Breast Implant Illness: Is Mold The Culprit? Transcript

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Introduction to Breast Implant Illness

Welcome to Mold, mycotoxin, and Chronic Illness Summit. I'm your host, Dr. Ann Shippy. And today we get to cover a really important topic with Dr. Robert Whitfield, who's a board certified plastic surgeon in Austin, Texas.

And he's an expert in implant illness. Thank you so much for joining me. Well, thank you for having me. I've looked forward to this day for a long time.

I mean, to you, too. And I think, you know, my how I am handling this in my clinic is very different in the last couple of years because of this increasing awareness of this issue.

So I'm so excited to get to pick your brain and see how you're approaching it and what you're thinking. So let's begin with what is breast implant illness story?

I got interviewed the other day about this and the host said instead of a two line answer, you gave me 9 minutes. So basically four for me, breast implant illness is an endgame of chronic inflammation.

So for your audience, I look at it very holistically. I want to know your personal genetics, so how you detoxify things and if you have trouble detoxifying that sets you up to have more trouble with this problem.

So detoxification can be the we'll make it very simple vitamin D metabolism, how we methyl weight which affects our B vitamin metabolism, how our body utilizes glutathione to bind up toxins, and then our antioxidant pathways.

And so if you have compromised and those as a woman coupled to as many women may have problems with estrogen metabolism, you really are set up to have a complicated time with not just a breast implant.

It can be any implant. I'm I'm a plastic surgeon who's taking care of every surgeon who puts in implants, problems. So for anybody who doesn't understand that I'm the endgame when it comes to problems, whether they're cancer problems or another surgeon's problems, ultimately call someone like me.

Background was reconstructive or oncology to help care for their patients, whether it's a neural implant, a cardiac implant, a spinal implant, a type of course, a breast implant, a hip implant, a knee implant, you name some device.

And I've been called by the surgeon who put that device in to help them care for a problem with that device. And so, you know, looking back on it in my career, it's the retrospective scope, Right?

How Implant Illness Develops

And so now I understand why a lot of those people had difficulties. But when I was training and you were training, we didn't have functional genomics.

So let's I'd love to just step back. Like, how did you start realizing that implant breast implants were a problem? Like, what was your journey to, to realizing that there was an issue here?

Yeah. So my background's oncology and so I was, you know, a trained micro surgeon. So I would take tissue for one part of the body connected to the blood supply, and then I would transfer it to another part of the body to cover an injury from trauma, either from an accident or an infection or an oncologic defect or someone had a tumor and the tumor surgeon took it out and that left exposed blood vessels, nerves, bones, hardware, whatever.

And of course, for breast cancer, which is a dominant disease in our ah, just patients, female patients, the the way to take care of that problem could be implant based reconstruction, which was done historically since, you know,

the implants came out in the sixties, so seventies, eighties, nineties and beyond.

That's been a form of reconstruction that's been the dominant form of reconstruction because in any community in this country, a well-trained plastic surgeon should be able to perform that reconstruction for you.

So my niche was to do more complicated reconstructions using your own tissue. And much like an organ transplant, you have to have an artery in a vein to be able to hook up to get that tissue to live.

So the everybody's familiar with a tummy tuck and a tummy tuck. The lower abdominal tissue that's stretched and expanded after a woman goes through having kids, doesn't retract all the time, doesn't respond and is discarded at some time after the abdominal walls is repaired.

We would save that tissue, leave it attached to the blood vessels, the artery and vein that are called the DIEP blood vessels and create a flap, which is just a composite of tissue, skin fat connected to the blood vessels, no muscle.

So my my whole goal was to never take muscle from the abdominal wall because that is an older operation called the TRAM flap And that can be very doing.

When I did my rotation and MD Anderson and Medical school for Breast Cancer. Right. And that was discovered by and developed by Dr. Hartrampf at Atlanta. Heart surgery.

Oh, my gosh. Right. So when I was in training, they were still doing that. And I was like, there was this new technique coming along called the perforator flap Super interesting to me, but nobody would teach it to me because nobody knew how to do it.

So we got a cadaver because my boss said I could learn how to do it if I practiced on a cadaver. So he got his cadaver. So we went down to the cadaver lab.

We were just with anatomy books and everything else. Just, you know, you're trying to so the audience knows to be a good surgeon, you have to understand anatomy.

