

## 50 - Breast Implants

BioBalance Podcast — Dr. Kathy Maupin and [Brett Newcomb](#)

Recorded on August 7, 2011

Podcast published to the internet on October 5, 2011

Published on [drkathymaupin.com](http://drkathymaupin.com) and [biobalancehealth.com](http://biobalancehealth.com) on October 6, 2011.

Dr. Kathy Maupin: Welcome to our golden anniversary episode of the BioBalance Healthcast. This is number 50. I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb and today we're continuing our conversation about the news. There was an article in the New York Times on September 1<sup>st</sup> that talked about breast implants and the fact that the FDA now says they're safe. And we want to talk about that. Actually, I want to quote if I may because it's relevant to the discussion. Dr. William Mazel, Chief Scientist for the Food and Drug Administration Center for Devices, said that "silicone breast implants were safe." But he then goes on to say there are a lot of other side effects, there are a lot of other concerns and you really need to look at more study, more study needs to be done. Which in my biased opinion is the FDA trying to say it both ways. Well, we'll give you a definite maybe on that. And there are historical reasons why they need to be careful about the conversation involving breast implants.

KM: And about blanket statements. I understand that. Part of what they list though, as a complication or side effect of breast implants is a side effect of any surgery. Infection, a problem with the wound.

BN: Yea, scarring, pain, infection, asymmetry.

KM: And I think you have to understand that if you're going to have any surgery you can have all of those except asymmetry. Asymmetry has to do with how you fill the implants if they are silicone or saline. And we're going to talk about the new implants that are pretty much dummy proof. They're awesome. So they don't have an asymmetry problem, they're not silicone either.

BN: So there are multiple reasons why women might consider an implant. And the most obvious one that comes to my mind is if they have had breast cancer and had surgery and had their breast removed. But there are other reasons some medical, some cosmetic, or mostly cosmetic/social?

KM: Mostly cosmetic. The only reason I'm an expert in this is I've done breast exams for over 25 years on thousands of woman. After you do that you know who has an implant. You can tell by checking them and by feeling for lumps you know if there's an implant there. And you know your patient. So I've been able to kind of study that. And I've never had more breast cancer with people with implants or more with people without implants. I mean in general that was an even race between people getting

breast cancer. I'd always look at that to see if they had implants or to see if they were on hormones.

BN: So in your practice statistically there wasn't an imbalance?

KM: No. Not in my practice. And I think that probably is true but that's not what you read on the news.

BN: But again you don't do breast implants you're talking about as a gynecologist seeing women who have had them.

KM: Right. That's right. This is not my job to put implants in. That's never been my practice, I send people to plastic surgeons for that and they do an awesome job. I'm saying the outcomes that I watch over the last 25 years have been an even incident of breast cancer for both people with and without implants both silicone or saline. Now there are other reasons you have implants. One reason is if you have asymmetry, if you're born with, not really born because you don't have breasts yet, but as we go through menarche and we start having periods our breasts start to grow and sometimes one breast doesn't grow and the other breast does. Now that's very embarrassing to girls. Generally plastic surgeons wait until they've reached 18 or 19 to see if that's really going to stay that way because they're very self conscious about it. And often they will say 'yes well you know we need to make one the same size as the other.' Sometime that means taking breast tissue out and doing a reduction on one. Most of the time it means adding an implant to the one that isn't as large. So that's one good reason that's not necessarily medical like a reconstruction after breast cancer. But it is purely cosmetic and to make the patient feel better.

BN: And historically as technology evolves, the content of the implant has also evolved. And originally they were silicone.

KM: They were bags. Bags that were just very malleable. Bags full of silicone with a silicone covering. Silicone bag.

BN: And were those bags filled and shaped before insertion?

KM: Yes they were. You would pick a size, or your doctor would pick a size. You tell them what you want, they would then say you need this many cc's and you don't have any idea what that means but you want to be a certain bra size, they pick the cc's to make you that bra size. So then the implants are placed sometimes under the muscle, sometimes just under the fat of the breast depending on your anatomy or depending on the doctor. Incisions could be anywhere, they could be around the nipple, they could be under the breast, and they could be on the side of the breast. Every surgeon had their own preference. And then the implant was squeezed in and adjusted and then the patient was stitched up. So those actually looked fairly normal but they had the problem of aging. They aged right along with us. And sometimes they got hard on one side; sometimes if you were in an accident and you hit the steering wheel when we

didn't have airbags then you would rupture your silicone implant and that was a bigger deal than it is now with saline because silicone is sticky and it causes scarring. And so it would exude all underneath your skin and it would start crinkling up. It would look like when not When Harry Met Sally. But the movie where the little old lady has everything crinkled up and she's really tan. It just looked horrible so you'd have to go in for another surgery.

