

Capsulectomy



Capsulectomy is the removal of a portion of a capsule or all of a capsule. A capsule occurs with virtually every foreign object that is placed inside the body. It is a scar-like shell of collagen fibers that encases the object, and under normal circumstances is usually harmless. Sometimes, the capsule can grow very thick and tighten around the breast implant, causing the breast to feel very dense and possibly painful. It may cause the breast to appear misshapen. Capsular contracture is more common following infection, hematoma, and seroma. It is also more common with subglandular placement. Symptoms can range from firmness and mild discomfort, to pain, palpability of the implant, distortion, and/or displacement of the implant. Additional surgery may be needed in cases where pain and/or firmness are severe.

Capsular contracture is measured in four different levels (grades 1-4), with the fourth level being the most severe, resulting in the need for corrective surgery to remove the capsule.

- Grade I: when the breast looks natural and is soft to the touch
- Grade II: the breast looks normal but is a little firm to the touch
- Grade III: characterized by the abnormal look of the breast, and is firm to the touch
- Grade IV: the breast looks abnormal and is hard and painful

PROCEDURE: Capsulectomy surgery ranges from removal of the implant capsule tissue, removal of a portion of the capsule, and/or possibly replacement or removal of the implant itself. Capsular contracture can recur in some cases.

RECOVERY: The patient should be able to resume normal activity two weeks after surgery.

COMPLICATIONS: Some potential complications and risks with surgery are infection, bleeding, delayed wound healing, wound dehiscence, infection, hematoma, seroma, asymmetry, unsatisfactory scarring, sensation alteration, loss of sensation, persistent pain, nerve changes, vascular and/or lymphatic changes.



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