Obviously, very, very well. And at the level they are doing it with the micro. Right. Right. So we're just trying to dissect out blood vessels for everybody that are a millimeter to two millimeters in diameter and hook them up.

But our microscope using something lighter than your hair. That was my niche. That was what I did for 20 years. And so I would make a long story short, I would get patients sent to me who had bad or problematic implant based reconstructions, either from scarring.

That's called a capsular contracture with or without radiation injury. Once you enter radiation into the equation. So there would be understand nothing was ever the same.

That tissue was never the same. It has compromise, blood flow, you know, texture, maybe super tight, super uncomfortable. The underlying structures, rib lung, heart are all effect.

And so people always ask me, do you think doing an explicit safe? Well, I used to take people's ribs out and reconstruct. So there's nothing really that bothers me.

You know, there's I'm super well trained. I had phenomenal mentors and they taught me extremely well how to care for a for a patient from beginning to end their nutrition and everything else.

I mean, I you know, I'm very blessed. I was just trained by an awesome group of surgeons who were all, unfortunately for the most part, passed at this point.

So my earliest recollection of taking care of somebody with breast implants, you know, we'll call illness. Now, back then, I didn't know what it was. I would say if you came in and you sent me a patient who had captured contracture

or was having lots of trouble with what I would consider or you would consider an immune type response, an auto immune response, redness on their chest tightness, whatever, I would be very honest with them and say, look, I don't have a lot of maneuvers to care for you other than removing all of this implant based reconstruction and using your own tissue.

And I knew if I did that, all that stuff would go away and it would because it's just an autologous, which means it's it's your own reconstruction. So there's there cannot be an immunologic reaction to your own tissue.

Yeah. So we really have to think about all of these things as being a foreign body. It's like, right. Do you think about even like getting a splinter or something and how your body reacts to having that there correct them degree of inflammation from having something that's out there.

So what are the most common symptoms that you see that people are actually experiencing and maybe attributing to something else with breast implant illness?

So this is what your audience has to understand and this is the disconnect between them and their provider.

Common Symptoms and Chronic Inflammation

You know, as a provider, if you get more than three or four review systems that are positive, it gets confusing. So for everybody listening, review Systems is taking every system in the body and the have symptoms.

My clients have some kind of symptom in every system of the body from head to toe in the neuro, you can have, you know, common headache, light sensitivity and sound sensitivity.

Those are all hallmarks of neural inflammation. So I check that a lot. And people use that as I'm sorry. And the patients would throw out the slang term brain fog and I had to ask somebody, you know, one of my patients like, can you just describe to me what you mean by brain fog?

So I understand it. And I think, yeah, I think the I don't credit myself with much, but I've always been curious and I've never like, spent too much time pat myself on the back because I don't know everything.

I just want to ask, you know, what what's, what's brain fog mean to you, Mrs. Smith? And she said, I can't remember my kids name sometimes. Like I left.

I can't remember where I put my car keys. I left my groceries in the car and I was like, oh, well, that short term memory loss, that's I understand that.

That makes sense. So I was like, okay, well, that's that's really problematic in someone young who hasn't had chemotherapy. Now, in my past, breast cancer patients who have had extensive chemotherapy treatments and other medical therapy because they have a lot of trouble with fatigue and brain fog.

And I mean, that's just was commonplace. And then the, you know, the cardiac symptoms, a lot of people have it or perceived to have palpitations and, you know, they get tired on a monitor and they don't have it.

So is that an anxiety provoked response typically? I yeah, obviously that rings true of like anxiety provoked, you know, perception and really from the heart and lung standpoint.

So it's palpitations. And then for lung you get can't catch your breath short of breath all the time. Can't take a deep breaths tightness of the chest, the olive glass and then for for musculoskeletal symptom it's it's it's the I have joint pain I have muscle pain peripherally they may have neuropathic pain which is tingling in their extremities, burning in their feet.

And these are people who haven't had chemotherapy. These are my cosmetic patients. So there shouldn't be a reason for them to experience that. They haven't had an agent to give them that problem.

You may have intractable Utah's bacterial vaginosis candida that's refractory to treatments and then the GI tract is just a potpourri of problems bloating, swelling, constipation, diarrhea, things that I couldn't eat before and I really sensitive to them.

They get heartburn really easily. They get reflux really easily. They feel like things got in their throat. I mean, so with all this boils down, I'm sure you're aware, obviously, that at this juncture, as I just think all of this is chronic inflammation and I don't that's how I view it.

