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# Implant Insanity

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# Implant Insanity

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Regina Nelson, Ph.D.

**ISBN:** 9798844626807

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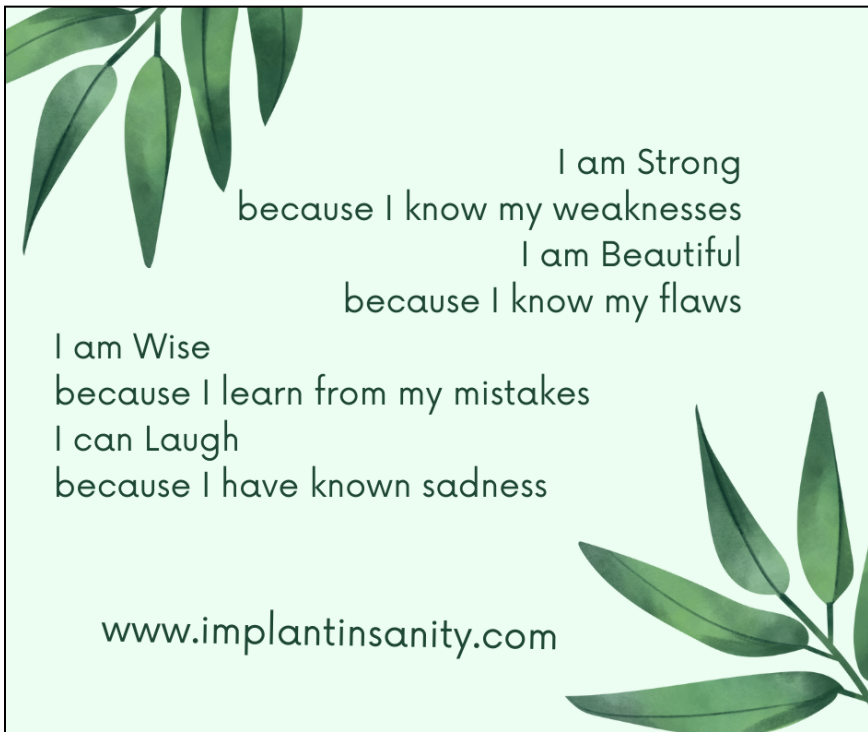
# Implant Insanity

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*Implant Insanity* is dedicated to:

My dear friends, Gretchen, Christy, April, and Maria,  
and all women in the BII/ASIA Sisterhood



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## Chapter Two: My story

By Regina Nelson, Ph.D.



Dr. Regina Nelson, with Dan Aykroyd and Jim Belushi, Oklahoma, 2021 (Just weeks before my explant - looking pretty rough, it was about all I could do to get to the event that day).

I have written quite a bit about my personal health journey. My first book, *Theorist-at-Large: One Woman's Ambiguous Journey into Medical Cannabis* (2013), discusses my health/cannabis journey in between essays and articles I wrote academically on my Ph.D. journey. I also included personal health information throughout *The Survivor's Guide to Medical Cannabis*. This book dives into the science behind medical cannabis and provides targeted dosing guidelines for hundreds of medical conditions. A second edition of *The Survivor's Guide to Medical Cannabis* was released in June 2022 -- in it, I added a section about Breast Implant Illness. This is not the

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story I have told before, because I did not know what triggered my autoimmune issues. Now that I do know, I felt compelled to share this information with other women who can benefit from learning about my experience.

## My BII Story

By Regina Nelson, Ph.D.

I developed breasts early. By the time I was 12, I was a full C cup—and quite frankly, annoyed with the size. My breasts got too much attention and interfered with sports. Many times, my grandmother mentioned that getting me to wear a bra was like bridling a horse, but by 12-years old I really could not go without one.

By the time I graduated high school and married my high school sweetheart, I was a D cup. When I became pregnant a little over a year later, my belly stayed about the same for the first five, almost six months. While my belly stayed flat, my breasts grew--and grew! My husband joked that we were going to have twins, I was just carrying them really high. In month six, my baby belly finally caught up with my breasts. After giving birth, when my milk came in, I was in an FF cup. If you would have mentioned then that someday I would choose to have breast implants, I would have laughed and laughed at the craziness of that idea.

