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# Cohesive Gel Breast Implants

## Are Gummy Bear Implants *really* so Sweet?

by Dr. Tracie O'Keefe D.C.H.

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Gummy Bear, or Cohesive Gel Implants (C.G.I.)

**A**fter my last article on breast implant care and safety I received an irate telephone call from a woman who had had cohesive gel implants (C.G.I. Gummy Bears sometimes known as silicone gel implants) six years ago. In my article I said that C.G.I.s were experimental and I would like to clarify and expand on that further.

***Substance contamination not only happens on a macro level but also on micro level with exposures of parts per million having effects upon the body.***

The majority of our information on the long-term follow up of breast augmentation undoubtedly comes from America because the American Plastic Surgeons Association (A.P.S.A.) has some of the largest collected data. The A.P.S.A. also claims that more than 264,000 breast augmentations and nearly 63,000 breast reconstructions were performed in 2004 in America and such procedures are becoming much more frequent.

One of the major things to remember, however, is what we call research bias and that researchers often only research the kind of results they would like to find. Methodological flaws in research happen also because of what a researcher neglects to research. This is not necessarily research fraud but this is the innate nature of research.

C.G.I.s do not currently have F.D.A. approval and their use is only approved for people who will be part of a study to record the performance of the implant.

As any researcher can tell you, many people disappear from a trial during the process and results can be lost. Also to study the effectiveness of C.G.I.s we need to look at their performance long-term and, since they are a new product, that has so far been impossible.

C.G.I.s are also not immune to the problem of necrosis (tissue death) and wound closure failure. This often happens when both client and surgeon collude to place implants that are too large to go behind the breast.

The pressure of the implants trying to escape can prevent wound closure and healing. If a woman wants large breasts it is often better to have a medium implant first, then have them changed to a larger size later, when the tissue has stretched sufficiently to accommodate the larger implant.

Thirty or more years ago people were jumping up and down about the liquid silicone-filled implants and then in 1992 the F.D.A. restricted their use. This was mainly due to complaints about associated Connective Tissue Disorders (C.T.D.) and autoimmune diseases that some patients claimed were due to those implants. While it has been quantitatively impossible to establish that case, the manufacturer, Dow Corning, paid out compensation anyway.

Many women have reported that, having suffered those disorders, their health improved considerably when they had their breast implants removed. They have been convinced that their bodies reacted badly to silicone, even if it was at a sub-clinical level that could not presently be recorded by allopathic medical research technology.

Even with saline implants, one of the major problems was that the saline could become infected. This was solved by the surgeons filling the implants while they were in place with a sealed unit of saline solution as opposed to the open delivery system. There are women however, who have reported that they have also experienced symptoms of silicone poisoning and allergic reactions because the shells of the implants were made from silicone.

While the texture and durability of C.G.I. is heralded by plastic surgeons, we really do not know what the future may bring. We do not know if crystallisation of the gel may take place in years to come or if any kind of degradation of the implant may occur in the future. It is also possible that there will be leakages into the circulatory system that will affect the liver function and end up in the bone marrow. Substance contamination not only happens on a macro level but also on micro level with exposures of parts per million (p.p.m.) having effects upon the body. Patients are often prescribed medications that are measured in p.p.m. so why is it so hard for so many scientists to accept that the molecular binding sites in some people's bodies react abnormally to p.p.m. of silicone?

Some people undoubtedly have an allergic reaction to silicone and no substance is totally innocuous to the whole human race. Even with the experimental C.G.I., one of my patients has reported a form of C.T.D. and immune and body systems collapse and had the C.G.I.s removed. It's possible that most breast implants will give rise to complications eventually over a period of many years as chemical and physical changes happen.

There are some laboratory tests that can be done to give a basic idea of whether there is a reaction to silicone from implants, but they are not specific. A test can be done for the anti-polymer antibody levels; however, it is not specific for siliconosis. Another test that can be done is lymphocyte chemical sensitivity (silicone) test and it seems that the worst affected women may have the most sensitivity. Getting these tests done in Australia may be a process of dogged determination and detective work, often not being possible, and it may be easier for a blood sample to be couriered abroad. Also allergic reactions can also give rise to a prolonged low-grade fever.