So to me, that's all it is. The driver of all of this is how you detox your environment, the foods you eat, the air you breathe, the water you drink and you have a device.

And if you have a device, that's another problem. So I know you are very unique as far as all, you know, the the plastic surgeons doing X plants, taking the implants out in that you do quite a bit of testing because you really want to treat each patient personally, individually on what is absolutely going on with them.

And one of the things that you test for is mycotoxins levels. And so I'd love to hear your thoughts on why you think so many of these patients, or maybe even all of them have high mycotoxin levels. Well, so we want to make I want the audience to understand very clearly I have tested over 1500 implant capsule.

Your scar caps around implant samples and only six out of 1500 have had fungi. So it's not the implant that has mold that's not the case. It's the person who's been exposed to mold.

And it goes back to how they detoxify and specifically how you bind toxin, ginger, the liver. And we'll just say glutathione is predominantly going to be responsible for that.

And so when you have that impaired metabolic action and you get exposed to mold, which we live in Austin, everybody gets exposed to mold all the time in Austin, the air has it for goodness sake.

But the quality of of the build you're in and I just asked people like it's honestly it's funny when they come to the office now they're they go through and we ask them a series of questions and I'll like ask the significant other if they're there.

When she gets in the car, does she immediately turn the radio down because she thinks it's too loud? It's such a tell. Yeah. That sound sensitivity. I had a lady say that she can wash dishes in the sink because it hurt her ears, and then I just give them some glue to thigh on.

And if they, you know, have a dramatic response to oral type of some of the design, it's pretty you know, there's there's so much toxicity in their system that you that's a functional liver just to be that what we were trained to do because those don't tell you anything how you handle your toxins by binding them with lithium.

So basically everybody I think now who has breast implant illness should be screened really for not just a mycotoxins exposure, but all of their environmental toxin exposures, heavy metal exposures and of course, mycotoxins.

So I feel that's more comprehensive. You combine that with their functional actual genetics, how they detox, how they handle their estrogen. You know, if you have impaired detox in those pathways, you have estrogen dominance and you have a high mold or mycotoxins, I mean, you're going to have a lot of symptoms.

So you've done a lot of X plants. And that's definitely one of the things that you you know, for people that are considering you want a surgeon who's very adept at this, has done a lot of them.

So you've got a new patient coming in. Let's let's walk through what the workup looks like because you're not just like, okay, let's book you for surgery.

You want to know now, really set up set them up for success. Yeah. I often tell people, like when I was training, the

workup for surgery was a chest x ray to make sure your lungs didn't have a lesion or pneumonia or something like that.

A EKG is pretty common. We don't do that. You know, anybody under 50 now and then a blood count. Make sure you want anemic and electrolyte panel. Make sure you didn't have like a crazy potassium level or something like that.

I virtually don't do any of that anymore. If you've progressed your strategy. Well, everybody comes in now pretty biased. So they've had a lot of blood work done and these are otherwise healthy, you know, quote unquote, laboratory analysis.

Healthy people. Yeah. Their other doctors have told them that there's nothing wrong with them. Correct. So I don't really need to get in the weeds with that.

Mycotoxins, Detox, and Genetic Testing

That stuff's pretty much been done because by the time they get to me, I've you know, they're frustrated. I had a lady come in the other day with a everybody who's old enough to know what a trapper keeper is.

She had a notebook full of things from the Mayo Clinic, and I was like, this, this, this Folks have expended a lot of resources to do this and try to figure out what's going on. But I just listen to them and, you know, I ask enough questions to go through that review systems that we discussed earlier and try to gently tell them that this is chronic inflammation.

And, you know, you're in a safe place in my clinic to discuss this. I'm not going to say you're crazy, right? You know, you don't understand what's going on.

But I think when you frame it correctly and help them understand that genetically you only have so much ability to manage toxicity, and as that bird grows, it exceeds your ability to manage it and coupled to if you have difficulty with your cycle, your estrogen dominant and you have these exposures, it leads to how you feel and you go through the symptoms, explain it, and they'll show me this fistful of tassel them like and some of them had some genetic testing.

The problem is the limitation with which they're being tested. So if you're testing using 23 me, you're not going to really approach the level of scrutiny you need of your genetics.

Personally, to help me understand how you detoxify, I can listen to you and tell you how you detoxify. I just I get the genetics to help you understand how you should be managing your your individual know.