I battled pregnancy weight gain, five times between ages 19 and 29; giving birth to six children—the last pregnancy was twin boys (I have three incredible sons and three incredible daughters, for this I am truly blessed). In between pregnancies I began to suffer from what would later be diagnosed (from the hysterectomy pathology report)

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as adenomyosis. Adenomyosis is a lot like endometriosis, but it cannot be seen on the outside of the uterus and diagnosed as easily. It is basically the same condition but lies within the uterine tissue. But from a pain perspective, it rivals it for sure. I had pain every day, and for 10+ days a month, I had excruciating pain along with heavy (and I mean, heavy, clotted) bleeding.

At age 31, I had a partial hysterectomy due to adenomyosis. (They took my uterus but left my ovaries). Along with it, I had my bladder tied up (the five pregnancies had really done a number on it). The urologist that performed this portion of the 4 -hour, double surgery, relied on transvaginal mesh to reinforce and support my bladder neck and urethra. He assured me it was “positively safe,” and I would never need to have it removed--it would just become a part of me –and it has. This would be the second toxic load I would take on due to a surgery (the first had been metal clips when I had my tubes tied). The largest toxic load would be voluntary with breast implants more than a decade later.

There were almost 12 years between the hysterectomy/bladder surgery and when I would receive breast implants. During this decade of my life, I sometimes joked that I was being parted so a clone could be made of me. In seven years following the hysterectomy/bladder surgery, I also had my gallbladder, appendix, and tonsils removed, and had a sinus surgery to resolve a never-ending sinus infection. As well, I started into early menopause having tons of hot flashes and mood swings. All during this time I struggled with weight issues, so I decided to undergo gastric bypass surgery, when it became apparent that I could not lose weight no matter how hard I tried.

In two years, with a huge change in lifestyle: I was now running 5-miles several times a week, walking at least 5-miles a day in addition to the runs, and doing yoga regularly; I had settled at a weight of 145. I looked great. I felt miserable. Getting the weight off

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helped a lot of things--and I looked “healthier,” but I was still suffering from what I now know were autoimmune disorder symptoms: joint and muscle pain, chronic fatigue, random neuropathy issues, and memory fog.

After a weight loss of more than 100 pounds, and having given birth vaginally three times, and having two c-sections, I had a ton of skin just hanging on my belly. During an annual exam, in which he could not help me address “all these strange symptoms” (i.e., the autoimmune issues), my primary care physician did two things: prescribed me Benzodiazepine and Valium (both with a 30-day supply to pick up now and a 90-day mail in script that auto-renewed—the amount of medication is still beyond shocking) for the “aches, pains, and lack of sleep” and asked if I would like to see a plastic surgeon for “all that extra skin...it must bother you, and I think your insurance will cover it if I refer you, since you’ve lost so much weight.” [At a later visit—only two months after I received breast implants, he would also prescribe a huge amount of pharma for migraines, since I had suddenly developed a regular pattern of headaches, with at least one migraine-like headache per week. After that visit, I would never return to this physician].

The plastic surgeon who placed my breast implants, has now retired. During the consultation to remove the excess skin from my belly (which contained a vast majority of my stretch marks—for which I was thrilled to see gone, and still am), I was required to stand with my gown open (naked underneath), so he could see “what we were talking about.”

During this pretty uncomfortable moment of evaluation, he asked me if I had considered “having my breasts done--I mean if we’ve got your insurance paying for the skin, I would suggest you consider the breasts next.” He then spent several minutes ensuring I understood how horrible they looked now that they were, “totally deflated.” He also commented about the sagging skin on my upper thighs and

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buttocks. He made sure I knew I needed a lot of work to come close to looking presentable naked – though I was probably in the best physical shape I’d ever been in.

