Augmentation

BREAST AUGMENTATION WITH *NATRELLE*® SILICONE-FILLED BREAST IMPLANTS AND *NATRELLE INSPIRA*® BREAST IMPLANTS

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Glossary

Anaplastic large cell lymphoma (ALCL)	ALCL is not breast cancer; it is a rare type of non-Hodgkin's lymphoma, a cancer involving the cells of the immune system.
Areola	The pigmented or darker colored area of skin surrounding the nipple of the breast.
Asymmetry	Uneven appearance between a woman's left and right breasts in terms of size, shape, or breast level.
Atrophy	Thinning or diminishing of tissues or muscle.
Autoimmune disease	An autoimmune disease is a disease in which the body's immune system attacks its own cells or tissues by mistake, causing damage and dysfunction. Autoimmune diseases can affect connective tissue in the body (the tissue that binds together body tissues and organs). Autoimmune diseases can affect many parts of the body, like nerves, muscles, glands, and the digestive system.
Biocompatible	The ability to exist along with living tissues or systems without causing harm.
Biopsy	The removal and examination of tissues, cells, or fluid from the body.
Body Dysmorphic Disorder	A psychological condition characterized by excessive worry about an imagined or minor physical flaw to the point that it can interfere with normal daily activities.
Body Esteem Scale	A questionnaire which asks about a person's body image.
Breast augmentation	A surgical procedure to increase breast size. For this brochure, it refers to placement of a breast implant. The first time a breast implant is placed for augmentation is called "primary augmentation." Any time there is another surgery to replace the implant, it is referred to as "revision-augmentation."
Breast implant	Any surgically implanted artificial device intended to replace missing breast tissue or to enhance a breast.
Breast mass	A lump in the breast.

Breast reconstruction

A surgical procedure to replace breast tissue or reconstruct a breast after tissue was taken out because of cancer or injury. Breast reconstruction also includes the surgical correction of a breast that has failed to develop properly due to a severe abnormality or congenital defect. For this brochure, it refers to placement of a breast implant.

Calcification

Process of hardening by calcium salts.

Capsular contracture

A tightening of the scar tissue (also called a capsule) that normally forms around the breast implant during the healing process after surgery. In some women, the scar tissue (capsule) squeezes the implant. When this occurs, it is called capsular contracture. This results in firmness or hardening of the breast and is a risk for implant rupture. Capsular contracture is classified by Baker Grades. Capsular Contracture Baker Grades III or IV are the most severe. Baker Grade III often results in the need for additional surgery (reoperation) because of pain and possibly abnormal appearance. Baker Grade IV usually results in the need for additional surgery (reoperation) because of pain and unacceptable appearance. Capsular contracture Baker Grade II may also result in the need for surgery. Each grade is described below.[11]

- Baker Grade I – Normally soft and natural appearance
- Baker Grade II – A little firm, but breast looks normal
- Baker Grade III – More firm than normal, and may look abnormal (change in shape)
- Baker Grade IV – Hard, obvious distortion, and tenderness with pain

Capsule

Scar tissue which forms around the breast implant.

Capsulotomy (closed)	An attempt to break the scar tissue capsule around the implant by pressing or pushing on the outside of the breast. This method does not require surgery but may rupture the implant and is contraindicated.
Capsulotomy (open)	An attempt to break the scar tissue capsule around the implant by surgical incision into the capsule.
Congenital abnormality	An abnormal development in part of the body, present in some form since birth.
Connective tissue disease/disorder (CTD)	A disease, group of diseases, or conditions affecting connective tissue, such as muscles, ligaments, skin, etc., and/or the immune system. Connective tissue diseases (CTDs) that involve the immune system include autoimmune diseases such as rheumatoid arthritis, lupus, and scleroderma.
Contraindication	A use that is improper and should not be followed. Failure to follow contraindications identified in the labeling could cause serious harm.
Contralateral	Opposite side.
Core Study	The primary clinical study of augmentation, reconstruction, and revision (revision-augmentation and revision-reconstruction) patients that supported the approval of the premarket approval (PMA) application. Safety and effectiveness data are collected yearly through 10 years, with the follow-up from years 5 through 10 being performed as part of a post-approval Core Study.
Delayed wound healing	Unusually slow progress in the healing of a wound; surgical incision site fails to heal normally or takes longer to heal.
Displacement	Movement of the implant from the usual or proper place.
Extrusion	Skin breakdown with the implant pressing through the skin or surgical incision.
Fibromyalgia	A disorder characterized by chronic pain in the muscles and soft tissues surrounding joints, with tenderness at specific sites in the body. It is often accompanied by fatigue.

Fibrous tissues	Connective tissues composed mostly of fibers.
Gel bleed	When silicone gel leaks or "bleeds" or diffuses through the implant shell.
Gel fracture	Appearance of a fissure or fault line in highly cohesive gel in response to an applied force.
Granuloma	A noncancerous lump that can form around any foreign material, such as silicone. Like any lump, it should be evaluated to distinguish it from a lump that might be cancerous.
Hematoma	A collection of blood within a space.
Hypertrophic scarring	An enlarged scar remaining after a wound heals.
Incision	A cut made to the tissue during surgery.
Infection	The growth in the human body of microorganisms such as bacteria, viruses, or fungi. An infection usually results in fever, swelling, redness, and/or pain. It can occur as a result of any surgery.
Inflammation	The response of the body to infection or injury that is characterized by redness, swelling, warmth, and/or pain.
Inframammary	Below the breast.
Inpatient surgery	A surgical procedure in which the patient is required to stay overnight in the hospital.
Lactation	The production and secretion of milk by the breast glands.
Low molecular weight silicones	Small silicone molecules that might leak out of the implant.
Lymph nodes	Glands that play an important part in the body's defense against infection. They produce lymph, which travels throughout the body in the lymph system, and filters impurities from the body. Common areas where the lymph nodes can be felt with the fingers include: groin, armpit, neck, under the jaw and chin, behind the ears, and on the back of the head.
Lymphadenopathy	Enlargement of the lymph node(s).

Lymphedema	Swelling of the lymph node(s).
Malposition	When the implant is placed incorrectly during the initial surgery or when the implant has shifted from its original position. Shifting can be caused by many factors, such as gravity, trauma, poor initial placement, and capsular contracture.
Mammary	Pertaining to the breast.
Mammography	A type of X-ray examination of the breasts used for detection of cancer. Screening mammography – x-ray examination of the breast that is performed on women with no complaints or symptoms of breast cancer; the goal is to detect breast cancer when it is still too small to be felt by a physician or the patient. Diagnostic mammography – x-ray examination in order to evaluate a breast complaint or abnormality detected by physical exam or screening mammography; additional views of the breast are usually taken.
Mammoplasty	Plastic surgery of the breast.
Mastitis	Inflammation of the breast.
Mastopexy	Surgical procedure to raise and reshape sagging breasts.
Metastatic disease	A stage of cancer after it has spread from its original site to other parts of the body.
Migration	Movement of silicone materials outside the breast implant to other parts of the body.
MRI (Magnetic Resonance Imaging)	A radiographic examination that currently has the best ability to detect rupture of silicone gel-filled breast implants.
Necrosis	Death of cells or tissues.
Outpatient surgery	A surgical procedure in which the patient is not required to stay in the hospital overnight.
Palpability	The ability to feel the implant.
Palpable	Felt with the hand.
Pectoralis	Major muscle of the chest.
Periareolar	Around the darkened or pigmented area surrounding the nipple of the breast.

Plastic surgery	Surgery intended to enhance or improve the appearance of the body.
Postoperative	After surgery.
Precautions	Information that warns the reader of a potentially hazardous situation which, if not avoided, may result in minor or moderate injury.
Primary breast augmentation	The first time a breast implant is placed for the purpose of breast augmentation.
Ptosis	Sagging or drooping of the breast.
Reoperation	An additional surgery after your first breast implantation.
Revision-augmentation	Refers to the correction or improvement of a primary augmentation. For this brochure, it refers to surgical removal and replacement of breast implants that were placed originally for primary breast augmentation.
Revision-reconstruction	Refers to the correction or improvement of a primary reconstruction. For this brochure, it refers to surgical removal and replacement of breast implants that were placed originally for primary breast reconstruction.
Rheumatologic disease/ disorder	A variety of diseases involving connective tissue structures of the body, especially the joints and fibrous tissue. These diseases are often associated with pain, inflammation, stiffness, and/or limitation of motion of the affected parts. Can include autoimmune diseases. Fibromyalgia is a rheumatological disorder.
Rosenberg Self-Esteem Scale	A questionnaire that measures overall self-esteem.
Rowland Expectation Scale	A 16 item questionnaire intended to measure expectations and perceived results of implant surgery.
Rupture	A tear or hole in the shell of the implant that allows silicone gel filler material to leak from the shell. Ruptures can be intracapsular (inside the scar tissue capsule surrounding the implant) or extracapsular (outside the scar tissue surrounding the implant).
Saline	A solution made of water and a small amount of salt.

Scar revision	A surgical procedure to improve the appearance of a scar.
Seroma	Similar to a bruise, a seroma occurs when the watery portion of the blood collects around a surgical incision or around a breast implant.
SF-36 Scale	The Short Form 36 Health Scale; a questionnaire intended to measure physical, mental, and social health.
Silent rupture	A breast implant rupture without symptoms or a visible change. Silent rupture cannot be felt by the woman or detected by a doctor through physical examination. Silent rupture can only be discovered through appropriate imaging techniques such as MRI. Most silicone gel-filled breast implant ruptures are silent (see symptomatic rupture below).
Silicone elastomer	A type of silicone that has elastic properties similar to rubber.
Subglandular placement	Placement of a breast implant underneath and within the breast glands but on top of the chest muscle.
Submuscular placement	Placement of a breast implant wholly or partially underneath the chest muscle.
Symptom	Any perceptible change in the body or its functions that indicates disease or a phase of a disease.
Symptomatic	Experiencing symptoms; any evidence or sign of disease or disorder.
Symptomatic rupture	A breast implant rupture that is associated with symptoms (such as lumps, persistent pain, swelling, hardening, or change in implant shape). Some silicone breast implant ruptures are symptomatic, but most are silent.
Systemic	Pertaining to or affecting the body as a whole.
Tennessee Self-Concept Scale	A questionnaire intended to measure the patient's view of her body and state of health, as well as her attitude about appearance, skills, and sexuality. The questionnaire administered in the Core Study consisted of 18 items.

Toxic shock syndrome	A rare, but life-threatening bacterial infection that may occur after surgery. It occurs most often in the vagina of menstruating women using superabsorbent tampons. Symptoms include sudden high fever, vomiting, diarrhea, decreased blood pressure, fainting, dizziness, and sunburn-like rash. A doctor should be seen immediately for diagnosis and treatment if toxic shock syndrome is suspected.
Transaxillary	Under the arm.
Warning	Statement that alerts the reader about a situation which, if not avoided, could result in serious injury or death.

1. Considering Silicone Gel-Filled Breast Implant Surgery

You may be considering breast implant surgery to increase the size of your breasts. This is referred to as breast augmentation. Or you may need to have a previous breast augmentation corrected or improved, which is called revision-augmentation. Allergan has prepared this information to help you better understand the breast implant procedure and assist you in making an informed decision about breast augmentation or revision-augmentation surgery. It will help to answer some of the questions you may have about the surgery and about breast implants in general. It will also provide you with specific information about the risks and benefits of Allergan's *NATRELLE*® Silicone-Filled Breast Implants and *NATRELLE INSPIRA*® Breast Implants. Similar information to help you understand breast reconstruction is available from your plastic surgeon, Allergan, or at www.natrelle.com.

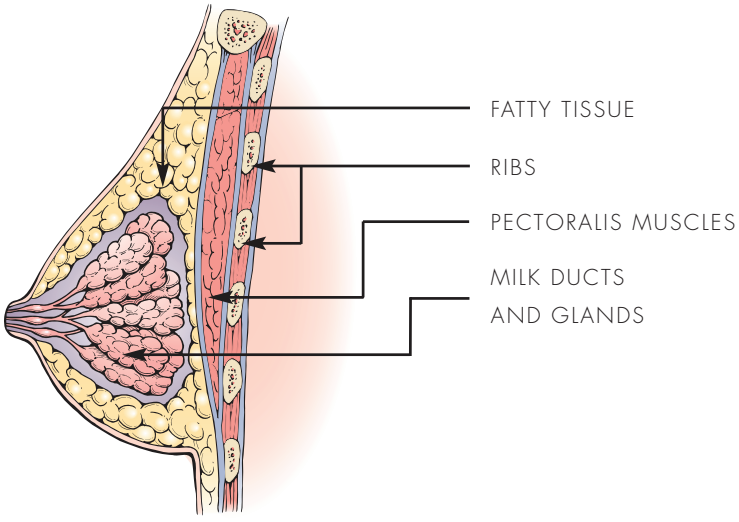
This information cannot and should not replace talking with your plastic surgeon. Your decision whether or not to get breast implants should be based on realistic expectations of the outcome. There is no guarantee that your results will match those of other women. Your results will depend on many individual factors, such as your overall health (including age), chest structure, breast/nipple shape and position, skin texture, healing capabilities (which may be slowed by radiation and chemotherapy treatment, smoking, alcohol, and various medications), tendency to bleed, prior breast surgery, surgical team's skill and experience, type of surgical procedure, and type and size of implant. Make sure you speak with your surgeon about your expectations of the results, as well as what you can expect regarding the length of the surgery, your recovery, and any risks and potential complications of the surgery. Ask questions.

As part of your decision, both you and your surgeon should sign Allergan's "Acknowledgement of Informed Decision" form that confirms your understanding of the risks and benefits of Allergan's *NATRELLE*® Silicone-Filled Breast Implants and *NATRELLE INSPIRA*® Breast Implants. This form is located on page 64.

Because breast implants will require monitoring and care for the rest of your life, you should wait at least 1-2 weeks after reviewing and considering this information before deciding whether to have primary breast augmentation surgery. In the case of a revision-augmentation, however, your surgeon may find it medically advisable to perform surgery sooner.

1.1 What Gives the Breast Its Shape?

The breast consists of milk ducts and glands, surrounded by fatty tissue that provides its shape and feel. Beneath the breast is the chest muscle (pectoralis major muscle).



Implants are used to make the breast larger or to restore/replace breast tissue. Factors such as pregnancy (when milk glands are temporarily enlarged), rapid weight loss, and the effects of gravity as you age combine to stretch the skin, which may cause the breast to droop or sag. However, it is important to realize that implants are used to make the breast larger. The implants alone may not adequately lift the breast, or correct the effects of pregnancy, weight loss, or skin stretching. Your surgeon may suggest additional procedures at the time of the breast augmentation, such as mastopexy, to help achieve improved breast lift.

