

PIP ACTION CAMPAIGN

THE PIP (ACTION) IMPLANT GUIDE

Care, choices and follow-up for women who have — or have had — PIP breast implants

CAUTION SHOULD ALWAYS PROTECT THE WOMAN AND THE CHILD

CAMPAIGN EDITION | SEPTEMBER 2026

THE PIP (ACTION) IMPLANT GUIDE

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This patient-safety guide is written for women affected by PIP breast implants. It supports informed discussion with qualified health professionals and does not replace individual medical assessment or emergency care.

01 The New Starting Point

Start with this promise

Your body, your history and your understanding of risk belong at the centre of every decision.

THE PRINCIPLE

Where evidence is incomplete, caution must always protect the woman - not protect the status quo.

Women should never have to prove that PIP caused an illness before their concerns are recorded, investigated and taken seriously. PIP was a fraudulent, failed medical device. The healthcare and regulatory system should carry the burden of uncertainty, organise the evidence and offer a safe route through care.

For more than a decade, many women have been judged for having implants, blamed for wanting them, dismissed as anxious or left to navigate contradictory advice and unaffordable surgery. This guide addresses women as victims of medical-device fraud who deserve compassion, access to healthcare and truthful answers.

What this guide is

- PIP Action Campaign's patient-led standard for the care women should be able to receive now.
- A practical guide to appointments, investigation, monitoring, removal and replacement choices, capsule surgery, pathology, recovery and reporting.
- A record of what is established, what is supported, what women report and what research still cannot answer.
- A guide for women who still have PIP implants and for women after PIP - including women with retained capsules, replacement implants, migrated silicone, continuing illness or new diagnoses.

A patient-safety standard - not a description of inadequate care

This guide does not limit women to whatever the current system happens to provide. It sets out the changes women need: active follow-up, proper investigation, real surgical choices, experienced care, traceability and research. It is not a clinical manual; it equips women to take part in decisions and hold the care pathway together.

NO SHAME. NO BLAME.

Keeping an implant, choosing removal, replacing it, delaying surgery or changing your mind are personal decisions made within real barriers: fear of surgery, cost, access, caring responsibilities and fear of disfigurement. You deserve accurate information and respectful care at every stage.

02 What Women Should Receive

One continuous pathway - from identification to lifelong record

STAGE	WHAT THE SERVICE SHOULD DO
1. Identify	Confirm every implant, operation, revision and removal. Recover missing records without making the woman carry the failure.
2. Listen and assess	Record breast, implant, whole-body and psychological concerns. Examine the woman and agree the immediate safety plan.
3. Investigate	Use appropriate breast and implant imaging, laboratory assessment and specialist referral. Investigate warning signs before explant surgery.
4. Offer real choices	Discuss removal without replacement, removal and replacement, staged surgery, reconstruction and supported monitoring while waiting.
5. Operate safely	Use an appropriately experienced surgeon. Plan capsule management, samples, pathology, device reporting, emergency cover and aftercare.
6. Follow and learn	Provide every result, recovery support, long-term monitoring and a route back into care. Record outcomes so the evidence grows.

THE BURDEN MOVES

You bring your history and concerns. The service must connect the records, investigate uncertainty, explain the choices and remain responsible for follow-up.

If you have no records

- Ask the implanting clinic or hospital for the complete implant episode: consent, device stickers, operation note, clinic letters, imaging and pathology.
- Ask your GP to record: “PIP breast implant exposure - details incomplete.” The absence of paperwork must not become a reason to refuse assessment.
- Record what you remember: clinic, approximate dates, implant size, shape, placement, replacements, removals and whether any capsule was left.

At every stage

You should receive clear explanations, meaningful consent, copies of results and a dated written plan. You may ask for a chaperone, take a trusted person where permitted and use the note spaces in this Guide. Surgery and a possible frightening diagnosis are difficult to navigate; nobody should be expected to remember everything said in an appointment.

03 Evidence Map

What is known - and what remains unknown

This page separates what is known from what remains uncertain. Some findings are established by records, chemical tests, surgery and pathology. Others are supported by published evidence or reported by women and require proper investigation. “Uncertainty” does not mean that nothing is known, and it must never be used as proof of safety.

EVIDENCE LABEL	WHAT IT MEANS HERE
ESTABLISHED	PIP implants used unapproved low-grade silicone, were banned in the UK in 2010 and rupture more often than other implant types. [R1, E1-E4]
ESTABLISHED	PIP implants can leak or “bleed” silicone constituents without an obvious rupture. A device does not have to be visibly ruptured to be a continuing source of exposure. [E3-E8]
ESTABLISHED	Implant-associated cancers include BIA-ALCL. BIA-SCC, BIA-DLBCL and other capsule lymphomas are emerging concerns under surveillance. [E13-E17]
SUPPORTED FINDING	Silicone gel, droplets and particles have been identified in capsules, surrounding tissues, lymph nodes and, in case evidence, more distant organs. [E5-E12]
SUPPORTED FINDING	French AFSSAPS/ANSM explantation data documented defective implants, rupture and local complications across approximately 17,000 operated women and more than 30,000 removed PIP implants. [R12]
REPORTED	Women report local and whole-body symptoms, new diagnoses, dismissal and - for some - improvement after removal. Every outcome belongs in the record, including no improvement or deterioration.

France initiated a national recall of PIP implants and published evidence from its explantation and complication findings. The French regulator has since suspended or removed other breast-implant brands and, in 2019, prohibited certain macrotextured and polyurethane-coated implants from the French / EU market. [R12, R14]

USE UNCERTAINTY PROPERLY

“No evidence found” and “evidence showing no harm” are different conclusions. Ask who was studied, for how long, what was measured, which PIP subgroups were missing and whether the research was capable of answering the question.

04 Evidence Map: Chemical Exposure and the Unknowns

Untested is not the same as safe

Silicone migration

PIP implants breakdown and release silicone gel, low-molecular-weight siloxanes, droplets, fragments of shell and particulate material. These may be found within the capsule, outside it and in regional lymph nodes. Rupture can increase exposure, but gel bleed and leakage mean rupture is rarely the starting point for health consequences from silicone migration.

While there is no established test method any one limited method cannot be treated as proof that all silicone species or migrated material are absent.

