Anxiety, Brain Fog & Fatigue—Are Your Breast Implants Making You Sick? Transcript

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Introduction to Breast Implant Illness

Hello and welcome to this summit episode of Hormones and Mental Health overcoming anxiety, depression, Brain fog and ADHD in women. I'm your host, doctor Carson Smith.

I'm a functional endocrinologist in Oklahoma City. Today I'm interviewing Doctor Robert Whitfield. He is a oncology surgeon based out of Austin, Texas, who has turned into a breast implant illness specialist.

He spent about ten years now doing X plans on people due to severe breast implant illness. And he's going to teach us how breast implant illness can cause issues with anxiety, depression, brain fog, mental health issues.

And he's going to talk about what point in your life as we transition through hormones, that breast implant illness can become more of a troublesome issue.

And when you should start thinking about breast implants. Thank you for joining me on this episode. Thank you for having me after that. Making you read all that? Yeah. Of course.

So I do get a lot of questions about breast implant illness. This is kind of a newer thing. So I guess maybe. Can you tell people how you got started in this?

Like a little bit like, you know, how did you get here? How did you become the breast implant illness expert? And then we have lots of questions asked you about recently.

Sure. For everybody listening. My background is oncology, so I really appreciate the opportunity to talk to the audience about this topic. Breast implant illness.

It was a new thing for me after spending most of my time doing oncologic reconstruction for patients with breast cancer, head neck cancer, and sarcomas.

2016 I had a breast cancer patient come to me and ask for me to actually remove an implant based breast reconstruction to make them flat. She was just tired of having her reconstruction at one of the more.

And we did her workup. And, when I would remove any implant material, I would always take all the patient's scar tissue around it. We'd set it off for pathology to make sure they had no current cancer, and then we'd send it for, microbiology testing to make sure there was no bacteria.

Fungus might bacterium anything like that that before in the patient. So we did her case. She did extremely well. And, as we saw her postoperatively in the first week, she had, no evidence of recurrent cancer, which is obviously first and foremost.

But she had an E.coli infection. And this was something that we could not find on any of the laboratory testing. This was locked in the tissues around the implant.

So there's scar tissue around the implant like an Easter egg with candy inside. And the implants, candy.

How the Surgeon Got Started

The shell is what your body produces around the implant. So that's your scar tissue. So within that, she had locked in there E.coli. And you know, people ask me how she got an E coli infection.

And typically when we're older, if we get a urinary tract infection or we had some level of translocation from our gut because we had an overgrowth in our gut or a colitis or something, those would be the most common reasons for that bacteria to get in the bloodstream and then ultimately attach to an implant.

In this case, it was her breast implant. In other instances, it could be a hip or a knee implant. She ultimately put me on a, I think, a Facebook group, and I just had patients there calling my office requesting explaining procedures, which at the time was pretty confusing to my office.

They didn't really understand why that was being requested. They thought it was an error. And as we started to see those patients, more and more of them were cosmetic patients looking for this procedure and not cancer patients.

So, fast forward now, I've done thousands of explaining procedures and recently published a paper about our experience, with finding bacteria on them.

About 29% of our ex planted specimens have bacterial. Okay, so lots of ex plants you've done for more. Not even just oncology, but just cosmetic. So people that had breast augmentation and then maybe have symptoms or just feel like they want them to come out.

So when let's talk about breast implant illness, when did that really become like a thing. You know, like because I, I mean, I remember hearing about it, but it's it's really been a thing the last like 2 to 3 years.

Right. But when did you start hearing. Hearings about, breast implants in 2019 held by the FDA and, gave public testimony about breast implant illness at those hearings in 2019 and then in October of that, year, they put forth the black box warning about implants.

And, it's been known, certainly before that time and became more prominent in that, period of time. And then I think year over year, there's more and more awareness.

I've tried to do our part with education, with podcasting or on YouTube or through trying to do, public speaking or giving. The paper we published. So we've, we've tried to grow the awareness.

I think it's better now, but there's a long ways to go. So 2019, it kind of became a thing. And then you've been, you know, taking them out for what, five years.

