Introduction to Breast Implant Illness

Hi and welcome to another episode of the Healing Lyme Summit 3.0. I'm your host, Doctor Myriah Hinchey. And today we're going to be talking about Breast implant illness.

So in complex chronic illness, particularly Lyme disease, mold illness and other infection driven conditions, patients often remain stuck in cycles of inflammation despite targeted therapies.

One commonly overlooked driver is the presence of implanted foreign materials, which can perpetuate immune activation, biofilm formation, and toxic burden.

Doctor Robert Whitfield is a board certified plastic surgeon and founder of the Sharpe method, a biologic recovery system integrating surgery, genomics, detoxification, mitochondrial optimization, and regenerative medicine.

He is nationally recognized for his work in breast implant illness, and has published the largest series of PCR tested X plant capsules, demonstrating bacterial contamination in nearly 29% of cases, with thousands of ex plant surgeries performed.

He is also a pioneer in combining X plant surgery with fat transfer to restore natural form without synthetic materials. Doctor. Rob, thank you so much for joining us.

Thanks for, having me on, I appreciate it. I feel like, the Lyme, the parasite, the mold, the EBV reactivation, all the things. And, troubling my patients quite a bit.

So what do you think are the biggest ways that breast implants can contribute to the overall chronic illness picture with systemic inflammation? Well, I think if we, you know, just generalize that any device causes inflammation.

That's not, you know, native to your body. So our body, you know, from the T-cell response is always going to recognize what's foreign or what's not self.

And so I used to do breast reconstruction. And before I knew anything about there, there really wasn't a breast implant illness, probably in 1996 or to the early 2000.

In that kind of nomenclature or terminology, I always thought that obviously any hip, knee, breast, dental, cardiac, neurologic, whatever device that somebody had to put in to help a patient with that was it.

Their own tissue could get infected. We all knew that. And then there were studies done on particular, blood vessel grafts.

How Implants Drive Chronic Inflammation

So things that would replace a blood vessel. They were tubular grafts and they would become infected. And it was very hard to determine what was causing the infection.

And the concept of biofilm was talked about a lot. And it actually took a study where they vibrated the vascular graft, and that was able to release the bacteria off the surface of the graft so that they could figure out that it was something like staph epidermis, which is a, a common bacteria associated with biofilm.

Original biofilm is like plaque on your teeth. But so knowing that I was taking care of patients with breast cancer reconstructions with implants that had been referred to me because they were having problems with firmness, hardness, which is a capture contracture.

And one patient in particular, she came to me. It would have been like 2006, and she had redness of her chest intermittently and had pain and some tightness and sometimes difficulty catching her breath.

And she said, you know, is there anything you know, available now that you can do for me? And back then I was one of the early people, providing what's called dip free flap reconstruction in the country.

I had trained from 96 202 and 02204, and I was now in practice after my microsurgery fellowship and oh 4 or 5. And I really wanted to do this type of surgery.

So I traveled to Europe and Asia because we weren't necessarily doing a lot of it in the United States at that time. And I really pushed a push to push to start doing that surgery.

And it's basically a technique where you preserve the muscles and the nerves and just take the associated blood vessel with the skin and fat of the lower abdomen that's discarded, and tummy tuck to make a breast reconstruction.

You hook up the blood vessels underneath the sternum like you would use. And hearts are so. I did this for this patient and this redness, this tightness, all that stuff went away because the tightness and the the limitation on breathing is more a restriction of the expansion of the ribs.

And the weight of the device is something that once you remove it is like doing a breast reduction. So there's multiple things happening, right? You're removing restriction of expansion from taking the scar tissue away so the chest can expand better.

Then you're taking weight off the chest. Imagine having two Coke cans tied around your neck on a string. 336 is a can of Coke, so I put one on each side and tied around a string, and that's kind of AB instead of average sized implants.

Now for reconstructive patients, because they've had mastectomies, those implants are always bigger than that. So if you do all those things and then you replace it with think of your own tissue.

So it's healthy, it's hooked up. It has a blood supply. That's the best of all right. So now all the foreign materials gone, all the old scar tissue is gone.

You can breathe easier. The weight is different because your own tissue is not as dense or heavy as saline or silicone. Right. So that's a better natural form of reconstruction.

Plus it's always going to be smaller not bigger. It can't be the same size. And I did that without knowing, you know, what I was you know doing essentially was removing this generator of inflammation.

