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B12 Breast Reconstruction with an Implant or Tissue Expander

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What is a breast reconstruction with an implant or tissue expander?

A breast reconstruction is an operation to recreate a breast shape after you have had a mastectomy (removing all your breast). Your surgeon will use a breast implant or tissue expander (expandable implant) to recreate the shape of a breast.

Your surgeon will assess you and tell you if a breast reconstruction is suitable for you. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

What are the benefits of surgery?

You should get a breast shape again. The reconstruction should give you a cleavage when you wear a bra. Most women who have a successful breast reconstruction are more comfortable with their appearance.

There is a higher risk of complications compared to reconstructions that use tissue from your body but the operation is usually shorter and the recovery time quicker.

Are there any alternatives to a breast reconstruction with an implant or tissue expander?

Using padded bras or bra inserts can give the appearance of a breast shape when you are wearing clothes.

It is possible to recreate a breast shape using only tissue from another area of your body, usually from your lower abdomen or sometimes from your buttocks, inner thigh or the latissimus dorsi muscle from the side of your back.

Your surgeon will have assessed the distribution of fat on your body and risk factors such as obesity (being overweight), smoking or scarring before recommending using an implant or tissue expander.

What will happen if I decide not to have the operation?

A breast reconstruction will not improve your physical health. Your surgeon may be able to recommend an alternative to recreate a breast shape.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes one to two hours. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

If you have already had a mastectomy there is usually not enough skin to recreate a breast shape so you will need a tissue expander to stretch your skin. Your surgeon will make a cut on the front of your chest over the mastectomy scar, or at the lower end of your new breast (see figure 1). They will create a pocket under the muscle to place the tissue expander in.

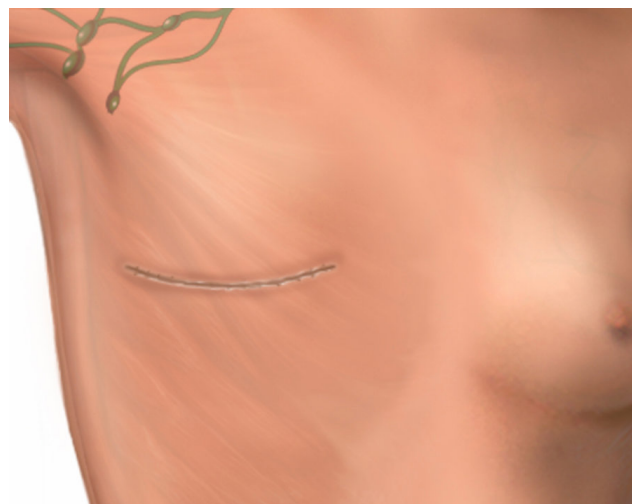


Figure 1
The usual position of the scar after a mastectomy

If the reconstruction is being performed at the same time as the mastectomy, your surgeon will usually be able to leave most of the skin on your breast, allowing them to place a permanent implant to recreate a breast shape. Your surgeon will create a pocket under the muscle to place the implant in (see figure 2).

If your surgeon is concerned that your skin will be too tight over a permanent implant, they may use a tissue expander instead to reduce the risk of your wound opening.

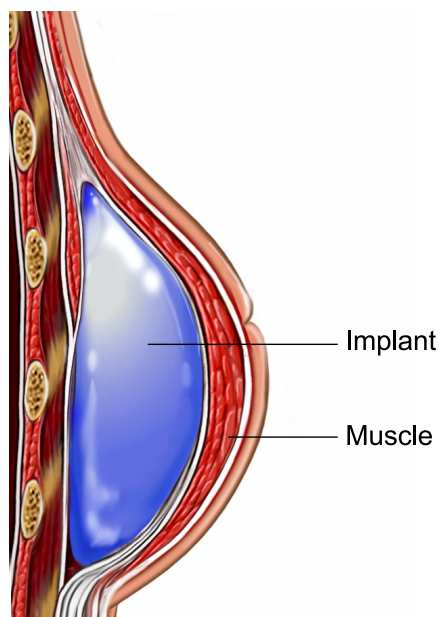


Figure 2

The implant is placed behind the muscle

Placing the implant underneath the muscle means that the implant is covered with an extra layer of healthy tissue, rather than just the skin of your breast. However, the muscle does not completely cover the implant and your surgeon may recommend using tissue such as acellular dermal matrix (ADM) or a mesh. These cover and support the lower part of the implant, help to give a better cosmetic result and can reduce the risk of complications.