1.2 What Is a Silicone Filled Breast Implant?

A silicone gel-filled breast implant is a sac (implant shell) of silicone elastomer (rubber) filled with silicone gel. Allergan has approval for 3 types of silicone gel fillers: *Responsive* silicone gel, *SoftTouch* silicone gel, and *Highly Cohesive* silicone gel. This brochure focuses on round implants filled with each of the 3 gel types. A separate brochure is available for anatomically shaped implants filled with *Highly Cohesive* silicone gel from your plastic surgeon, from Allergan, or at www.natrelle.com.

Allergan offers two lines of round, silicone-filled breast implants: *NATRELLE*® Silicone-Filled Breast Implants and *NATRELLE INSPIRA*® Breast Implants. *NATRELLE*® Silicone-Filled Breast Implants are filled with *Responsive* silicone gel. *NATRELLE INSPIRA*® Breast Implants are filled with *Responsive* silicone gel (*NATRELLE INSPIRA*® *Responsive* Breast Implants), *SoftTouch* silicone gel (*NATRELLE INSPIRA*® *SoftTouch* Breast Implants), and *Highly Cohesive* silicone gel (*NATRELLE INSPIRA*® Cohesive Breast Implants).

Product Name	Gel Filling
NATRELLE® Silicone-Filled Breast Implants	*Responsive* silicone
NATRELLE INSPIRA® *Responsive* Breast Implants	*Responsive* silicone
NATRELLE INSPIRA® *SoftTouch* Breast Implants	*SoftTouch* silicone
NATRELLE INSPIRA® *Cohesive* Breast Implants	*Highly Cohesive* silicone

NATRELLE® Silicone-Filled Breast Implants and *NATRELLE INSPIRA*® Breast Implants come in a variety of profiles and sizes. A number of factors will determine which style and size of breast implant is most appropriate. These factors include your breast augmentation goals, your body size, your desired breast size, and the amount of breast skin you have. Your plastic surgeon will discuss with you the implant options that will best help you achieve the result that is right for you. Refer to Section 3.3 for more information on the different *NATRELLE*® Silicone-Filled Breast Implants and lines of *NATRELLE INSPIRA*® Breast Implants available from Allergan.

Example of a *NATRELLE*® Silicone-Filled Breast Implant

Example of *NATRELLE INSPIRA*® Breast Implant

Example of *NATRELLE INSPIRA*® Textured Breast Implant

1.3 Who is eligible for *NATRELLE*® Silicone-Filled Breast Implants and *NATRELLE INSPIRA*® Breast Implants and what is the indication statement?

NATRELLE® Silicone-Filled Breast Implants and *NATRELLE INSPIRA*® Breast Implants have been approved for females for the following uses (procedures):

- **Breast augmentation for women at least 22 years old.** Breast augmentation includes primary breast augmentation to increase the breast size, as well as revision surgery to correct or improve the result of a primary breast augmentation surgery.
- **Breast reconstruction.** Breast reconstruction includes primary reconstruction to replace breast tissue that has been removed due to cancer or trauma or that has failed to develop properly due to a severe breast abnormality. Breast reconstruction also includes revision surgery to correct or improve the result of a primary breast reconstruction surgery.

A separate patient brochure is available for those women considering breast reconstruction surgery and should be read prior to reaching a decision to undergo breast reconstruction.

1.4 What Are the Contraindications?

A contraindication is a condition or circumstance that, if present, means a procedure should not be done. Contraindications for breast implant surgery are discussed in this section.

Breast implant surgery should not be performed in:

- Women with active infection anywhere in their body, because the implant will make the infection much harder to treat should the infection move into the breast.

- Women with existing cancer or pre-cancer of their breast who have not received adequate treatment for those conditions, because radiation and chemotherapy treatments may increase the risk of some complications seen with breast implants. Also, breast implants may interfere with radiation or chemotherapy treatments.
- Women who are currently pregnant or nursing, because surgery may interfere with the safety of the pregnancy/nursing. Since breast augmentation is an elective surgery, it should be postponed until you are no longer pregnant or nursing.

1.5 What Are the Precautions?

A precaution is information that warns the reader of a potentially hazardous situation which, if not avoided, may result in minor or moderate injury. The following are precautions; safety and effectiveness have not been established in patients with these conditions:

- Autoimmune diseases (for example, lupus and scleroderma)
- A weakened immune system (for example, currently taking drugs that weaken the body's natural resistance to disease)
- Planned chemotherapy following breast implant placement
- Planned radiation therapy to the breast following breast implant placement
- Conditions that interfere with wound healing and blood clotting
- Reduced blood supply to breast tissue
- Clinical diagnosis of depression or other mental health disorders, including body dysmorphic disorder and eating disorders. Please discuss any history of mental health disorders with your surgeon prior to surgery. Patients with a diagnosis of depression, or other mental health disorders, should wait until these conditions have resolved or stabilized prior to undergoing breast implantation surgery.

1.6 Warnings

Warnings are statements that alert the reader about a situation which, if not avoided, could result in serious injury or death. Read this entire brochure before having breast implant surgery. This is important so that you will understand the risks and benefits and have realistic expectations of the outcome of your surgery. Breast implants are associated with many short-term and long-term risks.

WARNING – Be aware that many of the changes to your breast following implantation cannot be undone. If you later choose to have your implant(s) removed and not replaced, you may experience unacceptable dimpling, puckering, wrinkling, or other cosmetic changes to the breast, which can be permanent.

WARNING – Before you decide to have breast implant surgery, you should know that breast implants are not lifetime devices, and breast implantation is likely not a one-time surgery. You will likely need additional unplanned surgeries on your augmented breasts because of complications or unacceptable cosmetic outcomes. These additional surgeries can include implant removal or replacement, or they can include other surgical procedures. Later surgeries to replace implants (revision-augmentation) carry higher risks of complications than the first (primary) augmentation surgery. Therefore, you should also consider the complication rates for revision-augmentation since you may experience these risks in the future.

WARNING – Your *NATRELLE*® Silicone-Filled Breast Implant or *NATRELLE INSPIRA*® Breast Implant may rupture without any symptoms (silent rupture). This means that neither you nor your surgeon will know that your implants have ruptured. In order to detect silent rupture, you will need to have regular screening MRI examinations. You should have an MRI 3 years after your breast implant surgery and then every 2 years after that for as long as you have your breast implants.

2. Breast Implant Benefits And Risks

Undergoing any type of surgical procedure involves risks (some serious) such as the effects of anesthesia, infection, swelling, redness, bleeding, pain, and even death. Some of these risks are serious, and all of these risks need to be balanced against the benefits of the surgery itself. At the end of this brochure is a list of published studies used to gather the information discussed in the sections below. These studies may be helpful to you if you wish to learn more about a specific complication or condition. The reference list is not complete because studies are being conducted all the time. Your physician may have other resources for further reading. The information provided below focuses on women undergoing Primary Augmentation and Revision-Augmentation with *NATRELLE*® Silicone-Filled Breast Implants or *NATRELLE INSPIRA*® Breast Implants. The studies in the list of references also include women undergoing breast reconstruction and other types of implants from a variety of manufacturers. The risks and benefits of breast reconstruction may differ from those of augmentation, and the risks of other types of implants may differ from those of *NATRELLE*® Silicone-Filled Breast Implants and *NATRELLE INSPIRA*® Breast Implants.

2.1 What Are the Benefits?

Breast augmentation can change the size and proportion of the breast(s). In addition, revision-augmentation (replacement of an existing breast implant) can correct or improve the result of a primary augmentation surgery.

Breast augmentation has the potential to offer both physical and psychological benefits to women.[1] The benefits of breast implants, therefore, relate to their ability to enhance breast volume and attain body symmetry.[1,3,5] Many studies have reported that a majority of breast augmentation patients are satisfied with the results of their surgery. In Allergan's Core Study through 10 years, approximately 9 out of 10 women undergoing primary augmentation or revision-augmentation with *NATRELLE*® Silicone-Filled Breast Implants are satisfied with their breast implants. Section 5.3 provides more information on benefits seen in Allergan's Core Study.

2.2 What Are the Potential Risks?

Table 1 describes some of the known risks of breast augmentation along with possible effects of those risks. This information is based on the results of Allergan's Core study of 455 Primary Augmentation patients and 147 Revision-Augmentation patients. Additional useful information related to these risks as well as risks occurring in less than 1% of patients in the Core study is provided following Table 1. Sections 5.4 through 5.7 as well as Tables 2 and 3 provide more information on risks seen in Allergan's Core Study.

Table 1
Risks of Breast Augmentation Through 10 Years with *NATRELLE*® Silicone-Filled Breast Implants

Event		Likelihood of Event Occurring in Primary Augmentation Patients[a]	Likelihood of Event Occurring in Revision-Augmentation Patients[a]	Possible Resulting Effects of the Event
Key Risks				
Additional Surgeries (Reoperations)		36 out of 100 patients (36%)	46 out of 100 patients (46%)	• Infection • Scarring • Hematoma or Seroma • Delayed wound healing • Necrosis • Pain or Discomfort • Anesthesia-related complications • Loss of breast tissue • Undesirable cosmetic result
Implant Removal with Replacement		19 out of 100 patients (19%)	30 out of 100 patients (30%)	• Infection • Scarring • Hematoma or Seroma • Delayed wound healing • Necrosis • Pain or Discomfort • Anesthesia-related complications • Loss of breast tissue • Undesirable cosmetic result
Implant Removal without Replacement		3 out of 100 patients (3%)	4 out of 100 patients (4%)	• Infection • Scarring • Hematoma or Seroma • Delayed wound healing • Necrosis • Pain or Discomfort • Anesthesia-related complications • Loss of breast tissue • Undesirable cosmetic result
Capsular Contracture (Baker Grade III/IV)		19 out of 100 patients (19%)	29 out of 100 patients (29%)	• Pain or Discomfort • Breast hardness/firmness • Reoperation • Implant removal
Rupture	MRI Cohort	9 out of 100 patients (9%)	5 out of 100 patients (5%)	• Implant Removal
	Non MRI Cohort	14 out of 100 patients (14%)	10 out of 100 patients (10%)	
Other Risks Occurring in 1% or more of Patients				
Breast Pain		12 out of 100 patients (12%)	12 out of 100 patients (12%)	• Resulting effects are contingent on underlying cause(s)
Swelling		9 out of 100 patients (9%)	8 out of 100 patients (8%)	• Pain or discomfort • Resulting effects are contingent on underlying cause(s)

Event	Likelihood of Event Occurring in Primary Augmentation Patients[a]	Likelihood of Event Occurring in Revision-Augmentation Patients[a]	Possible Resulting Effects of theEvent
Implant Malposition	7 out of 100 patients (6%)	6 out of 100 patients (6%)	• Implant visibility • Asymmetry • Reoperation • Implant removal
Nipple Complications	6 out of 100 patients (6%)	1 out of 100 patients (1%)	• Increased or decreased nipple sensitivity • Breastfeeding difficulties • May affect sexual response
Hypertrophic/ Other Abnormal Scarring	4 out of 100 patients (4%)	7 out of 100 patients (7%)	• Scar revision procedure (reoperation) • Undesirable cosmetic result
Asymmetry	3 out of 100 patients (3%)	7 out of 100 patients (7%)	• Undesirable cosmetic result • Reoperation • Implant removal
Implant Palpability/ Visibility	2 out of 100 patients (2%)	6 out of 100 patients (6%)	• Undesirable cosmetic result • Reoperation • Implant removal
Seroma/Fluid Accumulation	2 out of 100 patients (2%)	6 out of 100 patients (6%)	• Swelling • Pain or Discomfort • Infection • Incision and drainage (reoperation) • Implant removal
Ptosis	2 out of 100 patients (2%)	5 out of 100 patients (5%)	• Undesirable cosmetic result • Wrinkling/rippling • Reoperation • Implant removal
Wrinkling/Rippling	2 out of 100 patients (2%)	5 out of 100 patients (5%)	• Discomfort • Undesirable cosmetic result • Reoperation • Implant removal
Hematoma	2 out of 100 patients (2%)	2 out of 100 patients (2%)	• Swelling • Pain or Discomfort • Infection • Incision and drainage (reoperation) • Implant removal
Changes in Breast Sensation	2 out of 100 patients (2%)	2 out of 100 patients (2%)	• Increased or decreased breast sensitivity • Breastfeeding difficulties • May affect sexual response
Delayed Wound Healing	1 out of 100 patients (1%)	1 out of 100 patients (1%)	• Increase risk of infection, extrusion, or necrosis

[a] Based on the results of the Allergan Core Clinical Study for the first 10 years after implant surgery. There were 455 Primary Augmentation patients and 147 Revision-Augmentation patients enrolled.

- **Additional Surgeries (Reoperations)**

You should assume that you will need to have additional surgeries (reoperations). In Allergan's Core Study, approximately 36 out of every 100 women (36%) undergoing primary augmentation and 46 out of every 100 women (46%) undergoing revision augmentation had 1 or more reoperation. Approximately 9 out of every 100 women (9%) undergoing primary augmentation and 18 out of every 100 women (18%) undergoing revision-augmentation had 2 or more reoperations. The costs of additional surgeries may not be covered by insurance.

Patients may decide to change the shape or type of their implants, requiring additional surgery. In addition, problems such as rupture, capsular contracture, hypertrophic scarring (irregular, raised scar), asymmetry, infection, and shifting can require additional surgery. Reoperation increases the risk of certain complications, such as rupture, capsular contracture, and infection. Section 5.5 provides more information on reoperations reported in Allergan's Core Study.

- **Implant Removal**

Because these are not lifetime devices, the longer you have your implants the more likely it will be for you to have them removed for any reason, either because of dissatisfaction, an unacceptable cosmetic result, or a complication such as capsular contracture. In Allergan's Core Study, approximately 21 out of every 100 women (21%) undergoing primary augmentation and 32 out of every 100 women (32%) undergoing revision-augmentation had their implants removed. Approximately 9 out of 10 removed implants are replaced with new implants, which can increase the risk of capsular contracture or reoperation. Removing implants without replacing them can result in dimpling, puckering, wrinkling, or other cosmetic changes in the breast. These changes can be permanent.

Even if you have your implants replaced, implant removal may result in loss of your breast tissue. Also, implant replacement increases your risks of future complications. For example, the risks of capsular contracture and reoperation increase for patients with implant replacement compared to first time placement. You should consider the possibility of having your implants replaced and its consequences when making your decision to have implants. Section 5.6 provides more information on implant removals reported in Allergan's Core Study.

- **Capsular Contracture**

The scar tissue (capsule) that normally forms around the implant may tighten over time and compress the implant, making it feel firm and leading to what is called capsular contracture. Capsular contracture may be more common following infection, hematoma, and seroma, and the chance of it happening may increase over time. Capsular contracture occurs more commonly in revision-augmentation than in primary

augmentation. Because you may have your initial implants replaced, you should be aware that your risk of capsular contracture increases with revision-augmentation. Capsular contracture is a risk factor for implant rupture, and it is a common reason for reoperation.