Well you said in 2016. So you've been taking them out for eight years now. Yeah. How did how does somebody go about I guess my question is like the people who come to you and say, I want these removed, are they having a certain like triad or myriad of symptoms, or is it just pain or what?

What do they typically say? Well, I think, many functional providers, we'll see patients who have chronic inflammation. So this is that patient except for this patient has a breast implant.

So they typically go through a pretty rigorous amount of testing. You know, traditional Western medicine, you know, through rheumatology workups or endocrine workups or things like that, looking for as they should other problems.

And then many of them kind of deviate into the functional or integrative world when that doesn't kind of satisfy, you know, what's going on. Typically, at that point, if they've tried different protocols to improve their wellness and haven't been successful either through, you know, diet change, lifestyle changes, supplementation, maybe they've tried to do different cleanses or, work, you know, through, you know, breathwork.

I mean, they'll try anything before they come see me. Nobody wants to actually come see me and have surgery. So the the nature of this is, you know, it's almost all of the, you know, possibilities before you come see someone like me.

Now, our program's a little bit different in that we take a very functional approach. We look at genetic testing. We look at toxicity burden, gut health.

Let's have a low mix hormone balance, food sensitivities. We try to be as careful as possible to highlight, and create a lot of opportunity to heal, not just do, a surgical, treatment plan.

Symptoms and Functional Medicine Workup

So what type? So so these are people that just have the myriad of, like, chronic fatigue, brain fog, weight gain. Is it that type of person or is there like one symptom in particular that stands out to, you.

Know, chronic inflammation at the point where I see patients affecting virtually every system. So they may have, from head to toe problems, you know, had had, symptoms or that's most any symptoms to do with, you know, brain fog, lack of focus, can't remember things.

Light sensitivity, sound sensitivity. They can have dry eyes, chronic sinusitis, cough, difficulty swallowing, chest pain, shortness of breath, palpitations.

They can have muscular symptoms, joint pain. They can have neuropathic symptoms in their arms and legs. They can have vibrations. They can have all sorts of get problems, from bloating and swelling to constipation and diarrhea.

They can have GI, you know, sorry, reproductive tract issues, intractable UTIs, bacterial vaginosis, skin manifestations like total body cystic acne, atopic dermatitis, pretty much if you can name something, I've probably had somebody come to my office and describe it.

So anxiety and depression as well. Detailed symptoms okay. And then these are people who have, like you said, exhausted more of a functional medicine route.

So they've done the things they're supposed to with their diet. They've maybe had GI, you know, map testing. They followed that protocol. And they're still having inflammatory markers that are really I can't figure out why.

Maybe they have like the high TPO, with Hashimoto's, or maybe they have really high insulin levels or uric acid CRP, that sort of thing. CRP is not really sensitive in this problem.

Okay. So we looked at several different years and couldn't ever get a handle on it being a real marker. So we looked at thrombus in A2 in the urine for a while, and that was pretty sensitive.

But it can be affected by diet very easily. So just adding tumeric or curcumin in your diet can affect it. Taking an anti-inflammatory can affect it. So it's not so easy to nail down.

There's a new paper out this year that, looks at a substance called oxaliplatin home, which, is an interaction between it's a it's a product created by the interaction between bacterial biofilm, and the breast tissues, oleic acid that oxidizes and creates oxy content home.

It creates many of the symptoms that I just described. That's like a blood test that you can order. There is no test for it. It's been shown in research, to be a molecule that is responsible and reproducible for some of the symptomology.

So we're hoping that within the next hopefully, you know, next calendar year, that there is a test that can be done for that. So then what do you typically do.

Go ahead and do like food sensitivity test on people. And I heard you say GI mat toxicology, genetic testing, stuff like that. Is that just to make sure that they don't have some problem that somebody didn't uncover before you go do this or you said it's to help them heal.

So this is just a chronic inflammatory process. So if you were to take out an implant and miss the fact they had a mold toxicity, or they had a really high phthalate level or had a like, like a like for state level, or if they had a

parasitic infection in their gut or they didn't know they shouldn't be eating avocados because that triggers them, or they have a nearly undetectable level of a hormone, you're not really doing your job.