Supported concern: D4 and other siloxanes

Chemical analyses by national authorities overseas detected D4, D5 and D6 in PIP materials, with markedly higher D4 concentrations in PIP gel than in several comparator implants. D4 has the EU harmonised classification H361f: “suspected of damaging fertility”. It is also identified in the EU as a substance of very high concern because of persistent, bioaccumulative and toxic / very persistent and very bioaccumulative properties. That reproductive-toxicity classification identifies it as a human-health hazard. [R9-R10, E3-E4]

This is a serious concern where chemical-toxin exposure from PIP implants was not adequately considered, measured or followed.

What remains unknown because it was not investigated

- The chemical dose and mixture released from different PIP batches, intact implants, ruptured implants and deteriorating shells over time.
- Which chemicals remain in capsules, lymph nodes or other tissues after removal, and how long they remain biologically active.
- Whether retained contaminated capsule limits recovery for some women, and which operation offers an individual woman the best balance of clearance and surgical safety.
- The long-term health patterns in women and children because no comprehensive PIP cohort, biomonitoring programme or linked pathology-and-outcomes system was ordered.

THE HONEST CONCLUSION

Research of the type commonly used in cosmetic surgery cannot determine the full consequences of fraudulent long-term chemical exposure. Where the necessary questions were never asked, nobody can scientifically rule outcomes out.

05 Listen to the Woman

Your concerns are clinical information

You deserve consultation and assessment without judgement about why the implants were placed, why they remain or why an earlier operation did not end the problem. Your history is vital: what was implanted, what was removed, what remains and what changed over time can guide investigation and care.

Breast, implant, armpit or neck changes

- New swelling, fluid, rapid enlargement or a change in breast shape or position.
- Hardening, tightening, distortion, reduced movement or a newly fixed implant.
- A lump in the breast, capsule, chest wall, armpit, neck or above the collarbone.
- Pain, tenderness, burning, pressure, altered sensation, redness, heat, rash, wound, discharge or nipple change.
- Sudden softening, flattening, rippling, displacement or another change suggesting rupture, leakage or movement.

Whole-body changes worth recording

Fatigue; brain fog; sleep disturbance; headaches; muscle weakness; widespread or joint pain; rashes; hair change; allergies; persistent flu-like symptoms; breathlessness; palpitations; numbness or tingling; digestive change; recurrent infection; temperature intolerance; or other inflammatory, immune, neurological or unexplained changes.

New diagnoses since implants

Record every new diagnosis made while PIP implants were present or afterwards. Examples include fibromyalgia; thyroid, respiratory or allergic disease; MGUS; Parkinson's disease; sarcoidosis; any cancer; breast cancer; implant-associated cancer including BIA-ALCL, BIA-SCC or BIA-DLBCL; lymphoma; and neurological, brain, digestive or autoimmune diagnoses.

Writing down "I received this diagnosis while I had PIP implants" does not claim that PIP caused it. It preserves a clear exposure timeline. There can be no evidence either way if nobody asks the question and nobody records the diagnosis. A woman does not need proof of causation before including it in her history or reporting it.

YOUR WORDS

"On [date], I noticed [change]. It affects [side and location]. It follows this pattern: [pattern]. It affects my daily life by [impact]. Since then it has [changed or stayed the same]."

Overlapping symptoms can have more than one cause. A PIP history belongs in the assessment alongside other possible diagnoses; it should never be dismissed.

06 Begin the Pathway

Take a clear request to your GP

A USEFUL OPENING

"I have, may have or have had, PIP breast implants. Since [date] I have noticed [changes]. Please record my implant history, removals, replacements and capsule status; record my symptoms and diagnoses; examine me; and arrange appropriate imaging or specialist referral. I would like the plan and safety-net advice in writing."

The appointment should cover

- Every known implant, replacement, removal and capsule operation - including side and dates.
- Breast and implant examination, with armpit and relevant neck nodes where indicated.
- Whole-body symptoms, new and existing diagnoses, medicines and functional impact.
- Pregnancy, breastfeeding, reproductive or child-health concerns where relevant.
- Appropriate imaging and referral to a breast, plastic or implant surgeon, or another appropriate medical specialist.
- A clear follow-up date, warning signs and route back into care.

Examinations and your sense of safety

An early GP assessment may include a breast or chest examination. If it makes you feel safer, ask for a nurse chaperone. You may ask what the examination involves before it begins, request a support person where permitted, ask the clinician to stop at any time and request that your concerns are recorded accurately.

Ask for the accountable service

Where no named PIP clinic exists locally, ask for referral to the service able to provide implant-focused breast assessment, specialist imaging, experienced explant surgery, pathology and escalation of suspected implant-associated cancer. The GP should identify the accountable service rather than return uncertainty to you.

A SECOND OPINION

Ask for one when symptoms and imaging do not match, a serious diagnosis is possible, the proposed capsule plan is unclear, or important questions remain unanswered.

MY REQUEST / THE GP RESPONSE

07 Act on Change

Lifetime vigilance - during PIP exposure and after removal or replacement

A PIP history remains clinically important for life. Removal or replacement changes the exposure; it does not prove that leaked material, an abnormal capsule, swollen lymph nodes, tissue injury, systemic illness or an implant-associated cancer has disappeared. New, continuing or returning concerns must be assessed - not closed by an old explant note or a reassuring scan.

DO NOT IGNORE A CHANGE

Seek prompt assessment for swelling or fluid; a breast, capsule, chest-wall, armpit, neck or collarbone lump; increasing pain; hardening or distortion; rash, redness, heat or skin change; a wound or discharge; fever, night sweats, weight loss; or any concern that is new, persistent or worsening.

The full history must stay visible

- PIP implants still present: continuing leakage, rupture, local and systemic symptoms, capsules and lymph nodes all require active review.
- PIP removed but capsules or abnormal lymph nodes remain: removal of the device did not remove every possible site of retained material or disease.
- PIP replaced: the woman may still have a PIP capsule or migrated material and now has another implant, another capsule and another exposure history - whether or not the replacement was registered.
- PIP and later replacements removed: previous exposure, retained tissue, pathology, lymph-node findings, continuing symptoms and new diagnoses remain part of care.