Symptoms of capsular contracture range from mild firmness and mild discomfort to severe pain, distorted shape of the implant, and palpability (ability to feel the implant). Capsular contracture is graded into 4 Baker Grade levels depending on its severity:

Baker Grade I – Normally soft and natural appearance

Baker Grade II – A little firm, but breast looks normal

Baker Grade III – More firm than normal, and may look abnormal (change in shape)

Baker Grade IV – Hard, obvious distortion, and tenderness with pain

Baker Grades III and IV are considered severe, and often additional surgery is needed to correct these grades. Additional surgery may be needed in cases where pain and/or firmness are severe. This surgery ranges from removal of the implant capsule tissue to removal and possible replacement of the implant itself. This surgery may result in loss of your breast tissue. Capsular contracture may happen again after these additional surgeries.

- **Rupture**

An implant rupture is caused by a hole or tear in the shell of the implant that allows silicone gel filler material to leak from the shell. Ruptures can be intracapsular (inside the scar tissue capsule surrounding the implant) or extracapsular (outside the scar tissue surrounding the implant). All women should have regular MRI examinations to detect silent rupture. All women who have ruptured implants should have the implants and any gel removed. With *NATRELLE*® Silicone-Filled Breast Implants and *NATRELLE INSPIRA*® Breast Implants, silicone rarely migrates outside of the scar tissue capsule. Further information on rupture is provided in Section 2.3, and information on rupture reported in Allergan's Core Study is provided in Section 5.7.

- **Unsatisfactory Results**

Unsatisfactory results such as wrinkling, asymmetry, implant displacement (shifting), incorrect size, unanticipated shape, implant palpability, scar deformity, hypertrophic scarring and/or implant malposition, may occur. Some of these results may cause discomfort. Pre-existing asymmetry may not be entirely correctable by implant surgery. Revision surgery may be recommended to maintain patient satisfaction, but carries additional considerations and risks. Selecting an experienced plastic surgeon may minimize, but not necessarily prevent, unsatisfactory results.

In Allergan's Core Study the most common unsatisfactory result was implant malposition. Approximately 2 out of 100 women (2%) who underwent primary augmentation had additional surgery to improve implant malposition. Approximately 3 out of 10 reoperations for women who underwent primary augmentation were to improve unsatisfactory cosmetic results.

- **Pain**

Pain of varying intensity and length of time may occur and persist following breast implant surgery. In addition, improper size, placement, surgical technique, or capsular contracture may result in pain. In a European study through 5 years, approximately 1 out of every 100 women with any breast implant had breast pain lasting longer than 3 months.[15] Tell your surgeon about significant pain or if pain persists.

- **Changes in Nipple and Breast Sensation**

Feeling in the nipple and breast can increase or decrease after implant surgery. The range of changes varies from intense sensitivity to no feeling in the nipple or breast following surgery. While some of these changes can be temporary, they can also be permanent, and may affect your sexual response or your ability to nurse a baby.

- **Infection**

Infection can occur with any surgery or implant. Most infections resulting from surgery appear within a few days to weeks after the operation. However, infection is possible at any time after surgery. In addition, breast and nipple piercing procedures may increase the possibility of infection. Infections in tissue with an implant present are harder to treat than infections in tissue without an implant. If an infection does not respond to antibiotics, the implant may have to be removed, and another implant may be placed after the infection is resolved (cleared up). As with many other surgical procedures, in rare instances, toxic shock syndrome has been noted in women after breast implant surgery, and it is a life-threatening condition. Symptoms include sudden fever, vomiting, diarrhea, fainting, dizziness, and/or sunburn-like rash. You should contact a doctor immediately for diagnosis and treatment if you have these symptoms.

- **Delayed Wound Healing**

Some patients may experience a prolonged wound healing time. Delayed wound healing may increase the risk of infection, extrusion, and necrosis. Smoking may interfere with the healing process. You should contact your surgeon immediately if your wound does not heal within the period of time he/she has discussed with you.

- **Hematoma/Seroma**

Hematoma is a collection of blood within the space around the implant, and a seroma is a build-up of fluid around the implant. Having a hematoma and/or seroma following surgery may result in infection

and/or capsular contracture later on. Symptoms from a hematoma or seroma may include swelling, pain, and bruising. If a hematoma or seroma occurs, it will usually be soon after surgery. However, this can also occur at any time after injury to the breast. While the body absorbs small hematomas and seromas, some will require surgery, typically involving draining and potentially placing a surgical drain in the wound temporarily for proper healing. A small scar can result from surgical draining. Implant rupture also can occur from surgical draining if there is damage to the implant during the draining procedure.

- **Breastfeeding**

Breastfeeding difficulties have been reported following breast surgery, including breast reduction and breast augmentation. A periareolar incision (an incision around the colored portion surrounding the nipple) may increase the likelihood of problems with breastfeeding. The most common breastfeeding problem is inadequate milk production. Section 5.7 provides more information on breastfeeding complications reported in Allergan's Core Study.

- **Calcium Deposits in the Tissue Around the Implant**

Calcium deposits can form in the tissue capsule surrounding the implant. Symptoms may include pain and firmness. Deposits of calcium can be seen on mammograms and can be mistaken for possible cancer, resulting in additional surgery for biopsy and/or removal of the implant to distinguish calcium deposits from cancer. If additional surgery is necessary to examine and/or remove calcifications, this may cause damage to the implants. Calcium deposits also occur in women who undergo breast reduction procedures, in patients who have had hematoma formation, and even in the breasts of women who have not undergone any breast surgery. The occurrence of calcium deposits increases significantly with age.

- **Extrusion**

Extrusion is when the breast implant comes through your skin. This may occur, for example, when your wound has not closed or when breast tissue covering your implants weakens. Radiation therapy might increase the likelihood of implant extrusion. Most women with extrusion need to have their implant removed.

- **Necrosis**

Necrosis is the death of cells or tissues. This may prevent or delay wound healing and require surgical correction, which may result in additional scarring and/or loss of your breast tissue. Implant removal may also be necessary. Infection, steroid use, smoking, chemotherapy, radiation, and excessive heat or cold therapy may increase the likelihood of necrosis.

- **Breast Tissue Atrophy/Chest Wall Deformity**

The pressure of the breast implant may cause breast tissue thinning (with increased implant visibility and palpability) and chest wall deformity. This

can occur while implants are still in place or following implant removal without replacement. The likelihood of breast tissue atrophy or chest wall deformity is unknown in women undergoing primary augmentation or revision-augmentation. Either of these conditions may result in additional surgeries and/or unacceptable dimpling/puckering of the breast.

- **Lymphadenopathy**

Lymphadenopathy is a chronic enlargement of the lymph nodes. A lymph node is a round mass of tissue which makes cells as part of your immune system. The lymph nodes in the armpit (axilla) drain the breast area of fluid. Some patients with breast implants report having enlarged lymph nodes in the armpit(s). Sometimes the enlarged lymph nodes are painful. If they become too large or painful, the lymph node(s) may need to be surgically removed. Painful and/or enlarged lymph nodes should be reported to your doctor. Lymphadenopathy has been associated with tissue reactions, granulomas, and silicone at the lymph nodes of women with intact and ruptured silicone breast implants.[76]

2.3 What Causes Breast Implants to Rupture and How Can I Tell if My Implants Are Ruptured?

Breast implants are not lifetime devices. Breast implants rupture when the shell develops a tear or hole. Your breast implants can rupture any time after they are implanted, but they are more likely to rupture the longer you have them. The following things may cause your implant to rupture: damage by surgical instruments, stressing the implant during implantation which may weaken it, folding or wrinkling of the implant shell, excessive force to the chest (for example, during closed capsulotomy, which is contraindicated), trauma, compression during mammographic imaging, and severe capsular contracture. Breast implants may also simply wear out over time.

If a device rupture is found, Allergan conducts laboratory studies to determine the cause of the rupture, such as damage during surgery, or a "wear-out" of the device. These studies include a comprehensive visual and microscopic inspection of the shell, including a measurement of shell thickness, and observation of various characteristics near the rupture location as well as in the entire shell. Mechanical testing of the implant shell may also be performed to better determine the cause of an observed rupture. There may still be unidentified causes of rupture. These laboratory studies will continue to try to identify any additional causes of rupture.

When the shell of a breast implant develops a tear or hole, the silicone gel inside *NATRELLE*® Silicone-Filled Breast Implants and *NATRELLE INSPIRA*® Breast Implants tends to stay in place, making ruptures especially difficult to detect. This means that most of the time neither you nor your plastic surgeon will know if your breast implant has

a tear or hole, called a silent rupture. In fact, a plastic surgeon who is familiar with breast implants is likely to detect less than 3 out of every 10 ruptured silicone-filled breast implants by physical examination.[7] The best method to identify a silent rupture is currently MRI examination. MRI examination can detect about 9 out of every 10 ruptured silicone breast implants.[8] You will need regular MRI examinations over your lifetime in order to determine if your implants have a silent rupture. You should have your first MRI at 3 years after your initial implant surgery and then every 2 years, thereafter. The cost of these MRI screenings may exceed the cost of your initial surgery over your lifetime. This cost may not be covered by your insurance, so you should take it into account when deciding to have breast augmentation.

Sometimes there are symptoms associated with gel implant rupture. If your implants rupture, you may notice hard knots or lumps surrounding the implant or in the armpit, your breast or the implant may change shape or get smaller, or you may notice pain, tingling, swelling, numbness, burning, or hardening of the breast. If you have any of these symptoms, you should have an MRI to determine if your implants have ruptured.[1,9]

If you have an MRI that shows signs of rupture, or if your surgeon determines you have signs or symptoms of rupture, he or she will talk with you about your options. As a precaution, Allergan recommends that ruptured implants be taken out permanently and either replaced with a new implant or not replaced, depending on your preference or medical need.

There are also consequences of rupture. If your implants rupture, the silicone gel may remain within the scar tissue capsule around the implant. The silicone gel may also move outside the capsule or it may move beyond the breast (gel migration). The silicone gel from a ruptured implant may begin inside the capsule and progress outside the capsule through gel migration if it is not removed. Ruptured implants might also have consequences on your health. More information on these consequences, as reported in the literature, is included below.

In Allergan's Core Study, a group of patients had scheduled MRIs to look for rupture independent of whether or not they had any symptoms. These patients are called the MRI cohort. The remaining patients did not have scheduled MRIs to look for rupture. They are called the non-MRI cohort. The rupture rate for the whole MRI cohort in the Allergan's Core Study (including augmentation, revision-augmentation, reconstruction, and revision-reconstruction patients) through 10 years was 13.0% for patients and 7.7% for implants. For the non-MRI cohort, the rupture rate through 10 years was 9.5% for patients and 5.6% for implants. Across all patients in the Allergan's Core Study, all ruptures were intracapsular with the exception of 3 cases of extracapsular gel (one rupture progressed to extracapsular gel following exploratory surgery to confirm the rupture and then implant replacement was delayed). There were no cases of migrated gel.

Additional information on the likelihood that your *NATRELLE®* Silicone-Filled Breast Implants or *NATRELLE INSPIRA®* Breast Implants will rupture comes from a published European study known as the International MRI Study.[6] Silent rupture data were collected via a single MRI on 77 augmentation, 11 reconstruction, and 18 revision patients implanted with smooth and textured *NATRELLE®* Silicone-Filled Breast Implants by 5 surgeons. The average age of the implants was approximately 11 years. Silent rupture was found in approximately 15% of the combined group of augmentation, reconstruction, and revision patients and 8% of the implants. There was one possible case of extracapsular rupture with the remainder classified as intracapsular ruptures. No cases of gel migration were found.

Additional information on rupture will be collected through Allergan's post-approval study called the Breast Implant Follow-Up Study (BIFS).

Additional Information on Consequences of Rupture from Literature

Below is a summary of information related to the health consequences of implant rupture. Keep in mind some doctors and scientists disagree as to the validity of some of these reports. These reports were in women who had implants from a variety of manufacturers and implant models.

- Ruptured breast implants have been associated with breasts becoming hard, changing shape or size, and becoming painful.[9] These symptoms are not specific to rupture, as they also are experienced by women who have capsular contracture.
- There have been rare reports of the silicone gel from implants moving to nearby locations such as the chest wall, armpit, or upper abdominal wall, and even as far as the arm or the groin. This migrating gel has damaged nerves, formed granulomas, and/or broken down tissues in direct contact with the gel in a few cases. There have been reports of silicone in the liver of women with silicone breast implants. Silicone gel material has moved to lymph nodes in the armpit, even in women whose implants did not appear to have ruptured, leading to lymphadenopathy.[76]
- Concerns have been raised that women with ruptured implants are more likely to develop connective tissue disease, rheumatic disease, fatigue, or fibromyalgia.[16,18,33,34] To determine if these diseases are related to ruptured implants, a number of studies have evaluated many women with breast implants. Only one small study distinguished between women with ruptured or intact implants.[18] Most doctors and researchers agree that there is no evidence that ruptured implants or migrated gel causes any disease that affects the whole body (systemic disease) like Connective Tissue Disease (CTD) or cancer.

2.4 What Are Other Reported Conditions?

There have been reports of women with silicone gel-filled breast implants developing other conditions. The relationships between many of these conditions and breast implants have been studied. Although no one has shown that breast implants cause the conditions listed below, you should be aware of these reports. Furthermore, there may be unknown risks associated with breast implants.

- **Connective Tissue Disease (CTD)**

Connective tissue diseases include diseases such as lupus, scleroderma, rheumatoid arthritis and fibromyalgia. The scientific evidence strongly supports the conclusion that there is no increased risk of connective tissue disease or autoimmune disorders for women with silicone gel breast implants.[1,16-22,24-27,29,31,34,35,37] Independent scientific panels and review groups have also concluded that the weight of the evidence shows no relationship between breast implants and connective tissue disease, or at least if a risk cannot be absolutely excluded, it is too small to be measured.[1,17,19,23,24,28,30-34]

- **CTD Signs and Symptoms**

Some women (even without breast implants) may have some of the signs or symptoms of connective tissue diseases, without having the actual disease. Some reports have linked silicone breast implants with some of these signs and symptoms such as fatigue, exhaustion, joint pain and swelling, muscle pain and cramping, tingling, numbness, weakness, and skin rashes. Panels of expert scientists and literature reports have found no evidence that silicone breast implants cause a consistent pattern of CTD signs and symptoms.[1,36-39] Having these CTD signs and symptoms does not necessarily mean you have a connective tissue disease; however, you should be aware that you may experience these signs and symptoms after undergoing breast implantation. If you notice an increase in these signs or symptoms, you should consider seeing a rheumatologist to determine whether these signs or symptoms are due to a connective tissue disorder or autoimmune disease.

- **Cancer**

Breast Cancer – Reports in the medical literature indicate that breast implants do not increase the risk for developing breast cancer.[40,43,45,51,60] Some reports have suggested that breast implants may make it harder to detect breast cancer by mammography and/or biopsy. Other reports indicate that breast implants do not delay breast cancer detection, nor do they decrease cancer survival of women with breast implants.[40,46,52,59,60] A large follow-up study reported no evidence that breast implants are associated with cancer, and even showed that women with breast implants had less breast cancer than the general population.[51]

Anaplastic Large Cell Lymphoma (ALCL) – Women with breast implants may have a very small, but increased risk of developing anaplastic large cell lymphoma, or ALCL, in the scar tissue and fluid adjacent to the implant. ALCL is not breast cancer—it is a rare type of non-Hodgkin's lymphoma (cancer of the immune system).

