



**2020**

**Surgeon Report**

**ABC**

Prepared by the Australian  
Breast Device Registry



AUSTRALIAN  
**Breast  
Device**  
REGISTRY

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# Introduction

We are pleased to provide you with a summary of your contribution to this registry that captures procedures from 1st January to 31st December 2020. This report will not be released to anyone outside the project team at Monash University.

What we need you to do:

- Continue to send data collection forms for ALL procedures in the operating theatre involving breast devices, including insertions, revisions and explants. Data capture on EXPLANTS are very important to ascertain safety of our breast devices in all patients. Note: one procedure (including explants and any return to theatre) = one form
- Inform us of newly qualified surgeons performing breast devices surgery at your site(s).
- Tell us how to make the reports more useful for you: please provide feedback via email at [abdr@monash.edu](mailto:abdr@monash.edu) or via telephone (03) 9903 0205

Thank you for your contribution to the Australian Breast Device Registry. Your participation in this important health initiative is vital to long-term patient safety and best practice.

Clinical Leads from respective craft groups have reviewed the format of this report (not your data) and may be contacted for further information:

A/Prof Gillian Farrell, Australian Society of Plastic Surgeons (ASPS), [gillian@gillianfarrell.com.au](mailto:gillian@gillianfarrell.com.au)  
Miss Melanie Walker, Breast Surgeons of Australia and New Zealand (BreastSurg ANZ), [melanie@drmelaniewalker.com.au](mailto:melanie@drmelaniewalker.com.au);  
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[patrick@northeastplasticsurgery.com.au](mailto:patrick@northeastplasticsurgery.com.au);

If you have any questions about the report or the ABDR, please contact our team (03) 9903 0205. You can get more information about the ABDR on [www.abdr.com.au](http://www.abdr.com.au)

Yours sincerely,

Prof. Susannah Ahern, Academic Lead;  
Saeid Kalbasi, Database and Data Linkage Projects Manager

Notes:

- \* the revision operations may not all have been done on the same patients that had the primary implants inserted.
- \* If any figure is blank it means that we do not have data for it in our database.
- \* In the figures at patient level, the data labels show the count of patients.
- \* In the figures at procedure level, the data labels show the count of procedures on the patients.
- \* In figures at breast level, the data labels show the count of procedures on the breasts.
- \* Patients with not stated/unknown operation indication have not been included.
- \* In figures that show your numbers versus other surgeons, your numbers have not been included in the values of other surgeons.

## Total number of patients

ABC

54

Other surgeons

13077

## Median patient age

ABC

54

Other surgeons

37

## Total number of procedures

ABC

55

Other surgeons

13645

## Total number of breasts

ABC

84

Other surgeons

25578

## Total number of sites

2

## SiteName

Site A

Site B

## Data completeness of selected data items

Data Item	You	Other surgeons
<b>Category of operation</b>	<b>92.3%</b>	<b>90.5%</b>
<b>Device rupture</b>	<b>95.6%</b>	<b>94.2%</b>
<b>Implanted device details provided</b>	<b>95.1%</b>	<b>84.5%</b>
<b>Incision site</b>	<b>84.6%</b>	<b>88.2%</b>
<b>Intraoperative Techniques</b>	<b>76.3%</b>	<b>88.3%</b>
<b>Plane</b>	<b>80.2%</b>	<b>85.1%</b>

## Operation Types, Issues Identified at Revision

### Operation Types at Breast Level - Cosmetic

Operation Type	ABC	Other surgeons
First implant insertion	4	14001
Implant revision, removal, or replacement	9	5353
Tissue Expander insertion		6
Tissue Expander removal and Implant insertion		60
Tissue expander revision, removal, or replacement		107
<b>Total</b>	<b>13</b>	<b>19527</b>