Now some people don't deal with that as well as others. Right. So there's genetic differences and detox capability and pathways. And then there's overall toxicity burden that we acquire through life.

And in these patients they were getting more and more treatments. So some of those treatments were platinum based treatments. Some of those treatments would be other chemotherapeutic agents and they would get potentially radiation.

There's a lot of things that are getting thrown at those patients, in addition to where they grew up, where they worked. You know, the food they ate, the air they breathed, the fluids they put into their bodies, the things they put on their skin.

So all those things matter and all those things affect how that person would, you know, cope day to day. So I felt, you know, obviously when I removed all that material and just did their reconstruction with their own tissue, that would solve this problem.

Right. So when I, you know, have patients come in and they have chronic inflammatory symptoms, I tell them all the same thing. Breast implant illness is another chronic inflammatory process of which in this case, a breast implant is playing a role.

It's not the only thing playing a role. So that's why I don't ever tell people that plant, no one is going to solve any problem, because we're a collection of experiences over time and exposures and limitations in detoxification and how we live and all the things we do.

Right. So, I mean, it would be simplistic to just say, if we just do this surgery, everybody's going to be fine if we, you know, if it was that easy, I wish was that easy.

It's just it hasn't worked out like that. Right. So there's typically some other type of infection that is is underlying and causing more maybe immune dysregulation.

And that's why a particular person would be reacting to the implant versus somebody else. So we showed that in 694 consecutive X plant specimen samples tested with PCR analysis, that 29% had bacterial contamination and the predominant area staph epidermis and kidney bacterium Agnes okay.

Yeah. And have you ever looked to see or do you know if your patients also have like some sort of chronic infection, you know, like Lyme or another vector borne disease or chronic Epstein-Barr or even like interactions with the spike protein from Covid.

So the way we look at it right now is with my program, we look at their genetics, and we do do a total toxicity burden test with vibrant. And we do a gut test.

We look at food sensitivities and we look at hormones and then basic blood labs.

Capsule Removal and Autologous Reconstruction

I haven't because it's from a scope standpoint. You know, when people are coming to me, they've already typically either been through the gantlet or know they have Lyme or know something about a chronic disease process.

Those folks are being taken care of differently. I do not get down with the work up for Lyme. I do have something that is a little bit frustrating for me, which is parasites.

Yeah, I feel like I feel like when I interview someone about Lyme, I can get some pretty straight answers. Most of the time when I talk to somebody about parasites, I don't I don't feel like I get any straight answers because I don't know that anybody has any.

So I rely on history. And so I just was seeing a patient before I hopped on this, and she's, nine months post plan still has got trouble. Acne doesn't feel well.

That's code for I have a parasite. And so I just ask their travel history and I say, you know, have you guys been down to Mexico recently? Or like, yeah, we go all the time. I'm like, well, okay.

So that's the problem right there. Microbiome is different and can tolerate that. Ours is not. And we cannot write. So you can't have into me behest to litigate and you can't have hers which is gosh for a documentary for jealous or something.

I mean it has to be taken care of and I don't know, it's not like I can't do it because obviously I understand, you know, basic things, traveler's diarrhea and to me, behest, a little, but my use of some of these other antiparasitic is pretty limited in my practice.

Right? That's not really something that I've traditionally, taken care of. I do handle a bunch of upfront anti-fungal therapy now with cortisol. And, I mean, because I do a lot of simultaneous eggplants and fat transfers to help

patients.

And I want a patient who's got a pretty high toxin level to have literally no mycotoxins if I can get them in a better position for that. And then, you know, the number of patients who lived around agriculture, grew up around a golf course, were exposed to organophosphates is very hot.

So I'm constantly dealing with that now. And that's a big problem. Yeah. So how how do you determine if it is actually the implant versus one of these other, you know, whether it's a toxicant, an infection, you know, how do you determine what is the issue.

What are red flags that our listeners should be looking at. Don't try to determine that. Oh, okay. So you all are there and you have a complex chronic illness.

They're a piece of the puzzle. They should come out. Well, pretty much the patients of self-selected doctor, aren't you? So if you've shown up to Austin, Texas, to have an eggplant surgery, you've already determined that that's your course.

I don't ever tell anybody to explain. That's not my role. My role is to simply provide the educational information so you can make the best informed decision.