When that part of the exam was over, I stated that what I wanted if I could get insurance coverage, was a major breast reduction to a solid B cup, with a lift. The surgeon stopped, took his glasses off and stared me down, saying, “You’ve always been a large breasted woman, you would be so upset with that outcome and with me for doing it to you. No! No! No! What you need is to fill back out what you had--I can give a reduction to a C cup—but you will require an implant—and some lift will look nice; you would be a nice full C cup that you’d be happier with.” I have heard this conversation ten thousand times in my head—more, because I mulled it then—and a few hundred times as my breasts began drooping –and since I learned about BII, it is back on repeat.

That night, over dinner, I repeated the conversation with the surgeon to my husband of almost 20-years. He was as horrified as the doctor that I would suggest a significant breast reduction, (even though I had the deflated breasts hanging heavily on my chest). He even suggested I consider D cup as the minimum I would want to be-- “look like you did when we met.” He was usually a man of few words, but on this subject he dwelled. He brought it up a hundred times in the following few weeks. At the time, we were struggling in our marriage. I was left feeling like this was due to the fact I was now a deflated version of my earlier self. It was not baggage I should have picked up, but I did--and I carried it for years.

The surgeon did an excellent job removing 3.2 pounds of skin from my abdomen. I am still happy with the results of this surgery. And it was an easy recovery because no muscle tissue was cut, just skin tissue. I had some staples that were irritating, and I could not stand up straight for 5-days or exercise for two-weeks, but it was amazingly easy. And the outcome was nice, very nice.

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At the post-op exam, we again discussed breast augmentation. I asked several questions about the safety of breast implants, which were just returning to the market. I was reassured repeatedly that “breast implants are safe.” In the end, I chose saline implants because I thought they may be safer than full-on silicone implants (if one happened to rupture). I did understand the shell was silicone--but ‘safe, medical -grade silicone.’ It would be ‘inert’ within my body - “Don’t even worry about them, they’re safe.”

The surgeon submitted a request for insurance to cover the surgery, if they approved it was on, if they did not it would never have occurred. I just was not that committed to the implant surgery.

Two days later, the breast augmentation was approved by my health insurance provider and scheduled, just a couple of months before my oldest daughter married—and my husband seemed thrilled. I was not sure how I felt about the whole thing.

I was not ‘satisfied’ with the results of the breast augmentation -- not the lift and reduction portion of the surgery, at least. The breast implants were fine, they filled out my breast tissue, but I was larger than expected and not lifted as high as I hoped. That all said, it was fine. Just fine. I was not about to have another surgery to have them just look a bit better; this one had had a difficult recovery. My breasts remained sore, bruised, and swollen for several months. Many times, I wondered if I should have gotten a second opinion, and just had a breast reduction or left them alone. But it was over and done. It was what it was. I tried to let it go. And I did, for nearly 12 years.

Honestly, the symptoms of fibromyalgia were already being experienced when I had the implant surgery. But within three months, they progressively started getting worse. And the migraines had begun. Over the next year, my health declined further, as

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autoimmune symptoms increased. My marriage also ended, and I quit a corporate job that was burning me out.

Several “ah-ha” moments changed my life course. This included that I weaned, then stopped using the myriad of pharmaceuticals being prescribed to me and found a doctor who would listen to me. I saw six in eight months before one listened—and this was after years of having only uncaring prescribers. The only real assistance provided: a diagnosis- fibromyalgia. But at least I was not considered crazy by another doctor— I had an actual diagnosis.

I was going through big career changes, as I just mentioned. So, I decided to take a crazy left turn and accepted a job teaching English in South Korea for 6-months. I was hoping to learn about myself, how to handle empty nest syndrome, and if major diet changes would improve my health, in addition to exploring South Korea.

Sadly, I found that more than anything, I was just sick. My gut hurt constantly, but testing prior to the journey showed, “everything looked good.” The fibro was constantly flaring—and I was beyond exhausted. Major diet changes did nothing to relieve the pain and exhaustion. I saw little of South Korea; it was all I could do to go to work four or five hours a day, five days a week (at the least stressful job I have ever had).