### Operation Types at Breast Level - Reconstructive

Operation Type	ABC	Other surgeons
First implant insertion	6	1707
Implant removal and Tissue Expander insertion		31
Implant revision, removal, or replacement	52	1546
Tissue Expander insertion	4	1418
Tissue Expander removal and Implant insertion	9	1226
Tissue expander revision, removal, or replacement		123
<b>Total</b>	<b>71</b>	<b>6051</b>

### Issues Identified at Revision at Patient Level - Cosmetic

Surgeon Full Name	Anaplastic Large Cell Lymphoma	Breast cancer	Capsular contracture	Deep wound Infection	Device deflation	Device malposition	Device rupture	Seroma/ Haematoma	Skin scarring problems
ABC			1			1	1	1	
Other surgeons	4	7	1106	23	403	591	896	110	71

Surgeon Full Name	N
ABC	4
Other surgeons	3211

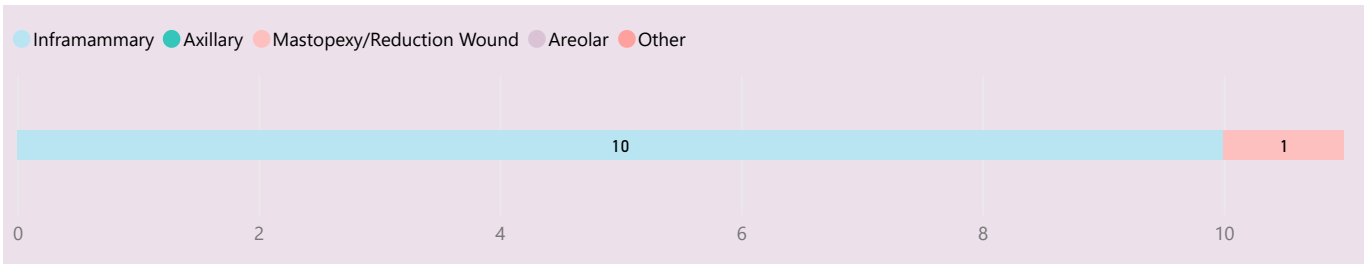
### Issues Identified at Revision at Patient Level - Reconstructive

Surgeon Full Name	Anaplastic Large Cell Lymphoma	Breast cancer	Capsular contracture	Deep wound Infection	Device deflation	Device malposition	Device rupture	Seroma/ Haematoma	Skin scarring problems
ABC		1	9	1	6	7	14		1
Other surgeons	1	34	385	73	108	287	244	73	105

Surgeon Full Name	N
ABC	39
Other surgeons	1310

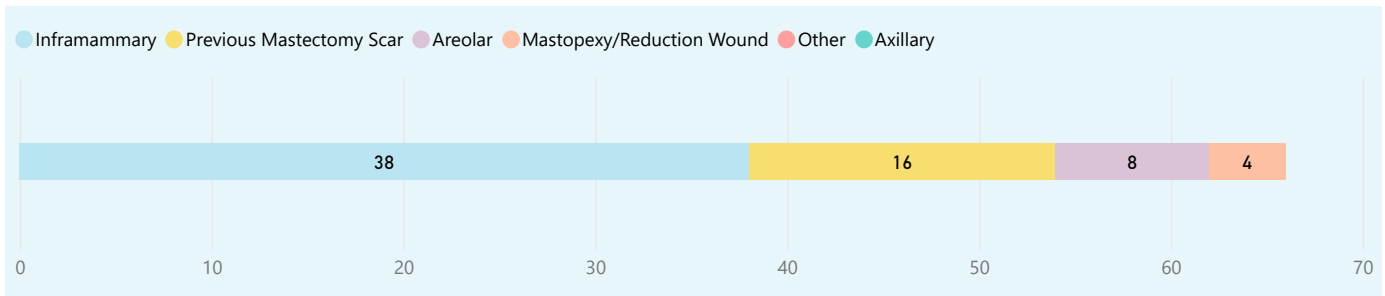
# Incision Sites and Surgical Plane by Operation Indication at Breast Level

