

## Information for your doctor

Acute Silicone Syndrome onset is usually within 72 hours of silicone injection. It often presents like ARDS or fat emboli syndrome. Pneumonitis with prominent hilar LAN can be a clue. The cornerstone of tx is high dose systemic steroids and aggressive respiratory support. Severe neuro sx have a very poor prognosis. Those with pulmonary predominant sx (with no or milder neuro sx) generally survive with aggressive tx. Those who don't may die from reactivation of TB. If there is **any** hx or risks for TB consider co-treatment. Antibiotics for PNA are appropriate given the ddx includes PNA. CT to rule out PE is usually needed d/t high dose estrogens.

Localized reactions in the immediate term after injection are often infectious **and** inflammatory processes. Atypical mycobacteria may be causative (especially *M. abscessus*). Regimens could include Clarithromycin AND either Cefoxitin OR Azithromycin.

References: <http://project-health.org/transline/>

Chronic silicone complications: chronic or relapsing cellulitis like reactions +/- SQ nodules, ulceration, LAN, and constitutional sx. This is a chronic granulomatous reaction with high levels of TNF- $\alpha$ . Can be at the site where silicone was initially injected or distant from that site because of migration of silicone.

Steroids are most effective, but need to be tapered. Use alternate drugs for maintenance (steroid sparing). TCN antibiotics for their anti-inflammatory rather than antimicrobial effect have been most often reported in the literature. May take months to have effect if used w/o initial steroids. Other treatments reported in the literature include topical imiquimod, TNF- $\alpha$  inhibitors, hydroxychloroquine, allopurinol, high dose antihistamines, and even tacrolimus with cyclosporine for refractory cases.

Surgery may be effective although difficult. Good cosmesis may be possible replacing breast silicone with implants. Chronic inflammation should be addressed before surgery is attempted to decrease the risk of formation of ulcers, migration, infection, and fistulas post-op.

# Silicone Pumping and the Transgender Community



## Keep yourself as safe as possible



For printable copies visit: <http://project-health.org/transline/>

## What is pumping?

Injection of substances (often silicone) into the body to enhance breasts, hips, and other areas of the body.

## Who does this?

Generally either transgender women or cisgender (non-transgender) women who want a lower cost alternative to plastic surgery. In a study in transgender women in San Francisco, one in six transgender women had pumped somewhere on their body. However this was mostly in women who were over 40.

## Don't doctors also use silicone for cosmetic surgery?

Yes, but this is silicone that is encased in a bag that keeps it from interacting with your body. Some doctors do inject free silicone directly but this is generally tiny amounts and they use sterile medical grade silicone. When people do silicone pumping they use silicone that is often the same kind used in construction. Other substances can be injected with or instead of the silicone which can be even more dangerous.

## What are the risks?

Right after pumping, infections can occur. These can be severe enough to need hospitalization and can cause severe permanent scars.

Less commonly, people can get Acute Silicone Syndrome where the injected silicone enters the blood and goes to the heart, lungs, and brain. If this happens people may have trouble breathing, a cough, fever, confusion, and can become unconscious. If you get ANY of these symptoms in the first few days after pumping, it is a medical emergency! You must go immediately to the hospital. Bring this flier with you. It has information for the doctor on back. Even in a hospital 1 in 4 people may die but with the right treatment many survive.

Months to years after pumping the most common problem happens to some people: the silicone gets hard and can move from where it was injected. This can cause significant disfigurement and can be very painful. Sometimes to treat this people need surgery or medicines that can have side effects. Unfortunately we can't predict who will get these complications.

## Are there ways to make it safer?

Injecting silicone is dangerous. There is no definite way that we know to lower the risk of Acute Silicone Syndrome or the chronic complications. However there are some things you can do to prevent infections, and *maybe* help prevent other problems. Also, if you have problems, there are treatments that help. When you go to a doctor, take this flier. There is information for your doctor on the back.

1. Wait at least 1-2 years after starting hormones.
2. Make sure the person pumping uses ONLY Silicone.
3. Use Chlorhexidine soap (Hibiclens) to clean the area before pumping. Shower with it the day before.
4. Use smaller amounts and space out injections over time.
5. When injecting, pull back on the syringe plunger to make sure you are not in a blood vessel before injecting.
6. Ask your doctor if you can get safer treatment covered by your insurance!