ALCL has been reported globally in patients with an implant history that includes Allergan's and other manufacturers' breast implants.

Most patients were diagnosed when they sought medical treatment for implant-related symptoms such as pain, lumps, swelling, or asymmetry that developed after their initial surgical sites were fully healed. In the cases reported, ALCL was typically diagnosed years after the implant surgery.

Your physician should consider the possibility of ALCL if, after your surgical site is fully healed, you see changes in the way the area around the implant looks or feels—including swelling or pain around the implant. If ALCL is suspected, your physician will refer you to an appropriate specialist for evaluation which may involve obtaining fluid and tissue samples from around your breast implant. If ALCL is confirmed, your physician will develop an individualized treatment plan for you. Because of the small number of cases worldwide and variety of available treatment options, there is no single defined treatment.

If you have breast implants and have no symptoms, you do not need to do anything additional, but you should continue to routinely monitor your breast implants and follow your routine medical care. Removing the implants is not recommended in women with no symptoms without a diagnosis of ALCL.

If you do not currently have breast implants but are considering breast implant surgery, you should discuss the risks and benefits with your health care provider. You may also visit the FDA's Breast Implants website for additional information.

For additional and the most up-to-date information please visit:
http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/ucm239995.htm

Brain Cancer – Most studies of brain cancer in women with silicone gel breast implants have found no increased risk.[42,47,49,57,58,60] One study has reported a higher incidence rate of brain cancer in women with breast implants as compared to the general population.[41] However, rates of brain cancer were not significantly higher in women with breast implants when compared to women who had other non-breast implant plastic surgery. The data from 4 large studies of women with breast implants and a long-term follow-up study concluded that breast implants are not associated with brain cancer.[56]

Respiratory/lung cancer – Several studies have found that women with silicone gel breast implants are not at greater risk for lung cancer.[42,49,57,58,60] Studies have reported an increased incidence of respiratory/lung cancer in women with breast implants.[41,47,51] However, the risk of lung cancer was not higher than national lung cancer rates for the general population. Other studies of women in Sweden and Denmark have found that women who get breast implants are more likely to be current smokers than women who get breast reduction surgery or other types of cosmetic surgery.[44,50,53] Therefore, the increased incidence of respiratory/lung cancer could be due to smoking rather than breast implants.

Cervical/vulvar cancer – Most studies found that women with silicone gel breast implants have no greater risk of cervical/vulvar cancers than women without implants.[42,49,57,58,60] Two studies reported an increased incidence of cervical/vulvar cancer in women with breast implants.[41,47]

Other cancers – Studies have examined other types of cancer including eye, urinary tract, connective tissue, and endocrine system. Studies show that women with silicone gel breast implants have no greater risk of these types of cancers compared to the general population.[23,37,41,42,47,49,57,58] In Allergan's Core Study, there were patients who developed cancer after implantation.

Cancer Screening – With breast implants, routine screening mammography for breast cancer will be more difficult. If you are of the proper age for mammography screening, you should continue to undergo routine mammography for screening as recommended by your primary care physician. More x-ray views are necessary for women with breast implants; therefore, you will receive more exposure to radiation. However, the benefit of having the mammogram to find cancer outweighs the risk of the additional x-rays. Be sure to inform the mammography technologist that you have implants. The technologist can then use special techniques to get the best possible views of your breast tissue.

- **Neurological Disease, Signs, and Symptoms**

Some women with breast implants have complained of neurological symptoms (such as difficulties with vision, sensation, muscle strength, walking, balance, thinking or remembering things) or diseases (such as multiple sclerosis), which they believe are related to their implants. A panel of expert scientists found that the evidence linking neurological diseases with breast implants is insufficient or flawed.[1] Other researchers have found more evidence that silicone gel breast implants do not cause neurological diseases or symptoms.[1,61,62]

- **Suicide**

Some studies showed that women with breast implants were more likely to commit suicide than women without breast implants, but it is not clear whether these suicides were associated with having silicone

gel breast implants or an underlying condition that can lead to suicide, depression, and/or anxiety.[41,63,64,66-71] One researcher believes that some women who want cosmetic surgery suffer from a disorder, called body dysmorphic disorder, which may cause them to think about suicide or attempt suicide.[65]

The strongest predictor for suicide is having been hospitalized for any psychiatric condition. One study found that women with breast implants had higher rates of hospital admission due to psychiatric causes prior to surgery, as compared with women who had breast reduction or in the general population of Danish women.[69] This may be a contributing factor to the reported higher incidence of suicide in women with breast implants.

- **Effects on Children**

At this time, doctors do not know if a small amount of silicone passes through the silicone shell of breast implants into breast milk during breastfeeding. Although doctors cannot accurately measure silicone levels in breast milk, silicon (one component in silicone) levels were not higher in breast milk from women with silicone gel-filled implants than in breast milk from women without implants.

In addition, questions have been raised about whether breast implants can have damaging effects during pregnancy. Two studies in humans have found that children born to women with breast implants did not have an increased risk of birth defects.[74,75] A third study looked at low birth weight and did not find an elevated risk.[73] A recent review including many women found that children of women with breast implants are not at increased risk for birth defects.[2] Overall, there is no evidence that shows silicone gel breast implants have any harmful effects on the children of implanted women.[1,72,73-75]

- **Potential Health Consequences of Gel Bleed**

Small quantities of low molecular weight silicone compounds, as well as platinum, have been found to leak through an intact implant shell. This is called gel bleed.[1,78] The evidence is mixed as to whether gel bleed can affect your health. For instance, studies on implants implanted for a long time have suggested that gel bleed may contribute to capsular contracture and lymphadenopathy.[76] However, saline-filled breast implants have similar or higher rates of capsular contracture and other complications. Because saline-filled breast implants do not contain silicone gel, gel bleed cannot cause these complications in women with saline-filled breast implants, and might not cause these complications in women with silicone gel-filled breast implants. Furthermore, the silicone material used in Allergan's implants did not cause toxic reactions when large amounts were placed in test animals. There is little platinum contained in breast implants, and studies have shown that it is in the safest state.[77,79,80,82]

Allergan performed a laboratory test to analyze the silicones and platinum (used in the manufacturing process), which may diffuse out of intact implants into the body. Over 99% of the low molecular weight silicones and platinum stayed in the implant. The overall body of evidence supports that gel bleed is minimal and has no health consequences.

3. Surgical Considerations For Breast Augmentation

3.1 What are the Alternatives to Breast Augmentation with *NATRELLE*® Silicone-Filled Breast Implants or *NATRELLE INSPIRA*® Breast Implants?

For primary augmentation patients, alternatives may include:

- Accepting your breasts as they are and having no surgery
- Wearing a padded bra or external prostheses
- Having mastopexy surgery (breast lift) without an implant
- Having surgery with saline implants

For revision-augmentation patients, alternatives may include:

- No revision
- Removal with:
    - No replacement
    - A padded bra or external prostheses
    - Replacement using saline implants

3.2 What Are Questions to Consider When Choosing a Surgeon?

When choosing a surgeon who is experienced with breast augmentation, you should find out the answers to the following questions:

- How many breast augmentation implantation procedures does he/she perform per year?
- How many years has he/she performed breast augmentation procedures?
- What types of implants does the surgeon primarily use (saline, silicone, *Responsive* silicone, *SoftTouch* silicone, *Highly Cohesive* silicone)?

- Has he/she completed Allergan's Physician Certification Program for the use of its silicone-filled breast implants?
- Is he/she board certified, and, if so, with which board?
- Did he/she complete a residency in plastic surgery from a recognized and accredited program?
- In which state(s) is he/she licensed to practice surgery? (Note that some states provide information on disciplinary action and malpractice claims/settlements to prospective patients, either by request or on the Internet.)
- What is the most common complication he/she encounters with breast augmentation?
- What is his/her reoperation rate with breast augmentation, and what is the most common type of reoperation he/she performs?
- Can he/she perform this surgery in a hospital, as well as in the surgeon's independent surgery center? (Note that hospitals require evidence of appropriate training in specific procedures before allowing surgeons to operate in their facilities.)

3.3 What Are Choices and Options Associated with the Surgery?

There are 2 approved types of breast implant fillers (saline and silicone), and Allergan has 3 types of silicone fillers (*Responsive* silicone gel, *SoftTouch* silicone gel, and *Highly Cohesive* silicone gel). These options allow your surgeon to use the best type of implant to achieve the effect you desire. Your surgeon can discuss these options with you and may make recommendations to you based upon the physical contours of your body. This brochure is for *Responsive*, *SoftTouch*, and *Highly Cohesive* silicone-filled round breast implants; separate brochures are available for anatomically shaped *Highly Cohesive* silicone-filled breast implants and for saline-filled breast implants. Carefully review the section on risks and the section on Allergan's clinical study so that you may make an informed choice. Be sure to ask your surgeon to see and touch samples of *Responsive*, *SoftTouch*, and *Highly Cohesive* silicone-filled breast implants as well as saline-filled breast implants.

IMPLANT GEL FILL, SHAPE, AND SIZE

NATRELLE® Silicone-Filled Breast Implants and *NATRELLE INSPIRA*® Breast Implants are round implants that come in a variety of profiles and sizes. *NATRELLE*® Silicone-Filled Breast Implants are filled with *Responsive* gel. *NATRELLE INSPIRA*® Breast Implants are filled with *Responsive* gel,

SoftTouch gel, or *Highly Cohesive* gel. In general, *NATRELLE INSPIRA®* Breast Implants have a fuller appearance than *NATRELLE®* Silicone-Filled Breast Implants. Your plastic surgeon will discuss with you the implant options that will best help you achieve the result that is right for you.

The following figures and tables may help you to understand the various sizes and styles of implants as your surgeon discusses the various options with you. Depending on the desired shape you wish to achieve, you and your surgeon have implants with different round profiles, or styles, from which to choose. Generally, the larger you want your cup size, the larger the breast implant the surgeon will consider. Breast implant sizes are measured in volume, by cubic centimeters (cc), not in cup sizes, because cup size depends on the size and shape of the individual woman's chest. Overviews of the styles and sizes of *NATRELLE®* Silicone-Filled Breast Implants and *NATRELLE INSPIRA®* Breast Implants are provided in the tables below.

Approved *NATRELLE®* Silicone-Filled Breast Implant Styles

Style Number	Breast Implant Description	Size Range
Style 10	Smooth shell surface, *Responsive* silicone gel, moderate profile	120cc – 800cc
Style 15	Smooth shell surface, *Responsive* silicone gel, moderate-plus profile	155cc – 752cc
Style 20	Smooth shell surface, *Responsive* silicone gel, high profile	120cc – 800cc
Style 40	Smooth shell surface, *Responsive* silicone gel, moderate profile	80cc – 560cc
Style 45	Smooth shell surface, *Responsive* silicone gel, extra-high profile	120cc – 800cc
Style 110	BIOCELL® Textured shell surface, *Responsive* silicone gel, moderate profile	90cc – 510cc
Style 115	BIOCELL® Textured shell surface, *Responsive* silicone gel, moderate-plus profile	150cc – 716cc
Style 120	BIOCELL® Textured shell surface, *Responsive* silicone gel, high profile	180cc – 650cc

Natrelle® Style 10
Moderate Profile

Natrelle® Style 15
Moderate-Plus Profile

Natrelle® Style 20
High Profile

Natrelle® Style 45
Extra-High Profile

Approved *NATRELLE INSPIRA® Responsive* Breast Implant Styles

Style Name	Breast Implant Description	Size Range
Style SRL	Smooth shell surface, *Responsive* silicone gel, low profile	110cc – 610cc
Style SRLP	Smooth shell surface, *Responsive* silicone gel, low plus profile	125cc – 640cc
Style SRM	Smooth shell surface, *Responsive* silicone gel, moderate profile	140cc – 755cc
Style SRF	Smooth shell surface, *Responsive* silicone gel, full profile	180cc – 770cc
Style SRX	Smooth shell surface, *Responsive* silicone gel, extra-full profile	200cc – 800cc

Style Name	Breast Implant Description	Size Range
Style TRL	BIOCELL® Textured shell surface, *Responsive* silicone gel, low profile	110cc – 610cc
Style TRLP	BIOCELL® Textured shell surface, *Responsive* silicone gel, low plus profile	125cc – 640cc
Style TRM	BIOCELL® Textured shell surface, *Responsive* silicone gel, moderate profile	140cc – 755cc
Style TRF	BIOCELL® Textured shell surface, *Responsive* silicone gel, full profile	180cc – 770cc
Style TRX	BIOCELL® Textured shell surface, *Responsive* silicone gel, extra-full profile	205cc – 800cc

Approved *NATRELLE INSPIRA® SoftTouch* Breast Implant Styles

Style Name	Breast Implant Description	Size Range
Style SSL	Smooth shell surface, *SoftTouch* silicone gel, low profile	110cc – 610cc
Style SSLP	Smooth shell surface, *SoftTouch* silicone gel, low plus profile	125cc – 640cc
Style SSM	Smooth shell surface, *SoftTouch* silicone gel, moderate profile	140cc – 755cc
Style SSF	Smooth shell surface, *SoftTouch* silicone gel, full profile	180cc – 770cc
Style SSX	Smooth shell surface, *SoftTouch* silicone gel, extra-full profile	200cc – 800cc
Style TSL	BIOCELL® Textured shell surface, *SoftTouch* silicone gel, low profile	110cc – 610cc
Style TSLP	BIOCELL® Textured shell surface, *SoftTouch* silicone gel, low plus profile	125cc – 640cc
Style TSM	BIOCELL® Textured shell surface, *SoftTouch* silicone gel, moderate profile	140cc – 755cc
Style TSF	BIOCELL® Textured shell surface, *SoftTouch* silicone gel, full profile	180cc – 770cc
Style TSX	BIOCELL® Textured shell surface, *SoftTouch* silicone gel, extra-full profile	205cc – 800cc

Approved *NATRELLE INSPIRA® Cohesive* Breast Implant Styles

Style Name	Breast Implant Description	Size Range
Style SCL	Smooth shell surface, *Highly Cohesive* silicone gel, low profile	110cc – 610cc
Style SCLP	Smooth shell surface *Highly Cohesive* silicone gel, low plus profile	125cc – 640cc
Style SCM	Smooth shell surface *Highly Cohesive* silicone gel, moderate profile	140cc – 755cc
Style SCF	Smooth shell surface, *Highly Cohesive* silicone gel, full profile	180cc – 770cc
Style SCX	Smooth shell surface, *Highly Cohesive* silicone gel, extra-full profile	200cc – 800cc
Style TCL	BIOCELL® Textured shell surface, *Highly Cohesive* silicone gel, low profile	110cc – 610cc
Style TCLP	BIOCELL® Textured shell surface, *Highly Cohesive* silicone gel, low plus profile	125cc – 640cc
Style TCM	BIOCELL® Textured shell surface, *Highly Cohesive* silicone gel, moderate profile	140cc – 755cc
Style TCF	BIOCELL® Textured shell surface, *Highly Cohesive* silicone gel, full profile	180cc – 770cc
Style TCX	BIOCELL® Textured shell surface, *Highly Cohesive* silicone gel, extra-full profile	205cc – 800cc

Your surgeon will also evaluate your existing breast and skin tissue to determine if you have enough tissue to cover the breast implant you are considering. In some cases, such as after pregnancy, you might have too much extra skin. If you desire a breast implant size that is too large for your tissue, the surgeon may warn you that breast implant edges may be visible or palpable postoperatively. Also, excessively large breast implants may speed up the effects of gravity on the breast, and can make your breasts droop or sag at an earlier age. Larger sized implants may be too large for many women, and can increase the risk of implant extrusion, hematoma, infection, palpable implant folds, or visible skin wrinkling. In Allergan's Core Study, a risk factor analysis showed a trend in one cohort towards an increased risk of capsular contracture with larger size implants. However, this relationship was not consistent across cohorts and timepoints, and the capsular contracture rate remained low for all cohorts.