That's probably fair in all of functional medicine, I would say. Yeah, in. General, when you when you look at traditional versus functional medicine, I would agree.

So you don't definitely want to do surgery on somebody unless you've ruled out other causes for this is what you're saying. And so if somebody comes to you, is this something that you guys have like a panel that you do have all this stuff or you kind of look at what they've done before, like, what is your process in seeing these patients?

Yeah, I wrote a book about this. It's called the Sharpe Method. It's my protocol. I don't interact with patients who don't participate in that program.

So that's done on every single patient that I see. Do I operate on okay. So if patients want to come and see you then is this like they call your office, they get the book first or how does that go?

So many people actually now show up having read the book. So, we give it to our patients who, come in and are going to have surgery. It's not the, you know, I put it out there so people can understand.

There's actually a method that you can follow for any type of surgery to get it more, efficient recovery. So that's what it's really about, just trying to clarify what somebody does from a genetic standpoint.

Like you can't pick your parents and you can't outrun a bad diet. So those are the kind of benchmarks that we try to set up. So just explain to people like there is a reason why you have trouble with this part of it's genetic, or if it's your diet, fluid quality and air quality and other factors, things you put on your skin like things we get exposed to a certain point you genetically cannot handle how many exposures you get.

And then if somebody today I talk to somebody who, like many people went to college, lives in an old dorm and had mold in it, their maybe their first place after college was an old place that had mold in it.

So you can kind of see over time how this is a problem. So I think molds are really underappreciated, pathogen in this process. So do you do people get mold tested prior to you doing this surgery?

Yeah. We do a urine tox test on everybody. The previous year and talk stuff. And then I guess a lot of my listeners are going to have questions about.

So obviously, the, you know, symptoms that you gave lots of symptoms. There are a lot of people that listen to this podcast that are seeing functional medicine providers.

And so they may be thinking, okay, well, maybe, you know, this is, you know, something I want to consider. Doesn't matter how long they've had implants.

Like, is there a certain time where implants were safe for a certain type of implant? Does any of that matter? In our study, the short answer is no. Okay, so it doesn't matter.

The vintage. Really? You know, the the older implants from, like, the 80s, of course, had a much higher rupture rate because of the shell technology. So if you kind of fast forward to the 2008, the present generations of devices, they're all a bit engineered, you would say more equally, in our study that we published, we didn't have big differences in smooth versus textured implants, round versus shaped implants, saline versus silicone implants.

It didn't matter. There were no statistical differences in those. Does so. So if you had an implant prior to, let's say, 2008, as you mentioned, that, do you recommend that people have those out and replaced with different implants?

Just if somebody's listening, let's say somebody had an implant in 1990, they've never had an issue. And they're listening to this. Would you say those need to come out and you need to get a newer model.

So those devices had inferior shell technology. So most people don't drive a car from 1990. So doesn't mean those breast implants are good either. So they should go see somebody and have them checked out.

There's high definition ultrasound that can look at them. Mammograms might be too aggressive on that vintage of an implant if you do a breast samarai.

There's something called imaging which uses high frequency ultrasound and no radiation. So there's lots of ways to look at it, rather than, going get an exchange.

Testing, Genetics, and Mold Considerations

I think it depends on the person's perspective. Right. I have a lot of people trying to live a more nontoxic, holistic lifestyle, so that doesn't align with what they want to do.

So they'll typically come and decide, I just want these out, or I want to have a breast lift, or I want to have a breast lift and augmentation with my own fat.

Something like that. So there are options to remove breast implants and still do something with the breast tissue that looks more like it's. Better, and reshape the breast tissue.

Yeah, you can reshape it. You can add volume. Many patients I see probably could have had a breast lift. And, that would have served them well versus a small implant, small implants that are under, like.

Oh, I've taken some out recently. They were really small, under 200 cc's. So a cup size is roughly 200 cc's, if you want to think of it that way. So you have to weigh the risks and benefits of doing that, of having an implant. So how much or let's say somebody has a breast implant, 400 CCS.