Keep implant-associated cancer visible

BIA-ALCL commonly arises in periprosthetic fluid or capsule; BIA-SCC, BIA-DLBCL and other capsule cancers are also recognised concerns. Implant-associated cancer has been diagnosed after implant removal, including where disease persisted in residual capsule or seroma. Late swelling, fluid, pain, a mass, contracture, rash or enlarged nodes must therefore be investigated even after explantation. [E13-E17, E25]

Pathology and reporting are part of safety

Every removed PIP capsule, all periprosthetic fluid and every mass or abnormal tissue specimen should be separately labelled and sent for appropriate pathology, cytology and microbiology. Suspicious fluid, capsule, tissue or lymph-node findings require the correct implant-associated cancer tests. Rupture, leakage, migrated material, abnormal pathology and suspected implant-related disease should be documented and reported as adverse events. [E13]

CAUTION - NOT REASSURANCE

Pain, symptoms, swelling, lymph-node change or another concern should never be ignored because an implant was removed, exchanged, reported intact or never entered on a registry.

08 No Mammograms with PIP Implants

Our recommendation

NO MAMMOGRAPHIC COMPRESSION

Women with PIP implants should not undergo mammographic compression.

We understand that being advised to avoid mammography may feel worrying. This recommendation is intended to protect you while ensuring that you continue to receive appropriate breast-cancer surveillance. It is not advice to avoid cancer screening.

Why this recommendation is different for PIP

- Mammography compresses both the breast and the implant.
- Implant rupture during mammography has been reported to regulators and in published medical literature. [R13, E18-E19]
- PIP implants were fraudulently manufactured and marketed as breast implants despite containing unapproved low-grade, non-medical silicone.
- PIP shells were not suitable for safe implantation; the devices rupture more frequently than other implant types and may leak without rupturing.
- No PIP-specific study has established that mammographic compression is safe.

Alternative breast-cancer surveillance

Avoiding mammography does not mean abandoning breast-cancer surveillance. Ask for an individual plan agreed with a breast-imaging specialist. Depending on your circumstances, alternatives may include:

- Ultrasound of the whole breast and regional lymph nodes where clinically appropriate.
- Contrast-enhanced breast MRI to assess breast tissue for possible cancer. This is different from implant-protocol MRI used to assess implant integrity.

The plan should take account of your age, symptoms, personal and family risk, breast density, previous cancer, previous imaging and clinical findings. Separate imaging may be needed to assess the implant, capsule, surrounding tissues and lymph nodes. One type of scan may not replace another.

Actions to take

- Tell the imaging service that you have, or have had, PIP implants and give your complete operation history.
- Ask what breast-cancer surveillance is being offered instead of mammographic compression and who is accountable for arranging it.
- Ask whether separate implant, capsule or lymph-node imaging is also required.
- Request the plan, next appointment and safety-net instructions in writing.

YOUR RIGHT TO SURVEILLANCE

Declining mammographic compression must not result in loss of access to breast-cancer surveillance. You should be treated with care and respect and given a safe, clearly explained alternative plan.

09 While Your PIP Implants Remain

Removal is the destination; active care is needed while you wait

Fraudulent PIP implants leak and rupture and should be removed. Some women remain exposed because they fear surgery, cannot fund treatment, fear disfigurement, have caring or work responsibilities, have been refused care or are not yet medically ready. Those barriers require help - not blame, dismissal or abandonment.

PIP ACTION STANDARD

Offer every woman a named clinical contact to provide faster reassessment and resolution

At each review

- Update implant history, symptoms, breast changes, diagnoses, medicines and functional impact.
- Review local and whole-body concerns without requiring the woman to retell or defend the whole history.
- Examine the breasts, chest wall and regional lymph nodes where clinically indicated.
- Decide whether ultrasound, implant-protocol MRI, breast-cancer imaging or another investigation is needed.
- Review breast-cancer surveillance separately from implant-integrity assessment.
- Revisit removal, capsule, replacement and reconstructive options; identify and address the barrier delaying care.
- Give a written summary, warning signs, the named contact and the next review date.

BII and the wider PIP symptom picture

Women with PIP implants have long reported a recognisable constellation of symptoms: profound fatigue, brain fog, headaches, poor sleep, widespread muscle or joint pain, weakness, rashes, allergies, hair change, breathlessness, palpitations, numbness or tingling, digestive disturbance and other immune, inflammatory, neurological or unexplained changes. These may sit alongside local breast, capsule and lymph-node problems and new medical diagnoses.

BII or *breast implant illness* now helps many women describe shared systemic symptoms, but PIP exposure must not be reduced to BII alone. Fraudulent PIP implants can leak, rupture and migrate; each symptom and diagnosis still needs appropriate investigation, treatment and monitoring. [R15, E5-E12]

Do not use a reassuring scan to end follow-up

Imaging can miss gel bleed, small leaks, shell deterioration, migrated material or a developing tissue problem. A scan answers only the question it was designed to examine. Symptoms, diagnoses and changes still require clinical assessment even when an implant is reported as intact.

Pregnancy planning

If you are planning a pregnancy, consider waiting until your PIP implants have been removed and you have recovered. Ask for coordinated advice that takes account of your health, fertility, surgical timing and feeding plans. See page 15.

YOUR CHOICE CAN CHANGE

Monitoring while you wait preserves your right to seek removal. New evidence, symptoms, life circumstances or a different tolerance of risk can change the decision.

10 After PIP: Lifetime Care

Removal or replacement changes risk - it does not erase PIP history

There is no single “after PIP” pathway. The record must say exactly which implant and capsule operation occurred, what was found, what was removed, what remains and what happened next. Women and clinicians should use this history whenever a new or continuing concern is assessed.

Different pathways leave different risks

- PIP removed without full capsule removal: retained capsule, fluid, migrated material, abnormal tissue or swollen lymph nodes may still require investigation and care.
- PIP removed and replaced: an old PIP capsule or migrated material may remain, while the replacement creates another device exposure and usually another capsule.
- PIP and capsule removed, then replaced: the PIP exposure remains part of the history and the replacement has its own implant, capsule, surveillance and future-surgery risks.
- Replacement later removed, with or without its capsule: record both generations of implants, both capsule plans, all pathology and every change before and after each operation.

