

Consensus Statement from the Breast Surgery Collaborative Community (BSCC) on Capsulectomy Terminology and Management

1. Consensus Terminology for Capsulectomy
 - a. ***En Bloc capsulectomy***
 - i. Removal of the breast implant capsule with a margin of uninvolved tissue for treatment of suspected or established breast implant-associated cancers after appropriate medical workup.
 - b. ***Total intact capsulectomy***
 - i. Complete removal of the breast implant capsule as a single unit.
 - c. ***Total capsulectomy*** (Total Precise Capsulectomy)
 - i. Complete removal of the breast implant capsule, not necessarily done as a single unit or in one piece.
 - d. ***Partial capsulectomy***
 - i. Removal of the breast implant capsule where some capsule is left behind.
2. The **absolute and only indication** for an en bloc capsulectomy is for an established or suspected breast implant-associated cancer after appropriate medical workup.
3. **Possible indications** for capsulectomy include:
 - a. Capsular contracture
 - b. Ruptured implant
 - c. Any abnormality or suspected abnormality of the capsule
4. The informed consent for patients considering a capsulectomy should be a shared decision-making process with their surgeon, including a discussion of potential benefits and risks. This should include patient concerns regarding systemic symptoms (often referred to as Breast Implant Illness or BII), the risk of breast implant-associated cancers involving the capsule (such as BIA-ALCL, BIA-SCC, etc.), and any potential future risks, especially resulting from textured implants and tissue expanders. Importantly, the risk of the capsulectomy procedure itself, including the patient's medical history, must also be weighed against those risks noted.
5. It is currently unknown whether capsulectomy prevents the future development of a breast implant-associated cancer. There is a rare subset of patients who have still developed a breast implant-associated cancer after capsulectomy. Patients who do decide to undergo a capsulectomy, particularly those with textured implants, must continue standard clinical monitoring and imaging surveillance. It is always a patient's choice to elect to undergo a procedure such as a capsulectomy, provided the risks of such a surgery are clearly understood.