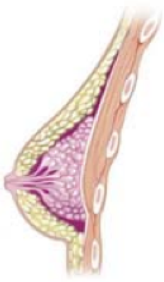
SURFACE TEXTURING

NATRELLE® Silicone-Filled Breast Implants and *NATRELLE INSPIRA*® Breast Implants come in a variety of profiles and sizes with either a textured shell or a smooth surface shell. Some studies suggest that surface texturing reduces the chance of severe capsular contracture,[14] while other studies do not.[12,13] Allergan's Core Study did not show a difference in the likelihood of developing capsular contracture with textured implants compared to smooth implants.

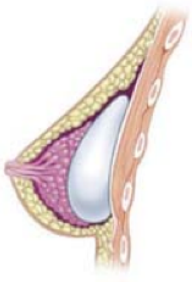
A textured implant may require a larger incision because the rougher textured surface may make it harder to place into the pocket. Forcing the implant through too small of an incision might damage the implant or decrease its durability.

IMPLANT PLACEMENT

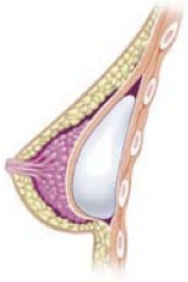
The breast implant can be placed either partially under the pectoralis major muscle (submuscular) or on top of the muscle and under the breast glands (subglandular). You should discuss with your surgeon the advantages and disadvantages of each implant placement. Several of these advantages and disadvantages are described in the table below.



Breast before augmentation



Breast after subglandular augmentation



Breast after submuscular augmentation

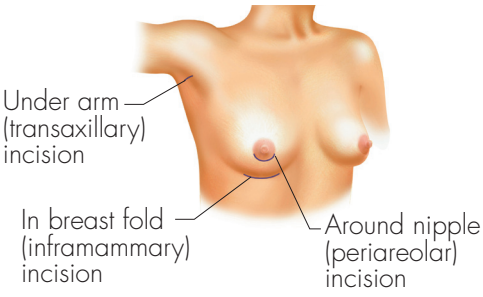
Comparison between Submuscular versus Subglandular Placement

Submuscular Placement	Subglandular Placement
Surgery may be longer	Surgery may be shorter
Recovery may be longer	Recovery may be shorter
May be more painful	May be less painful
Reoperation may be more difficult	May provide easier access for reoperation
Less visible and palpable implants	More visible and palpable implants
Less likelihood of capsular contracture[14]	Greater likelihood of capsular contracture[12,13]
Easier imaging during mammography exam	More difficult imaging during mammography exam
May be preferable if you have thin or weakened breast tissue	May not be recommended if you have thin or weakened breast tissue.

INCISION SITES

You should discuss with your surgeon the pros and cons for the incision site specifically recommended for you.

Breast augmentation with *Responsive* silicone implants requires a larger incision size than saline implants, and augmentation with *SoftTouch* or *Highly Cohesive* silicone implants requires a larger incision size than *Responsive* implants. There are 3 common incision sites: around the nipple (periareolar), within the breast fold (inframammary), or under the arm (axillary or transaxillary).



- **Periareolar** - This incision is typically more concealed, but since it also involves cutting through the breast tissue, it is associated with a higher likelihood of breastfeeding difficulties, as compared to the other incision sites. Cutting through the tissue may make a change in sensation or infection more of a concern.
- **Inframammary** - This incision is generally less concealed than periareolar but it is associated with fewer breastfeeding difficulties than the periareolar incision site. It is also the most commonly used incision site at the present time because many surgeons feel it gives the best access to and control of the breast implant pocket.
- **Transaxillary** - This incision is less concealed than periareolar and associated with fewer breastfeeding difficulties than the periareolar incision site. If the incision is made under the arm, the surgeon may use a probe fitted with a miniature camera, along with very small instruments, to create a "pocket" for the breast implant. This approach is more difficult, and may increase the risk of damage to, and unexpected location of, the implant.
- **Umbilical** (belly button) - This incision site has not been studied in Allergan's Core Study and should not be used for a wide variety of reasons, including potential damage to the implant shell.

ADDITIONAL PROCEDURES AT THE TIME OF BREAST AUGMENTATION

Your surgeon will examine your breasts and help you make decisions to obtain the best result in your individual situation. In some cases, implants alone may not address all of the issues, such as sagging or extra skin, affecting your breasts. This is particularly true if there is extra skin remaining from when the breasts were engorged with milk, or if you have lost a significant amount of weight.

In these situations, your surgeon may recommend a breast lift (mastopexy) to remove some of the extra skin, or to lift the breasts, at the time of implant placement. Mastopexy involves removing a strip of skin from under the breast or around the nipple to lift the nipple and breast location, and tighten the skin over the breast. Your surgeon will discuss the potential risks, and the location of the additional scars which might be required to lift your breasts or to remove the extra skin.

IMPLANT PALPABILITY

Implants may be more palpable or noticeable if there is an insufficient amount of skin/tissue available to cover the implant and/or when the implant is placed underneath and within the breast glands (breast tissue) but on top of the chest muscle.

SURGICAL SETTING AND ANESTHESIA

Augmentation surgery is usually performed on an outpatient basis, in a specialized operating room which may be located in a hospital, a surgery center, or surgical suite in the surgeon's office. General anesthesia is commonly used, and local anesthesia with sedation is also an option. You should be sure to check with your surgeon and with the facility where the surgery will take place, to become aware of the tests, presurgical examinations, and length of time you need to be without food or your routine medications prior to the surgical procedure.

POSTOPERATIVE CARE

You will probably feel somewhat tired and sore for several days following the operation, and your breasts may remain swollen and sensitive to physical contact for a month or longer. You may also experience a feeling of tightness in the breast area as your skin adjusts to your new breast size. The breasts and nipple area also may have less feeling during this time of swelling and immediate after surgery. Other possible complications have been described above.

Postoperative care depends on each patient's situation and may involve using a special postoperative bra, compression bandage, or jog bra for extra support and positioning while you heal. Some surgeons may not want you to wear a bra at all for a period of time following the surgery.

Your surgeon may place postoperative pain balls or other pain medication infusion devices alongside the breast implant to help control your pain after surgery.

At your surgeon's recommendation, you will most likely be able to return to work within a few days. However, for at least a couple of weeks you should avoid any strenuous activities that could raise your pulse and blood pressure, or require strenuous use of your arms and chest.

Note: *If you experience fever, do not feel well, or see noticeable swelling, redness or drainage in your implanted breast(s), you should contact your surgeon immediately.*

OTHER FACTORS TO CONSIDER IN REVISION-AUGMENTATION SURGERY

Some revision surgeries require removal of an intact implant (for example, capsulotomy and pocket adjustments), while others leave the implant in place. Any device that has been removed during revision surgery should not be re-implanted. Allergan breast implants are "for single use only."

4. Follow-Up Examinations

After your breast implant surgery you will need regular examinations to detect potential complications. You should inform any doctor who treats you of the presence of your implants to minimize the risk of damage to the implants.

BREAST SELF-EXAMINATIONS

Following breast augmentation, you should continue to monitor your breasts and breast implants. If you have pain in your breasts, or you find any lumps, swelling, hardening, or change in implant shape, you should report these to your surgeon. In some cases, your surgeon may recommend an MRI to screen for breast implant rupture. Any new lumps should be evaluated with a biopsy, as appropriate. If a biopsy is performed, be sure to inform the medical professional performing the biopsy that you have breast implants so that care will be taken to avoid injuring the implant.

SCREENING FOR SILENT RUPTURE

Because most ruptures of silicone-filled breast implants are silent, in most cases neither you nor your surgeon will be able to find evidence of rupture by a physical examination. Therefore, a different method is needed to screen for implant rupture. The best method of screening is currently MRI at a center with a breast coil, with a magnet of at least 1.5 Tesla. The MRI should be read by a radiologist who is familiar with looking for implant rupture. Your doctor should assist you in locating a radiology/screening center, as well as a radiologist who is familiar with the MRI techniques and equipment used to screen breast implants for silent rupture.

Your first MRI evaluation should take place 3 years after implant surgery. You should have another MRI every 2 years, thereafter, even if you are experiencing no problems with your implant. If there are signs of rupture on MRI, then you should have your implant removed or replaced. More information on rupture is provided in Section 2.3 of this brochure.

SYMPTOMATIC RUPTURE

Symptoms associated with rupture may include hard knots or lumps surrounding the implant or in the armpit, loss of size of the breast or implant, pain, tingling, swelling, numbness, burning, or hardening of the breast. If you notice any of these changes, see your plastic surgeon. He or she will examine the implants and determine whether you need to have an MRI examination to find out if your implant has ruptured. As a precaution, Allergan recommends that ruptured implants be taken out and either replaced with a new implant or not replaced, depending on your preference or medical need. Consult with your doctor regarding this and any other medical decisions related to your implants.

MAMMOGRAPHY

The current recommendations for getting screening/preoperative mammograms are no different for women with breast implants than for those without implants. You need to tell your mammography technologist before the procedure that you have an implant.

Mammography exams should be interpreted by radiologists experienced in the evaluation of women with breast implants. Your surgeon should request a diagnostic mammogram, rather than a screening mammogram, because more pictures are taken with diagnostic mammography. The technologist can use special techniques to reduce the possibility of rupture and to get the best possible views of the breast tissue.

5. Allergan's Clinical Study Results

This section of the brochure summarizes the results of the Allergan Core Study conducted on *NATRELLE*® Silicone-Filled Breast Implants for Primary Augmentation and Revision-Augmentation. The Allergan Core Study was the primary clinical study for this product. The results of the Core Study give you useful information on the experience of other women with *NATRELLE*® Silicone-Filled Breast Implants. While the results cannot be used to predict your individual outcome, they can be used as a general guide to what you may expect. Your own complications and benefits depend on many individual factors.

As a note, supplemental safety information was also obtained from another Allergan clinical study (the Adjunct Study), the Danish Breast Implant Registry, an international clinical MRI study, and the literature to help assess long-term rupture rate and the consequences of rupture for this product. The literature, which had the most available information on the consequences of rupture, was also used to assess other potential complications associated with silicone gel-filled breast implants. The key literature information was discussed throughout the Breast Implant Risks section above, and the references can be found at the end of this brochure.

5.1 What Are the Overview Findings of Allergan's Core Study?

The Allergan Core Study was a 10-year study to assess safety and effectiveness in Primary Augmentation, Primary Reconstruction, and Revision (Revision-Augmentation and Revision-Reconstruction) patients. Patient follow-up was at 0-4 weeks, 6 months, 12 months, and annually through 10 years. Safety was assessed by complications, such as implant rupture, capsular contracture, and reoperation. Benefit (effectiveness) was assessed by breast size change, patient satisfaction, and measures of quality of life.

The Allergan Core Study consisted of 715 patients. This included 455 Primary Augmentation patients, 147 Revision-Augmentation patients, 98 Primary Reconstruction patients, and 15 Revision-Reconstruction patients. Of these patients, 158 Primary Augmentation patients, 50 Revision-Augmentation patients, 51 Primary Reconstruction patients, and 5 Revision-Reconstruction patients were in the MRI cohort, which means that they were assessed for silent rupture by MRI at years 1, 3, 5, 7, and 9. Final results through 10 years are reported in this brochure.

Allergan's Core Study results indicated that 49% for Primary Augmentation patients and 64% for Revision-Augmentation patients will have at least 1 occurrence of any complication (including reoperation) at some point through 10 years after implant surgery. The information below provides more details about the complications and benefits you may experience. More detailed data tables are found in the Appendix of this brochure. Please refer to the glossary for the definition of any complication you may not understand.

5.2 What Are the 10-Year Follow-Up Rates?

Follow-up rates from a clinical study show you how many women continue to provide information on their experience with breast implants.

The Allergan Core Study enrolled 455 Primary Augmentation patients. Of the women expected to be seen at the 10-year follow-up visit, 67% were seen.

The Allergan Core Study enrolled 147 Revision-Augmentation patients. Of the women expected to be seen at the 10-year follow-up visit, 64% were seen.

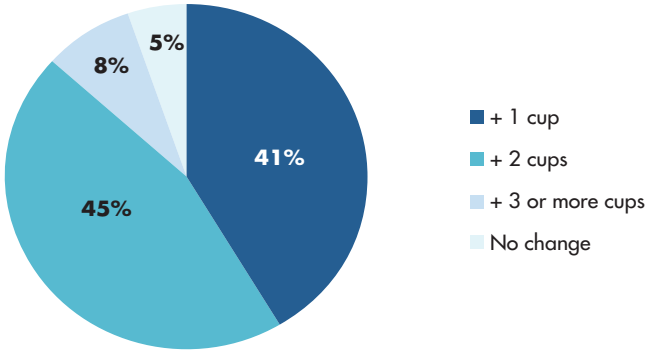
5.3 What Are the Benefits?

The benefits of *NATRELLE*® Silicone-Filled Breast Implants were assessed by a variety of outcomes, including bra cup size change and assessments of patient satisfaction and quality of life. Data were collected before implantation and at scheduled follow-up visits through 10 years.

Breast Measurement: For Primary Augmentation patients, 396 (87%) of the original 455 patients had a breast measurement within 18 months of surgery. Of these 396 patients, 41% increased by 1 cup size; 45% increased by 2 cup sizes; 8% increased by more than 2 cup sizes; and 5% had no increase. See Figure 1 below.

Revision-Augmentation patients did not undergo a measurement of breast cup size change because they were undergoing replacement of an existing breast implant.