That's a big decision for a woman to make. And I'm not making that. Absolutely. So so let me rephrase my question for someone listening. Yeah. Who has complex chronic illness and they've looked at all of the other things.

They've looked at Lyme vector borne disease, mold, toxins, etc. they've addressed it. Maybe well, maybe not so well, but they're still suffering and they have implants.

Are there certain red flags that should suggest to someone, hey, maybe it's my implants that are the driving cause here. Well, none of the biomarkers outside of the research biomarkers are commercially available to tell you if it's bile.

So there's something called oxaliplatin home that in the research environment has been tested and shown to be elevated in breast implant illnesses illness patients.

But you can't commercially test for it. The thing that tells me honestly, whether or not someone who's got a they're suffering, right. So you got somebody who's really got a lot of symptoms, they've tried all the things and they finally like, give us a call and usually either virtually or in person, I can get them to give me enough information so they'll say, you know, I feel bad all the time.

Like my my muscles hurt, my joints hurt. It's hard to walk sometimes. It's hard to get out of bed. All these things now in that select group of patients, many of them have had a trial of steroid.

So if they've had a trial of steroid, I'll say, hey, did any of these symptoms get better? And invariably they all will say, yes. So going back to what I said earlier about removing a implant based reconstruction and doing a, natural or autologous reconstruction.

So that would be like doing an organ transplant between genetically identical twins. You don't need drugs because they have the exact same immune system.

Everything else after that needs a drug. So a non-identical twin would need some form of immunosuppression. And then if I were to give you a kidney or you were give me a kidney as a transplant, there were lives I would need drugs or you would need drugs, those would be steroids and some other immunosuppressant.

Cyclosporine is a thoroughbred, whatever that may be. Now, the first kidney transplant was done between genetically identical twins because that's the case.

It's just a technical exercise to establish blood flow and hook up the ureter, to drain the kidney into the bladder. Similarly, papers out out of Denmark last year showed that at the tissue level, people who have caps are contractures or thickening or firmness of the scarring are having more of a organ rejection picture.

So they're having increased T-cell response, which is the natural thing that we see normally. But they're also having to increase B-cell response, plasma response and macrophage response at the tissue level.

And they're measuring it with RNA. So that means the proteins are being produced that they can measure from those cell types. And that's very different.

That's the first time that's ever been reported in the history of the world. But it makes perfect sense. Right? I said that if you replace the implant based reconstruction with tissue, that's your own.

That should end. It should stop the signaling. So this is why I advocated for cap selectivity. That's why it makes sense to me. Because if you leave capsule one that's got actual contamination, that's a signaler.

If you leave capsule in, that's got debris from the device, that's a signaler. If you have a firmness thickness and you have this upregulation of cell types at the tissue level and you leave the capsule in, you still have the signal.

So that's why when you hear people say that like they either have excellent regrets or that they still have symptoms that are expired, you should ask them, did they have a complete caps on me?

And if anybody listening asks the question of like, why do I advocate for that? Like one, just go back to when I said all cancer patients I would treat the same way a complete cap selected because you have to send that off to make sure they don't have recurrent cancer.

You have to check everything and make sure it's not infected when you take it out. Those are just basic fundamental principles. So I do the same thing for the cosmetic patients because I already showed that.

And I have the largest series in the world that 29% have bacterial contamination on PCR testing. And I think the problem would be easily solved if everybody who had this showed up to the emergency room or their doctor's office with a red, swollen breast.

Everybody'd figure it out, right? But because it's not, it's in the prodromal phase for everybody listening, that's the phase before you get the red, swollen breast, it's just it's on a slow burner.

Right.

Testing, Toxicity, and Pre-Surgical Preparation

And so for our listeners that maybe don't know all of the terminology when we're talking about the capsule, we're not talking about the implants, we're talking about the capsule that the body forms around the membrane.

That's the collagen sac your body makes. So it's gone. And the misperception is that scar is impervious. It blocks everything that is not true. Think of it like a screen door, which allows signaling between the breast tissue and anything inside, including the bacteria on the surface of the implant and the implant itself.

Okay, so any debris that comes off of that, your T-cell receptors would look at as foreign, any bacterial biofilm, your body would see that as foreign.

And that can oxidize the oleic acid. The fatty acid in the brass and lead to the production of oxygen like Benton Harbor. All right. So the difference is most standard ex plant surgeries are just taking out the implant itself.