Replacement is a new exposure - not a reset

- Symptoms may improve, remain unchanged, worsen or appear later. Replacement must never be presented as a promise that PIP-related symptoms will resolve.
- A replacement implant brings risks of rupture or leakage, capsular contracture, infection, pain, implant movement, implant-associated cancer, surveillance and further operations.
- Repeated operations can add anaesthetic, bleeding, infection, scarring, nerve, muscle, chest-wall and lymphatic risks. Each new device adds another exposure period that may overlap with retained PIP material or tissue injury.
- If a replacement implant was not registered, recover the operation note and device labels. Record the manufacturer, model, surface, size, serial or lot number, side, date and placement plane. Missing registration must not make the implant invisible.

BII and other systemic illness after PIP

Some women experience substantial or rapid improvement after implant and capsule removal; others recover only partly, do not improve or become more unwell. Recovery must never be promised. For some women, established tissue injury, migrated material, lymph-node disease or another diagnosed condition may require long-term treatment and monitoring, and some damage may be permanent. No improvement after removal does not make the earlier symptoms unreal or justify ending care. [R15, E7, E11]

Continue to record and investigate the full constellation of symptoms, including fatigue, cognitive difficulty, pain, weakness, rashes, allergy-type symptoms, respiratory, digestive, immune, neurological and other systemic changes. BII may describe part of this experience, but it must not conceal another illness, chemical migration, retained capsule disease, implant-associated cancer or the effects of multiple implant exposures.

Your continuing record

Keep every implant detail; imaging and operation report; capsule, fluid, tissue and lymph-node result; pathology and microbiology report; adverse-event reference; symptom and diagnosis timeline; and the written follow-up plan. Give this history to every relevant clinician.

REMOVAL IS NOT ERASURE

For some women the story continues through retained capsules, migrated material, lymph-node disease, a replacement device, persistent symptoms, later cancer or another diagnosis. Lifetime caution means checking concerns - not assuming they ended with surgery.

11 The PIP PESS Group

A framework for monitoring women and children after chemical exposure

International Chemical Protection Agencies increasingly use the formal term “potentially exposed or susceptible subpopulation” (PESS) for groups who may face greater exposure or greater susceptibility because of life stage, health, biology or other factors. [R8] PIP Action Campaign applies that framework to PIP implant-exposed men (PIP also manufactured fraudulent testicular prosthetics), women and to children exposed during pregnancy or breastfeeding.

Why the framework matters

PIP exposure was not uniform. Implant batch, shell construction, gel composition, duration, rupture, gel bleed, placement, repeat devices, retained capsule, lymph-node migration, pregnancy, breastfeeding, age, health and individual susceptibility may all matter. Treating every woman as if she received the same exposure destroys information that research needs.

Monitoring is not a claim of causation

Recording that a diagnosis arose during or after PIP exposure does not prove that PIP caused it. It preserves the temporal and clinical information needed to investigate. The opposite claim - that PIP did not contribute - also requires evidence. Where no adequate cohort, toxicological measurements or linked records exist, nothing can responsibly be ruled out by assertion.

What should be monitored

- Implant, capsule, pathology, lymph-node and migration findings.
- Local and whole-body symptoms and their effect on daily life.
- New diagnoses, medicines, hospital care, specialist referrals and functional change.
- Pregnancy and breastfeeding dates and relevant health observations in exposed children.
- Changes following removal, capsule surgery, replacement or later device removal.
- Adverse-event reports and whether clinicians, providers and registries recorded the event.

NO MONITORING MEANS NO ANSWERS

If exposure and health outcomes are not recorded together, the absence of data will continue to be misrepresented as reassurance. Monitoring protects women, children and future patients.

12 Your Real Choices

No option should be disguised as the only respectable choice

OPTION	QUESTIONS AND CONSEQUENCES
Removal without replacement	Ends exposure to the current implant and avoids another device. Discuss capsule management, breast shape, volume, symmetry, lift and reconstructive options.
Removal and replacement	Maintains an implanted breast form but creates a new device exposure and future surveillance and surgery. Implant type, surface, warranty and lifetime plan must be discussed.
Staged surgery	Allows removal and recovery before a later decision about replacement, reconstruction, lift or fat transfer.
Non-implant reconstruction	May use the woman's own tissue where clinically suitable. It can involve longer, more complex surgery and specialist referral.
Supported waiting	Avoids immediate surgical risk while a barrier is resolved, but leaves PIP exposure in place. It requires active monitoring and a written route back to surgery.

The NHS must offer removal and replacement

The 2026 Women and Equalities Committee (WEC) recommended that the NHS remove PIP implants from women who want them removed, while leaving replacement as a matter for judgement. [R1] Removal-only is not a complete patient-safety response. Fear of surgery, unaffordable private care and fear of disfigurement are barriers to removal. The NHS must be able to provide removal and replacement as a genuine option, alongside removal without replacement and reconstructive choices.

Experienced NHS plastic and reconstructive surgeons can make the NHS the best clinical choice for complex PIP patients. Women should not be forced into debt, a procedure they do not want or overseas surgery because funded care offers only one acceptable body outcome.

Or Going Private : Ask about the whole plan and cost

Ask about the surgeon, anaesthetist, hospital, imaging, pathology, time away from work, childcare, travel, bras, medicines, home support, treatment of complications, revision surgery and long-term follow-up. Ask who funds removal, replacement, reconstruction and correction of asymmetry.

YOU DID NOT CHOOSE THIS

You are not “anxious about cosmetic surgery”. You are a woman affected by a fraudulent medical device. Your health, body, finances, responsibilities, fears and preferences all belong in the decision.

13 The Capsule Deserves Its Own Plan

Implant removal and capsule management are separate decisions

The capsule is living scar tissue formed around an implant. With PIP, it may contain inflammation, gel, droplets, silicone-containing particulate, calcification, organisms, fluid or other abnormal findings. Removing the implant stops it being the continuing source of exposure. Removing contaminated or abnormal capsule may reduce retained exposure, provide diagnostic tissue and, according to toxicological reasoning, may give some women a better opportunity to recover. Recovery cannot be promised.