Let's take into that a little bit more. So there are so many different genetic tests out now and there is such a range of how much they cost and the level of detail that you get.

So for people that are on a budget, I can get quite a bit of information from taking the 23 and myriad data and running it through something like genetic geni or into each of our support, but it doesn't explain very much to the patient.

But I can look at it and explain it to them. Right. But what are the test companies that you're finding helpful and affordable for the genetic testing?

Yeah, since 2021, we've used the DNA company almost exclusively and at the time, yeah, it's 399. That were fairly reasonable. Gives you a 100 page report and for me, having looked at several hundred of those, I feel like it's when we were in medical school when you got to pattern recognition and now I don't listen to people to listen to review systems, try to assign a specific medical diagnosis as I listen to review systems to understand how they detoxify.

And it just helps me. You know, I've seen so many of the reports for this particular patient population that it's my

pattern recognition of genetics that helps me understand why they are experiencing what they experience.

And then we obviously we ask the questions that we mentioned earlier, and I'm constantly looking for like the outliers of other problems. I think Lyme disease is really a complicated problem.

I find mold to be a much easier thing to to go through with them. Lyme, to me, is a little, little too complicated out of my scope. With most of the patients that have both mold and Lyme is that if we addressed the mold super effectively that the immune system will take care of the Lyme.

That's why your doctor should be an eyebrow up. Well, but you're doing all this other stuff. But I let's I'm glad that pattern recognition that you're saying like you get to see a lot of patients so you get to start to see a lot of data like what you mentioned vitamin D, right?

So there can be two problems. Obviously, how you absorb it, convert it or three, absorb it, convert it, and then get it to your receptor. And there's, you know, two genes and we'll go into the specific genetics of it.

But I'll just to to see the endgame. Most of my patients don't absorb well, just like most of your patients don't absorb well, So people have pill fatigue.

So much of my line of supplementation is all oral and liposomal. So if you can just hold it in your mouth for 20 to 30 seconds, I know you're getting more of the benefit of that nutrients than you would if you tried to take a pill and you may have leaky gut or constipation or diarrhea.

And I won't operate on people with constipation that has to get corrected. Oh, I love that rom. I get that. That's like foundational. That's one of the first things that has to be addressed first.

Because you're not eliminating. Yeah, you have to detoxify and then you have to eliminate. If you're not eliminating, I'm not going to make that better.

You know, people will come to me and they, they want to have surgery right now. And I'm like, well, no, you know, there's first of all, it's six months to probably get surgery with me.

And then after that, the that's good and bad. The good thing is that puts you into a window where you can get everything worked on preoperative leave.

So you can get your genetics at that. We can look at your toxicity profile, we can look at your food sensitivities and we do a gut microbiome evaluation image.

You haven't heard me say anything about bloodwork yet because I don't do that pre-op. I then will put you in with my functional practitioner to help you detox.

We call it level wide just so that we can get your inflammation lower, gets you eliminating by, you know, not being constipated. Get your diet right. Some people still come in, you know, eating gluten, eating dairy, drinking beer, drinking wine and just everybody listening.

I would avoid wine produced in this country because it's there's only eight manufacturers of wine in the United States. And I would tell you the quality is not very high.

So dry farm wines or a European wine with the actual amounts of okra toxin and other mycotoxins is much, much lower, is more apropos. But I have my own ranch water.

I use double maestro and a little sparkling water. And that's that's it. So I don't want you to stop having a drink if you want to have a drink, I just want to tell you to have a slightly different character.

Yeah. And really, if you're dealing with these kind of symptoms, it's better to put the alcohol on hold until you're

better, because. Oh, yeah, give your body more to deal with in and especially pre up like you want people really optimizing their diet. Well I love this but because most surgeons just don't even think about having the body repeated with all the nutrients to be able to heal.

So let's talk talk diet where in addition to gluten free, dairy free what where do you like people? Yeah, all comes from my training because where I train and as a plastic surgeon, you got to take care of all the burn patients.

Oh, so there's such a rich list, and there's nobody sicker than a burn patient, especially burn kid. A little, little one, a house fire or something like that.

So in order to keep those folks alive, you have to understand implicitly how to feed them. And it's always better to be fed through your gut. So we certainly want your gut to be as healed as possible prior to surgery.

So you work with my practitioners to help do that. But what we always do and the Western diet is terrible because it's based on carbs and fats is I put everybody basically on a high protein diet.