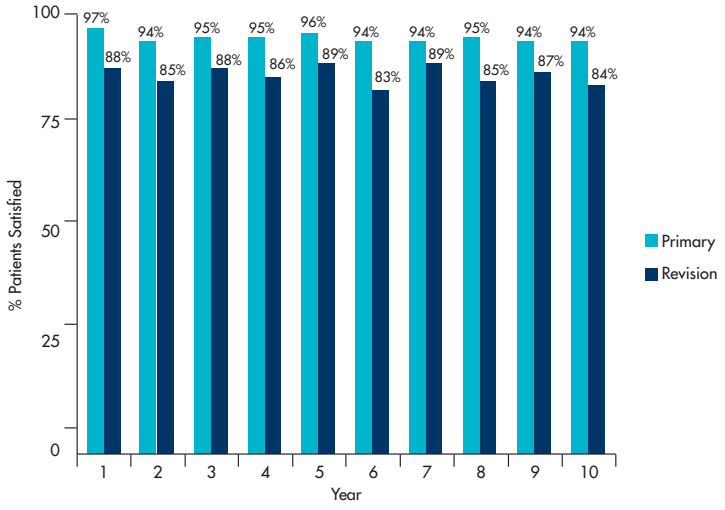
Figure 1
Cup Size Changes in Primary Augmentation Patients



Patient Satisfaction: Patients used a 5-point scale to rate their level of satisfaction with their implants at the time of the follow-up visits. Of the original 455 Primary Augmentation patients, 279 (61%) provided a satisfaction rating at 10 years after implantation. Of these 279 patients, 86% indicated that they were definitely satisfied with their breast implants, 8% indicated they were somewhat satisfied, 2% indicated that they were neither satisfied nor dissatisfied, 2% were indicated they were somewhat dissatisfied, and 2% indicated they were definitely dissatisfied.

Of the original 147 Revision-Augmentation patients, 74 (50%) provided a satisfaction rating at 10 years. Of these 74 patients, 73% indicated they were definitely satisfied with their breast implants, 11% indicated that they were somewhat satisfied, 3% indicated that they were neither satisfied nor dissatisfied, 7% indicated they were somewhat dissatisfied, and 7% indicated that they were definitely dissatisfied. See Figure 2 below, which indicates the percentage of patients who were satisfied or very satisfied with their breast implants through 10 years.

Figure 2. Primary Augmentation and Revision-Augmentation Patient Satisfaction Through 10 Years



Quality of Life Assessments: To assess quality of life, Primary Augmentation patients answered a series of questions collected from several quality of life scales.

For Primary Augmentation patients, scores on the SF-36, which measure mental and physical health, showed an improvement in 1 scale (Reported Health Transition) and a worsening in 6 scales (Role Emotional Problems, Role Physical Health Problems, General Health, Social Functioning, Vitality, and Mental Health) after 10 years compared to before breast implantation, although all scales remained higher than the general U.S. female population. Rosenberg Self-Esteem Scale generally showed no significant changes at 10 years, and scores on the Body Esteem Scale generally showed decreases in weight concern and physical condition and an increase with regard to sexual attractiveness. Scores on the Rowland Expectation instrument showed significant improvement in "self image," "social relations," and "daily living" at 10 years.

Primary Augmentation patients also had significantly improved satisfaction with specific aspects of their breasts after 10 years, including satisfaction with breast size, shape, feel, and how well they matched.

For Revision-Augmentation patients, scores on the SF-36 showed no significant changes in all of the scales but one (Vitality), which showed a decrease after 10 years, although all scales remained higher than the general U.S. female population. Scores on the Rosenberg Self-Esteem scale showed no significant changes at 10 years. Scores on the Body Esteem Scale showed no significant changes in all of the scales but one, which showed a decrease in physical condition at 10 years. Scores on the Rowland Expectation instrument showed significant improvement in "self image," "social relations," and "daily living" at 10 years.

Revision-Augmentation patients also had significantly improved satisfaction with specific aspects of their breasts after 10 years, including satisfaction with breast size, shape, feel, and how well they matched.

5.4 What Are the 10-Year Complication Rates?

The complications observed in Primary Augmentation and Revision-Augmentation women are presented in Table 2 and Table 3, respectively. The rates reflect the percentage of patients who experienced the listed complication at least once within the first 3, 5, 7, or 10 years after their implant surgery. Some complications occurred more than once for some patients. Please refer to the Glossary at the front of this brochure for the definition of any complication you may not understand.

The most common complications for Primary Augmentation patients within the first 10 years following implantation were reoperation (36% or approximately 36 patients out of 100) and capsular contracture (19% or 19 patients out of 100). The most common complications Revision-Augmentation patients experienced were reoperation (46%) and implant removal with replacement (35%).

Table 2
Complication Rates for
Primary Augmentation Patients (N = 455)

Key Complications[a]		Year 3	Year 5	Year 7	Year 10
Reoperation		19.9%	25.5%	30.2%	36.1%
Implant Rupture	MRI Cohort	2.0%	5.0%	7.4%	9.3%
	Non-MRI Cohort	2.2%	10.5%	11.1%	13.7%
Implant Replacement		6.1%	9.3%	11.1%	18.6%
Capsular Contracture (Baker Grade III/IV)		10.7%	13.0%	16.2%	18.9%
Implant Removal without Replacement		0.7%	2.3%	2.8%	2.8%
Other Complications Occurring in at least 1% of Patients[b,c]		**Year 3**	**Year 5**	**Year 7**	**Year 10**
Asymmetry		2.7 %	2.7%	3.0%	3.3%
Breast Pain		8.3%	8.8%	10.5%	11.5%
Breast/Skin Sensation Changes		1.6%	1.6%	1.6%	1.6%
Delayed Wound Healing		1.1%	1.1%	1.1%	1.1%
Hematoma		1.6%	1.6%	1.6%	1.6%
Hypertrophic/Other Abnormal Scarring		3.7%	4.2%	4.2%	4.2%
Implant Malposition		5.4%	5.9%	5.9%	6.9%
Implant Palpability/visibility		1.4%	1.6%	1.6%	1.6%
Nipple Complications		5.1%	5.7%	6.0%	6.3%
Ptosis		0.9%	1.7%	2.0%	2.0%
Seroma		1.8%	1.8%	1.8%	1.8%
Swelling		7.8%	7.8%	8.9%	9.2%
Wrinkling/Rippling		0.9%	1.5%	1.5%	1.8%
Other Complications[d]		0.2%	0.2%	0.2%	0.2%

[a] Most complications were assessed with severity ratings. This table only includes complications rated moderate, severe, or very severe (excludes mild and very mild ratings). For reoperation, implant removal or replacement, implant rupture, implant extrusion, and pneumothorax all occurrences are included.

[b] The following complications occurred at a rate less than 1.0% at all timepoints: bruising, gel migration, implant extrusion, infection, lymphedema, redness, skin rash, tissue necrosis

[c] The following complications were reported at a rate of 0%: capsule calcification, irritation, lymphadenopathy, pneumothorax

[d] Other complications include flexion of pectoral muscle

Table 3
Complication Rates for
Revision-Augmentation Patients (N = 147)

Key Complications[a]		Year 3	Year 5	Year 7	Year 10
Reoperation		32.4%	36.8%	40.7%	46.0%
Implant Rupture	MRI Cohort	0%	0%	0%	5.4%
	Non-MRI Cohort	1.8%	3.9%	3.9%	10.1%
Implant Replacement		10.1%	16.1%	21.8%	30.1%
Capsular Contracture (Baker Grade III/IV)		16.8%	18.4%	20.2%	28.7%
Implant Removal without Replacement		2.3%	3.1%	4.0%	4.0%
Other Complications Occurring in at least 1% of Patients[b,c]		**Year 3**	**Year 5**	**Year 7**	**Year 10**
Asymmetry		2.8%	5.3%	5.3%	6.5%
Breast Pain		7.6%	8.5%	10.5%	11.7%
Breast/Skin Sensation Changes		1.4%	2.2%	2.2%	2.2%
Bruising		2.1%	2.1%	3.0%	3.0%
Hematoma		2.1%	2.1%	2.1%	2.1%
Hypertrophic/Other Abnormal Scarring		5.8%	6.6%	6.6%	6.6%
Implant Malposition		4.4%	6.0%	6.0%	6.0%
Implant Palpability/Visibility		4.3%	6.0%	6.0%	6.0%
Infection		1.4%	1.4%	1.4%	1.4%
Nipple Complications		1.4%	1.4%	1.4%	1.4%
Ptosis		1.5%	4.0%	4.9%	4.9%
Seroma		5.0%	5.0%	6.0%	6.0%
Swelling		6.3%	7.2%	8.2%	8.2%
Wrinkling/Rippling		4.6%	5.4%	5.4%	5.4%
Other Complications[d]		0.7%	0.7%	0.7%	0.7%

[a] Most complications were assessed with severity ratings. This table only includes complications rated moderate, severe, or very severe (excludes mild and very mild ratings). For reoperation, implant removal or replacement, implant rupture, implant extrusion, and pneumothorax all occurrences are included.

[b] The following complications occurred at a rate less than 1.0% at all timepoints: delayed wound healing, irritation, redness, skin rash

[c] The following complications were reported at a rate of 0%: capsule calcification, gel migration, implant extrusion, lymphadenopathy, lymphedema, pneumothorax, tissue/skin necrosis

[d] Other complications include herniation following an auto accident

5.5 What Are the Main Reasons for Reoperation?

The reasons Primary Augmentation and Revision-Augmentation patients underwent additional surgery for their breast implant (reoperation) at years 3, 5, 7, and 10 are presented in Table 4 and Table 5, respectively.

Women may have had a reoperation for one or more reasons. Furthermore, a surgeon may perform multiple surgical procedures during a single reoperation. For example, during a single reoperation a surgeon may perform incision and drainage, remove the capsule, replace the implant, reposition the implant, and perform scar revision.

In Allergan's Core Study through 10 years, there were 581 surgical procedures performed during 221 reoperations involving 153 Primary Augmentation patients. The most common reason for reoperation through 10 years in Primary Augmentation patients was because of capsular contracture (55 of 221 reoperations).

In Allergan's Core Study through 10 years, there were 317 surgical procedures performed during 108 reoperations involving 63 Revision-Augmentation patients. The most common reason for reoperation through 10 years in Revision-Augmentation patients was also because of capsular contracture (26 of 108 reoperations).

Table 4
Main Reasons for Reoperation for Primary Augmentation Patients

Main Reason for Reoperation	Year 3	Year 5	Year 7	Year 10
Asymmetry	4 (3.5%)	5 (3.3%)	5 (2.8%)	5 (2.3%)
Biopsy	11 (9.6%)	13 (8.5%)	22 (12.2%)	28 (12.7%)
Breast Mass/Cyst/Lump	1 (0.9%)	1 (0.7%)	3 (1.7%)	4 (1.8%)
Breast pain	1 (0.9%)	2 (1.3%)	3 (1.7%)	3 (1.4%)
Capsular contracture	37 (32.2%)	43 (28.1%)	48 (26.7%)	55 (24.9%)
Delayed wound healing	3 (2.6%)	3 (2.0%)	3 (1.7%)	3 (1.4%)
Hematoma/seroma	9 (7.8%)	10 (6.5%)	12 (6.7%)	13 (5.9%)
Implant extrusion	1 (0.9%)	1 (0.7%)	1 (0.6%)	1 (0.5%)
Implant malposition	18 (15.7%)	24 (15.7%)	26 (14.4%)	27 (12.2%)
Implant palpability	0	1 (0.7%)	1 (0.6%)	1 (0.5%)
Implant rupture (suspected)	1 (0.9%)	7 (4.6%)	12 (6.7%)	29 (13.1%)
Infection	0	2 (1.3%)	2 (1.1%)	2 (0.9%)
Necrosis	1 (0.9%)	1 (0.7%)	1 (0.6%)	1 (0.5%)
Nipple complications (unplanned)	1 (0.9%)	1 (0.7%)	1 (0.6%)	1 (0.5%)
Patient request for style/size change	5 (4.3%)	9 (5.9%)	9 (5.0%)	12 (5.4%)
Ptosis	16 (13.9%)	20 (13.1%)	21 (11.7%)	25 (11.3%)
Scarring/hypertrophic scarring	5 (4.3%)	8 (5.2%)	8 (4.4%)	8 (3.6%)
Wrinkling/rippling	1 (0.9%)	2 (1.3%)	2 (1.1%)	3 (1.4%)
Total	115 Reoperations (100%)	153 Reoperations (100%)	180 Reoperations (100%)	221 Reoperations (100%)

Table 5
Main Reasons for Reoperation for Revision-Augmentation Patients

Main Reason for Reoperation	Year 3	Year 5	Year 7	Year 10
Asymmetry	3 (4.1%)	3 (3.3%)	3 (3.1%)	3 (2.8%)
Biopsy	6 (8.1%)	8 (8.9%)	8 (8.2%)	9 (8.3%)
Breast Cancer mass	1 (1.4%)	2 (2.2%)	3 (3.1%)	3 (2.8%)
Breast pain	1 (1.4%)	1 (1.1%)	1 (1.0%)	1 (0.9%)
Breast tissue contour deformity	1 (1.4%)	1 (1.1%)	1 (1.0%)	1 (0.9%)
Capsular contracture	12 (16.2%)	17 (18.9%)	20 (20.4%)	26 (24.1%)
Delayed wound healing	2 (2.7%)	2 (2.2%)	2 (2.0%)	2 (1.9%)
Device Injury – Iatrogenic or Traumatic	1 (1.4%)	1 (1.1%)	1 (1.0%)	1 (0.9%)
Hematoma/seroma	12 (16.2%)	13 (14.4%)	13 (13.3%)	13 (12.0%)
Implant extrusion	1 (1.4%)	1 (1.1%)	1 (1.0%)	1 (0.9%)
Implant malposition	8 (10.8%)	11 (12.2%)	11 (11.2%)	12 (11.1%)
Implant palpability/visibility	1 (1.4%)	1 (1.1%)	1 (1.0%)	1 (0.9%)
Implant rupture (suspected)	4 (5.4%)	4 (4.4%)	5 (5.1%)	7 (6.5%)
Infection	2 (2.7%)	2 (2.2%)	3 (3.1%)	3 (2.8%)
Nipple Complications	3 (4.1%)	3 (3.3%)	3 (3.1%)	3 (2.8%)
Patient request for style/size change	3 (4.1%)	3 (3.3%)	3 (3.1%)	3 (2.8%)
Ptosis	5 (6.8%)	8 (8.9%)	9 (9.2%)	9 (8.3%)
Scarring/hypertrophic scarring	6 (8.1%)	7 (7.8%)	7 (7.1%)	7 (6.5%)
Wrinkling/rippling	1 (1.4%)	1 (1.1%)	2 (2.0%)	2 (1.9%)
Unknown	1 (1.4%)	1 (1.1%)	1 (1.0%)	1 (0.9%)
Total	74 Reoperations (100%)	90 Reoperations (100%)	98 Reoperations (100%)	108 Reoperations (100%)

5.6 What Are the Main Reasons for Implant Removal?

The main reasons Primary Augmentation and Revision-Augmentation patients had implants removed through 10 years are presented in Figures 3 and 4, respectively. For Primary Augmentation, 156 implants were removed from 84 patients. Of these 156 implants, 135 were replaced. The most common reason for implant removal was capsular contracture (50 of the 156 implants removed).