TERM	MEANING
Partial capsulectomy	Some capsule is removed and some remains.
Total capsulectomy	The capsule is removed as completely as safely possible, sometimes in sections.
Total intact capsulectomy	The implant and complete capsule are removed together where anatomy and safety allow, without an oncological margin.
En bloc oncological resection	Implant, capsule, associated tumour and an appropriate margin of uninvolved tissue are removed for suspected or established implant-associated cancer.

Language and informed consent

For almost a decade, women used “en bloc” to describe complete capsule removal. Current surgical definitions reserve en bloc for oncological resection. A surgeon should clarify the intended operation and record it accurately.

Why capsule surgery may be difficult

A posterior capsule beneath the chest muscle may adhere to ribs, intercostal muscles, the chest wall lining or nearby vessels. Submuscular and dual-plane placement, rupture, migrated silicone, severe contracture and earlier operations can make dissection longer and more complex. Complete removal can increase bleeding, pain, chest-wall injury, pneumothorax or deformity risks. ***The skill and experience of the surgeon therefore become vital.***

If complete removal would create a serious danger, the surgeon should explain why, document what remains and where, record visible silicone or abnormal tissue, take appropriate samples and provide a follow-up plan. Safety is an individual surgical judgement; it must not become a blanket reason never to discuss capsule removal.

14 Before Surgery

Choose expertise, planning and accountability

A confident promise is never a substitute for demonstrable experience and a complete care system. Take this Guide, your records and a trusted person if you wish. Ask for time to consider the answers and write them down.

Ask the surgeon

1. Are you on the appropriate GMC specialist register, and how often do you perform complex explant and capsulectomy surgery?
2. What experience do you have with PIP implants, submuscular or dual-plane placement, rupture, migration and abnormal capsules?
3. What do examination and imaging show, and what remains uncertain?
4. What capsule operation is intended on each side, why is it appropriate and what may make the plan change?
5. Which samples will go to pathology, cytology and microbiology, and which implant-associated diseases will be considered?
6. What are your complication rates, hospital arrangements, emergency cover and follow-up pathway?
7. What removal, replacement, reconstruction or staged choices are available to me?
8. Who will contact me with every result, and when?

Finding the right surgeon

For a complex capsulectomy, seek an experienced plastic or reconstructive surgeon who regularly manages ruptured implants, migrated silicone, abnormal capsules and revision surgery. NHS plastic-surgery services can offer experienced surgeons, multidisciplinary support, emergency care and continuing follow-up. Verify registration and specialist status. [R6]

Overseas surgery may appear faster or cheaper but adds travel, thrombosis, communication, credential, record-access and aftercare risks. Complications may emerge after return, when the operating team is unavailable. [R7]

SAY NO TO MESH

Do not consent to mesh, scaffold or an “internal bra” in breast surgery or a lift when the product is not approved for that use. The US FDA states that it has not cleared or approved surgical mesh for use in breast surgery. Ask for the exact product, approval status, intended use and permanent record before consent. [R5]

15 Care Across Generations

Pregnancy, breastfeeding, babies and children

FIRST: NO BLAME

Women were pregnant and breastfed before they knew about PIP, and some continued after official reassurance. They acted with the information they were given. A mother is not responsible for fraudulent manufacture, weak evidence or regulatory failure.

What the 2012 cow's-milk experiment did - and did not - establish

Only one sample of human breast milk was tested. It came from one woman with a ruptured PIP implant. The test measured total silicon - the element - not silicone gel, individual siloxanes, silicone particles or the different chemicals that might have escaped from a PIP implant. There was no comparison group of breast milk from women without implants. Cow's milk was used to develop the laboratory method; it was not evidence that breast milk from a woman with PIP implants was safe. [R11]

For mothers, the result is simple: this experiment could not answer whether PIP material entered breast milk, whether a baby was exposed, or whether pregnancy, breastfeeding or infant health were safe. It was not a safety study and must not be presented as reassurance.

A precautionary approach - catching up with the unknowns

Women have not stopped worrying about what harm PIP may have caused their babies and children. That worry is not simply guilt: it reflects an unmonitored unknown. Some mothers may still have PIP implants, retained capsules, silicone-saturated lymph nodes or continuing or new symptoms after PIP removal or replacement.

- If planning pregnancy, consider waiting until PIP implants have been removed and you have recovered.
- If already pregnant, do not panic or blame yourself. Ask for coordinated maternity, breast-imaging and surgical advice and a written plan.
- If PIP implants remain, do not begin or continue breastfeeding without urgent individual advice and a safe alternative-feeding plan. Obtain feeding support before changing so the baby's nutrition and cessation are managed safely.
- Keep the implant, pregnancy and feeding dates, advice received and relevant health observations or diagnoses in exposed children.
- Consider enrolling your PIP-exposed children in the PIP Action PESS group and joining PIP Action MUMs in the PIP Action Campaign members' Facebook group, so exposure histories and child-health observations are not lost.

Families and French legal teams have reported child-health concerns. Reports are not proof of causation, but they are a reason to document exposure and investigate rather than allow the history to disappear. Monitoring children is not an invitation to fear; it is a route to honest answers.

16 Recovery After Explantation

Improvement may come - but recovery must never be promised

Every outcome matters. Some women report improvement soon after removal; others improve gradually; some remain unwell or develop changing symptoms and diagnoses. Generic breast-implant-illness studies cannot predict an individual PIP patient's recovery. PIP involved fraudulent materials, gel bleed, rupture and possible chemical and particulate migration.

Why rapid improvement is possible

Once the implant is removed, it is no longer the continuing source of exposure. A reduction in local inflammatory, immune, mechanical or chemical stimulus can therefore be followed by rapid change. Timing alone cannot prove one mechanism, and a woman's improvement must not be dismissed as implausible or attributed to mental illness merely because it was quick.

Why symptoms may continue

- Some or all capsule, migrated material, abnormal lymph nodes or a replacement implant may remain.
- Inflammation, tissue injury, infection, immune dysregulation or another established diagnosis may require continuing treatment.
- Silicone and siloxane exposure was not measured over time in a comprehensive PIP biomonitoring programme.
- D4, D5 and D6 have PBT/vPvB chemical classifications, but those environmental classifications do not provide a measured human half-life after PIP exposure. Human clearance cannot be guessed.