If you have any kind of breast implant, ask the surgeon to provide you with the make, supplier, date of manufacture, batch number and serial number of the implants, being sure to differentiate between the right and left augmentation. Store that information as part of your medical history so if you do have any problems, your surgeon or toxicologist will have good information to investigate what might or might not be happening.

Breast implants are a reality in a society that focuses on women's validity often being measured by the size and shape of her breasts. For many women implants have been a gift from the heavens with their ability to aid in construction or reconstruction of a breast being psychologically life-saving. Some women have, however, found their breast augmentation experience littered with complications.

Patients may be able to get some surgeons to implant C.G.I.s in Australia but that does not mean the research has been done and dusted. Even with C.G.I.s there is a need for women to take constant care of themselves and have a continual assessment of the condition of their breasts implants and breasts. Medicine is lacking in educating women how to do that and it is up to all women with breast implants to do their research and educate themselves.

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**Trans-X-U-All: The Naked Difference**

Author: Tracie O'Keefe and Katrina Fox Publisher: Extraordinary People Press (1997)

I.S.B.N.-13 978-0952948209.

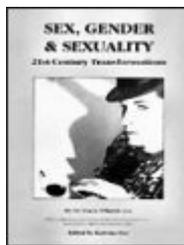
**From Google Books:**  This fresh and concise work takes an exciting look at the world of transsexuals. It explains the whole gender reassignment process from start to finish and includes deeply moving stories written by transsexuals themselves, their lovers, families and friends. Scientific, factual, informative, it provides, in accessible language, a comprehensive guide to the world of transsexuality.

**Sex, Gender & Sexuality: 21st Century Transformations**

Author: Tracie O'Keefe and Katrina Fox

Publisher: Extraordinary People Press (1999)

I.S.B.N.-13 978 0952948223



**From Google Books:**  This book dispels much of the mysticism around physical sex, gender constructs, and the diversity of sexuality. As well as considering gay, lesbian, transsexual and transgendered identities, it also looks at the intersex groups, such as hermaphrodites, and people who identify as androgynous or as being without sex or gender.



**Finding the Real Me: True Tales of Sex and Gender Diversity**

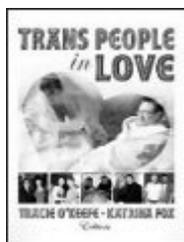
Author: Tracie O'Keefe and Katrina Fox

Publisher: Jossey-Bass (2003)

I.S.B.N.-13 978-0787965471

**From Google Books:**  *Finding the Real Me* is an extraordinary collection of real-life stories told by a wide-range of sex and gender diverse people. These healing tales of struggle and transformation reveal just how creative, resourceful, and adventurous the individuals in this community can be and also helps to bridge the gap between ignorance and understanding. As each incredible story unfolds we become part of the author's journey to self-acceptance and join the celebration of their

new life. Page by page, we laugh, cry, and learn to appreciate these wonderful courageous people and the road they walked to be their true-selves. *Finding the Real Me* is a landmark book that encourages us to embrace diversity, to never fear our differences, and to remain always in awe of our amazing possibilities.



**Trans People in Love**

Author: Tracie O'Keefe and Katrina Fox

Publisher: Routledge (2008)

I.S.B.N.-13 978 0789035721

**From Google Books:**  *Trans People in Love* provides a forum for the experience of being in love and in relationships with significant others for members of the trans community. This honest and respectful volume tells clinicians, scholars, and trans people themselves of the beauty and complexity that trans identity brings to a romantic relationship, what skills and mindsets are needed to forge positive relationships, and demonstrates the reality that trans people in all stages of transition can create

stable and loving relationships that are both physically and emotionally fulfilling.

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The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.