Your surgeon will insert drains (tubes) under your skin to help your wounds to heal. They will close the cuts with stitches. Your surgeon may place the stitches under your skin so you will not be able to see them. The stitches will eventually dissolve and your wounds will usually heal to neat scars.

What kind of breast implant should I choose?

Various types and sizes of implant are available. All implants are made of an outer layer (shell) of silicone. They can be filled with silicone or saline (salt water).

The silicone used to fill the implant can be in the form of a liquid or gel (cohesive silicone). Liquid silicone and saline implants give a softer and more natural feel. Cohesive silicone implants give a firmer feel and come in more shapes, including those that look more like a natural breast, so they are often recommended to women who are having a breast reconstruction.

If you have already had a mastectomy, your surgeon may need to use a tissue expander. Over a number of weeks your surgeon will gradually fill the tissue expander with saline through a small tube (port) to stretch your skin and make your breasts similar in size.

Your surgeon will discuss the options with you and recommend the most appropriate type and size for you.

Is silicone safe?

Silicon (without the 'e') is one of the most common natural elements. It becomes silicone when it combines with oxygen, hydrogen and carbon.

Silicone can be made into many forms and has brought major benefits to industries, such as food production and personal-care products.

Silicone is useful for healthcare products because it does not dissolve in water or react easily to changes in temperature or to substances in your body.

Silicone is used to make heart-valve replacements, facial implants and tubes used to give people medication.

Many studies have been carried out to find if silicone breast implants are safe. There is no evidence to suggest that women with silicone breast implants have a higher risk of developing autoimmune diseases such as breast cancer and arthritis. There is a reported link between having an implant and a rare type of cancer called anaplastic large-cell lymphoma but the increase in risk is small.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health.

Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of women who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move your arm freely to prevent your shoulder from getting stiff.
- Bleeding during or after the operation. You may need a blood transfusion or another operation and it is common for your chest or back to be bruised.
- Infection of the surgical site (wound). It is usually safe to shower after two days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics and any pus may need to be removed. You may need another operation.
- Unsightly scarring of your skin.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

Specific complications of this operation

Breast reconstruction complications

- Developing a lump under your wound caused by fluid collecting (seroma). If too much fluid collects or is causing discomfort, it can be removed using a needle.
- Developing a lump under your wound caused by blood collecting (haematoma) (risk: less than 2 in 100). You may need another operation to remove the blood and you may need a blood transfusion.

- Wound breakdown, where a wound fails to heal and opens up. This is usually treated with dressings that allow your wound to heal within a few weeks but may leave a slightly wider scar.
- Skin necrosis, where some of the original breast skin at the edge of your wound dies leaving a black area (risk: less than 1 in 20). You may need special dressings or, rarely, a skin graft using skin from another area of your body. The risk is higher if you smoke, have large breasts, are overweight or have other medical problems such as diabetes.
- Difference in shape and appearance. Your surgeon will try to make your reconstructed breast as similar as possible to your other breast. However, a breast reconstruction with an implant or expander tends to sit high on your chest and is unlikely to droop as much as a normal breast.
- Numbness or continued pain around your armpit or the inner part of your arm caused by injury to the small nerves that supply your skin. Any pain usually gets better within a few weeks. Numbness can last for up to 6 months and can sometimes be permanent.
- Permanent numbness around the scar on your chest, although you will usually have some sensation in the skin over your breast reconstruction.