The year following the excursion to South Korea was a tough one. I had started a Ph.D. program, was teaching business courses part-time, and every single day, my health was getting progressively worse. The stomachache never went away. I was constantly nauseous and vomiting, I lost 25lbs. in just three months, and I had developed insomnia. I spent nights roaming my house, trying to keep saltine crackers down, hungry but unable to eat. I threw-up after almost every single meal. Every part of my body hurt; my brain was so foggy I could barely put one foot in front of the other. I had



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long given up my daily walks or runs, I rarely left the house. I needed a major medical change.

I moved from Texas to New Mexico for a couple of reasons in the late summer of 2011. First, my oldest daughter and grands were there, along with several incredibly good friends, so I had a great support system. Second, New Mexico had implemented a medical cannabis program—and I was truly desperate to see if it could help me manage all the crazy symptoms I was experiencing more effectively.

A couple of weeks after moving, I woke up nauseous and vomiting. By afternoon, when I had plans with a friend, it had not gotten better. My friend encouraged me to go to the emergency room, “because it is not normal to vomit for hours on end.” I hesitated because I hate hospitals. I had a primary care appointment the following day, surely the doctor can help if I am still puking. Right?

About 10 p.m., my friend stopped by my apartment on his way home from work. He asked to take me to the emergency room and promised to wait with me. I refused and said I was going to bed and to the doctor tomorrow—all is well, go home. He did not. He grabbed a blanket and laid down on my couch. I was too tired to fight with him, so I let him flop on my couch and went to bed.

About 1 a.m. I woke up, puking again - well, dry heaving spastically. When things settled a little bit, my friend walked into my bathroom, picked me up off the floor, and took me to his car, belted me in the seat, and off to the hospital we went. (He truly saved my life that night).

I spent almost six hours sitting on the floor of the crowded E.R. with a basin to vomit in between my legs. Every hour or so a nurse would wander over with Zofran (anti nausea medicine) and tell me she was trying to get me back to see a doctor. Every hour or so I would beg my friend to just take me home. He refused.

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By the time I saw a doctor I was a mess and quite sure I was going to die. A few tests later (and the tests came very quickly after I finally saw a doctor and shared my symptoms) and it was determined that yes, I was about to die. My intestines were knotted in a ball (as best they could tell) and I required an emergency bowel resection. I was told this by a surgeon, near my head, with his ‘team’ surrounding me, rushing my gurney toward a surgical suite. I was so high on morphine that it all seemed quite surreal.

The surgeon removed over 6-feet of my small intestine during a 6.5-hour surgery. The three and a half weeks I spent in the hospital following the surgery are a blur due to the massive amount of painkillers required. I had been “gutted like a fish,” my intestines taken out, fixed, and put back in. I had a visible incision from hip bone to hip bone and another inside from bellybutton to pubic bone. Yet, I thought once I recovered from this nightmare of a surgery, I would feel better. Give it a couple of months, and I will be eating well, gaining weight, my pain will be more manageable, etc. Right?

No. No, that was not the correct assumption. Instead, I was trying to recover from a death-defying surgery AND my autoimmune symptoms were increasing—rapidly increasing. In the next year, my fibromyalgia diagnosis would be reconfirmed (not that it can truly be confirmed, but two other doctors agreed, so it had been validated, at least).

I would develop constant urinary tract infection symptoms but be told I did not have an infection. The bladder cramping got excruciating over the course of a year. Finally, after several extremely painful tests, a urologist diagnosed IC (i.e., interstitial cystitis), adding another invisible illness to my growing list of diagnoses. Sadly, the suggested pharmaceutical treatments would all exacerbate my worst symptoms (i.e., increase nausea, vomiting, and joint and muscle pain, and as a bonus, cause hair loss). Medical

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cannabis was my only option at managing this symptom--and eventually, I was, and have successfully since.