They're not addressing the capsule. And this is what is different about what you're doing. And you're not only removing the capsule, but you're doing that fat transfer which is actually now introducing healthy, normally

functioning tissue back into that area to basically turn off the immune response in that area where the capsule was.

Am I following you correctly? Yeah, I, I, I know that there are plastic surgeons around the country who are saying that you or advocating not to remove the scar tissue castle because they think it's dangerous.

It's not necessary. And logically those things are just flawed. Right. So taking out scar tissue is not quote unquote, dangerous. You're not going to injure anybody.

And saying it's not important is not being familiar with the literature or understanding the basic immunology I just described. I was going to say how the body works.

So like those things start like I always tell patients the same things like you know, if someone says they're not comfortable as a surgeon doing something, then you should just leave, right?

That's fine. Just say you're not comfortable. Don't fear mongering a patient. Don't scare the patient. Right? It's not hard to do. I've done several thousand of them just because you can't, don't want to or don't feel comfortable.

Don't say somebody can't have something done just because you don't want to do it, or you don't know how to do it or you don't feel comfortable, that's not for the patient.

Like I don't do noses anymore. So what right does it mean someone doesn't want their nose done or need to have it? Yeah. If you call my office and ask for your nose to be done, they'd tell you you don't do it anymore, right?

So tell us what's different about your sharp method. How does it support patients before and after their surgery? I think fundamentally in 30 years of taking care of patients, the more you can do upfront to take care of the patient and get them in the right situation, the better the outcomes are.

So I don't like reacting to problems. I would prefer in my old age to really just have them organized and start crossing them off the list. So I have spent a lot of time with genetics and have a really good understanding of the genetic archetype of the patient who has the most symptoms.

And I have some basic assumptions like you have a poor vitamin D pathway or just genes, you have a poor methylation pathway. Everybody's heard about MT4, although I had a patient recently tell me they didn't know what that was.

It's hard to believe the glute you're on a Dacian pathway is one that I find pretty fascinating, because that one handles a lot of burden. I think, you know, from a liver standpoint, and it's probably been underappreciated.

And then the the final one is the Sod two pathway or the antioxidant pathway that handles our oxidative stress. So our cells work really hard to build up a lot of free radicals and then ask to be detoxified.

Think of it like you're working out hard and you get really, really sore. Everybody's got to recover. So those are fundamentally flawed in my patients.

Plus many of them have really poor estrogen metabolism, high levels of estrogen. So if you have all five of those going on, you are going to be the most likely to have this problem develop.

But honestly, if you just took the implants out of the equation, that would probably be a pretty good combination. Problems to give just any chronic illness.

Okay, so what is your method? I mean, obviously you're prepping them before. And so we look at genetic. Are you doing the toxicity burden like most of the patients will have toxins like my guitar toxins or organophosphates or heavy metals or something.

Now I don't try to solve heavy metal burden upfront because I don't know what, if any, is coming from the implant. I

try to get a my cat toxin burden diminished.

So we have an antifungal protocol for that. And I recommend that you do hyperbaric before that as well. Before they get there, we look at a gut test to see who, if we can, has a parasite or another overgrowth to try to help them try to get their diet organized by the sensitivity tests so we can not put them on a elimination diet, which seems very crude, but actually just have them eat according to what currently makes the most sense for them, and then check their hormones.

I have a lot of people with a lot of testosterone suppression, and we try to help them with some basic guidelines before that. So that's the prep. It can take two weeks, six months depending on what their logistics are to get here.

And then through those protocols and preparations, they show up the day before. We see everybody go through everything. And then I have a draft protocol the night before, which is a couple of medications to diminish nerve pain, nausea, inflammation.

And then the next day, our anesthesia providers two ultrasound guided nerve blocks with local anesthesia to provide anesthesia before they ever get back to the operating room.

And then we provide more when we do it. You mentioned doing simultaneous fat transfer, which I feel should be the way forward for this in the country and around the world.

So although I don't want to write another book, I feel like that's going to have to get written at some point. If you take fat from other places, after preparation of the patient properly and looking at their Dexa scan, knowing their BMI, counseling on diet, sleep, nutrition, all the things you set them up to have a less, I would say, emotional or psychological change from the appearance because somebody is worried about the appearance.

That's why I got them typically. And obviously we know that we're trying to do our best all the time, but usually the toughest cases are the low BMI patients.