## Incision sites - Cosmetic



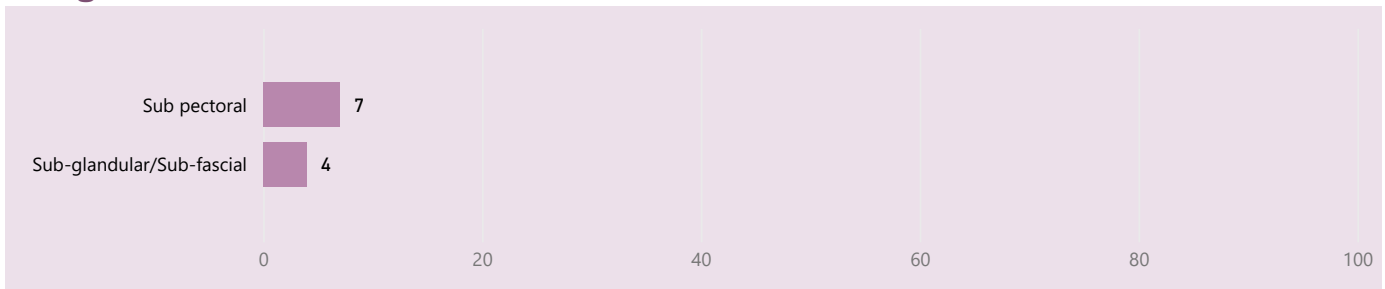
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## Incision sites - Reconstructive



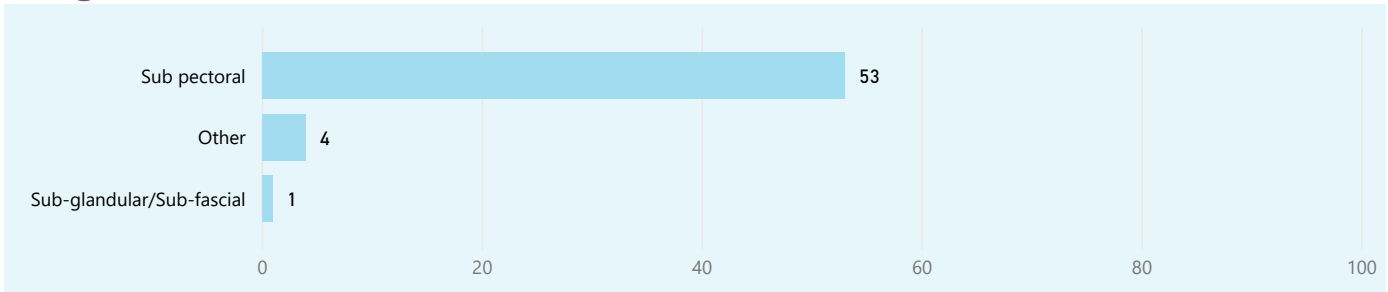
N= 66

## Surgical Plane - Cosmetic



N= 11

## Surgical Plane - Reconstructive



N= 58

## Intraoperative Techniques, Elements of Operations

### Intraoperative Techniques at Procedure Level

Surgeon Full Name	Glove Change	Antibiotic dipping solution	Antiseptic rinse	Intra-op prophylactic antibiotic	Post-op antibiotic	Sleeve/funnel
ABC	38	38	39	42	38	30
Other surgeons	10257	7813	11275	12347	11146	6705

Surgeon Full Name	N
ABC	225
Other surgeons	59543

### Management of Nipples at Breast Level - Cosmetic

Surgeon Full Name Occlusive nipple shield

ABC	7
Other surgeons	14933

### Management of Nipples at Breast Level - Reconstructive

Surgeon Full Name	Nipple absent	Occlusive nipple shield	Nipple sparing
ABC	45	11	6
Other surgeons	2476	1188	1746