The same week I received the IC diagnosis, I also received an RA (rheumatoid arthritis) diagnosis. (Thankfully, an M.S. diagnosis was declined that same week--it was a rough week). My joint pain was at an all-time high, I could barely move. It took a lot of effort just to get out of bed. I had also started developing the painful bumps associated with RA on my finger and toe knuckles. There were several knuckles I just couldn't bend anymore. I also had random pin and needle sensations in my hands and feet. My inflammation markers were extremely high, and I am a gene carrier, so the label got slapped on quickly. However, the pharma prescribed for RA, also exacerbates many of my worst symptoms like nausea and vomiting, which at the time, felt as if they were already killing me. I weighed not much more than 100 lbs. so I couldn't risk losing more weight. I simply could not take medication that was known to make so many of the symptoms worse. I just continued to suffer. Medical cannabis provided some relief (especially when I learned to add topical cannabis products to my daily regimen), but day-to-day life was hard.

Two years, after the bowel resection, I began dealing with chronic anemia. In large part, this is due to the missing 6-feet of small intestine. I simply do not absorb iron. In the past seven years, I have had three sets of I.V. iron infusion treatments for anemia. The first round was awful, just awful. I can only imagine that it must be like some chemo treatments. Each treatment would lay me down for 3 or 4 days without relief and I had to endure 12 weekly treatments. Thankfully, the treatments have improved. This past year, I only required 3 infusions. The doctor also changed the medication being infused, which also lightened the recovery from each treatment. It was not as rough as the first two treatments. That said, I have been assured that iron infusions will be required the rest of my life.

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The following year, I noticed a major increase in body odor. Suddenly, it seemed, my armpits just stunk—and it was not a body odor kind of smell, but more of a chemical and/or metallic smell. I also began to develop breast pain (pain scale 1 – 2), with one or the other breast always hurting at a low level. I also developed shortness of breath. I assumed at the time that this symptom was associated with the anemia—but it did not significantly get better after infusions, so I was confused. Now that I have explanted, I am certain all the symptoms I just mentioned in this paragraph were caused by my breast implants (because they’ve all improved with explant).

In 2019, the regular breast pain I had felt for years began to increase (pain scale 2 –8), the pain behind the implants (particularly on the right side) began to increase. I also began having regular headaches again, and my hair began to thin quickly. I had also started to experience recurring candida infections. The first of which caused painful rashes vaginally and/or all over my face and mouth. Each outbreak took months to heal, and no doctor knew what type of rash I was experiencing. I had three major outbreaks within a year and had no good remedy to treat it. Nor did I know how to prevent it. I had no idea what it was.

After the first major rash outbreak, I met a naturopath--Dr. Dori Abbott. We were brought together to work with a young girl. She was to provide her services and hyperbaric treatments, while I guided the family on medical cannabis therapy. Dori invited my son, Bryan, and me to an AO Scan so that we could see what her practice was about. (He had been my left-hand man on a national public speaking and education tour; and he was curious about the scan too. I think we both appreciate going through the process together. It was mind-blowing and body-changing).

During this scan and review, I was not surprised to find that I had low intestinal bacteria and low gastric absorption. That my digestive

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enzymes and serum total bile acid were high, was also not surprising. I had had gut issues for years. So, my stomach meridian being out of whack made a lot of sense too. This information supported my on-going gastric issues. Yes, my gut was a mess. Yes, it hurts with all this going on in there.

It also did not surprise me that my progesterone, estriol, estrogen, and estradiol were “in a very weird pattern” of highs/lows that “didn’t make much sense.” My body’s symptoms were much in line with funky hormone problems that do not make much sense, so again, no surprise. I think I have been in and back out of menopause, three or four times, puzzling doctors, and me. (Hoping to stay on the back side of menopause this time...).

It was the Toxicities Vital Report that not just surprised me but stunned me -- and it held the answers I had been seeking for years.

Bacterial disease: Bartonella genus, Brucella, Enterococcus faecalis/faecium, Haemophilus influenzae, Staphylococcus.

Fungus: Candida albicans, Candida stellatoidea, Candida glabrata, Candida parapsilosis.

Heavy Metals: Barium, Mercury, Tin, and Platinum

Molds: Alternaria, Fusarium, Mucor

Parasites: Baylisascaris, Cryptosporidiosis, Cysticercosis, HookWorm, Roundworm, Hymenolepiasis, Naegleria, Toxocariasis.

