Dr. Saud Hamza
Breast • Thyroid • General Surgeon

Practice Locations:
St John of God Consulting Suites, 117 Anstruther Road, Mandurah
Murdoch Medical Centre, Suite 44, 100 Murdoch Drive, Murdoch WA 6150
Tel: 08 6148 0540 Fax: 9332 9425
Email: info@saudhamza.com.au
Web: www.saudhamza.com.au

B12 Breast Reconstruction with an Implant or Tissue Expander

Expires end of November 2023

Write questions or notes here:

Further Information and Feedback:
Tell us how useful you found this document at **www.patientfeedback.org**
Get more information, references and share your experience at **www.aboutmyhealth.org**

Royal Australasian College of Surgeons

Crystal Mark 19577
Clarity approved by Plain English Campaign

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 of 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, it is important that you ask your surgeon or the breast team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

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 or polyurethane. They can be filled with silicone or saline (salt water).

The silicone gel used to fill the implant comes in different grades of firmness (cohesiveness). Softer silicone and saline implants give a softer and more natural feel but are more prone to kinking or rippling.

More cohesive silicone implants give a firmer feel, hold their shape more and are less prone to kinking or rippling. They are used in implants that look more natural (anatomical implants), so they are often recommended to people who are having a breast reconstruction.

If you have already had a mastectomy or your surgeon thinks your breast skin is unsuitable for a prosthesis straight away, they 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. This is changed over in a simple procedure once your skin is stretched enough. This may be delayed if you need radiotherapy to your chest wall.

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 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 people with silicone breast implants have a higher risk of developing 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 (ALCL). The risk is approximately 1 in 10,000 this may vary, depending on the implant. It is not as serious as it is when it happens elsewhere in your body. It is linked to textured implants and the higher risk implants have been withdrawn. You can talk to your doctor about your risk level for ALCL. If you develop a collection of fluid (seroma), a breast lump or swelling around your implant more than a year after having the breast implant, speak to your healthcare team.

What are the benefits of surgery?

You should get a breast shape again. Your breasts will be more even and you will be able to wear better fitting clothing as a result. Most people 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 use tissue from another area of your body, usually your lower abdomen or sometimes from your buttocks, inner thigh or side. You will not usually need an implant for this type of reconstruction.

A reconstruction can be performed using the latissimus dorsi muscle that is moved from the side of your back and used to recreate a breast shape. If you do not have enough fat on the side of your back, an implant can be used to give your breast more volume. The muscle helps to protect the implant from possible complications and gives a more natural shape and feel than using only an implant. The implant will need to be replaced in the future.

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 or the operation is delayed?

A breast reconstruction will not improve your physical health. Your surgeon may be able to recommend an alternative to recreate a breast shape. Your healthcare team may be able to provide prosthetic and underwear fitting which may help with your body image.

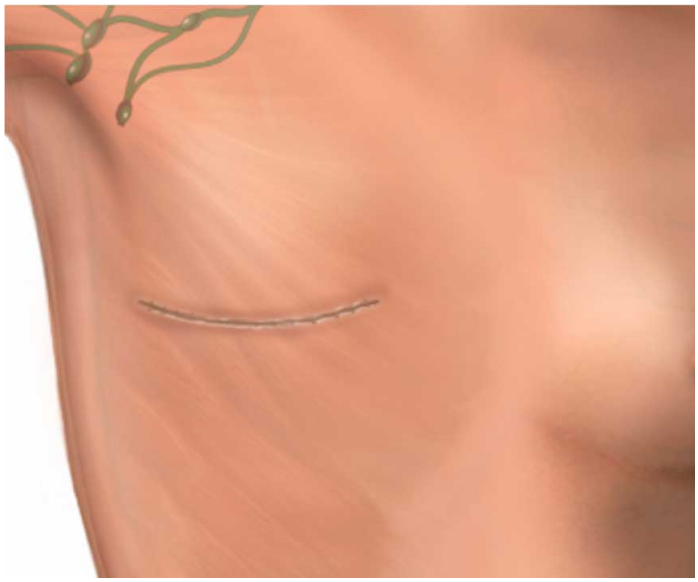
If you are booked in for immediate reconstruction as part of your cancer surgery, you should not have to wait too long. Your healthcare team will talk to you about this.

What does the operation involve?

The breast 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 breast team your name and the operation you are having. Your surgeon will draw on your breasts and often take measurements.

The operation is performed under a general anaesthetic and usually takes 1 to 2 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.