So you're going to be out 100 to 150 grams a day of protein. And if you're vegan, it's super hard. Being vegan is complicated enough. But when I ask you to do this, it's really hard.

So we use ultra pea protein or, you know, any refined pea protein is is fine, but that's the kind of benchmark for us because if you come to my office after surgery and I ask you these questions, which I always ask, you know, are you sleeping in the afternoon?

And if you answer, yes, I'm taking a two hour nap. Well, you're not a baby. So that means you're not getting enough protein in your diet because your body has to become very listening.

You're catabolic, meaning you're breaking down things as soon as I operate on you because I cause a stress response. Rob is the biggest causer of inflammation that it walks around because I operate on people for a living.

So I operate cortisol goes really high and that induces the stress response. After surgery, you retain water. I tell everybody not to drink free water.

So for everybody that means don't drink a big bottle of SmartWater or whatever you want to carry around with you because that just makes you more swollen.

Free water is not your asset. You need the minerals electrolyte, correct. It has to be balanced. And I just tell tolerate the same thing. Your body's going to tell you you're thirsty and you need to drink.

That's part of the stress response of surgery or trauma or injured. Just take that bottle of water and put it in the blender and make a smooth the out other.

You're getting the same water, but you're getting protein and or electrolytes however you want to. You know, that's what's important, like being over hydrated.

I don't know where this came from, drinking ten gallons of water, whatever it was back in the day. It's like the 2008 diet. It's kind of stupid. The thing for surgery is you're going to get more swollen so for your audience.

But I do an excellent I don't drain anybody. I don't use drains of the body. So that's another way to get an infection. I haven't had infections several years from an ex plan, and the way to do this is to increase your intake of dietary protein per day, 100, 250 grams.

Pre-Op Workup and Functional Medicine Prep

We do something that I adopted from my fat transfer patients because I do a lot of simultaneous fat transfers. So if we're doing fat removal from the inner outer thighs waist AB then and after an X plant, we'll just connect the, the

subcutaneous basis of the breast pocket to the abdomen and the flanks subcutaneously.

So the fluid will drain internally. And then in our office we have what's called a balance repair, which is the lymphatic massage device. And then I have a lymphatic massage therapist.

Certified is great. We can do a whole body in about an hour or 15, but right after surgery we just constrain the lower body legs, trunk about 45 minutes set at 45 millimeters.

Mercury that activates lymphatic system, it drains it. We also do hyperbaric in my office, as you know. So everybody who stays, you know, with us for about a week comes in the day after surgery for all those therapies.

And this is as long as they're here, we're trying to reproduce and get them something in in terms of higher oxygenation for wound healing and enhance the Vitek drainage to decrease swelling squat responsible for this.

I love it how you integrate all these different modalities to really support the body. Would you like to talk a little bit about peptides and stem cells is about other adult things that you consider for some patients?

Yeah, peptides are still I haven't quite cracked the crack, the code for peptide therapy after surgery I'm working on it looks, but I have a lot of people who use CDC in Maryland and BBC 157 so those are all used after surgery.

You're stimulating growth hormone, you're recovering better using that. Now in my office, I have stem cell therapy in the form of I could take your fat and I can separate the fat with our device in the office and give it back to you that day, in about an hour and a half, I've and or injectable. So although it doesn't necessarily equate so much for breast population because I do those breast cases out of surgery center we can give them later because we have a affiliate who banks our stem cells.

And then if I'm doing my facial treatments, of course we can do those the same day. But obviously for enhanced wound healing, giving your own stem cells back to you and in some formats as quickly as possible.

In that first week after will enhance recovery because your stem cells just home to the area of injury. You know where to go. Yes I get my own in fact so everybody understands I have a bad neck after 20 years of operating.

So I have I get my stem cells, injected my neck and I get them I've quarterly my stem cells. So that's what's taken to the emotional side of this. So this is a really big decision.

It's it changes our feeling about or, you know, how we feel about our body or body image. So I love if you kind of tie together like what the options for some type of reconstruction, like maybe the fat triggers and then just how do we get our minds around this change in our body?

Well, I think for everybody listening, this is a really important point. And there is a book by Dr. Amanda Savage Brown, and she kind of in this book describes your it she calls it the breast playbook.

And so everybody has one. So, for instance, an example would be this A young girl is is bullied as a child in school because she's small breasted and then after she gets of age, she gets a breast augmentation.

