

From: Daniel Fleming [mailto:Daniel@breastimplantsaustralia.com]
Sent: Tuesday, 26 August 2008 7:16 AM
To: info@plasticsurgeon.net.au
Subject: FAO Dr Mark McGovern

25th August 2008

By email

Dr Mark McGovern
Plastic and Reconstructive Surgeon
Vie Institute
3rd Floor
35 The Esplanade
Maroochydore
Queensland 4558

Dear Dr McGovern

During the last month two of your patients have asked me for second opinions. As a professional courtesy I am writing to let you know what I have advised them and also provide you with some information which you may find helpful. Both patients had had anatomical breast implants with you some time ago and had recently received a letter from you which contained the following statement

We trust that you have enjoyed the results of your breast augmentation surgery. To ensure that you continue to look your best, we would like to remind you to abstain from running and jogging completely and permanently, and to please avoid sleeping on your tummy. These activities increase your risk of rotation or inferior displacement (too low an implant position) of your tear-drop implant, which may create an abnormal looking breast shape. This would then require further surgery and further significant expense.

They were alarmed and distressed at the prospect of never being able to run or jog again and also of being unable to sleep on their stomachs and were seeking my opinion about this. Both claimed they were not told of this before their surgery and, had they known, would not have had any implants which imposed such restrictions and prevented them from performing these everyday activities.

I explained to them there is no evidence I know of that these activities need to be avoided after tear drop implants once the initial post operative phase, lasting at most 3 months, has been completed. My understanding is patients with these implants may return to all normal activities and, in this respect, are no different to patients with any other kind of implant. Late rotation occurs when there has not been capsule/implant adhesion and this either will or will not have occurred by three months. Inferior displacement is not specifically related to tear drop implants and such advice is unnecessary. Any extra risk of inferior displacement from running (with appropriate support) or sleeping prone are small and would apply equally to any textured implant. Obviously patients may wish to use bras for reasons of comfort but regarding these complications, apart from the use of good sports bras when running after this time, no restrictions are recommended.

I have confirmed this information is correct with acknowledged experts in the field. The patients were reassured by this advice but I have asked them to return to you as their original surgeon to discuss any further concerns.

If you are unconvinced about this and still feel it necessary to advise your patients never to run again nor sleep on their stomachs because of problems with rotation and tear drop implant displacement, I may be able to assist. I have considerable experience in the use of polyurethane foam covered silicone gel implants which now have TGA approval. I understand you have recently tried this type of implant in a revision case and I would encourage you to use them in primary patients. Not only do they very substantially reduce the risk of capsular contracture, they always develop tissue in-growth which stabilises the position of the implant and will very likely reduce the risks of both rotation and inferior displacement. Of course these implants are not a panacea and complications do still occur, just less often. I have attached a couple of peer reviewed papers which detail the long term safety and efficacy of these implants which may be of interest. As there is a learning curve associated with the use of these implants, should you wish, I would be very happy to show you the techniques necessary to minimise the problems some surgeons have experienced when starting to use them.

Yours sincerely,

Dr Daniel Fleming FACCS

Dr Daniel Fleming
Cosmetic Surgery Institute of Australia
p: 1800 682 220 or +61 7 3252 8929
m: 0400 701 070 f: 07 3252 8979
www.breastimplantsaustralia.com

From: Dr Mark McGovern [mailto:mark@plasticsurgeon.net.au]
Sent: Tuesday, 9 September 2008 6:57 PM
To: daniel@breastimplantsaustralia.com
Cc: kathy@plasticsurgeon.net.au; Terrence Scamp; Dr Andrew Ives; howard@linley.com.au
Subject: RE: FAO Dr Mark McGovern

Thank you for sharing your level of "understanding," two articles with which I was already familiar, and your gratuitous advice. I imagine your "acknowledged experts in the field" to have similar qualifications to yourself, which is to say in general practice. There is a paucity of data in the literature on implant rotation, and nothing whatsoever to support your contention that late rotation only occurs where there has been a primary failure of adhesion. It appears perfectly feasible that running and sleeping prone can shear a primarily adherent implant from its capsule and cause late rotation. We have seen multiple such instances. Your lack of expertise in anatomical implants is well documented in your own writings, which detail your high rotation rates and preference for round implants. I suggest that you refer clients seeking advice in relation to anatomical implants to someone suitably qualified- someone able to call themselves a surgeon and indeed a plastic surgeon. The arrogance of your missive is amusing to the point of hilarity. Mark McGovern.

