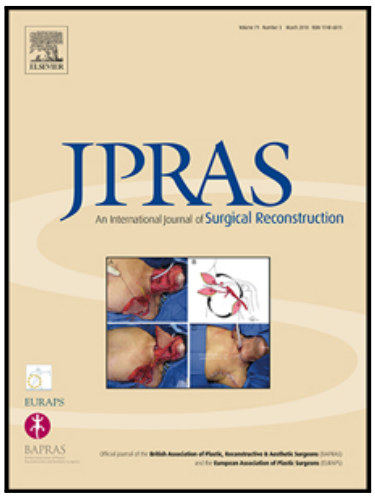


# 'The Silicone Siphon' - A safe and simple method of removing silicone implant and content from the breast

R. Chukwulobelu , S. Seetharam , A.J. Desai , R. Ragoowansi

PII: S1748-6815(18)30199-2
DOI: 10.1016/j.bjps.2018.05.044
Reference: PRAS 5705

To appear in: *Journal of Plastic, Reconstructive & Aesthetic Surgery*

Received date: 15 April 2018
Accepted date: 28 May 2018

Please cite this article as: R. Chukwulobelu , S. Seetharam , A.J. Desai , R. Ragoowansi , 'The Silicone Siphon' - A safe and simple method of removing silicone implant and content from the breast, *Journal of Plastic, Reconstructive & Aesthetic Surgery* (2018), doi: 10.1016/j.bjps.2018.05.044

**'The Silicone Siphon' - A safe and simple method of removing silicone implant and content from the breast.**

Chukwulobelu R., Seetharam S., Desai A. J., Ragoowansi R.

Dear Sir,

Removal of leaking or ruptured breast implants[1,2], often presenting sub-clinically and sometimes diagnosed by MRI or USS [3,4], can present a technical challenge.

In order to remove the implant and its contents comprehensively, whilst avoiding spillage of silicone into the breast and surrounding tissue, we describe a simple and effective method and technique.

Ruptured silicone implants (especially if extra-capsular) can distort the operative field mainly due to adherence of the cohesive silicone gel to surrounding parenchyma making it difficult to clear.

**'The silicone siphon'**

A 50ml bladder syringe is utilised without the plunger. The base of the syringe is placed over the hole in the implant capsule to achieve complete coverage. This capsulotomy can be iatrogenic or traumatic. The pointed end of the bladder syringe is then connected to the vacuum suction. The set up simulates an upside down plunger with a vacuum assisted siphoning device (Figure 1). This aspirates the silicone into the syringe and the process is facilitated if the syringe is turned as the silicone flows in (akin to filling an ice-cream cone). A fresh syringe is used when filled up or obstructed, avoiding continued flow of suctioned silicone into the canisters to prevent blockage. The syringe is twisted on withdrawal to avoid the seepage of silicone from its base. The open implant shell can be sealed off using a pair of artery forceps as a clamping device to avoid extrusion of remaining gel content before manually delivering the implant. Alternatively, complete extraction of the implant could be achieved using the suctioning device (Figure 2).

We confirm that there is no declaration of interest relating to this particular script submission.
All authors have made contribution to the manuscript

References

1. Brown SL., Silverman BG., Berg WA., Rupture of silicone-gel implants: causes, sequelae, and diagnosis. The Lancet. Volume 350, Issue 9090, Nov 1997, pg 1531-37

2. Iwuagwu FC., Frame JD. Silicone breast implants: complications. British Journal of Plastic Surgery, 50 (8), Dec 1997, pg. 632-36