For Revision-Augmentation, 78 implants were removed from 42 patients. Of these 78 implants, 71 were replaced. The most common reason for implant removal was also due to capsular contracture (28 of the 78 implants removed).

Figure 3. Main Reasons for Implant Removal Through 10 Years Primary Augmentation (N = 156 implants)

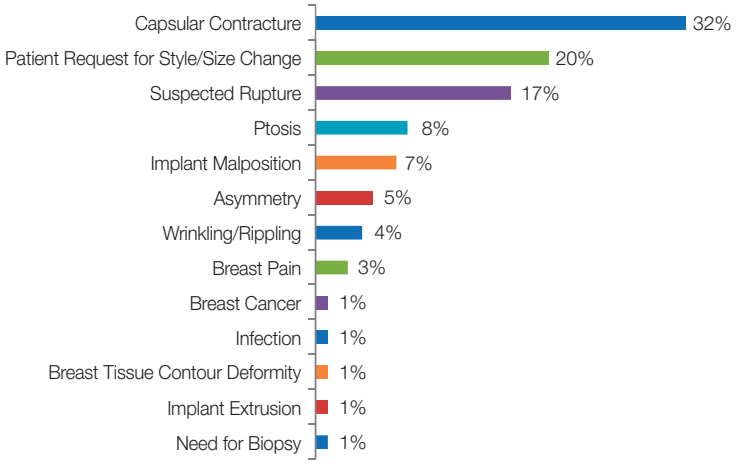
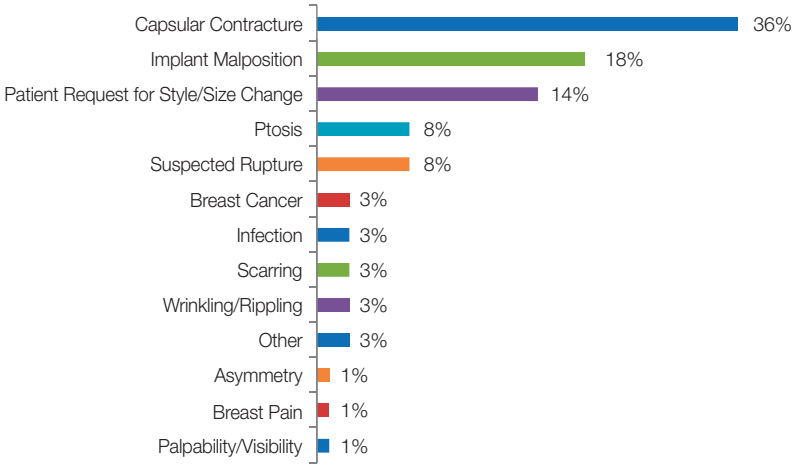


Figure 4. Main Reasons for Implant Removal Through 10 Years Revision Augmentation (N = 78 implants)



5.7 What Are Other Clinical Data Findings?

Below is a summary of clinical findings from the Allergan Core Study with regard to connective tissue disease (CTD), CTD signs and symptoms, cancer, lactation complications, reproduction complications, and suicide. These issues, along with others, are being further evaluated as part of an Allergan post-approval study of a large number of patients followed through 10 years (Breast Implant Follow-Up Study, or BIFS).

IMPLANT RUPTURE

The rupture rate for the whole MRI cohort in the Core Study (including Augmentation, Revision-Augmentation, Reconstruction, and Revision-Reconstruction patients) through 10 years was 13.0% for patients and 7.7% for implants. For the non-MRI cohort the rupture rate through 10 years was 9.5% for patients and 5.6% for implants. For Primary Augmentation patients in the MRI cohort, 9.3% of patients had a ruptured implant and 5.5% of implants ruptured through 10 years. For Revision-Augmentation patients in the MRI cohort, 5.4% of patients had a ruptured implant and 2.9% of implants ruptured through 10 years. This means that through 10 years, approximately 9 out of every 100 Primary Augmentation patients and 5 out of every 100 Revision-Augmentation patients had at least one ruptured breast implant.

Across all patients in the Core Study, all ruptures were intracapsular with 3 cases of extracapsular gel (one rupture progressed to extracapsular gel following exploratory surgery to confirm the rupture and then implant replacement was delayed).

CTD DIAGNOSES

Five Primary Augmentation patients (1.1%) reported new diagnoses of CTD: 2 with rheumatoid arthritis at 7 months and at 3 years after implantation, 2 patients with fibromyalgia at 3 years and 4.5 years after implantation, and 1 patient with Raynaud Syndrome 5 years after implantation. Two Revision-Augmentation patients (1.4%) were reported new diagnoses of CTD: 1 with fibromyalgia at 10 months after implantation and 1 with rheumatoid arthritis nearly 8 years after implantation. It cannot be concluded that these CTD diagnoses were caused by the implant because there was no comparison group of similar women without implants.

CTD SIGNS AND SYMPTOMS

Patients who are not diagnosed with a CTD may still have some of the signs or symptoms of these diseases. In Allergan's Core Study, self-reported signs and symptoms were collected at the 2, 4, 6, 8, and 10 year follow-up visits in the categories of General, Gastrointestinal, Neurological, Urinary, Global, Pain, Fatigue, Fibromyalgia, Joint, Muscular, Skin, and Other. For Primary Augmentation patients at 10 years after implantation, statistically significant increases after accounting for age were found for the symptom categories of Skin, Urinary, and Other. For Revision-Augmentation patients at 10 years after implantation, no statistically significant changes in any of the symptoms categories were found.

The Core Study was not designed to evaluate cause-and-effect associations because there is no comparison group of women without implants. Furthermore, other factors that might contribute to CTD signs and symptoms such as medications, lifestyle and exercise, were not studied. Therefore, it cannot be determined whether any increase in CTD signs and symptoms was due to the implants or not, based on the Core Study. However, you should be aware that you may experience an increase in these symptoms after receiving breast implants.

CANCER

There were 4 Primary Augmentation patients with a new diagnosis of breast cancer through 10 years in the Allergan Core Study. In Primary Augmentation patients there was 1 report of thyroid cancer and 1 report of brain cancer.

For Revision-Augmentation patients, there was 1 patient with a new diagnosis of breast cancer. There were no reports of other cancers, such as respiratory or cervical/vulvar, in Revision-Augmentation patients.

No patients in the Core Study were reported with ALCL through 10 years.

LACTATION COMPLICATIONS

Eighteen (23%) of the 78 Primary Augmentation patients who attempted to breastfeed following breast implantation in the Core Study through 10 years reported difficulty with breastfeeding. The most common difficulty was inadequate milk production. For the 20 Revision-Augmentation patients who attempted to breastfeed after receiving breast implants, 6 (30%) had difficulty breastfeeding, 5 due to inadequate milk production and 1 due to pain.

REPRODUCTION COMPLICATIONS

Thirty-six (8%) of the Primary Augmentation patients in the Allergan Core Study reported a reproduction problem through 10 years, most commonly miscarriage. For the 6 Revision-Augmentation patients (4%) who experienced a reproduction problem through 10 years, the most common problem was miscarriage.

SUICIDE

There was 1 report of suicide in Primary Augmentation patients and 2 reports of suicide in Revision-Augmentation patients in the Allergan Core Study through 10 years.

6. Additional Information

6.1 What If I Experience a Problem?

You will be given a device identification card with the style and serial number of your breast implant(s). This card is for your permanent record and should be kept in a safe place. In the event you have a concern or problem with your implant, you can use this card to describe the implant to your health care provider or to Allergan.

You should immediately report any problems that you notice with your implants to your plastic surgeon. If you believe that you have experienced a serious problem(s) related to your breast implants, you should have your health professional report the problem(s) to the Food and Drug Administration (FDA) and/or to Allergan. You may also report any serious problem directly through the FDA's MedWatch voluntary reporting system. An adverse event is considered serious and should be reported when it results in a hospitalization, disability, congenital problem with your child, or other medical or surgical intervention. The information reported to MedWatch is entered into databases to be used to follow safety trends (patterns) of a device and to determine whether further follow-up of any potential safety issues related to the device is needed.

To report, use MedWatch form 3500, which may be obtained through FDA's website at http://www.fda.gov/medwatch/index.html. You may also call 1.888.463.INFO.FDA (1.888.463.6332), 10am-4pm Eastern Time, Monday through Friday, to receive an additional FDA MedWatch Package. Keep a copy of the MedWatch form completed by your surgeon for your records.

6.2 What Is Device Tracking?

Silicone gel-filled breast implants are subject to Device Tracking by Federal regulation. This means that your physician will be required to submit to Allergan the serial number of the implant(s) you receive, the date of surgery, information relating to the physician's practice and information on the patient receiving the implant(s). Your surgeon will write this information on the Device Tracking Form supplied by Allergan with each silicone-filled breast implant. Your surgeon will return the top portion of the form to Allergan following surgery. The second page of the form will be provided to you following surgery. You have the right to remove your personal information from Allergan's Device Tracking program. If you choose NOT to participate in Device Tracking, please check the appropriate box on the Device Tracking form and return to Allergan. You also have the right to have your personal information withheld from disclosure to third parties who may request information from Allergan,

such as the FDA. If you choose to participate in the Device Tracking program but do NOT want your personal information to be released to third parties, please also check the appropriate box.

Allergan strongly recommends that all patients receiving *NATRELLE*® Silicone-Filled Breast Implants or *NATRELLE INSPIRA*® Breast Implants participate in Allergan's Device Tracking program. This will help ensure that Allergan has a record of each patient's contact information so that all patients can be contacted in the case of a recall or other problems with your implants.

ASSESSMENT OF INFORMATION EFFECTIVENESS

The "Required Information" section of the Device Tracking Form also has a question designed to assess the effectiveness of the *Breast Augmentation with NATRELLE® Silicone-Filled Breast Implants and NATRELLE INSPIRA® Breast Implants* patient brochure provided prior to your surgery. This question asks you to verify that you received and had adequate time to review this patient labeling information. Please check either yes or no. When the Required Information section is complete, return the entire page to Allergan by fax or mail, using the information provided on the form.

Please inform Allergan whenever your contact information changes by calling 1.877.641.4844 or e-mailing SB-DeviceTracking@allergan.com.

6.3 What Is the *ConfidencePlus*® Limited Warranty?

The *ConfidencePlus*® Limited Warranty provides lifetime replacement and limited financial reimbursement in the event of shell leakage or breakage resulting in implant rupture, subject to certain conditions as fully discussed in the *ConfidencePlus*® literature. Our *ConfidencePlus*® Premier Limited Warranty program applies automatically to every Allergan *NATRELLE*® Silicone-Filled Breast Implant or *NATRELLE INSPIRA*® Breast Implant recipient subject to the conditions discussed in the *ConfidencePlus*® literature. For more information, please visit www.cppwarranty.com or contact Allergan's Product Surveillance Department at 1.800.624.4261.

6.4 How Can I Receive More Information?

Upon request, you will be provided with a copy of the package insert (Directions for Use; *NATRELLE*® Silicone-Filled Breast Implants and *NATRELLE INSPIRA*® Breast Implants). You can request a copy from your surgeon or from Allergan. It can also be found on www.allergan.com/labeling/usa.htm. The package insert has many undefined medical and technical terms because it contains information directed only to the surgeon.

For more detailed information on the preclinical and clinical studies conducted by Allergan, you are referred to the Summary of Safety and Effectiveness Data (SSED) for this product which may be accessed at http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/ucm063871.htm.

If, after reading this information, you have additional questions about breast implants or breast implant surgery, there are a number of resources available to you.

TOLL-FREE NUMBER

If you are a patient or a prospective patient and wish to speak to an Allergan Breast Implant Support Specialist to inquire about breast implants, discuss any concerns, or request a copy of the patient labeling or package insert (Directions for Use), call toll free at 1.800.362.4426 (7 am to 5 pm Pacific Time).

ADDITIONAL RESOURCES

Allergan

1.800.624.4261

www.natrelle.com

www.allergan.com

Institute of Medicine Report on the Safety of Silicone Implants

www.nap.edu/catalog/9618.html

Food and Drug Administration

1.888.INFO.FDA or 1.240.276.3103

www.fda.gov/breastimplants

For Further Reading And Information

OVERALL SAFETY ASSESSMENT

1. Bondurant, S., Ernster, V., and Herdman, R., Eds. 2000. Safety of silicone breast implants. Committee on the Safety of Silicone Breast Implants, Division of Health Promotion and Disease Prevention, Institute of Medicine. Washington, D.C.: *National Academy Press*.
2. McLaughlin, J., et al. 2007. The safety of silicone gel-filled breast implants: A review of the epidemiologic evidence. *Ann. Plast. Surg.* 59(5):569-80.

BENEFITS OF BREAST AUGMENTATION

3. Gladfelter, J. and Murphy, D. 2008. Breast augmentation motivations and satisfaction. *Plast Surg Nurs* 28(4):170-174.
4. Independent Review Group. 1998. Silicone Gel Breast Implants: The report of the Independent Review Group. Silicone gel breast implants Independent Review Group, 9th Floot, Hannibal House, Elephant and Castle, London SE1 6TQ. (*http://www.silicone-review.gov.uk/*)
5. Young, V.L., 1994. The efficacy of breast augmentation: breast size increase, patient satisfaction, and psychological effects. *Plast Reconstr Surg* 94(7): 958-69.

IMPLANT RUPTURE

6. Heden P., et al. 2006. Prevalence of rupture in Inamed silicone breast implants. *Plast. Reconstr.Surg.* 118:303-8.
7. Hölmich, L.R., et al. 2005. The diagnosis of silicone breast implant rupture. Clinical findings compared to findings at magnetic resonance imaging. *Ann. Plast. Surg.* 54(6):583-9.
8. Hölmich, L.R., et al. 2005. The diagnosis of breast implant rupture: MRI findings compared to findings at explantation. 2005. *Eur. J. Radiol.* 53(2):213-25.
9. Hölmich, L.R., et al. 2004. Untreated silicone breast implant rupture. Plast. Reconstr. Surg. 114(1):204-14.
10. Hölmich, L.R., et al. 2001. Prevalence of silicone breast implant rupture among Danish women. *Plast. Reconstr. Surg.* 108(4):848-58.

CAPSULAR CONTRACTURE

11. Baker, J.L. Augmentation mammoplasty. In: Owsley, J.Q. and Peterson, R., Eds. *Symposium on aesthetic surgery of the breast.* St. Louis, MO: Mosby, 1978:256-263.

12. Henriksen, T.F., et al. 2005. Surgical intervention and capsular contracture after breast augmentation: A prospective study of risk factors. *Ann. Plast. Surg.* 54(4):343-51.

