

NHS patients are choosing to have PIP implants removed whether or not they have burst

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The options offered to women who had breast augmentation surgery with implants made by the discredited French manufacturer Poly Implant Prosthèse (PIP), which differ according to whether the operation was carried out on the NHS or privately, are affecting how keen they are to have the implants removed, new figures from the Department of Health indicate.

PIP closed last year after it emerged that the company had used non-medical grade silicone in its breast implants. The NHS in England has advised women with the implants not to have them removed automatically but to seek clinical advice. Women who had surgery done on the NHS are entitled to have PIP implants removed and replaced with new implants, but the NHS will only remove and not replace implants from women who had the surgery done privately (*BMJ* 2012;344:e478, 17 Jan, doi:10.1136/bmj.e478).

Department of Health figures published on 24 February show that more women who had surgery on the NHS are opting to have the implants removed than those who had the surgery privately. It seems that women who had NHS surgery are so concerned about the implants that they are opting for removal and replacement regardless of whether the implants have burst. In total 33 women who had surgery on the NHS have opted to have the implants removed, but only 10 have had scans to check the status of the implants.

And the number of NHS patients opting for surgery is expected to rise. An estimated 747 women had breast augmentation surgery with PIP implants on the NHS, but so far only 683 have been contacted and only three have been fully reviewed, made a decision on whether to have surgery, and had their care completed.

Of women who had the surgery done privately, 1400 have had scans, but so far only 120 have decided to have the implants removed. In just over six weeks the NHS has seen 3512 women who had private surgery: more than 500 new patients a week.

But fewer than 700 of these have decided whether or not to keep the implants.

Fazel Fatah, a consultant plastic surgeon and president of the British Association of Aesthetic Plastic Surgeons, speculated that the proportion of private patients opting for removal might fall as time passed because some of the patients may have come forward immediately because they were so concerned.

“They have already decided to have the implants removed, and they know the NHS will remove them without hassle, so they have decided to just go that way rather than contacting their private providers,” he said.

He added that, in general, patients would want to retain implants, whether existing ones or through replacement, so most private patients were seeking confirmation that their implants were intact and deciding to keep them if they were, rather than opting for a smaller chest and peace of mind.

“Some of the reason there is a large number of private patients having scans is because the clinics say, ‘Go and have a scan done, and if it is ruptured we will remove it for you,’” said Mr Fatah, who has removed 16 PIP implants in the past two to three weeks.

He said, “If you are a patient and come to me and say I have decided to have my implants removed whether it is ruptured or not, then I wouldn’t bother to do a scan unless there is something in the breast that I want to get some information about. It is a complete waste of money to have a scan when you are going to remove the implant anyway.”

It is estimated that the care of private patients with PIP implants has already cost the NHS hundreds of thousands of pounds (*BMJ* 2012;344:e1259, 20 Feb, doi:10.1136/bmj.e1259).

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