Surgeon Full Name	N
ABC	62
Other surgeons	5410

### Drain Usage at Breast Level - Cosmetic

Surgeon Full Name Drain usage

ABC	12
Other surgeons	2723

### Drain Usage at Breast Level - Reconstructive

Surgeon Full Name Drain usage

ABC	50
Other surgeons	3095

## Devices by Type, Characteristics and Operation Indication

### Devices by Type and Shape - Cosmetic

Shape ● Round

**Breast implant** 7

0 5

Device type	N
Breast implant	7

### Devices by Type and Shape - Reconstructive

Shape ● Not stated ● Round ● Shaped / Anatomical

**Breast implant** 51

**Breast tissue expander** 4

0 20 40

Device Type	N
Breast implant	59
Breast tissue expander	4

### Devices by Type and Shell - Cosmetic

Device type	ABC	Other surgeons
<b>Breast implant</b>	<b>100.00%</b>	<b>99.96%</b>
Not stated		0.38%
Polyurethane		0.09%
Smooth	100.00%	64.22%
Textured		35.27%
<b>Breast tissue expander</b>		<b>0.04%</b>
Textured		0.04%
<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>

Device Type	ABC	N	Other surgeons
Breast implant		7	18109
Breast tissue expander			8

### Devices by Type and Shell - Reconstructive

Device type	ABC	Other surgeons
<b>Breast implant</b>	<b>93.65%</b>	<b>73.45%</b>
Not stated	7.94%	0.47%
Smooth	80.95%	44.48%
Textured	4.76%	28.50%
<b>Breast tissue expander</b>	<b>6.35%</b>	<b>26.55%</b>
Textured	6.35%	26.55%
<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>

Device Type	ABC	N	Other surgeons
Breast implant		59	4219
Breast tissue expander		4	1525