BN: Mostly around your chest or would it drop down to your abdomen? Would you get spots?

KM: No. In general they make a capsule to put it in so it's in this area. It's not, it doesn't go down here. It doesn't slide down there.

BN: So if it ruptures in an accident or something, it's not going to go all the way down.

KM: It shouldn't, it may go under your arm. But it's not going to go below this capsule here. That's what happened then.

BN: Okay.

KM: Then there was a scare about breast implants and it was huge. And interestingly enough it ties into hormones. The deal was that all of a sudden people in their 40's started complaining to the FDA and to their doctors that they were getting a higher incident of fibromyalgia and chronic fatigue and some auto-immune disorders like rheumatoid arthritis and other things like that. And they blamed their implants. And in reality women in their 40's, because their testosterone drops, increase their risk of all of those illnesses. So it's timing. Most women get their implants late 30's early 40's and those other illnesses serendipitously also happen then.

BN: Serendipity is a key factor but also a factor is the failure to understand that correlation and causation are not the same thing. The fact that these events happen simultaneously is a correlation. It doesn't mean that one caused the other. So what starts to happen is people get incorrect information, misinformation and in today's communication system it's possible for something to go viral and spread like a virus.

KM: And then you just had to go on the news you just had to go on a women's talk show and it was rampant. People asked me that question in the 80's all the time.

BN: I knew a lot of women who had breast implants who were terrified because they heard now that breast implants caused breast cancer "oh my God I'm going to get cancer so I want go get them out."

KM: Right it caused so much anxiety that they literally got sick and if that were the case I would tell them that you know if you have that much anxiety, it doesn't really mean that [it will cause breast cancer], but you should probably have it out because

you can't get past your anxiety. So in that way, yes I agreed with them, yes take them out.

BN: So the research has never shown a causative link between breast implants and breast cancer.

KM: That's right but the FDA heard the complaints and couldn't say no for sure that this wasn't causative because they hadn't done studies yet. Then all of the plaintiff lawyers, the trial lawyers, who were looking for cases and the cases they were looking for are class action suits. Whenever you see a class action suit the person that gets rich is the lawyer. That's it, I mean my husband's a lawyer, I know that, he's told me that. Class action suits really don't mean the patients going to get wealthy.

BN: I got a letter the other day that said you've just won a class action suit because you were a customer at some business you'll get 10 cents. Put a 40 cent stamp and send this form back and you'll get 10 cents.

KM: And that's not atypical, but they were looking for something that has a question about it, in terms of medicine because that's where they hit the jack pot. And they look for that and they find people and they bring people in and they study them, not long studies but short studies. And then they present something to the FDA to make it valid. And sometimes that plays and sometimes all they need to do is go on television and talk about it or have a few patients talk about it and that's it, it's now fact. And that is a huge disservice. Because I think it causes. . .

BN: So when the ads come on TV that say if you or anyone you know has mesothelioma or if you've ever taken this drug, call this lawyer.

KM: Call this lawyer and we'll get you some money. And you know of course lawyers of this type have a place in society but they really should be looking for valid things. But just their lawsuits and their commercials basically almost put the company Johnson and Johnson and that area of the company out of business and there was nothing valid about it. Nobody has proven that silicone causes any of the diseases or cancer, therefore medically, it's not a risk.

BN: Well let's turn this in a different direction and use a different example. Part of what you're saying is that when the news breaks and the momentum of that news gets so large, companies react defensively to protect themselves from malicious lawsuits or what have you. You were telling me off camera about a drug that had a similar kind of history or situation. But that medically your understanding is that was all fallacious and shouldn't have happened to the drug company.

KM: Right and the drug company basically went under. This is the drug called Bendectin. Bendectin is something that in the 70's and 80's we gave to pregnant women who had hyperemesis. We gave them this medication so they wouldn't throw up so much that they'd have to be hospitalized. And Bendectin was Benadryl, b6 and a couple

of other vitamins. And that's it. Now Benadryl is over the counter but it was a prescription drug at the time. And we would give it to pregnant women in the first 12 weeks. Well unfortunately a few patients had some type of birth defect. They then took a few patients and the lawyers ran with it. And they made it public and they could not prove it, the FDA never proved that this was dangerous.

BN: So we're back to correlation instead of causation.