Right. How much? If you took that out, how much fat could you get from someone in like I guess restructure that. Like, would they how much different in size would they be?

You know, if you removed that and tried to fix it or not really. Can you do that? Is there like a max amount that you could do? Does it depend on the size of the person?

It's a combination of their skin stretch and the size of the breast. The the fat goes in the fatty compartment which is underneath our skin, above the breast tissue.

It's not in the breast tissue. And it's not where you took the implant out. So just like a shirt on the front, pocket on the front of a shirt, think of that as, like, beneath the skin.

That's where the fat goes. And when that's full, you can't just keep putting fat in there because it's not going to get more full or or make it more, shapely.

It's going to potentially create too much pressure and harm what you just did. So we try to remain, you know, conservative. That is not an implant. It can't create projection like an implant. It's, basically you're doing a fat, you know, grafting procedure, and you can only put so much in there based on the patient's, you know, physical characteristics and skin stretch and size of their breasts.

Okay. So do you find people that have this issue that come to you that have these removed? Do they are they people who have a lot of autoimmune conditions generally, or is it, I mean, are most of them, do they have other autoimmune conditions in an inflammatory condition or, you know, is it 5050?

What do you typically see? Are there a lot of Hashimoto's people? Are there a lot of people and and menopause like what age range people are you. That's a great question.

I mean, autoimmune diseases started in the late 1800s and the first breast implant was placed in 1962. So

autoimmunity. Yeah. And long before breast implants came around.

Not to say that that didn't exacerbate some of the problems we see, but Hashimoto's is probably the thing that we see most frequently. And then I have a whole, you know, smorgasbord of everything else.

There's nothing that stands out. You know, specifically, people talk a lot about showgrounds. You'll see, you know, potentially increases in that. I just did a show recently and I was asked about that.

So, you know, if you took all the people that have chronic inflammation without implants, you would see almost virtually the same things. That's why it's so confusing.

So we're not saying that chronic inflammation doesn't exist in the patient population who don't have implants. This just ends up being a more complicated situation because in addition to all that problem that exists, they have an implant.

And that doesn't make it any easier for their system. So what I see in my practice, and I mean tell me this is what you see, but, you know, I see a lot of functional medicine patients.

I see a lot of I do a lot of extensive bloodwork. It's becoming harder to find people that don't have that. It's, to be honest with you, like the people who see me.

So if you're not feeling well and you're sick, it's usually from inflammation. And I mean, I see so many people with Hashimoto's that I've no idea they have Hashimoto's.

You know, they have really high TPO antibodies, really high TG antibodies. I check high sensitivity, CRP, uric acid, ESR. You know, I took a lot of different things like look for DNA.

And I mean all these things will be off the chart. And a lot of people that have no idea that they're even, even have it's not an issue. So I would think in you, like when you're doing this, that a lot of these people that you're taking in place that have probably have Hashimoto's, but I don't know necessarily that you can correlate the Hashimoto's causes it just a lot of people have Hashimoto's and insulin resistance.

Yeah, I don't correlated. I mean, that just like you said, you're seeing a bunch of people have it regardless. So it's I don't it doesn't correlate with my patient population.

I you know, I see it because it seems like the thyroid goes off first and people have just a lot of inflammation. So it's sensitive obviously. And it's a bad, you know, situation.

But I tell people get put on a lot of medication for their thyroid that after X plant they have to be very cognizant of hypothyroidism symptoms because the bioavailability of a drug, if they're on a synthetic especially will become very, very, prominent.

You know, and I've had people get thyroid score after explaining.

Implant Age, Types, and Removal Options

So just because they're on too much more of like an, you know, like we're causing this so they're on too much medication. Do you? So do you think that half of your patients that have this surgery have Hashimoto's, or is it more than half?

Oh, I couldn't tell you one way or the other. I don't even I it's not something that I worry about anymore. They're either on that and I tell them to monitor it, but I can't tell you a number.

Okay. Do you feel like the patients you do this and are more of them like younger 20s, 30s, or are you getting more like menopausal age women, like 50, 60?