13. Kulmala, I., et al. 2004. Local complications after cosmetic breast implant surgery in Finland. *Ann. Plast. Surg.* 53(5):413-9.

14. Seify, H., et al. 2005. Preliminary (3 years) experience with smooth wall silicone gel implants for primary breast augmentation. *Ann. Plast. Surg.* 54(3):231-5.

PAIN

15. Hvlisom, G.B., et al. 2009. Local complications after Cosmetic Breast Augmentation: Results from the Danish Registry for Plastic Surgery of the Breast. *Plast. Reconstr. Surg.* 124(3):919-925.

CONNECTIVE TISSUE DISEASE (CTD)

16. Blackburn, W.D., Jr. and Everson, M.P. 1997. Silicone-associated rheumatic disease: an unsupported myth. *Plast Reconstr Surg.* 99:1362-1367.

17. Brinton, L.A., et al. 2004. Risk of connective tissue disorders among breast implant patients. *Am. J. Epidemiol.* 160(7):619-27.

18. Brown, S.L., Duggirala, H.J., and Pennello, G. 2002. An association of silicone-gel breast implant rupture and fibromyalgia. *Curr Rheumatol Rep.* 4:293-298.

19. Brown, S.L., et al. 2001. Silicone gel breast implant rupture, extracapsular silicone, and health status in a population of women. *J. Rheumatol.* 28(5):996-1003.

20. Fryzek, J.P. et al. 2007. A nationwide study of connective tissue disease and other rheumatic conditions among Danish women with long-term cosmetic breast implantation. *Ann Epidemiol.* 17:374-379.

21. Greenland, S. and Finkle, W.D. 2000. A retrospective cohort study of implanted medical devices and selected chronic diseases in Medicare claims data. *Ann Epidemiol.* 10:205-213.

22. Hochberg, M.C. and Perlmutter, D.L. 1996. The association of augmentation mammoplasty with connective tissue disease, including systematic sclerosis (scleroderma): a meta-analysis. *Curr Top Microbiol Immunol.* 210:411-417.

23. Hölmich, L.R., et al. 2003. Self-reported diseases and symptoms by rupture status among unselected Danish women with cosmetic silicone breast implants. *Plast. Reconstr. Surg.* 111(2):723-32.

24. Janowsky, E.C., et al. 2000. Meta-analyses of the relation between silicone breast implants and the risk of connective-tissue diseases. *N. Engl. J. Med.* 342(11):781 90.

25. Kjøller, K. et al. 2001. Connective tissue disease and other rheumatic conditions following cosmetic breast implantation in Denmark. *Arch Intern Med.* 161:973-979.

26. Lamm, S.H. 1998. Silicone breast implants, breast cancer and specific connective tissue diseases: A systematic review of the data in the epidemiological literature. *Int J Toxicol.* 17:457-497.

27. Lewin, S.L. and Miller, T.A. 1997. A review of epidemiologic studies analyzing the relationship between breast implants and connective tissue diseases. *Plast Reconstr Surg.* 100:1309-1313.

28. Lipworth, L., et al. 2004. Silicone breast implants and connective tissue disease: An updated review of the epidemiologic evidence. *Ann. Plast. Surg.* 52(6):598-601.

29. Silverman, B.G. et al. 1996. Reported complications of silicone gel breast implants: an epidemiologic review. *Ann Intern Med.* 124:744-756.

30. Tugwell, P., et al. 2001. Do silicone breast implants cause rheumatologic disorders? A systematic review for a court-appointed national science panel. *Arthritis Rheum.* 44(11):2477-84.

31. Vermeulen, R.C. and Scholte, H.R. 2003. Rupture of silicone gel breast implants and symptoms of pain and fatigue. *J Rheumatol.* 30:2263-2267.

32. Weisman, M.H., et al. 1988. Connective-tissue disease following breast augmentation: A preliminary test of the human adjuvant tissue hypothesis. *Plast. Reconstr. Surg.* 82(4):626-30.

33. Williams, H.J., et al. 1997. Breast implants in patients with differentiated and undifferentiated connective tissue disease. *Arthritis Rheum.* 40(3):437-40.

34. Wolfe, F. and Anderson, J. 1999. Silicone filled breast implants and the risk of fibromyalgia and rheumatoid arthritis. *J. Rheumatol.* 26(9):2025-8.

35. Wong, O. 1996. A critical assessment of the relationship between silicone breast implants and connective tissue diseases. *Regul Toxicol Pharmacol.* 23:74-85.

CTD SIGNS AND SYMPTOMS

36. Berner, I., et al. 2002. Comparative examination of complaints of patients with breast-cancer with and without silicone implants. *Eur. J Obstet.* Gynecol. Reprod. Biol. 102(1):61-6.

37. Breiting, V.B., et al. 2004. Long-term health status of Danish women with silicone breast implants. *Plast. Reconstr. Surg.* 114(1):217-26.

38. Fryzek, J.P., et al. 2001. Self-reported symptoms among women after cosmetic breast implant and breast reduction surgery. *Plast. Reconstr. Surg.* 107(1):206-13.

39. Kjøller, K., et al. 2004. Self-reported musculoskeletal symptoms among Danish women with cosmetic breast implants. *Ann. Plast. Surg.* 52(1):1-7.

CANCER

40. Brinton, L.A., et al. 2000. Breast cancer following augmentation mammoplasty (United States). *Cancer Causes Control.* 11(9):819-27.

41. Brinton, L.A., et al. 2001. Cancer risk at sites other than the breast following augmentation mammoplasty. *Ann. Epidemiol.* 11(4):248-56.

42. Brisson, J. et al. 2006. Cancer incidence in a cohort of Ontario and Quebec women having bilateral breast augmentation. *Int J Cancer.* 118:2854-2862.

43. Bryant, H., and Brasher, P. 1995. Breast implants and breast cancer–reanalysis of a linkage study. *N. Engl. J. Med.* 332(23):1535-9.

44. Cook, L.S. 1997. Characteristics of women with and without breast augmentation. *JAMA.* 277(20):1612-7.

45. Deapen, D.M., et al. 1997. Are breast implants anticarcinogenic? A 14-year follow-up of the Los Angeles Study. *Plast. Reconstr. Surg.* 99(5):1346-53.

46. Deapen, D., et al. 2000. Breast cancer stage at diagnosis and survival among patients with prior breast implants. *Plast. Reconstr. Surg.* 105(2):535-40.

47. Deapen, D.M., Hirsch, E.M. and Brody, G.S. 2007. Cancer risk among Los Angeles women with cosmetic breast implants. *Plast Reconstr Surg.* 119:1987-1992.

48. De Jong, D., et al. 2008. Anaplastic large-cell lymphoma in women with breast implants. *JAMA*. 300(17): 2030-5.

49. Friis, S. et al. 2006. Cancer risk among Danish women with cosmetic breast implants. *Int J Cancer.* 118:998-1003.

50. Fryzek, J.P., et al. 2000. Characteristics of women with cosmetic breast augmentation surgery compared with breast reduction surgery patients and women in the general population of Sweden. *Ann. Plast. Surg*. 45(4):349-56.

51. Herdman, R.C., et al. 2001. Silicone breast implants and cancer. *Cancer Invest.* 19(8):821-32.

52. Jakubietz, M.G., et al. 2004. Breast augmentation: Cancer concerns and mammography–A literature review. *Plast. Reconstr. Surg.* 113(7):117e 22e.

53. Kjøller K., et al. 2003. Characteristics of women with cosmetic breast implants compared with women with other types of cosmetic surgery and population-based controls in Denmark. *Ann. Plast. Surg.* 50(1):6-12.

54. Lipworth, L., et al. 2009. Cancer among Scandinavian women with cosmetic breast implants: A pooled long-term follow-up study. *Int. J. Cancer.* 124(2):490-3.

55. Lipworth, L., et al. 2009. Breast implants and lymphoma risk: A review of the epidemiologic evidence through 2008. *Plast. Reconstr. Surg*. 123(3):790-3.

56. McLaughlin, J.K. and Lipworth, L. 2004. Brain cancer and cosmetic breast implants: A review of the epidemiological evidence. *Ann. Plast. Surg*. 52(2):15-7.

57. McLaughlin, J.K. et al. 2006. Long-term cancer risk among Swedish women with cosmetic breast implants: an update of a nationwide study. *J Natl Cancer Inst.* 98:557-560.

58. Mellemkjaer, L. et al. 2000. Cancer occurrence after cosmetic breast implantation in Denmark. *Int J Cancer.* 88:301-306.

59. Miglioretti, D.L., et al. 2004. Effect of breast augmentation on the accuracy of mammography and cancer characteristics. *JAMA*. 291(4):442-50.

60. Pukkala, E., et al. 2002. Incidence of breast and other cancers among Finnish women with cosmetic breast implants, 1970-1999. *J. Long Term Eff. Med. Implants*. 12(4):271-9.

NEUROLOGICAL DISEASE, SIGNS, AND SYMPTOMS

61. Englert, H. et al. 2001. Women's health after plastic surgery. *Intern Med J.* 31:77-89.

62. Winther, J.F. et al. 2001. Neurological disease among women with silicone breast implants in Denmark. *Acta Neurol Scand.* 103:93-96.

SUICIDE

63. Brinton, L.A., et al. 2001. Mortality among augmentation mammoplasty patients. *Epidemiol.* 12(3):321-6.

64. Jacobsen, P.H., et al. 2004. Mortality and suicide among Danish women with cosmetic breast implants. *Arch. Int. Med.* 164(22):2450-5.

65. Klesmer, J. 2003. Mortality in Swedish women with cosmetic breast implants: body dysmorphic disorder should be considered. *BMJ.* 326:1266-1267.

66. Koot, V., et al. 2003. Total and cause specific mortality among Swedish women with cosmetic breast implants: Prospective study. *BMJ.* 326(7388):527-8.

67. Le, G.M. et al. 2005. Breast Implants following mastectomy in women with early-stage breast cancer: prevalence and impact on survival. *Breast Cancer Res. 7*:R184-193.

68. Lipworth, L. et al. 2007. Excess mortality from suicide and other external causes of death among women with cosmetic breast implants. *Ann Plast Surg.* 59:119-123; discussion 115-124.

69. McLaughlin, J.K., Lipworth, L., and Tarone, R.E. 2003. Suicide among women with cosmetic breast implants: a review of the epidemiologic evidence. *J Long Term Eff Med Implants.* 13:445-450.

70. Pukkala, E., et al. 2003. Causes of death among Finnish women with cosmetic breast implants, 1971-2001. *Ann. Plast. Surg.* 51(4):339-42.

71. Villeneuve, P.J. et al. 2006. Mortality among Canadian women with cosmetic breast implants. *Am J Epidemiol.* 164:334-341.

EFFECTS ON BREASTFEEDING/CHILDREN

72. Brown, S.L., Todd, J.F., Cope, J.U. and Sachs, H.C. 2006. Breast implant surveillance reports to the U.S. Food and Drug Administration: maternal-child health problems. *J Long Term Eff Med Implants.* 16:281-290.

73. Hemminki, E., et al. 2004. Births and perinatal health of infants among women who have had silicone breast implantation in Finland, 1967-2000. *Acta Obstet. Gynecol. Scand.* 83(12):1135-40.

74. Kjøller, K., et al. 2002. Health outcomes in offspring of Danish mothers with cosmetic breast implants. *Ann. Plast. Surg.* 48(3):238-45.

75. Signorello, L.B., et al. 2001. Offspring health risk after cosmetic breast implantation in Sweden. Ann. Plast. Surg. 46(3):279-86.

SILICONE GEL MIGRATION

76. Katzin, W.E., et al. 2005. Pathology of lymph nodes from patients with breast implants: A histologic and spectroscopic evaluation. *Am. J. Surg. Pathol.* 29(4):506 11.

GEL BLEED

77. Chandra, G., et al. 1987. A convenient and novel route to bis(alkyne)platinum(0) and other platinum(0) complexes from Speier's hydrosilylation catalyst. *Organometallics*. 6:191-2.

78. Flassbeck, D.B., et al. 2003. Determination of siloxanes, silicon, and platinum in tissues of women with silicone gel-filled implants. *Anal. Bioanal. Chem.* 375(3):356-62 (for example, data from Patients B & C).

79. Lappert, M.F. and Scott, F.P.A. 1995. The reaction pathway from Speier's to Karstedt's hydrosilylation catalyst. *J. Organomet. Chem.* 492(2):C11-C13.

80. Lewis, L.N., et al. 1995. Mechanism of formation of platinum(0) complexes containing silicon-vinyl ligands. *Organometallics.* 14:2202-13.

81. Lugowski, S.J., et al. 2000. Analysis of silicon in human tissues with special reference to silicone breast implants. *J. Trace Elem.* Med. Biol. 14(1):31-42.

82. Stein, J., et al. 1999. In situ determination of the active catalyst in hydrosilylation reactions using highly reactive Pt(0) catalyst precursors. *J. Am. Chem. Soc.* 121(15):3693-703.

Index

Acknowledgement of Informed Decision

I understand that the patient labeling provided by Allergan is intended to provide information regarding the benefits and risks of silicone gel breast implants. I understand that some of this information is about breast implants in general and some is specific to Allergan's breast implants. I understand that choosing to have augmentation breast surgery with implants involves both benefits and risks. I also understand that scientists and doctors have not been able to identify or quantify all of the risks of breast augmentation with implants and that, over time, additional information may become available.

I have had adequate time to review and understand the information presented in the patient labeling, ***Important Information for Women about Breast Augmentation with NATRELLE® Silicone-Filled Breast Implants and NATRELLE INSPIRA® Breast Implants***. My concerns and questions have been addressed by my doctor. I have considered alternatives to augmentation surgery, including use of external prostheses or surgery with saline-filled breast implants.

I am choosing to proceed with silicone gel-filled breast implant surgery.

By circling my response for each statement below and signing below, I acknowledge that:

Yes / No I have had adequate time to read and fully understand the information in this brochure,

Yes / No I have had an opportunity to discuss this information with my surgeon and to ask any questions I may have,

Yes / No I have carefully considered options other than augmentation surgery with breast implants and have decided to proceed with silicone gel breast implant surgery,

Yes / No I have been advised to wait an adequate amount of time after reviewing and considering this information before scheduling my silicone gel breast implant surgery,

Yes / No I am aware that this patient labeling is available online, and I am aware that I may also ask my surgeon for a copy of this signed acknowledgment

Patient Name (Printed): _____

Patient Signature: _____

Date: _____

By my signature below, I acknowledge that:

- My patient has been given an opportunity to ask any and all questions related to this brochure, or any other issues of concern;
- All questions outlined above have been answered "Yes" by my patient;
- My patient has had an adequate amount of time before making her final decision, unless an earlier surgery was deemed medically necessary,
- This *Acknowledgement of Informed Decision* will be retained in my patient's permanent record, and
- I have provided the device tracking form to my patient.

Surgeon Name (Printed): _____

Surgeon Signature: _____

Date: _____

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