So that was a very psychosocial difficult time. And then for her then to go through maybe having kids problems with the breast implants, maybe and then finally coming to a point whether it's five, ten, 15 years down the line that this is a root of a health issue that they can't shake and they have to get rid of that and go back to being, you know, small.

It may be in a and that just takes them right back to what happened when they were in middle middle school, when they were bullied and the their spousal issues and like you said, appearance issues.

And there's it used to be really hard for me initially because it's different than cancer patients, because they're facing a very difficult medical diagnosis and they're just trying to stay alive either for their themselves, their families,

all of the above.

And so it's different here. This was an esthetic maneuver and people feel guilt over having done that or being vain. Or like. So, you know, like I said, when you kind of my clinic, it's a safe space.

You don't really have to worry about any judgment from us because that's that's not what we're about. And I understand this. I've been taking care of cancer patients and ex plant patients for so long.

It's a big, complicated problem. And I've used fat transfers in my practice, in my, you know, my for many, many years. And first for cancer patients. Right?

So cancer patients are never going to have the same esthetic. They can't it's not possible. So if you're doing an implant based reconstructive and then the implant becomes the breast form and then you would take fat to build up and soften contours over the implant based reconstruction.

So it looks esthetically as good as we can make it. And that's you know, that's the goal in that situation. And you have to be, from a technical standpoint, experienced and comfortable doing that technique.

Now, over time, the equipments improved both to harvest process and put back the fat. So I have the best instrumentation you can have. So I was very adept at just putting it back manually because I did it from, you know, over a decade.

But now I have a fancy little device that allows me to put it back evenly under pressure and it's very smooth. So when I do an X plants now because I've stopped doing cancer reconstruction in 2020, if I'm really hurt, I talk about it with every patient.

But some people don't want to necessary to hear about it. And I still will discuss like if you want to go from a implants to your your breast tissue, there's there's three elements. So what's your skin quality like?

Is it stretch? Do you have stretch marks? Is there going to be any recoil left in the tissue? Some people just don't have that quality of tissue. Then the breast gland itself.

Like how much breast tissue do you actually have? And that can be all over the place. You maybe started with a A-minus or you start with a C, whatever.

And then the final thing is the nipple complex is it's really stretched out now because of the implant or breastfeeding or what have you. Is it really low sat?

You know, those are the three elements you got to make sure that your your patient understands those three elements and there's different things to do.

There's skin lifts. If there's not much breast tissue, there's reshaping of the breast tissue, which is usually done with a vertical lift or what's affectionately known as the lollipop that preserves the contour of the bottom of the breast and then obviously adding fat to give it back and there's a lot of variables to control What I just say.

Now, and I guess I like how you've explained this, and I'm sure that when you're working with your patient, they feel like they have a good understanding of where you're guiding them and and help them to make a good decision about which options to choose right?

Diet, Recovery, and Surgical Support

That's the that's there's a lot going on during a little conversation we have So and all of our clients have the flexibility to have additional appointments because it's not like getting splain everything and give you a plan.

But just what you said your from the patient side, the mindset, okay, what do I want? How am I gonna feel about

that? Some people want to wait totally fine like so several hundred of these I did without any lifts, any fat transfers.

And I've done several hundred with lifts. I've done several hundred with lifts and fat transfers. There's not a component of it that I haven't done. It's just trying to marry that.

Yeah. Concepts of what that you know, patient needs or wants and what they can, you know do. There's all these timing issues. I mean folks have busy lives and they're coming in to Austin stay in a week most time because most of my patients are out of state.

They're not from Austin. So what is the recovery time? You know, if I'm doing purely just an X plants the way that we do our pre-op process where and we can discuss this.

So you go through a pre-op program, so you get your your testing done and you work with our practitioner. If you need to enter into some kind of phase one detox as prep for surgery, you start getting your gut health online.

So you're eliminating. And so when we do surgery pre operatively the night before, we have folks take three things and this is part of medical management.

This is my alabaster management. And so I use something for nerve pain called gabapentin and I use so friend for nausea and Celebrex as an anti-inflammatory.

So we have these started the night before. And depending on, you know, how the case is, in my opinion, you know, what I find will will manage a little bit differently with Gabapentin afterwards because not everybody needs to be on a lot of gabapentin afterwards.

But nerve pain in this procedure can be difficult to deal with because many implants end up in the armpit area just by migration. And that can be difficult because there's so many nerve endings in the armpit area.

