/skin necrosis.

Table 7
Reconstruction: Complications from PASS Study

Complication	10-Year Complication Rate N=237 Patients
Reoperation	54.6%
Capsular Contracture Baker Grade III/IV	51.7%
Implant Removal	39.5%
Breast Pain	33.0%
Implant Deflation	22.5%

Table 8
**Reconstruction: Main Reason for Reoperation
in the R95 and PASS Studies**

Reasons for Reoperation	Through 5 Years	Through 10 Years
	% (N=125 Reoperations)	% (N=159 Reoperations)
Capsular Contracture	25.6%	21.4%
Asymmetry	13.6%	10.7%
Implant Deflation	8.8%	18.2%
Patient Request for Style/Size Change	8.0%	8.8%
Scarring	8.0%	6.3%
Lump/Mass/Cyst	7.2%	9.4%
Infection	7.2%	5.7%
Hematoma/Seroma	4.0%	3.1%
Implant Extrusion	4.0%	3.1%
Implant Malposition	3.2%	3.8%
Tissue/Skin Necrosis	3.2%	2.5%
Wrinkling	2.4%	1.9%
Delayed Wound Healing	1.6%	1.3%
Skin Lesion/Cyst	1.6%	1.3%
Nipple Complications	<1%	1.3%
Implant Palpability	<1%	<1%
Cancer	0	<1%

Table 9
Reconstruction: Main Reason for Implant Removal
in the R95 and PASS Studies

Primary Reason for Implant Removal	Through 5 Years	Through 10 Years
	% (N = 70 Implants)	% (N = 104 Implants)
Capsular Contracture	31.4%	21.2%
Patient Choice for Style/ Size Change	21.4%	25.0%
Implant Deflation*	14.3%	32.7%
Infection	10.0%	6.7%
Implant Extrusion	5.7%	3.8%
Implant Malposition	4.3%	2.9%
Other**	4.3%	2.9%
Wrinkling	2.9%	1.9%
Asymmetry	1.4%	1.9%
Recurrent Breast Cancer	1.4%	1.0%
Total	100%	100%

* Includes removals where the reason for removal was unknown.

** Through 5 years, other reasons were abnormality of CT scan at mastectomy site, poor tissue expansion due to radiation, second stage breast reconstruction. Through 10 years, other reasons as reported by the physician were: abnormality on CT scan at mastectomy site (n=1), tissue expansion went poorly due to radiation (n=1), second stage breast recon (n=1).

Table 10
Reconstruction: Complication Rates after Implant Replacement,
By Implant

Complication Following Replacement of Reconstruction Implant(s)	5-Year Complication Rate % (N = 40 Implants)
Capsular Contracture Baker Grade III/IV	42.4%
Removal/Replacement	28.2%
Implant Deflation	15.4%

Natrelle.com[®]

ALLERGAN
2525 Dupont Drive, Irvine, CA 92612

Tel: 1.800.624.4261
www.allergan.com



ALLERGAN

© 2015 Allergan, Inc. ® and ™ marks owned by Allergan, Inc. M711 Rev. 08 05/2015