Is there like a correlation with age? Do you think. I usually see, somebody's average age 35 to 55. 35 to 55? Okay. Is there any sort of research that shows or what you've seen in patients, like, is there an amount of time from when you get an implant to when you develop this, or is it just kind of depending on the person, like if you had an implant in 1980, did you start, you know, getting symptoms in 20, you know, 20 years later and now are the symptoms coming sooner or it just kind of depends on the person and the inflammatory status that they're.

Yeah, I feel like there's way too many factors involved in that to make it adjustment. So basically people wander around dealing with their problem until they become problem aware.

Then they try to do something about it. And once again, nobody wants to come see me. And after like, yeah, they're going to try to do everything that they possibly can to avoid that.

Okay. So the last like one of the other questions I have is how fast do symptoms get better? So somebody comes to see you, they exhausted all their options.

And they get these, you know, they get X of their implants. Do they feel better the next day. Does it take three months. Like when do they tell you they start feeling better?

And what do they notice first? As far as like you. Yeah, I think that's a good question. And in our experience, people who are having problems with their implants and I have a patient, Lauren Bostic, the host of The Skinny Confidential, with her husband, Michael, who was a very aggressive person when it came to sauna.

And she would sauna up to, almost 220 degrees multiple times a week, hour, hour and half of time. And each time afterwards she would talk about how bad she felt.

So basically, she was giving herself a half an hour reaction each time. She, you know, did a sauna session. So I did her explaining procedure. It went extremely well.

And in the recovery room, she said she felt a lot better. We thought she was kind of on drugs and just kind of, you know, difficult. But every day after that and week after that, she got better and better.

Better now, hers was a very different type of issue. So if someone has a implant shell that's leaching chemicals or breaking down when you remove all that and hopefully do it all intact like we try to do every time, that's a big burden taken away from someone from a immunologic standpoint, if someone has an infection.

Similarly, if you take all that out without spilling any of it or disrupting it, that's also going to help relieve a big burden from their immune system.

So in those instances, those patients typically recover quicker and feel better, quicker. If someone has mechanical symptoms from scarring or nerve pain from scarring, it's variable.

Sometimes they wake up and feel a lot better. They can breathe easier. There's a lot less pressure on their chest, so those are all relatively normal.

But from a, you know, chronic inflammation standpoint, many people who don't detox, well, many people will have a high toxicity burden. It's going to take them weeks to months of work, both on their gut and everything else, before they start really feeling better.

Yeah. So in general, like inflammation, you know, you can't come to somebody's chronically inflamed. But, you know, ten problems, like the last person I saw right before I came here, you know, she's got 11 problems.

You can expect that she's going to feel better in two weeks. But as you work on these things, they get better. So you brought up the sauna, and I have a lot of people who ask me about that when I post about on it.

So if you have breast implants, is it safe to get in the sauna? So what I tell folks based on that experience is if

you're feeling bad after you go in the sauna, it's probably not what you should be doing.

Like, you shouldn't feel worse after going in the sun. So if that's the case, then, you know, like I said before, you're probably giving yourself a Harkes and I'm or type reaction because you're exceeding what you can detoxify.

So I just tell people that want to enter our program to pause using the sauna, not throw it out, not sell it. And then after we do their X plan and about 90 days after that, we'll have them resume, you know, more of a controlled, gentle type, use of their soft.

So 90 days. Yeah, but if you have. So if you're listening to this and you have breast implants and you use the sauna and you don't feel terrible afterwards, I mean, obviously you're going to be hot, but if you're not busy and confused and want to say do not feel icky, then it would be okay to continue these on.

Yeah. I mean, I just try to be practical based on our experience. We have a very high number of patients who use infrared, less so that have barrel saunas, of course, because that's more, difficult from a, you know, just access standpoint, unless you're at a, a place that has one on site, you go there and use it.

So I think we're just trying to be cognizant of our experience clinically and be careful with our patients until we get them in a better position. So infrared is not okay to use if you have breast implants, is that mean?

Do you know. The same way I tell them to pause it if they're not feeling well after a session? Okay, what about cold ones? It seems like cold doesn't cause the same issue.