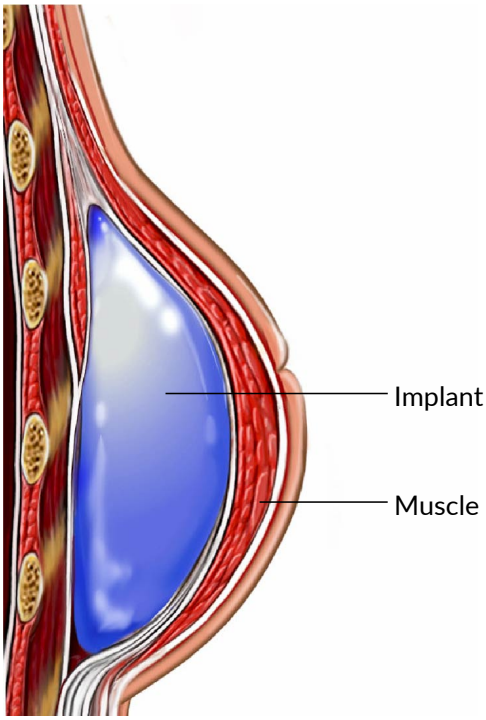
If you have already had a mastectomy there is usually not enough skin to recreate a breast shape so you will need a tissue expander to stretch your skin. Your surgeon will make a cut on the front of your chest over the mastectomy scar, or at the lower end of your new breast. They will create a pocket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



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.

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.



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 either biological or synthetic 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 may place the implant directly underneath your breast skin, enclosing it in mesh attached to your chest wall. This can reduce pain and speed up your recovery. Some types of mesh (biological) may contain animal products. There are alternatives available and your surgeon will talk to you about this.

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 cannot see them. The stitches will eventually dissolve and your wounds will usually heal to neat scars.

What should I do about my medication?

Make sure your breast team knows 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.

How can I prepare myself for the operation?

If you smoke, stopping smoking now 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. If you gain weight after your cancer surgery, this operation may not be considered safe.

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 breast 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 breast team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover.When you come into hospital, practise social distancing and hand washing and wear a face covering when asked.

What complications can happen?

The breast team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people 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. Some

risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

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

General complications of any operation

- Bleeding during or after the operation (risk: 2 to 3 in 100). 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 2 days but you should check with the breast team. Let the breast 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 special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The breast team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Venous thromboembolism (VTE). This is a blood clot in your leg (deep-vein thrombosis – DVT) or one that has moved to your lung (pulmonary embolus). DVT 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 for DVT and encourage you to get out of bed soon after the operation. They may give you injections, medication, or special stockings to wear. A pulmonary embolus is when the blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away 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.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

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 tissue 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 but can sometimes be permanent. 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.

Up to 1 in 5 women will have a complication that means they need to come back to hospital or have another operation in the first 3 months after surgery.

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 2 months and until any swelling or inflammation has settled before you can have another implant.
- Capsule contracture, where scar tissue that your body naturally forms thickens and tightens around the implant (risk: up to 1 in 10 in 1 year, the lifetime risk is not known but the risk increases each year the implant is in place). The scar tissue 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 the implant will need to be removed and replaced. This is the most common reason for needing to have an implant replaced. The risk may be lower if you have polyurethane-coated implants.
- Rupture of an implant. This can happen when your surgeon is inserting the implant, by trauma (where a physical force is applied directly to your breast) or by the implant simply wearing out over time. Unless you have a saline-filled implant (which would deflate) you would not normally be able to notice that an implant has ruptured. If you think your implant may have ruptured let your doctor know. This is not an emergency but you may need an MRI scan to check as a ruptured implant should be removed and/or replaced as a planned procedure.
- 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 4 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 usually recommend an operation, antibiotics and may need to remove the implant. You will need to wait for about 3 to 4 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: less than 1 in 10). This is usually caused by infection or wound breakdown.
- Rare cancer (anaplastic large-cell lymphoma - ALCL) (risk: 1 in 10,000).

Consequences of this procedure

- Pain. The breast 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.
- Unsightly scarring of your skin.
- The prosthesis may feel cold in the winter.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. Your breasts may look discoloured and will feel firm and swollen.

After 1 to 2 days the breast team may recommend exercises for your arm and it is important that you do these exercises regularly after you go home.

The breast 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 the same day. 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.

You may be visited at home by a member of the healthcare team for a check up.

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

Returning to normal activities

If you had sedation or a general anaesthetic:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the breast 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 3 weeks. You should be able to do a limited amount of activity, such as lifting young children, after about 2 weeks.

Be gentle with your breasts during sexual activity for at least 2 months.

Regular exercise should help you to return to normal activities as soon as possible. Do not do rigorous sports, such as tennis, horse riding, golf or aerobics, for 2 months without asking your breast team for advice.

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

Do not drive until you can control your vehicle, including in an emergency, and you are comfortable wearing a seat belt. Always check your insurance policy and with the breast team.

The future

The breast team will arrange an appointment for you after 2 to 4 weeks. 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. Some people never fully feel as if it is part of them.

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).

If you have any concerns or notice any of these changes to your breasts, contact your GP.

- Redness
- Swelling
- Lumps in your breast or armpit
- Uneven shape
- Change in appearance

How much will the operation cost?

Your doctor will give you information to make sure you understand the expected costs to you of having this procedure, as well as your choices for having it done through the public hospital system or at a later time.

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.

Sometimes there are research trials that you could choose to take part in. Your breast team will let you know if there is something you are suitable for and give you written information.

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

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer

Peter Gregory (MS, FRACS)

Illustrator

Medical Illustration Copyright © Nucleus Medical Art. All rights reserved. www.nucleusinc.com