So low body fat patient, big implant, never a good combo. So I always try to help wherever I can to prepare them, get them ready, and if I can do a simultaneous, I feel like that at least gives them the best kind of one time, treat anything after that if they want more volume.

Certainly if they have enough, fat, over time, they can do another fat transfer because that's natural and you can add to it. If someone had skin that needed to be revised over time, most of those things are just done under local in the office.

So it's it's it's not the easiest group of things to get done for patients. But, I still find it very challenging. And I try to help just this group of patients.

I think there's a lot of, it hasn't gotten the attention it deserves, and certainly has got me a lot of grief for providing attention for it. I'm sure it has anything controversial, anything that, you know, isn't relying on drugs and, you know, things like that tend to get scrutinized these days.

But, well, well, oddly enough, the implant companies, the two major implant companies are owned by pharma companies. Just so you're super clear, doesn't surprise me at all. So I want to talk about what factors determine whether someone would have a successful plant surgery versus those who continue to struggle.

But before you answer that question, are there actual like toxins that are being leached out of these actual implants that are contributing to the overall toxic burden with a patient?

Yeah, I mean, I got a lot and a lot of trouble for this on a, on a show I did with a patient of mine, Lauren Boston. So Lauren Voss is my patient, and she had a very aggressive sauna regimen.

She had a dry sauna that got to over 200°F. And she would do that for 60 to 90 minutes at a time. And so, she

would come to me and say, hey, I think I was just melting my implants.

I felt terrible after those sessions. And on her podcast, we said, yeah, you're probably just melting your implants, but that got me accused of an ethics violation.

And so the proper scientific terminology is leaching. So think of a plastic water bottle, you overheat the water bottle, the phthalates come out of the plastic, which is a plasticizer, to make it firm.

Gets in the water, you drink the water, disrupt your endocrine system. So in this setting, you're getting overheated. The shell components, the heavy metals tan, cadmium, platinum, aluminum, all the things come out into your system.

And then you your body tries to deal with them, right? Your liver's trying to handle them. You're trying to excrete them in your urine. So without any provocative challenge, I think we did her toxicity test, and she had the most heavy metals of any human I've ever taken.

Wow. I never would have imagined that there's heavy metals. And, I mean, maybe I'm. You know, I've never really looked into the topic.

Sauna Reactions, Heavy Metals, and Detox Burden

And I know this might sound very naive, but, like, I never, ever would have imagined that there's heavy metals in breast implant material. Yeah. Ten in particular is a bad actor for your brain.

So if you get high levels of ten, you can have a lot of logic. Yeah. Well like an aluminum being like an adjuvant. Right. That stimulates the immune system and whatnot.

Like I guess just hearing that and understanding that connection to me explains a lot. Yeah. So I mean, I got in a shit ton of trouble for that, which is nice.

I mean, but people stop on a, and then, you know, when we want to rise out of people, I just say sometimes it gets a few comments, but nonetheless, like, I would have been able to answer the question had I never said that on her show, because more and more people too, just kept doing it and coming in.

But because of that show and her influence, a bunch of people just stopped in their tracks and that was probably better for them. So I think as a public service announcement, if you feel bad after sauna and you have breast implants, then just don't sauna.

Just be mindful of that as a potential thing that's happening. And if you want some guidance, you know, I can't operate on everybody around the country and around the world.

So we have a program that's ran to help patients with implants better understand it. So we have testing that can be looked at. I mean, most of these things are not that cryptic.

It's just like trying to answer the question. But you have to ask the question like, is this really a problem? If I sauna and people ask me all the time, like, can I sign or not sign?

I'm like, well, do you feel bad after you sign? And they're like, no, I feel great, then that's fine. Then just do your thing. Listen to your body. Yeah.

If you feel like trash, that's not good, right? That's. You should look into that. That's not the goal, right? That is called a sudden hammer reaction.

She was basically giving herself a Hertz and I reaction every time she was in the sauna because she exceeded her level of detox capability and she would just not feel well.

I don't think it's that complex. Right. If you just listen, you know, I mean. It sounds logical if you just think about it. Right. So for our listeners that have Lyme mold illness or another complex chronic condition, does this change your approach or do you do anything differently knowing that those infections are there?

Do you want someone to have as best to their ability, have shrunk those infections? Got the immune system is as much back into normal functioning as as possible before you do the surgery?

Or is it like no part of the healing journey is getting this piece? You know, the ex plant piece and calming that down is super important. So it's something that you would actually maybe do in the beginning.