Plus, Epstein-Barr (EBV)

By the time we finished reviewing each of the out-of-balance issues, I realized I knew more about the causes of my health problems from this easy AO Scan (i.e., frequency scan) and Dori’s expertise, than I had learned in decades of doctor-hopping hoping for some answers. I at least had some answers and things I could do to try to battle these issues.

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I spent the next months, detoxing, and treating parasite overgrowth, with good end results. My stomach issues dissipated by half, at least, and my overall joint and muscle pains diminished too. I was starting to feel a bit better. Still chronically ill, but now having far more good days than bad ones.

At the end of the year, my friend Christy was preparing for surgery. She mentioned it several times, but never volunteered what kind of surgery she was having. I did not pry. Then one day when we were at my house smoking a joint, she asked if she could share something very personal with me. Of course---And she began to tell me about her journey with breast implants.

She believes that her implants may have been a trigger for all the conditions that she and I share—plus, a few others she developed like Hashimoto’s disease that I do not have. She did not know that I had breast implants--and I did not say a word, until she was done talking. I just listened—and connected dots. When she finished, I told her I too had implants, and this never occurred to me. Never. Not one time had I thought: I wonder if my implants are to blame. Nope. Not even once.

Christy connected me to several Facebook groups for women suffering from BII that evening. I did not dive in for a few days, because I was still processing. Could my breast implants actually be making me ill? Hmmm...

A few nights later, I had a thought cross my mind—all those heavy metals found in my system during the AO Scan...could there be heavy metal in my breast implants? Surely not, I mean they are medical grade. Right? But I couldn’t shake the thought, so I got out of bed and googled “breast implants + heavy metals.” All the metals found in my system were on the list of heavy metals included in the silicone shell of breast implants!

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That’s when I went down the social media rabbit hole and started researching BII on my own—after all, that’s what I do, I am a researcher. (This book delves into the research I did and puts it into terms that hopefully are easier to understand. The medical industry does little to assure average people can understand the findings of their research. And, as a narrative researcher, it is important that I include the patient voice in this book, so I have done that as well, beginning with my own).

In my initial dive down the social media hole, I found I had far too much in common with most of the women posting. Yet, we were all suffering alone.

I did not see my friend Christy for a couple of months following her surgery. In Covid times, you lock down when you are weak--like before/after surgery. When I finally saw her, I was stunned. She looked so much healthier. She obviously was not “cured” --but then, she did not expect to be, she just hoped to feel a bit better. And she is. So, I scheduled a consultation appointment with her surgeon. The appointment was five months out.

Over the course of this final year having breast implants, my breast pain continues (pain scale 2 –8 with increasing sharp pains and a continuous dull ache), continued pain behind implants, continued and increasing armpit smell issues, a cyst develops in left armpit -another under my right breast, increasing dry eye, mouth and skin issues, headaches are also increasing, occasional ringing in ears or tinnitus, continued and increased shortness of breath. The gastric issues are better due to all the de-parasite work I had done, but not fully resolved. The fibro, well I do not think it will ever fully leave, it is my nemesis. But it had improved.

When I met with the plastic surgeon, who would remove my toxic bags, he did not dismiss my BII symptoms. But he stated, he “would not *guarantee* that explanting would help my symptoms.” I hadn’t

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expected a guarantee. I just wanted them out. And, he did say that my implants needed to come out. Both implants were severely contracted (Grade III contraction). He also explained that they had been put in too close to my weight loss, that's why they were now hanging low (bilateral nipple ptosis). The best solution was not to put more in--simply, take these out. He suggested a major lift and using what little breast tissue that remained to form an A-cup breast (or maybe smaller, he assured me that I had very little breast tissue for him to work with) -- a basic reconstruction following En bloc capsulectomy with a lift. We were in-line, and I didn't care how small my breasts would be.

Now, it was simply a matter of paying cash for the procedure. Not easy after two years of having my business shut down due to the pandemic.