No monitoring means no answers

No comprehensive UK PIP cohort, toxicological biomonitoring programme or linked system joining device details, pathology, diagnoses and outcomes was established. That institutional failure creates uncertainty; it does not justify a claim of safety. "Better", "unchanged" and "worse" all belong in the record.

Continuing care should include

Wound and complication review; explanation and copies of all pathology, cytology and microbiology results; a dated before-and-after symptom review; investigation of symptoms or diagnoses that remain or emerge; rehabilitation, pain support and long-term follow-up where capsule, silicone, lymph-node findings or replacement devices remain relevant.

RECOVERY IS NOT A TEST OF CREDIBILITY

A woman who improves deserves to have that outcome recorded. A woman who does not improve deserves continuing investigation and care - not blame for having expected too much.

17 Ongoing Trauma-Aware Care

Treat the whole experience without closing physical investigation

Fear, grief and trauma can accompany medical-device fraud, bodily change, chronic illness, frightening symptoms, unaffordable treatment and repeated dismissal. They deserve care alongside physical investigation. Women are still affected and still suffering.

Some women live with anxiety, depression, post-traumatic stress or another mental-health condition. Others have been incorrectly labelled with mental-health explanations when clinicians did not investigate physical change. Both groups deserve sensitive care. A mental-health diagnosis does not cancel an implant history, a new mass, lymph-node change, systemic illness or the need for appropriate tests.

Trauma-aware care means

- Ask what helps the woman feel safe and explain before examination, touch, imaging or photography.
- Offer a chaperone, allow a support person where permitted and give the woman control over pauses and stopping.
- Use enough appointment time to understand the history without forcing repeated retelling.
- Record what the woman reported, what was observed, what was ruled in or out, what remains uncertain and what happens next.
- Recognise pain, altered body image, sexual wellbeing, grief, anger, financial loss and loss of trust.
- Offer psychological or counselling support before and after surgery where wanted, while continuing physical assessment and treatment.
- Provide written plans, accessible information and continuity from an accountable clinical team.

WORDS FOR AN APPOINTMENT

“Anxiety may be part of what I am experiencing, but it does not explain away my PIP history, diagnosis or physical changes. Please record both and continue the appropriate assessment.”

Respect must be written into your care

PIP was a crime. Women affected by it are victims of crime and should be treated with the respect, dignity, information and support owed to any victim. The effects can include continuing fear, grief, loss of trust, trauma and mental-health harm. These are real consequences of what happened; they do not erase physical symptoms or end the duty to investigate.

Ask for dismissive or inaccurate labels to be corrected in your medical record. Psychological support should never be used to stop physical investigation. Compassion and investigation belong together.

18 Agency and Traceability

Report the event, preserve the evidence and keep PIP in clinicians' view

An adverse incident and a Yellow Card are not the same thing

SYSTEM	WHAT IT DOES
Adverse incident	The suspected device-related event: rupture, leakage, migration, abnormal capsule, cancer, injury, symptoms, failed surgery or another harmful outcome.
Yellow Card	The reporting route women and healthcare professionals can use to notify the regulator of a suspected medical-device incident. [R2]
Manufacturer / UKRP vigilance	Manufacturers or UK Responsible Persons have separate legal duties to investigate and report qualifying incidents through the MORE system. A patient report does not replace those duties. [R3]
BCIR	The Breast and Cosmetic Implant Registry records implant and explant procedures for traceability. It is not a substitute for adverse-event reporting. [R4]

Double-report where necessary

A woman and her clinician or provider may each report the same incident because each may hold different evidence. Cross-reference the reports and keep every reference number. Ask the clinic or hospital to report through its own medical-device safety route. In Scotland, clinicians should also use the appropriate local / IRIC route. PIP's manufacturer is defunct, which makes independent patient and clinical reporting more important.

Make the report useful

Include every known PIP and replacement implant, dates, manufacturer and batch if known, rupture or leakage, capsule status, migrated silicone, lymph-node findings, pathology, symptoms, diagnoses, treatment and outcome. Missing model or batch information does not make a report worthless. Attach or identify relevant imaging, operation notes, photographs and pathology.

Keep one lifelong implant history

A new implant does not erase PIP exposure. Removal does not erase rupture, retained capsule, migrated material, abnormal pathology or earlier symptoms. Ask your GP to create a permanent entry:

PERMANENT RECORD WORDING

PIP breast implant exposure - implanted: _____ removed / replaced: _____ capsule status: _____ known migration / pathology: _____

Keep PIP visible in breast, plastic surgery, rheumatology, oncology, haematology, respiratory, neurological, maternity, emergency and primary-care records whenever it may matter. Reporting does not prove causation; it is how patterns become visible enough to investigate.

19 My PIP Care Record

Photocopy this page as often as needed

Complete what you can. Unknown fields can remain blank while the service helps recover the evidence. Keep this page with implant cards, operation notes, imaging and pathology.

MY DETAILS	INFORMATION
Name / NHS / Hospital Number	_____
GP and practice	_____
Preferred contact	_____
Lead clinician / service	_____

Implant and operation history

DETAIL	LEFT BREAST	RIGHT BREAST
PIP implant date / clinic / surgeon		
Manufacturer / model / batch / serial		
Size / shape / surface		
Plane: above / below muscle / dual		
Rupture / leak / gel bleed / migration		
Fluid / mass / lymph-node findings		
Capsule findings and status		
Removal date / operation / surgeon		
Pathology / cytology / microbiology		
Replacement implant details		
Current implant / capsule status		

My current plan

Investigation or referral: _____

Next appointment / named contact: _____

Safety-net instructions: _____

MY PRIORITIES

Write what matters most to you and what must be followed up: new pain, swelling, rashes, lumps, fluid, enlarged lymph nodes, breast or chest-wall changes, new diagnoses, and symptoms that persist or change - even after PIP removal without replacement. All PIP implants leak. Removal does not erase earlier exposure, retained capsule, migrated silicone or tissue change.

20 My Symptom, Diagnosis, Test and Care Log

Photocopy this page as often as needed

Short, dated entries help clinicians see change over time. Include new diagnoses even when nobody can yet say whether PIP contributed. A timeline is evidence that can later be studied.