### Devices by Type and Fill - Cosmetic

Fill ● Silicone

**Breast implant** 7

0 5

Device Type	N
Breast implant	7

### Devices by Type and Fill - Reconstructive

Fill ● Not stated ● Saline ● Silicone

**Breast implant** 53

**Breast tissue expander** 4

0 20 40

Device Type	N
Breast implant	59
Breast tissue expander	4

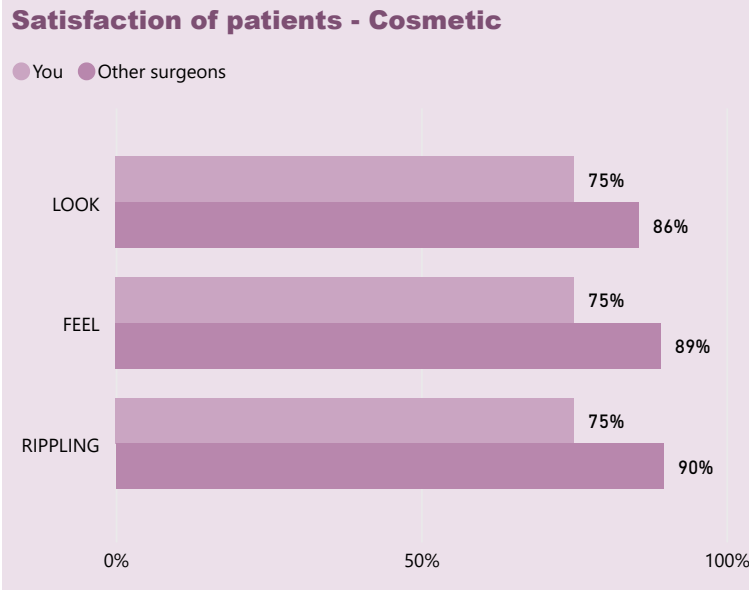


# Patient Reported Outcome Measures

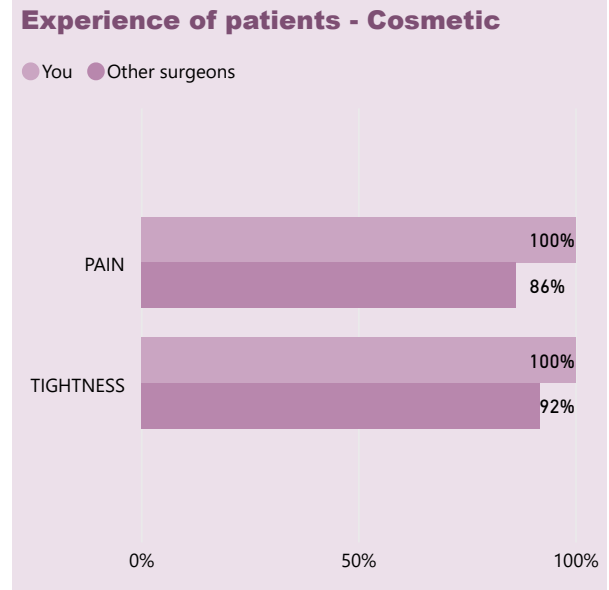
**Patients:** who Responded to the Follow Up PROMs Questions in 2020 and at 1 Year Postoperative

**Satisfaction Level:** Very or Somewhat Satisfied

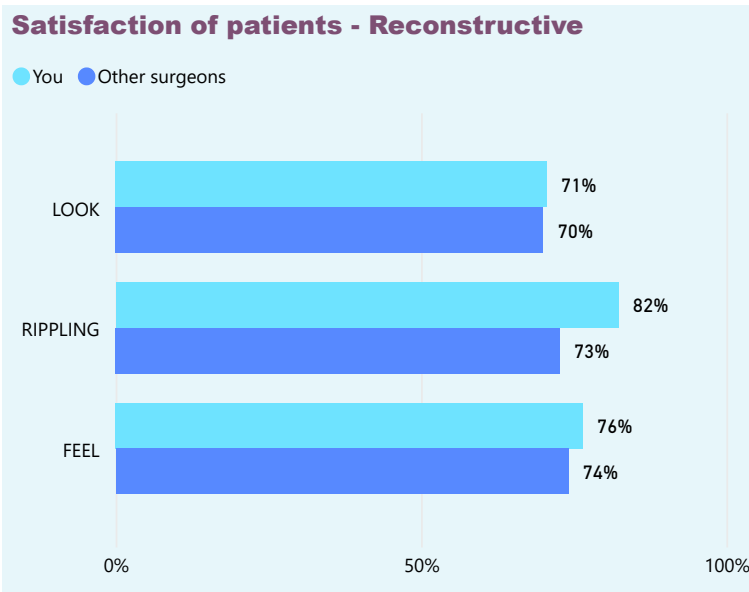
**Experience:** None or Little of The Time



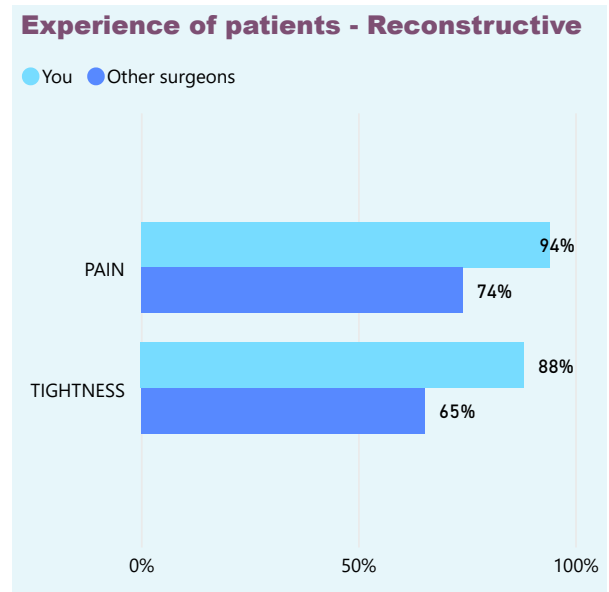
N(You)= 4  
N(Other surgeons)= 3183



N(You)= 4  
N(Other surgeons)= 3183



N(You)= 17  
N(Other surgeons)= 1044



N(You)= 17  
N(Other surgeons)= 1044



AFFIX PATIENT STICKER or complete details below:

Patient UR # :

Medicare # :

Surname : \_\_\_\_\_

First name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Birth Date:  /  /  (dd/mm/yyyy)

Address : \_\_\_\_\_

State:  P/code:

Telephone :  -  Home:  Business:

Mobile :

Email : \_\_\_\_\_

OPERATION DATE: (dd/mm/yy)  /  /

SITE DETAILS:

Site Name: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_

Surgeon name: \_\_\_\_\_

Is this patient a medical tourist to Australia? Yes  No

RETURN FORM:

Australian Breast Device Registry,  
 Monash University, DEPM,  
 553 St Kilda Road, Melbourne 3004  
 email: abdr@monash.edu fax: (03) 9903 0277  
 contact phone: (03) 9903 0205

**AFFIX RIGHT DEVICE STICKER**  
 [COMPLETE IF NO DEVICE STICKER]

Manufacturer: \_\_\_\_\_

Distributor: \_\_\_\_\_

Reference no: \_\_\_\_\_

Serial no: \_\_\_\_\_

**AFFIX LEFT DEVICE STICKER**  
 [COMPLETE IF NO DEVICE STICKER]

Manufacturer: \_\_\_\_\_

Distributor: \_\_\_\_\_

Reference no: \_\_\_\_\_

Serial no: \_\_\_\_\_

**AFFIX MESH/DERMAL SHEET STICKER**  
 [COMPLETE IF NO DEVICE STICKER]

MESH/DERMAL SHEET: Yes  No

Manufacturer: \_\_\_\_\_

Reference no: \_\_\_\_\_

Serial no: \_\_\_\_\_

**AFFIX MESH/DERMAL SHEET STICKER**  
 [COMPLETE IF NO DEVICE STICKER]

MESH/DERMAL SHEET: Yes  No

Manufacturer: \_\_\_\_\_

Reference no: \_\_\_\_\_

Serial no: \_\_\_\_\_

PATIENT HISTORY:

RIGHT BREAST

Tick if Same Bilateral

BREAST LEFT

Category of operation

- Cosmetic augmentation
- Reconstruction - post cancer
- Reconstruction - benign / prophylactic
- Congenital deformity

Operation type

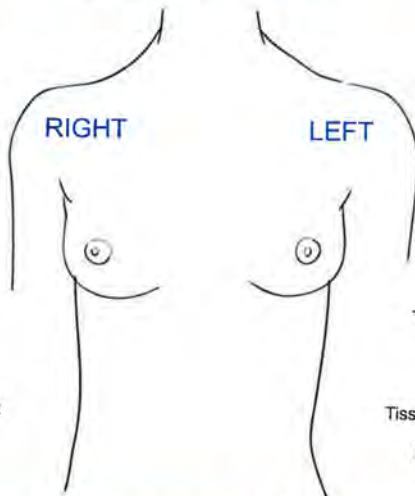
Initial (new device)

- Tissue Expander insertion
- First Implant insertion
- Tissue Expander removal & Implant insertion

Revision of in situ device

- Implant revision, removal or replacement
- Tissue Expander revision, removal, replacement

Previous Radiotherapy  Yes  No



Category of operation

- Cosmetic augmentation
- Reconstruction - post cancer
- Reconstruction - benign / prophylactic
- Congenital deformity

Operation type

Initial (new device)

- Tissue Expander insertion
- First Implant insertion
- Tissue Expander removal & Implant insertion

Revision of in situ device

- Implant revision, removal or replacement
- Tissue Expander revision, removal, replacement

Previous Radiotherapy  Yes  No

PLEASE COMPLETE OVER PAGE



## ELEMENTS OF OPERATION

### RIGHT BREAST

Tick if Same Bilateral

#### Incision site

- Axillary
- Areolar
- Infra-mammary
- Previous mastectomy scar
- Mastopexy/reduction wound
- .....