Implant complications

- Developing a collection of fluid (seroma) in the pocket where the implant is (risk: 1 in 30). This is not usually serious and settles with time. Sometimes the fluid needs to be removed using a needle. If the seroma becomes large and keeps coming back (a pseudocyst), the implant may need to be removed and replaced (risk: less than 1 in 100). If the problem continues, you will need to wait at least two months and until any swelling or inflammation has settled before you can have another implant.
- Thickening and tightening of the scar tissue (risk: up to 1 in 10 in one year, the lifetime risk is not known). Your body normally forms a layer of scar tissue (or capsule) around the implant. If the scar tissue thickens and tightens, it can make your breast feel hard and can cause the shape to change. The risk is higher if you need radiotherapy after the operation. In severe cases your breast can become painful and you may need another operation to remove the scar tissue and replace the implant.

- Rupture or deflation of the implant. This is usually caused by the shell ageing but can also be caused by a tight capsule or trauma (where a physical force is applied directly to your breast). An implant filled with saline can deflate if the valve is faulty. A saline implant will usually deflate straightaway and the implant will need to be replaced. If you have implants filled with cohesive silicone, the silicone usually stays in the capsule and does not cause any obvious symptoms or pain. However, most surgeons will still recommend that the implant is replaced. If the capsule ruptures too, the silicone will leak out and can spread into your breast or armpit, causing lumps (siliconomas). The implant will need to be replaced. If you notice changes to your skin or shape of your reconstructed breast, or you have aching, a burning sensation or pain, let your surgeon know.
- Kinking and rippling caused by a capsule forming or by natural sagging of your skin. This is more common if you have a liquid silicone implant. Sometimes it is possible to feel the edge of the implant under your skin but any kinking or rippling is usually obvious only if you are slim.
- Infection of the implant (risk: 1 in 20 over a lifetime). The risk is higher if you smoke, are overweight, have had radiotherapy, or have other medical problems such as diabetes. Your surgeon will need to remove the implant. You will need to wait for about three to four months, while the infection clears and your wound heals, before your surgeon can replace it. If the skin around your scar is red and your wound is painful and swollen, let your doctor know.
- Failure of the reconstruction (risk: 1 in 25). This is usually caused by infection or scar tissue.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

After two days the healthcare team may recommend exercises for your arm and it is important that you do these exercises regularly after you go home.

The healthcare team will advise you about starting to wear a supportive bra, usually before you leave hospital. Do not wear a bra that has wiring.

You should be able to go home after two to three days when the drains have been removed. However, your doctor may recommend that you stay a little longer. You may be able to go home with the drains in place and to come back to have them removed.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You should be able to return to normal activities after 4 to 6 weeks. Wearing a soft, well-fitted bra will help to relieve any discomfort.

Do not lift anything heavy or do strenuous exercise, such as vacuuming or ironing, for three weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and comfortable wearing a seat belt. Always check your insurance policy and with your doctor.

The future

The healthcare team will arrange for you to come back to the clinic after two to four weeks. At the clinic your surgeon will check your wounds and tell you when you can return to work.

If your surgeon needed to use a tissue expander, you will need to come back to the clinic regularly. Once your skin has stretched enough and your breasts are similar in size, your surgeon may remove the port and leave the tissue expander in place. Your surgeon will usually recommend replacing the tissue expander with a permanent implant.

The shape of your reconstructed breast takes several weeks to settle. It can take up to a year for you to feel as if your reconstructed breast is part of you.

Your surgeon may arrange for you to come back to the clinic after 6 to 12 months when the reconstructed breast has begun to drop to its longer-term position. At the clinic you will be able to discuss with your surgeon how satisfied you are with the reconstruction and if you need any further procedures such as a nipple reconstruction, a breast uplift or reduction to your other breast, or a fat-transfer procedure (lipofilling).

Continue to check your breasts for any changes and contact your GP if you have any concerns.

Summary

A breast reconstruction with a breast implant or tissue expander is an operation to recreate a breast shape. You should consider the options carefully and have realistic expectations about the results.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

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