Recovery, Sauna Use, and Post-Op Healing

The cold plunge is not an issue. What about exercise? Like when, when people have implants? You know, some people say like, oh, my, you know, I've heard that you're not supposed to chest or you're not supposed to.

I mean, obviously not right after the procedure, but is there any sort of exercise or any sort of activity that you shouldn't be doing with breast implants?

Oh, you know, I think probably it depends on their placement. And I will probably, you know, just respectfully leave that up to the surgeons. You place them, they can discuss that with them because that's their patient, that how they want them to to exercise or not exercise.

So I'm not gonna I'm going to get out of that whole, question. Okay? Okay. Is there a way so, you know how you were saying that with like, when you see patients, if they have, something wrong with the capsule and the implant is actually, like, leaking, or maybe they have an infection.

Can you see that on imaging, or is that something that you can see and you can tell them before, or is that something that you kind of guess about and then go in and tell, like, is there a way to for sure not.

The patients who are ten plus years out have a higher rupture rate. So I just go into each case assuming that they're ruptured. The patients who show up with an MRI, that shows that they don't have a rupture, doesn't mean they don't have a rupture, because you can't really see posterior ruptures all the time on MRI.

And, that's why we don't use it as a screening tool. Now. We just approach them all the same way, like they're all ruptured. And when you say that, though, the patients that show it to you, these are people that don't film. Right.

So like if, let's say somebody's listening to this podcast and they have breast implants and they were put out in 2008, it's been more than ten years.

And let's say they're thinking, oh my gosh, like maybe my ear ruptured. Are you saying that most implants, no matter what, even how you feel, may have ruptures after ten years, like, is that kind of the time where you want to get a new car ten years or it just kind of fits?

Yeah. So the rupture rate goes up a half percent per year after that time interval. So that's when people would start talking to their surgeons about exchanges.

But it's more about surveillance examination, making sure there's nothing, wrong with the device. So from our perspective, because we're just explaining people, we're not exchanging them and doing other types of procedures, we're we're approaching them all that we're going to assume that the worst case scenario is this is ruptured and leaking.

We want to be careful and take it all out intact. And typically you can you can do that without issues I guess I would say. Yeah I mean in the majority of the cases we don't have trouble getting all the material out.

And once again, not the majority. These are not ruptured. We just approach them that way. So we're trying to be careful. We don't want to, you know, get inside of, you know, just like if it was a cancer, you don't want to be inside the cancer.

You want to be outside. So we're trying not to, be in where the implant is. We just want to get the scar tissue cleaned up, make sure everything is in order.

I've found a handful of breast cancers. I've found a lymphoma. So it's not without its problems. You know, in addition to the 29% that have underlying bacterial contamination.

So 29% of what you take out has bacterial infection in it. Has bacterial contamination on PCR. Unless. Wow. And there's no way to check that prior to doing surgery.

And someone. No. Currently there's no way to evaluate that. That definitely could cause some issues for sure. So your book that you wrote, the Strategic Holistic Accelerated Recovery Program, is that something that anyone could use if they were considering when they were considering having breasts, you know, surgery, whether it be, you know, getting an implant, getting one?

Explain it. Is this something anyone could use for any type of surgery? Like tell us a little bit about the book. Yeah, it's just written from my perspective, what I think we should be doing to help patients before surgery.

So our program is really geared towards being, you know, prepared rather than reacting to a problem. So the more information we have up front, the better we can help the patients get ready for surgery.

Surgery is going to create a lot of inflammation. So anything we can do to lower that, you know, situation for them is going to help them be more efficient in recovery.

I talk about our experience with genetics and all the other things related to toxicity and gut health and food sensitivities and hormones. But then you know, I do touch on how we feel.

Hyperbaric oxygen helps in recovery. Lymphatic massage helps in recovery. We have red light. I discuss, peptide therapy, but we we stopped, promoting, you know, peptide therapy in our practice after the FDA sent out a notice about peptides, we feel strongly that they're they're good options.

And hopefully with the administration, changes, that will come back and not be an issue because they're they're very helpful in our cases. Yeah, I completely agree.