From: Daniel Fleming [mailto:Daniel@breastimplantsaustralia.com]
Sent: Wednesday, September 24, 2008 9:04 PM
To: 'Dr Mark McGovern'
Cc: kathy@plasticsurgeon.net.au; 'Terrence Scamp'; 'Dr Andrew Ives'; howard@linley.com.au
Subject: RE: FAO Dr Mark McGovern

Dear Dr McGovern

It is disappointing that you have chosen to attempt to score political points when my letter to you was concerned with improving outcomes for patients. The nature of your rejection that the information provided might be of benefit to patients demonstrates your complete confidence the life changing restrictions you are imposing on your patients are necessary and correct. I have had to consider carefully therefore whether there is any point in responding.

However, I note you have chosen to publicise what was a private correspondence with you by copying it to various parties including the President of the Australian Society of Plastic Surgeons. This was your choice and I now must accept the matter to be public. As this will inevitably lead to a wider debate about the issues, there is a risk more patients will be misled if your statements are left unchallenged. As one of the most experienced doctors in Australia in breast augmentation I feel obligated to minimise this risk and I must correct some of the errors in your statements.

1. The “acknowledged experts in the field” were in fact two surgeons both of whom are members of Allergan’s advisory panel for breast implants. They do not have qualifications in general practice as you falsely assumed. Before communicating with you I wrote to both to confirm the accuracy of my advice to your patients. Both confirmed to me it was correct and the advice you are giving patients on the total and permanent prohibition on jogging, running or sleeping on their stomachs is unnecessary.
2. You claim there is a “paucity of data in the literature on implant rotation”. You would or should be aware that Dr Per Heden at Akademikliniken in Stockholm has the largest and the longest experience in the world using anatomical implants. He published data in 2001 showing a rotation rate of 0.42% in 1,676 implants inserted since 1995. He has, within the last 12 months, authored an extension of this study which now comprises 3,335 anatomical implants. The rotation rate is still in the order of 1%. In achieving these results Dr Heden and his colleagues did not, and do not, impose the restrictions you claim are necessary to prevent late rotation. It has been clearly demonstrated therefore, over a 12 year follow up of a large population, patients with anatomical implants can experience very low rates of late rotation without the life changing restrictions which you impose on them, provided their surgery is performed correctly. In short, running, jogging and sleeping prone are not the cause of the “multiple” problems your patients have experienced. Your statements reveal you have not understood, or refused to accept, the significance of these peer reviewed findings.

3. You claim I have detailed in writing my “high rotation rates”. This is not the case and I ask you to provide evidence to support your allegation.

The information I provided to you, the accuracy of which was confirmed by two of the most experienced surgeons in the world in the use of these implants, and which is supported by the literature, could help your patients avoid the distress of being told never to run or jog again or ever to sleep on their stomachs. The use of TGA approved polyurethane foam covered implants is worth considering as it may help your patients to avoid “inferior displacement” and the “multiple” instances of rotation “requiring further surgery and further significant expense” which you describe. It is disturbing therefore that you chose to describe my letter to you thus:

“The arrogance of your missive is amusing to the point of hilarity”.

Your patients who came to me for advice after receiving your letter were not laughing.

Yours sincerely

Dr Daniel Fleming

Dr Daniel Fleming
Cosmetic Surgery Institute of Australia
p: 1800 682 220 or +61 7 3252 8929
m: 0400 701 070 f: 07 3252 8979
www.breastimplantsaustralia.com

From: Mark McGovern - Vie Institute [mailto:mark@plasticsurgeon.net.au]
Sent: Thursday, 25 September 2008 12:28 PM
To: 'Daniel Fleming'
Cc: Dr Andrew Ives; 'Terrence Scamp'; howard@linley.com.au
Subject: RE: FAO Dr Mark McGovern

You were already profoundly disturbed. Don't blame me for it. Please stop emailing me – I am already rolling on the floor in stitches. Work on the development of insight instead. MM