DATE	SYMPTOM / CHANGE / DIAGNOSIS	SIDE / LOCATION	IMPACT	ACTION / OUTCOME

Appointments, tests and referrals

DATE	CLINICIAN / SERVICE	WHAT WAS AGREED	RESULT / NEXT DATE

Reports and records

Yellow Card / adverse-incident reference:_____

Operation / explant / pathology records received: _____

Photographs stored securely at:_____

Record the date, side, position and the change each photograph shows.

Never send intimate photographs through an insecure channel.

21 Appendix I: References

Official, regulatory, procedural and documentary sources

WHY THESE ARE SEPARATE

Official guidance and public records show what authorities said, required, commissioned or recorded. They are useful documentary references, but they are not placed in the scientific Evidence Register simply because they are official.

R1 Women and Equalities Committee (WEC), Health impacts of breast implants and other cosmetic procedures, 2026.
Parliamentary and documentary source. The Guide does not treat the report as scientific proof of implant safety.
https://committees.parliament.uk/publications/51713/documents/286532/default/

R2 MHRA Yellow Card: report a medical-device incident.
Procedural source for patient and professional reporting.
https://yellowcard.mhra.gov.uk/medical-devices

R3 UK medical-device post-market surveillance and vigilance reporting requirements.
Procedural and legal source for manufacturer / UK Responsible Person duties.
https://www.gov.uk/government/publications/medical-devices-post-market-surveillance-requirements/vigilance-reporting-requirements

R4 Breast and Cosmetic Implant Registry (BCIR).
Traceability source; registry entry is not adverse-event reporting.
https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/breast-and-cosmetic-implant-registry

R5 US FDA, Labeling updates for BD mesh products.
FDA states that it has not cleared or approved surgical mesh for use in breast surgery.
https://www.fda.gov/medical-devices/letters-health-care-providers/labeling-updates-bd-mesh-products-letter-health-care-providers

R6 General Medical Council, A guide to our registers.
Source for checking registration and specialist status.
https://www.gmc-uk.org/registration-and-licensing/our-registers/a-guide-to-our-registers

R7 NHS, Cosmetic surgery abroad.
Practical source on surgery, travel and aftercare risks; not evidence about PIP health outcomes.
https://www.nhs.uk/tests-and-treatments/cosmetic-procedures/advice/cosmetic-surgery-abroad/

22 Appendix I: References - Continued

Plain-text links and PIP Action Campaign Evidence Archive records

R8 US EPA, Risk evaluations and potentially exposed or susceptible subpopulations (PESS).
Formal chemical-risk framework used by PIP Action Campaign as a monitoring model.
https://www.epa.gov/assessing-and-managing-chemicals-under-tsca/risk-evaluations-existing-chemicals-under-tsca

R9 ECHA, D4 harmonised classification and labelling, including H361f.
Primary chemical-classification record.
https://chem.echa.europa.eu/100.008.307/harmonised

R10 ECHA, SVHC supporting document for D4; see linked records for D5 and D6.
Primary regulatory record for PBT / vPvB identification.
https://www.echa.europa.eu/documents/10162/115f70a9-a387-1525-d49f-b715e84996e4

R11 LGC, Determination of Total Silicon in Milk, 2012.
Government-commissioned laboratory report analysed one human breast-milk sample and measured total elemental silicon.
PIP Action Campaign Evidence Archive: Determination_of_Total_Silicon_in_Milk.pdf

R12 AFSSAPS / ANSM, PIP explantation and complication data.
Large French documentary dataset recording operations, defective implants and local complications.
PIP Action Campaign Evidence Archive: ANSM / AFSSAPS PIP explantation data

R13 US FDA, Breast implant adverse events during mammography.
Regulatory summary linked to published adverse-event evidence.
https://www.fda.gov/medical-devices/breast-implants/breast-implant-adverse-events-during-mammography

R14 ANSM, Breast-implant market surveillance and French market withdrawals.
French regulator record of the PIP prohibition, later brand suspensions and the 2019 withdrawal of macrotextured and polyurethane-coated implants.
https://ansm.sante.fr/dossiers-thematiques/surveillance-de-marche-des-implants-mammaires

R15 US FDA, Medical Device Reports for Systemic Symptoms in Women with Breast Implants.
Official post-market reporting summary. It records BII symptom reports after all implant types and includes improvement, no improvement and worsening after removal; reports do not establish incidence or causation.
https://www.fda.gov/medical-devices/breast-implants/medical-device-reports-systemic-symptoms-women-breast-implants

Reading official material critically

This Guide does not use UK government implant guidance as proof that PIP implants, mammographic compression, retained capsules or long-term exposure are safe. Official sources are cited here only where they document a public decision, reporting route, registry, commissioned test or committee finding. Scientific and clinical claims are traced separately in Appendix II.

Archive records

Where a public link is missing, unstable or no longer available, the citation identifies the document held by PIP Action Campaign.

23 Appendix II: Evidence Register

Published research, chemical analysis, pathology and clinical evidence

HOW TO READ THE REGISTER

A paper may establish a material finding, document a case or support a concern without answering every health-outcome question. Case evidence identifies what can occur; it does not measure how often. No study is treated as stronger than its design permits.

E1 Quaba O, Quaba A. PIP silicone breast implants: rupture rates based on explantation of 676 implants.
Single-surgeon explant series reporting high rupture rates; selection limits apply.
https://www.sciencedirect.com/science/article/abs/pii/S1748681513002787

E2 di Santolo MS et al. The rupture rate of PIP breast implants: a retrospective observational study.
Clinical rupture study.
https://doi.org/10.3978/j.issn.2223-4292.2014.08.01

E3 Beretta G, Richards A, Malacco M. Chemical and biochemical composition of late periprosthetic fluids after explantation of ruptured PIP prostheses.
Primary chemical analysis of intact PIP materials and periprosthetic fluid from ruptured devices.
https://doi.org/10.1016/j.jpba.2013.06.003

E4 Beretta G et al. Analytical investigations on elastomeric shells of new and explanted PIP breast implants.
Primary shell and extractable-component analysis.
https://doi.org/10.1016/j.jpba.2014.05.017