So intra op or when I'm doing the case and I take out one side and I'm looking at everything in the breast pocket, I use this medication called EXPAREL, which is a fancy name, because in the United States everything else has two or three names.

So Express Oil is liposomal Bupivacaine. Bupivacaine has been around forever. It's just same stuff you get at the dentist last 3 hours at the dentist, what I inject lasts about a week.

So for the first week, because I can see everything, I'm working on the rib surfaces and the tissues around that to the best of my ability will be pretty nob.

So some people don't actually use pain medicine after surgery for the first week. So that helps with the GI tract and, you know, brain fog and fatigue.

And my anesthesia group has done over probably a thousand cases with me at this point. So they use as little long acting narcotic as possible. So in recovery, people are conversant very, you know, very early and they're able to go within 30 or 40 minutes for money.

Even on my bigger gains. So the ex plant is 1 to 2 weeks in terms of recovery. Plants and lifts are the same when you add fat transfers, wherever you take fat from, those areas are going to have more soreness.

So we have those folks come in, just like I said, for hyperbaric and lymphatic massage starting on day one or two, depending on how they feel. And that helps reduce, you know, pain from or discomfort from any of those sites.

We took that from. And that's great. I appreciate your sharing this much information. I've got a couple questions left. One is, you mentioned a couple of things as far as the most important detox pieces, and I think we're pretty aligned there, But I'd love to hear in addition to the life as a more good at that in your key detox pieces.

Oh sure, sure, sure. Yeah, yeah. So we've over the past like six months, we've modified what I do a pre-op. So we have things to help the genetic pathways we describe.

So we use Liposomal vitamin D3, K to we have a methylated b-complex that's liposomal. We use liposomal Vitamin C and then we use oral liposomal the desired.

But you have to titrate that up or increase it based on the patient. If they don't have a good tolerance in the beginning instead of a couple of sprays and she has a couple of drops.

So the point being is you're going to get better and everybody needs to understand that you can't change your genetics, but you can work around these pathways and optimize them.

So of the four things I mentioned, if one of them is working, I try to make sure that we're optimizing all of them and leveling that one up as high as we can get it while the others come up.

And so we additionally use glue grades and glycine and we use something for mitochondrial support. And that's a pretty well-rounded way that it's called my inflammation support model.

But I'm so everybody understands once we get you on this, this is your baseline for me during the window that we're going to operate, you're going to recover on regardless of what you need from detox.

So we partnered with Cell Core for Detox and depending on your level of need of that, there's different protocols. And so my base is to put them on the things I feel that are most conducive to reducing inflammation like I mentioned and then go from there.

Beautiful, great overview. I want to go back just a moment to that emotional side of this. You mentioned a book, Amanda Savage Brown, The press playbook.

Any other things or do you think that's just a really great resource for the. I feel like that one because she had breast implant illness and she happens to be a.

It sounds like it's worked for your patients pretty good. And I've interviewed her myself and, you know, just like anything, I don't really I don't like to recommend things I don't have firsthand experience with.

So I really feel like she has such a handle on it. It would be a disservice to I haven't got the experience with others, but her her commitment to taking care of these women and helping them through the process.

And, you know, she gives a great deal support through her booking, through counseling and coaching.

Reconstruction Options and Emotional Impact

She definitely has convinced me that not just as you mentioned, you know, obviously we've done a lot of work on our end to understand that better. But the psychological aspect, I think certainly and she jokes about it with me, she says a lot of surgeons will quit taking care of x Y patients because they're just from the maybe it's the staff or maybe it's the surgeon.

They become fatigued from from taking care of the patients. And you know what I've actually gone doing is when I hire people to work in my office at any level.

Now, part of the onboarding, you know, or actually the initial interview process is like, this is our patient population. So we we discuss it, we go into detail about it.

And she can't be empathetic to this patient population. You can't work for me. So the, you know, group of patients who've been experiencing this problem have had a lot of trouble with providers and clinics and maybe even specific staff at clinics.

So I feel like and we get a lot of compliments on our staff. We have incredible staff. They're lovely, amazing and just so personable. Make everybody feel comfortable.

I acknowledge you. They're done a great job. Well, that's I mean, that's the key. I mean, and sometimes people will be they're upset. It's very emotional for them, like you say, and they'll they'll unload on my staff or never me typically, but I'll hear about it then.