Like how do you approach that? Yeah, I've had it. I've had it done, I think most successfully, my patients who've gotten their Lyme treated and if you can control it, control it.

Yeah. And then if we've identified a mycotoxins burden, then I feel really strongly that has to be treated upfront with, how we discussed an antifungal binder, a medical grade binder.

And then I will tell you. And it meant to me it makes a big difference. And the patients I've taken care of personally is hyperbaric upfront. And then certainly when I do a fat transfer, I encourage everybody to do hyperbaric for at least a month after I have it in my office.

I have a hyperbaric chamber, a human regenerator so present from New Zealand. And we do that with nano V, and we have a big red light. So like you're going to get everything at our place, but once you go, just because of the sheer size of this country, it's very challenging to get everything.

And if you're in a small area, of course, then be harder. But many of the wellness places now are getting like a at least a horizontal one point for atmosphere chamber.

So you can do it. I have a vertical one because I do chest surgery and breast surgery and I don't I don't want anybody pushing and getting in and out in a way that could, disrupt something we took care of.

But I think all those things are are important. I still, you know, I want people to be as, you know, healthy and feeling as good as possible beforehand because I am not Harry Potter.

I'm not going to magically make anybody better with surgery. I'm going to cause the biggest cortisol burst you've ever had in your life. Right? So on that note, what kind of outcomes do you see in your patients after X plant surgery and after they've gone through your method?

Recovery, Gut Health, and Patient Resources

Yeah, I think the the most complex thing is the gut. If you eliminate the gut, I feel like we're hi high high in the these are 9090s of solving problems.

But these gut problems and in particular these parasite problems, they just linger and they're not easy to take care of. And they make patients really unwell for long periods of time.

I just saw this patient is nine months out. Everything we did from a a breast perspective is fine but still has acne, still is dealing with constipation, still has, you know, energy level issues, intermittent problems with, irritation of the urinary tract like these all to me are rooted in the fact that she's got an untreated parasitic problem.

And we're going to, you know, be more aggressive with that. A lot of people want to just, use homeopathy. And we we support that and try to do that with everybody.

But this is like persistent now. And, you know, you know how hard it is on a gut test to show a person. So if you have one which we have one for this person now we're going to treat it and see if we can just help them start to feel better.

I just ask the same questions all the time. So everybody like post-op, you know, a month and three months, I'm like, are you feeling better? Yeah. Overwhelmingly. It's. Yes.

With the exception of these gut issues that linger. And if you asked all of my practitioners that work for me because we have three full time detox practitioners, they're all going to say the gut is the hardest thing to solve.

Yeah. So it's not like, did I get the chest or breast part solved or did I, you know, get the fat in the right spots and all the things like, that's not the thing that causes the problems long.

There's always got things right. It's very hard to heal or to take any therapy or do anything if your gut is not functioning properly. And even with everything that I do to help people heal from Lyme and other complex chronic illness, it's all in the gut.

You can't detox if your gut isn't functioning properly. So and we we do a lot of very similar tests and treatment modalities and we should always qualify this.

I don't do more surgery on people with gut trouble. In fact, I pause, I delay if you have a bad tox profile. Invariably that's leading to liver and gut dysfunction, so you're going to get delayed on what you can do anyway.

I'll have those patients asked for more elaborate procedures, but I won't do that. I'll just say, hey, we can do this eggplant for your eggplant live pretty much very similar recoveries.

And then all that hard work with the gut and the liver and everything has to be done. And it may take six months. It may take a year. I don't know, everybody's very different.

And depending on what they got into in their life, I mean, it's going to take a while to unravel. So what would you say to patients that suspect their implants are making them sick, but they're dismissed when they bring it up to their physicians?

What sort of resources do you have that could help them, or what would you say to them? Yeah, I feel like, you know, we've you used to be able to type in breast implants, and I would be the top of the feed for you too.

And then I was taken off last summer because they changed their health policy. They stripped my U. S license doctor a YouTube badge, and then they took me out of feed.

So I think I used to get on some videos, 6 million views, but now I don't get in it basically. So. But you can go to Dr. Robert field.com, which is my main website, and I think we put together the best set of resources for women looking for answers about breast implant illness as a general condition, how to diagnose, how to treat, how to recover, knowing that this is not some easy diagnosis, right?