I love red light therapy. Those are therapy, things like that. Prior to surgery, even other surgeries, not even breast. Augmentation, but any surgery.

I do think it's beneficial. And I think it's important that people realize, like, you want your body to be in a good place prior to surgery so that you can actually heal and recover. Right?

Because if you go into surgery and in a bad situation already wounded, then it's really hard to to recover and to feel

better after surgery is surgery.

I think people forget like it's almost like medicine has been so mainstream and surgeries just like, well, everyone's had surgery. It's a big deal. Like, you know, they're giving you the anesthesia, they're putting your body through a lot of trauma.

I mean, it's it's not something that you should take lightly. I don't think so. I think that it's good that you wrote that book. And so it's, and people people have a lot of trauma from any surgery in the past.

Yeah. So they may have had a anesthesia experience. So people constantly feel like they're just really concerned about anesthesia. And I have a great group that I've worked with since, 2018, really.

And they performed thousands of my cases. They take great care of the patients. We do all of this preparation before surgery with the patients to help the diminish nerve pain and inflammation and nausea, and then the anesthesia group, there's a specialized nerve block under ultrasound before our patients ever go back to surgery.

Surgery Preparation, Mindset, and Detox Support

So they already have all of this prep in addition to our program prep before they ever go back to the operating room instead of then, you know, afterwards trying to figure out what they're supposed to eat, what they're supposed to drink, give them, you know, whatever prescription, we're trying to do as much as we can on the front end to resolve that.

And we didn't really talk about it, but and I talk about it in the book is people have to have the right mindset, about this mindset, if you, if you go into surgery, you know, it's one thing to be anxious, but, to be upset or in a really bad mental state is not what you want to do prior to serving.

Yeah. No, I completely agree that. I think that's in general, though, with health. Right? When your mind is in a bad place, when you have a lot of anxiety, when you have a lot of depression, when you have a lot of negative thoughts, whether it be from experiences you've had in the past or the way you talk to yourself, or just the way you see the world or the future, it causes a lot of, you know, sympathetic response, and it causes a lot of cortisol production and it causes a lot of insulin.

And then that in turn causes a lot of inflammation. And so it's just kind of it's a spiral process, right? Yes. So so do you typically see when people come out of surgery then like that.

Mental let's say they have anxiety depression brain fog. Does that get better pretty quickly? It depends on the combination of things they're dealing with.

Like if someone has a pretty difficult problems with mycotoxins, for instance, they're not magically going to get better right away after surgery. That's that can be a little bit more complicated.

Obviously. Some folks have, have been exposed to things like atrazine and other problems that are neuroendocrine disruptors. So it will vary case by case.

And so if you when you take these implants out, I'm assuming you test for all of this. And then if something comes back like a mycotoxins or a bacteria or something, then are you the person that helps the patient like detox from this or do you send them somewhere?

How does that work? So once again from the study it's really 29% bacteria. It's fungus is not a problem. It's not mycobacterium. So those aren't issues that we're dealing with as it relates to implants.

So the stuff written on the internet about mold being in implants and on implants is not thing. I published a whole paper about it because I got tired of hearing about it.

So it's 29%. It's bacteria, staph, epi. And can you back to your practice. So in terms of we don't place people on post-operative antibiotics because that's not going to resolve this problem.

So what we're trying to do is take everything out intact. And then use, cleansing, you know, type situation in the operating room that lowers the pH of the pocket and that resolves the pocket.

If someone has other dysbiosis issues or toxin issues, we have a whole functional team. That's part of my practice that does a cell core detox with them.

Okay. And then you mentioned something earlier about like if people have allergies to different things. Yeah, I know we were talking about food, but now there is a test I read, at least on the internet.

Maybe you can come in on this where you can test for like silicone allergies and different types of allergies that you could have to implants. Is that real? Is that a thing?

Is that something that you do I believe in? I interviewed a biologic dentist who does that on his show to help characterize problems who have sensitivities like platinum and nickel and silicone and all these things.