#### Plane

- Sub-glandular / Sub-fascial
- Sub-pectoral
- Sub-flap

Concurrent Mastectomy .....  Yes  No

Axillary surgery incl. sentinel node biopsy .....  Yes  No

Concurrent Mastopexy / Reduction .....  Yes  No

Concurrent Flap cover .....  Yes  No

Previous Mastopexy/Reduction .....  Yes  No

Fat grafting  Yes Volume.....mLs  No

IF TISSUE EXPANDER, Intra Operative fill volume: .....mLs

### BREAST LEFT

#### Plane

- Subglandular / Sub-fascial
- Sub-pectoral
- Sub-flap

#### Incision site

- Axillary
- Areolar
- Infra-mammary
- Previous mastectomy scar
- Mastopexy/reduction wound
- .....

Yes  No ..... Concurrent Mastectomy

Yes  No ..... Axillary surgery incl. sentinel node biopsy

Yes  No ..... Concurrent Mastopexy / Reduction

Yes  No ..... Concurrent Flap cover

Yes  No ..... Previous Mastopexy/Reduction

Fat grafting  Yes Volume.....mLs  No

IF TISSUE EXPANDER, Intra Operative fill volume: .....mLs

## INTRAOPERATIVE TECHNIQUES

- Intra-op prophylactic antibiotic
- Antibiotic dipping solution
- Post-op antibiotic
- Glove change for insertion
- Sleeve/funnel
- Antiseptic rinse

### RIGHT BREAST

Tick if Same Bilateral

- Nipple absent
- Nipple sparing

- Occlusive nipple shield
- Drain used

- Occlusive nipple shield
- Drain used

### BREAST LEFT

- Nipple absent
- Nipple sparing

## FOR REVISION SURGERY ONLY

### RIGHT BREAST

Tick if Same Bilateral

#### Revision Type:

- Replacement
- Reposition existing implant
- Explant only

Capsulectomy .....  Full  Partial  None

Neo pocket formation ...  Yes  No  Subglandular  Submuscular

Explanted device: Ref.No. / Manufacturer: .....

Shell: ..... Fill: ..... Vol: ..... Date of Insert: .....

- Round
- Anatomical
- Indeterminate

#### Reason for Revision

- Complication
- Asymptomatic
- Patient Preference

Is the operation removing an implant inserted overseas  Yes  No

Details : .....

#### Device rupture?

- Yes, reason for revision
- Yes, found incidentally
- No

If yes, please indicate whether silicone extravasation was found:

- Intracapsular
- Extracapsular
- Distant

### BREAST LEFT

#### Revision Type:

- Replacement
- Reposition existing implant
- Explant only

Capsulectomy ..... Full  Partial  None

Neo pocket formation ... Yes  No  Subglandular  Submuscular

Explanted device: Ref.No. / Manufacturer: .....

Shell: ..... Fill: ..... Vol: ..... Date of Insert: .....

- Round
- Anatomical
- Indeterminate

#### Reason for Revision

- Complication
- Asymptomatic
- Patient Preference

Is the operation removing an implant inserted overseas Yes  No

Details : .....

#### Device rupture?

- Yes, reason for revision
- Yes, found incidentally
- No

If yes, please indicate whether silicone extravasation was found:

- Intracapsular
- Extracapsular
- Distant

Yes, reason for revision	Yes, found incidentally	No	Issue identified at revision	No	Yes, found incidentally	Yes, reason for revision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Device deflation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Capsular contracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Device malposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin scarring problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deep wound infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seroma/Haematoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anaplastic Large Cell Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>