KM: Yes and just a few cases making a big lawsuit and then everybody freaks out that their baby is going to have something wrong with them which is terrible because women who are pregnant shouldn't be tortured that way. And so we couldn't, the company that made Bendectin literally over the lawsuit, and lawsuits settled and paid even though there was not scientific evidence, it's interesting.

BN: Right.

KM: Because you can have birth defects from anything, it's hard to prove it. But then we didn't do genetics so much. So now we can prove that it's not that. But Bendectin was taken off the market and the company went under because they fought it. That was like the classic case and every other drug company who has been sued for something like this or has been involved in a lawsuit has looked at Bendectin and said we're not going to be them. So they don't wait for research. They just stop making the drug and the drug's really necessary. We went years without that drug so we put people in the hospital, on IV's away from their families and they were miserable the whole time because we didn't have any drugs to give them.

BN: And at a lot higher medical cost.

KM: It was very costly, not just costly to the company that lost the whole company, but costly to patients because they didn't have access to that drug. I remember telling people when Benadryl went over the counter get Benadryl, b6, here are, you know.

BN: Here are the essential ingredients. Make your own.

KM: Make your own. No one would make it, no one still makes it. They don't care that it's been proven safe. That's something you have to consider when reading these articles.

BN: And that didn't happen in the issue of breast implants, not so completely and so fully, but it almost did and so then they evolved and they switched and said well it's the silicone so we'll go to saline implants.

KM: And they adjusted and they paid women to have their silicone implants taken out. So they did have a huge cost, the cost of implants went up and malpractice insurance or that type of insurance went up. So that if they got sued again for some reason, everybody has that insurance and that increases the cost of goods and drugs in the

United States which is where you should look if you want to know why your drug costs so much because the insurance is huge. So they basically said we're going to switch gears. We'll take out all your saline implants and we'll pay for it. And you buy.

BN: Silicone.

KM: I mean silicone and then you put in your saline implants. The doctors were happy, they all got paid, you know, and that's good, that's good for doctors. The patients had to undergo a surgery. And the saline implants didn't feel like breasts as much. They felt like bags full of water. And the way they put them in is they would put them in under skin either under the fat or under the muscle.

BN: Could you hear them slosh or gurgle?

KM: No there's no air in them. That's what causes sloshing. Anyway, they put like a water hose, a saline hose up and fill them up until on the table your breast looks like it should look. But there's no way of measuring what cup size that is. And you're lying down.

BN: And you're lying reclined so gravity is going to have a big.

KM: So it made it less perfect because the silicone just kind of stood up and hugged the chest wall. So when they did this and they do the other one and they go down to your toes and make sure everything lines up. And they look up from the top and they measure anything they can without standing you up. And of course we all know that gravity is the big enemy of breasts. So what happens with these is they need to be replaced every 10 years. They don't last as long as silicone and they fall down just like regular breasts.

BN: So with a 10 year shelf life so to speak, they evolved to a new methodology and a new content which is. . .

KM: And that's just within the last couple years. We call them like jelly beans or the jelly kind of implants. Honestly I don't know the real name of them because I always call them jelly implants. They look like a breast. They look like a 16 year old breast with a mound for the nipple and everything.

BN: And they're premade.

KM: And they're premade and they're like foam or like Jelly Bellies or like jelly beans.

BN: Gummy bears.

KM: Gummy bears. So they put those up underneath the muscle. And those breasts are the most beautiful breasts I've ever seen. And even on breast cancer patients they never fall down, they don't come down with age. Breast cancer patients look better afterwards when they've had all their breast removed and they get these put in, they

are amazing. It's everything you've ever wanted. So sometimes you would think okay, all the lawsuits caused a good thing to happen, we found this new implant. And not every doctor knows how to do them. But we have doctors here in St. Louis who do them and they do an awesome job.

BN: Who specialize. So what we've been talking about today is the whole issue of breast cancer, breast implants, news media, especially around the concept of causation and correlation. But we've also been talking about the evolution of the technology. As these themes occur and news spreads and people get concerned the research is done in response to the concern and newer and better products are available. They are available in St. Louis and you can talk to your doctor about them. So if you have any questions for us or comments you can contact us at [podcast@biobalancehealth.com](mailto:podcast@biobalancehealth.com) or you can contact me at [brettnewcomb.com](http://brettnewcomb.com).

KM: And if you want more information about BioBalance bioidentical hormone pellets visit our website at [BioBalanceHealth.com](http://BioBalanceHealth.com) or call us at 314-993-0963.