So, you know, for us, we're taking a bunch of material out. I'm not placing any material. So it doesn't change what we're doing. So we don't participate in testing for that problem.

It's probably something that if you're going to get a device placed, whether it's a hip implant, knee implant, breast implant, dental implant would be great for you to know that.

Okay, that makes sense. And then the other questions I have are just kind of letting like let people know where they can find you. Obviously you have your book.

You're very you're on YouTube. I know you've been you've been killing it on YouTube, right? You're on Instagram. Is there anywhere else that people you have a podcast let people kind of know where they can find you, learn more information?

Yeah. I think anybody listening to this who wants to get more information about breast implant illness, that's a longer discussions. You're going to need to take more time to listen to that.

It's typically not going to be found in a short form. You know, manner on, Instagram. So we we go back to the things that, how's our content? My website, doctor Robert whitfield.com has our links to, Apple podcasts, Spotify podcast and YouTube.

So I would go there first and foremost to get whatever you're interested in. We've done oh, boy. We have 700 videos up or something like that.

Where to Find Dr. Whitfield and Closing Q&A

Just about topics related to this specifically or on subjects that we've talked about. So that's the best way. Okay. And we'll link all of your stuff in the show notes, handles and etc..

I just want to say thank you for being a surgeon that actually looks at a functional approach, because I think that's different. You know, although you do go in and you take it out, you get rid of it.

I think that the fact that you, you know, wrote this book about the best way to heal and just looking at the person as a whole is, is good and it's enlightening.

It's different. And so I appreciate you being, you know, different in doing that because I know that's what we need in medicine. For people to actually get better is to take this functional approach and make sure people are doing the things they need to do to actually get better after surgery, as well.

Thank you. So I end my podcast with three questions and they're very easy. And I do this with every single guest. So I don't want you to overthink it.

It's super easy because our podcast is about making people healthy. So the first question I have is, what is one food that's most beneficial? And why?

One food. One food? Yeah, I guess, I'm a big fan of my ribeye. I like my protein. Okay. That's easy. What is one thing that anyone can do for their health that would improve their health?

That's completely free? Stop drinking alcohol. No alcohol at all. Zero. Yeah, I don't drink alcohol anymore. Messes with my. It does mess with your HIV.

It messes with your sleep as well. So I tell people this too, but they get very angry. So you heard it from Doctor Whistle stop. Just me. You shouldn't drink alcohol at all.

Any zero. And the last question is, what is one thing you wish you would have known about your health 20 years ago? That you would have done differently so that you were healthier? Now, I developed sleep apnea without knowing it.

It's, sleep apnea for everybody. Listening is a very dangerous thing. You don't have to. You don't have to snore to have sleep apnea. That's a myth. So you can silently have sleep apnea.

I had it for a long time and I didn't know that. So one of the big risks for for women, especially for Alzheimer's, is you. So I would implore everybody, there's a company called ResMed.

I have nothing to do with them, but they can help you get a test online, or you can go to your GP and get a test. I would think, you know, if you want to do your best, you always want to do your best to preserve your brain health.

That's something that I wish I had gotten tested earlier on in life. Yeah. It's called ResNet. Like Arias. Arias immediate response. ResNet. Okay. And so how did you figure out you had this this for people listening so they know that my.

Wife started punching me at night because I was snoring. Okay, so you were snoring, but did you feel that. I would wake up sometimes with a headache. I would wake up not feeling, you know, very refreshed.

And now I'm super specific about, measuring my sleep, not drinking, like I said, because it does affect my sleep. Doesn't matter if I drank in the middle of the day or before bed, or it made no difference.

It would affect my HIV, my sleep. So I stopped eating about three hours before bed. I stopped drinking about two hours before bed, and I try to get off any screens about an hour before bed.

How's the room? A little cooler, have a little sleep mask. I to wear CPAp, so I look like a freak. Okay. All right, well, if you guys enjoyed this episode, please make sure that you're following us. Share it with somebody.

I know there's tons of people that messaged me about breast implant on, so please share this. I'm sure that somebody that you know would benefit from it.

Leave us a review and then tune in next week for the next episode. Thank you.