You know, I have to call people sometimes. So, look, you know, we want to take care of you, but you can't. You can't behave like that in my office. Ever.

It's not allowed. My staff are never going to be, you know, anything but caring and and helpful. And so. Yeah. So are there ever is there any situation that you would recommend somebody not have an ex plant?

Is there anything you know, you get their body ready, get them ready to heal. Well, I have to let it come in with a raging metastatic cancer over implants.

And she was begging me to do her case and I was like, I can't do your case safely. Well, it's not something that I can do. I don't operate hospitals anymore.

And, you know, she's one of the people that initially she would just say no. Wow. So there's there are cases like that that are, you know, from an oncologic and safety standpoint, things you just can't do. I think from a work up standpoint, I have had people with bad cardiac disease I can't take care of.

I just sort of re understands I don't go to hospitals anymore. I haven't been in hospital very, very well. You operate out of this surgery center, which has a different level of care.

Right. A complication. Yeah. Right. So and I make no apologies for that. I did my 20 some years, 30 years in hospitals, but it's a lot. Yeah. So I just, you know.

So you think that they these people need the X plant procedure. You just think that it needs to be done in a different environment. Like, is there ever a person that you think, No, you need to keep your implants?

Oh, I think when we go through our I have had asymptomatic patients. So especially if like I have, you know, you haven't asked the question, is there a test that screens that allows me to tell people whether they should or should not go carbon augmentation?

And the short answer is no. But I can give you the genetic archetype of who's going to experience the most problems down the road. Now, what you do with your environmental exposures dictates a lot of what you will experience.

In my opinion, overall. Now, when you're armed with that information, that's probably the best informed consent I can give someone and then they make their own decisions.

I haven't placed implants in over three years, so. And that was going to be my next question is did you ever put them in somebody. I honestly Dr.

Who Is and Is Not a Candidate

Shippy, I took care of problems exclusively for such a long, long time and prided myself on finding solutions to problems because that's what you do for cancer cases or capture contracts or cases from cancer or cosmetics.

And, you know, finally, I've learned that it's better just to not do some things anymore. I'm a I'm an older guy now. I just turned 54 last week. Happy Birthday. Thank you.

And I learned not to do that anymore because no matter how good I am, no matter how good I am at fixing

problems, it just became my problem and I fixed it.

So eventually they're going to come to me if there's a new problem. And that's the that's the nature of having implants. You know, the whether it's the orthopedic puts in your knee or hip, I mean, those are not going to be in there for your whole life.

So I'm sorry, but that's just not the case. And a breast implant is no different. Choose the case. So I would say anybody listening that's thinking about doing implant breast implants, read the breast Playbook.

So you know what? You're really getting into before you make that decision. Yeah. Yeah. I really respect the fact that you are not putting them in any more and based on what you've seen and how you care for your patients, it's I just really appreciate that.

And that the way that you treat the whole body, not just you're doing the surgery, you've really expanded your expertise and knowledge in such a powerful way or to truly help patients to to be well.

With deep learning. You tried a lot to keep up with. There's there's new things all the time. I, I, I drive myself crazy with. Okay, we need to add this test done now and oh my gosh, there's great data behind this supplement that we need to add.

Oh, that's that's true. So I'll end it with this. I am looking at natural killer cell function because I think that's a key problem. Yes. And these but it makes sense.

I mean if you don't. Inflammation. Baby detox. Well and inflammation super high when you get a young person and I work with a couple of people once Ph. D.

Resources and How to Connect

and we'll bounce ideas off and all that's the most you know logical that in the impaired stem cell function are probably the two other key elements. It's just not easy to to sort that right.

Well, thank you so much for that. Your wealth of information here. And I'd love for you to let people know how to find you here. So if you're you're interested in learning more about breast implant illness, we have a couple of ways to follow us on Instagram.

It's @breastimplantillnessexperts, and then we have a website breastimplantillnessexpert.com. And so those are they avenues to learn more about this. I have my own podcast that's just about breast implant illness so you can follow along that it gives you pretty much the playbook of what I do.

And that's called. Breast implant illness expert. Okay, great. And if they want to find your clinic. So I am in Austin, Texas, just like Dr. Shippy is.

And if you go to breastimplantillnessexpert.com and fill out a contact form my team will comment. Awesome. Well thank you so much, Rob. I am so impressed by your dedication and your willingness to be so curious and asking questions and modifying it to improve every day.

Thanks for having me.