

Media Advisory for  
November 1, 2003

## **Canadian Study Confirms Women with Breast Implants Require Significantly Greater Medical Care**

*Women With Implants Were Four Times More Likely to be  
Hospitalized*

WASHINGTON, DC: A new study by epidemiologists at the British Columbia Centre of Excellence for Women's Health, finds that Canadian women with breast implants use much more medical services than other women of the same age, education, and lifestyles.

Data were collected from more than 700 women, and the researchers compared the use of medical services by women who had breast implants to similar women who did not have breast implants. In the years following their implant surgery, women who have or previously had breast implants:

- \* visited doctors and specialists significantly more often
- \* were more than four times as likely to be hospitalized, and
- \* were hospitalized significantly more often after getting implants than were women without implants.

Epidemiologist and principal investigator Aleina Tweed points out that all these differences remained significant when age, marital status, education level, exercise, use of alcohol, and geographic region were statistically controlled. Types of implants (saline or silicone gel) did not significantly affect hospitalization or medical utilization.

More than half (51%) of implant patients reported at least one additional breast-implant related surgery subsequent to the initial implant surgery. Of those, half (49%) had undergone one additional surgery, 23% had undergone two, 11% had undergone three, and 17% had undergone four or more additional surgeries. After dealing with complications, 40% had had their implants permanently removed.

Compared to most other breast implant studies, these women had implants for a longer period of time. Only one-third of the women in the study had implants for less than 10 years (some for just a few months), while 42% had implants for 11–20 years, and 24% had implants for 21 years or longer. Although the women did not complain about their health, they had substantial health problems. Almost two out of three reported their health as good or very good, but half had been diagnosed with at least one chronic illness, and one in three had quit their job or reduced their work hours because of health problems.

Breast implant surgery is usually paid for by the patient, not insurance. In the U.S., reconstruction after mastectomy is usually paid by insurance, but complications that occur later are not always covered. Complications after augmentation are rarely paid by insurance. In Canada and the United States, approximately 20% of implant surgeries are for reconstruction, primarily after cancer or prophylactic mastectomy, and 80% are cosmetic augmentation. This study indicates that breast implants increase the need for health care services among all the women receiving these devices, and many will have to bear these costs themselves.

High complication rates for women with breast implants have been well-documented. A Mayo Clinic study, for example, found that 25% of women with breast implants suffered local complications requiring additional surgery within five years. Studies by implant manufacturers in the U.S. have reported even higher rates, with most reconstruction patients and a large proportion of augmentation patients reporting at least one serious complication within three years. In addition, there were 103,343 adverse reaction reports regarding silicone breast implants and 23,454 reports for saline implants received by the Food and Drug Administration between 1985 and 1996.

"This study is important because it shows that women with implants need much more medical care than other women of their age, social class, and similar lifestyles. It is striking that these women were not complaining about their health, and yet were very impaired and often unable to work. This has ominous implications for our own healthcare system and disability policies in the U.S.," explains Dr. Diana Zuckerman, president of the National Center for Policy

Research (CPR) for Women & Families, a think tank that focuses on health and safety policies. "The new findings are consistent with the decision of the U.S. government to sue breast implant manufacturers for tens of millions of dollars to recoup the costs of medical care for women who had problems from their breast implants."

The findings have implications for the FDA, whose Advisory panel was unusually divided when they voted 9–6 to recommend approval of silicone gel breast implants on October 15. Physicians and scientists on the panel repeatedly raised questions about the health implications of the high complication rates reported by the manufacturer. Although available at the time of the hearing, the findings of this new report were not brought to the attention of the FDA advisory panel when they criticized the FDA and the company for the lack of long-term safety data.

CPR for Women & Families is a nonprofit think tank that uses research information to improve the health and safety of women, children and families.

Check out [www.breastimplantinfo.org](http://www.breastimplantinfo.org) for more information on silicone breast implants.