









In cases of extreme contamination where re-augmentation had been planned, a decision to defer replacement should be considered. Surgeons are advised to discuss this possibility with patients in advance.

### Dealing with the implant

All implants should be discarded in the normal way, unless specific requests or arrangements are made by the patient to keep them.

### Implant removal and replacement

Patients from the private sector who have been unable to secure help from their original provider will be eligible for help from the NHS. The government has offered implant removal but implants will not be replaced in these patients. Surgeons are advised to make this clear at the initial consultation.

We would encourage all surgeons and surgical providers responsible for breast augmentations using PIP implants to undertake replacement surgery without making a charge to the patients.

### Professional conduct

It is expected that all surgeons will offer advice and care based on these guidelines. We hope and expect that a compassionate and caring attitude will be shown to all patients.

## Future monitoring

Patients who have undergone explantation following rupture/gel leak of PIP implants and have signs and symptoms of local and/or regional reactions may need to attend annual follow-up for at least two years.

Patients who underwent a 'clean' explantation or re-implantation should be advised about normal follow-up procedures.

Where a patient decides, after consultation with specialist, not to have their PIP implants removed, they should be followed up on an annual basis. In the case of NHS patients this review would normally be carried out by the GP; private patients should be followed up by the surgeon or provider responsible for the original implantation. Patients with PIP implants should be made aware of the possible signs and symptoms of implant rupture and gel bleed.

**This guidance may change after consultation with relevant parties.**