## Breast Implant Registry

**Mandatory Data Items**

<table>
<thead>
<tr>
<th>Primary cosmetic augmentation</th>
<th>Reconstruction</th>
<th>Replacement</th>
<th>Reposition</th>
<th>Explant</th>
<th>Left and Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>14</td>
<td>14</td>
<td>9</td>
<td>9</td>
<td>39</td>
</tr>
</tbody>
</table>

**Mandatory data item**

- NHS or CHI number
- Date of Birth
- Gender
- Category of operation
- Device Manufacturer
- Device Identifier
- Device Catalogue Reference Number
- Device Lot Number
- Site code and name
- Responsible Consultant GMC Number
- Operating Surgeon GMC Number
- Operation date
- ASA Classification Before Operation
- Previous Radiotherapy
- Type of Operation
- Incision Site
- Plane
- Mastectomy
- Nipple Sparing
- Mastopexy - Concurrent / Previous
- Flap cover
- Fat Grafting
- Fat Volume
- Tissue Expander Volume
- Nipple Absent
- Peri Operative Antibiotics
- Return to theatre within episode of care (48 hours)
- Reason for revision
- Removing implant inserted overseas
- Volume of implant removed
- Explanted device manufacturer
- Serial number of explanted device known
- Capsulotomy
- Silicone extravasation found
- Device rupture / deflation
- Capsular contracture
- Skin Scarring problems
- Device Malposition
- Deep wound infection
- Seroma or Haematoma
- Histology Sent
- Breast Cancer
- Anaplastic Large Cell Lymphoma
- Antibiotic dipping solution
- Antiseptic Rinse
- Glove change for insertion
- Sleeve/funnel (Keller funnel)
- Nipple Guards
- Drain Used
- Mesh or Dermal Sheet
- Mesh Manufacturer
- Mesh Device Identifier
- Mesh Catalogue Reference Number
- Mesh Serial Number
- Mesh Lot Number

**Optional data item**

- First name
- Surname
- Country of Residence
- Is this patient a medical tourist
- Postcode
- Laterality
- Device Serial Number
- Device Catalogue Reference Number
- Explanted device manufacturer
- Serial number of explanted device
- Capsulectomy
- Silicone extravasation found
- Capsular contracture
- Skin Scarring problems
- Device Malposition
- Deep wound infection
- Seroma or Haematoma
- Histology Sent
- Breast Cancer
- Antiseptic Rinse
- Glove change for insertion
- Sleeve/funnel (Keller funnel)
- Nipple Guards
- Drain Used
- Mesh or Dermal Sheet
- Mesh Manufacturer
- Mesh Serial Number
- Mesh Lot Number

**Response not applicable for Category of Operation**

- Response required for left and right

**Response required**

- Mandatory (if known)
- Mandatory if NHS or CHI number is not provided
- Mandatory if DI not available

**Optional if NHS or CHI number is provided**

- Optional if NHS or CHI number is not provided
- Optional if DI not available