E5 Dijkman HBPM, Slaats I, Bult P. Assessment of Silicone Particle Migration Among Women Undergoing Removal or Revision of Silicone Breast Implants in the Netherlands.
Histopathology series of 389 women: silicone was detected in tissue in 384 (98.8%) and outside the capsule, including surrounding tissue and/or lymph nodes, in 337 (86.6%).
https://pubmed.ncbi.nlm.nih.gov/34542618/

E6 Kappel RM, Boer LL, Dijkman H. Gel Bleed and Rupture of Silicone Breast Implants Investigated by Light-, Electron Microscopy and Energy Dispersive X-ray Analysis of Internal Organs and Nervous Tissue.
Detailed post-mortem case evidence of distant silicone-containing material.
https://clinmedjournals.org/articles/cmrcr/clinical-medical-reviews-and-case-reports-cmrcr-3-087.php?jid=cmrcr

E7 Casey M-C, Kelly EJ. Skin deep: cutaneous manifestation of PIP implant rupture.
PIP case report documenting severe cutaneous inflammation and continuing disease after explantation.
https://doi.org/10.1016/j.jpra.2021.03.002

E8 Win M et al. Migration of silicone particles into the liver following rupture: case report and literature review.
Case evidence of hepatic silicone granulomas; not a frequency estimate.
https://doi.org/10.7759/cureus.101747

E9 Pluvy I et al. Breast implant silicone exposure induces immunogenic response and autoimmune markers in human periprosthetic tissue.
Laboratory and translational evidence relevant to immune response following silicone exposure.
https://doi.org/10.1016/j.biomaterials.2024.123025

E10 Schoberleitner I et al. Quantitative Proteomic Characterization of Foreign Body Response towards Silicone Breast Implants Identifies Chronological Disease-Relevant Biomarker Dynamics.
Proteomic study of acute and chronic inflammatory / fibrotic response.
https://doi.org/10.3390/biom13020305

E11 Kappel RM, Pruijn GJM. Explantation of silicone breast implants ameliorates gel-bleed-related health complaints.
Retrospective explantation study; not PIP-specific and not proof of one mechanism.
https://doi.org/10.23937/2378-3656/1410301

E12 Mustafá JCR, Fleury EFC, Dijkman HBPM. Case Report: Evidence of Migratory Silicone Particles Arising From Cohesive Silicone Breast Implants.
Case evidence relevant to migration beyond an apparently cohesive device.
https://www.frontiersin.org/journals/global-womens-health/articles/10.3389/fgwh.2022.730276/full

24 Appendix II: Evidence Register - Continued

Cancer, mammography, rupture, immune response and evidence history

E13 Turton P et al. UK guidelines on the diagnosis and treatment of BIA-ALCL.
Peer-reviewed multidisciplinary diagnostic and treatment guidance.
https://doi.org/10.1111/cob.12409

E14 Clemens MW et al. Complete surgical excision is essential for BIA-ALCL disease control.
Clinical outcome evidence supporting complete oncological excision.
https://pubmed.ncbi.nlm.nih.gov/26671951/

E15 Santanelli di Pompeo F et al. Breast Implants and the Risk of Squamous Cell Carcinoma of the Breast: A Systematic Literature Review and Epidemiologic Study.
Review of published BIA-SCC cases and clinical features.
https://doi.org/10.1093/asj/sjae023

E16 Morgan S et al. Breast implant-associated EBV-positive diffuse large B-cell lymphoma: two case reports and literature review.
Published evidence of a lymphoma distinct from BIA-ALCL arising in the implant setting.
https://pubmed.ncbi.nlm.nih.gov/34455365/

E17 Additional BIA-DLBCL case literature and review.
Emerging capsule-lymphoma evidence requiring awareness, pathology and reporting.
https://pubmed.ncbi.nlm.nih.gov/37098615/

E18 Brown SL et al. Breast implant adverse events during mammography: reports to the US FDA.
Published adverse-event review including reports of implant rupture during mammography.
https://pubmed.ncbi.nlm.nih.gov/15195650/

E19 Normandin S et al. Breast implant-related adverse events during mammography: MAUDE database review.
Later regulatory-database review; reporting databases cannot provide incidence.
https://europepmc.org/article/med/35993683

E20 Lampert FM et al. The PIP scandal - complications in breast implants of inferior quality.
Clinical and laboratory summary with case evidence of gel bleed and inflamed lymph nodes.
https://pmc.ncbi.nlm.nih.gov/articles/PMC4168359/

E21 Martindale V, Menache A. The PIP scandal: quality-control failure that did not safeguard women.
Peer-reviewed analysis of device regulation and evidence failure.
https://pmc.ncbi.nlm.nih.gov/articles/PMC3676226/

E22 Hillard C et al. Silicone breast implant rupture: a review.
Review of rupture, imaging, gel bleed and migration literature.
https://gs.amegroups.org/article/view/11926/html

E23 Soto-Cala B et al. ASIA with silicone breast implants and scleroderma-like manifestations.
Case report: hypothesis-generating evidence, not proof of population causation.
https://doi.org/10.7759/cureus.108552

E24 PIP Action Campaign, PIP Breast Implants: The Literature Review, June 2013.
Contemporaneous evidence compilation preserved to show what was known and being reported.
PIP Action Campaign Evidence Archive: PACTheLiteratureReview.pdf

E25 Barnea Y et al. Breast Implant-Associated Anaplastic Large Cell Lymphoma Diagnosis 6 Years After Implant Removal: A Case Report.
Case evidence that BIA-ALCL may remain clinically relevant after implant removal; the report describes persistent disease presenting as a late seroma six years later.
https://doi.org/10.1097/SAP.0000000000002945

THE RESEARCH DUTY

Where evidence cannot establish harm or safety either way, the answer is PIP-specific follow-up, toxicological investigation, linked records, transparent data and long-term research - not reassurance by guesswork.

STAY CONNECTED

PIP Action Campaign

WEBSITE

PIPActionCampaign.org

FACEBOOK GROUP

PIP Action Campaign :OFFICIAL PIP Implant Campaign Team

https://www.facebook.com/groups/PIPAction/

EMAIL

pip.action.campaign@gmail.com

Keep this guide with your care records and take it to appointments.



TRUTH | ACCOUNTABILITY | REDRESS

PIP ACTION CAMPAIGN

Women affected by PIP implants deserve compassionate care,
access to healthcare and truthful answers.