I don't sit and and interview and try to diagnose anybody. I try to listen to. Like historically. What did you get into? Where'd you travel? What are you experiencing?

What have you done that helps? Where are you in the moment? And then of course, we have resources for the worst possible things, which are breast implant associated cancers.

I've given testimony in the FDA hearings about breast implant illness and breast implant associated cancers. That's on there. We have a private community now, so people just want to ask me questions.

I can join it for free, and they can ask their questions, and nobody's going to censor them, and nobody's going to censor me in the community. Can you share what that community is and how patients can find it or people can find it?

Yeah. When you go to the website, doctor Robert whitfield.com, it's called join the circle doctor Rob circle.com. And so you know we created that just people can ask questions and not be worried about you know like people don't

like me on Facebook or Google or I don't care.

It's fine. It's all good. So do you have like a monthly event or a quarterly event where people can come on and do live Q&A days? Or how does your circle work?

Yeah. So currently we go live Tuesdays and Thursdays at 7 p.m. central and Wednesdays at 2 p.m., right. So three times a week. Yeah. So if you're listening and you have questions about breast implant illness, you can come on to doctor Rob circle three different times a week and you can get your questions answered and see if this might be contributing to your complex chronic illness.

Yeah. And go to the you can always go and check out any of the videos. I think the most important thing, Doctor Hinchey, is patient stories. We have a bunch of patient stories up that you can listen to them.

I mean, the patients, basically, they're the the reason why we do what we do, obviously, but their explanations of what they experience are the most important things.

Right? Everybody's going to be very different. And I always get asked, so have I ever heard of this symptom or that symptom? And the short answer is no.

But, you know, given enough time, I probably will have. And when I say that, I probably have heard of most things you can say over this, several thousand cases I've done, but they really answer the questions and tell you the story.

Like I will get everybody prepared to do the surgery properly and help them recover. I have a great team. None of us can do anything with. Our team's mind is exceptional.

And Austin, Texas and I have patients who've had the surgery on our team. So you're not just talking to people who work for us. They've had the surgery and done the program, so they're fully invested in helping everybody get from this point to heal.

It's great. Is there anything else that you'd like to share with our listeners that you think it's important that I may have missed? Asking you know, but I will say that people ask me what they can do now.

So the things you can start doing now are very, very simple and fundamental is work on your sleep. The thing I prioritize over everything else is sleep.

You only recover when you sleep. So I'm I'm very much an advocate for sleep. And women are underdiagnosed with sleep apnea. So if you ever wake up gasping or you wake up super tired or your brain fog and all this stuff, it would be worthwhile.

And I use a company called ResMed. I don't get any money from them, but you can wear their test online and get it sent to you and get tested because women have this higher incidence of Alzheimer's.

And the reason I bring it up is, I've done surgery for almost, oh, 30 years now, and fat transfer is really sense. Oh, for now, I know how to move fat from one area of the body to the next, and I'll do all the things.

What I can't do is take you home, make you eat right, make you sleep right and take care of yourself. If you don't sleep enough quality, depth, and have enough oxygen, your brain can only last four minutes without oxygen.

That means when you're asleep, if you have sleep apnea, every single resource in your body is going to be sacrificed for your brain. Every area I mean.

So if I put fat in a new position and it's got a heel or I operate on you in any position, it has to heal, your healing is going to be significantly delayed by one.

Not enough rest or not enough oxygen during that period of rest. Not enough nutrition, so not enough protein. So we're always like 150g of protein a day is kind of normal for us in the perioperative period.

And then healthy fats of course, not drinking too much fluid before you go to bed and then getting off your screens and all the nonsense before you go to bed.

Right? So you only recover when you're asleep. That's the take home. Like you can start doing actionable things right now, investigate the products and the things you put on your skin, and make sure the quality of the things you put in your body the fluid, the food and the air.

Highest you can be 100%. This is and this is what I tell my patients all the time as well. So thank you for being with us. Absolutely. Thanks for having me on.

Wonderful. Oh, and you have a podcast as well. Correct? Yeah. We just called it The Doctor Robert Whitfield's show now because otherwise I'd get censored.

Okay, so you're on all of the major podcast podcasting platforms, so they also can find you there. Wonderful. Okay. Well, thank you so much for joining us.

Thanks for having me. Absolutely. And to all of our listeners at home, thank you for joining us. For another episode of the Healing Lyme Summit 3.0. We'll see you next time.