A month prior to explant surgery I returned to Dr. Dori for another scan and a light therapy detox treatment (once a day treatment with a special light for 20 minutes, for two weeks). While I remained "out-of-range" in several areas, including bacterial, viral, and parasite overgrowth, things were not as bad as a year and a half earlier. I had undertaken several detox plans, seen crazy things vacate my body, and was starting to feel half-way human again.

This detox plan was to prepare myself for explant surgery. It included coming into the office immediately upon discharge from surgery and entering a hyperbaric chamber for an hour. My surgeon supported this plan, he said that the oxygen therapy of hyperbaric treatment is something he often recommends to wound patients—people with severed-reattached fingers, for example. I would wait four months after explant to begin any other detox programs, because I wanted to allow my body 'adjustment' time.

The date of my explant surgery seemed to come quickly, but not quickly enough for me to gather the required funds to pay for it. I



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needed \$7,800 but did not have it all, even after depleting what was left of my life savings. God bless my stepmom, because though she did not know I was explanting, she did know I was having breast surgery and insurance was not going to cover it--so, she (and my dad) offered to pay the remaining balance. I was running funds to the anesthesiologist the last working day prior to my Monday morning surgery—but we got it paid for!

My best friend, Gretchen, flew in the night before my surgery and stayed for two weeks (She did the light therapy with Dr. Dori daily while I recovered). I told her I did not need this type of help, but I was so wrong. I am so glad she came to my rescue.

The morning of explant surgery, I was not nervous; maybe a little about the anesthesia, but I felt right about the decision, great about the surgeon's ability, and I had hope. For the first time in a long time, I had real hope.

Gretchen and I got to the hospital on time, which is amazing for a couple of broken old ladies. The (Covid) rules had just changed, so she was able to stay with me before surgery in a recovery room and she would be in that room when I returned about 3 hours later.

A few minutes before my scheduled surgery the plastic surgeon appeared to 'go over the surgery with me' and mark up my breasts with a sharpie marker. Gretchen commented to him as he focused on his drawing, that "this is where art meets science." He grinned from ear to ear (under his mask). "Yes!" he replied. And it was where skill, science, and art came together and revised my body.

After surgery as I was awaking, my gown got tangled in I.V. cords. The nurse remedying the situation unsnapped a few buttons on my gown to weave a wayward cord out. Inadvertently my gown fell down. We both looked down. I saw my new breasts for the first time. I was relieved to see they were there – really swollen, and

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pointing straight forward in a rather cone-like shape, not unlike a beaten and bruised Madonna from her *Express Yourself* video –much larger than I had dared hoped. The nurse rushed to soothe my fears, but I was okay. I felt like all was well...okay.

Gretchen’s first words when I came back from surgery, “Holy shit. Your eyes look better! I did not expect you to come out of surgery looking better than when you went in! Holy shit!” She went on and on about how much better I looked, but about all she could see was my eyes.

The surgeon was able to achieve an En bloc capsulectomy. He removed both implants intact within their capsule. From the surgical report, “Once the implant capsule was countered, dissection continued using the same dissection plane until the entirety of the implant and capsule was free from the surrounding tissue.” It says, “the capsule appearance was consistent with implant age and surgical history.” Yet, it also notes, “this procedure required substantially greater amount of work compared to similar procedures due to adherence to the surrounding tissue.” I felt that extra work burning in my armpits and upper ribs for about two weeks.

After surgery was complete the capsules were inspected and opened. “Implants appear to be silicone and intact.” Silicone? Really, I am certain they were supposed to be saline. They are also reported as being textured implants—another feature I was unaware of, but one that put my health at greater risk. I am relieved to be rid of them!

Interestingly, while I was in recovery, the surgeon told Gretchen that the right implant was ruptured, “in the sense that it is leaky all over it.” This information is not contained in the surgical report - there it is reported as “intact.” Why would he tell “my responsible adult” this information but not include it in the report? (LOL—that’s what

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the hospital said I needed with me...a responsible adult. I did the best I could and had Gretchen accompany me—and this is what she was told minutes following my surgery).

Amazingly, though I felt like I had been in surgery (or hit by a truck), I was not in any ‘real’ pain (I had received a nerve block—going to say, that was a great \$400 investment—Experel is the name of the medication given). I felt relatively good. I got a good look at myself in the mirror when Gretchen helped me dress to leave. I had no dressings, just some tape over long incisions and big, dark, purple bruises across my entire chest—but I also had nice and perky, and swollen, B-Cup breasts--that pointed forward like they used to. They were both a bit dented on the bottom, but I had been warned about that and told it would resolve (it has). The two drains added to the strange shapes of both breasts. But overall, it looked good. And for the first time in a long time you could see my whole midsection - no more droopy tits. Wow! They were perky!

After I dressed, I looked in the mirror— this time at my face. I was shocked to see that my eyes were not sunken back in my head with dark gray circles around them. This had been my look for more than a decade. Instead, my eyes were bright and shiny (perhaps because the whites were not so yellow, but really, really white) and there were no dark circles. Gretchen was right, Holy shit!

Just an hour after surgery and my expectations were already exceeded. I was relieved. I knew I had done the right thing. I knew my body was happy that the explant was over. Now it was time to recover and see how much my health would improve—see how many spoons I might gain.

When I was allowed to leave the hospital, we drove straight to the hyperbaric treatment. Gretchen and I shared an oxygen chamber for an hour. Mostly, I slept while we laid there. I think she played a game on her phone. It is just pressurized oxygen, so it was easy,

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except the getting in and out. After explant surgery, one cannot use their arms to push, pull, lift, or hold weight—so entering/exiting the chamber was tricky. In fact, the next two weeks were tricky, but not as difficult as I had imagined.

The hyperbaric treatment was helpful for a couple of reasons. First, it pushed the anesthesia out of my body. I usually struggle with it for a few days after a surgery, but not this time. Second, those big, dark, purple bruises, were light/dark blue the following morning, green the next day, and yellow by day four--gone by the end of a week. The treatment really helped me heal—it was visible. After taking this route, I am not sure why it is not required that anyone having any surgery receive one (or more) hyperbaric treatments.

That evening, Christy came to visit, bringing homemade bone broth for my recovery. Her first words, “WOW! Your eyes!” She was amazed by how well I was faring—and I did.

Once the nerve block wore off (a couple of days later), I still felt like I had been hit by a truck, but I never had a great deal of pain—far less than I had had after getting the implants, (Yet I had far more extensive work done with the explant and lift. I credit the nerve block for much of this, cannabis for the rest. I stayed medicated but functional). I did have a lot of burning in my armpits. I could tell the surgeon had pulled tissue from the area to help form my new little breasts. The surgery report also describes deep cauterizing into my arm pit area(s), so the burning pain occurred for good reason.

I had drains for the first ten-days after explant surgery. The first week, I was draining 30- 50ml per day, so they were necessary. But, in week two the output slowed considerably, then stopped. That made the drains a bit uncomfortable—they just ached inside me. But as soon as they were removed (an easy in-office procedure) the pain was gone, the relief was palpable.

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As soon as the drains were removed, I got back to driving, walking, and taking my dog to the dog park, but still had to watch the pushing, pulling, lifting, and holding weight. It was a good month before I could lift 5-lbs. or walk my dog on his leash. But I was already noticing that overall, I was feeling better.

I have lightened my toxic load and I love the outcome of this surgery. I finally have the B-cup breasts I had asked for all those years ago—and they are not perfect, but they are fabulous! (I am surprised by how much I appreciate the aesthetic of my breasts—and how light my entire chest feels now). I am starting to have a better quality-of-life. I do not exactly know what will happen in the next decade, but I do not anticipate that my health will worsen. Before explant, that my health would continue to decline was a given—what a relief to experience this kind of change. The heal is real!

I still have a bit of a toxic load (vaginal mesh and metal clips), but I do not know if these can be resolved. What I have now is more hope—and reason to believe—that my health will continue to improve. Slowly but surely, I hope to gain a few more spoons.