

What is implant breast reconstruction?

Information for patients from General Surgery and Cancer Services

This leaflet is for women having breast reconstruction at the same time as, or following, mastectomy. This leaflet will guide you through your surgery, explaining how you should prepare for your procedure, through to how you are likely to feel afterwards. It is not meant to replace the information discussed between you and your doctor, but can act as a starting point for such a discussion or as a useful reminder of the key points.

What is implant breast reconstruction?

Breast reconstruction is the surgical creation of a new breast shape using a breast implant.

What is a breast implant?

Implants have an outer shell made from silicone elastomer (similar to rubber). The shell is filled with silicone gel or saline. The surface of implants may be smooth or textured.

The implant may be placed superficial or deep to the chest wall muscle along with a special mesh (see further leaflet).

Why do I need implant breast reconstruction?

You may have a number of choices available to you, although one type of operation may be the most suitable for you depending on your shape and build, general health, your expectations, and whether you are having or have had radiotherapy treatment to the breast or chest wall.

Are there any alternatives?

Alternative types of breast reconstruction will have been discussed with you. These may include reconstruction using your own tissue (a tissue flap) with or without an implant. The tissue can be taken from a number of places in the body, although the most common sites are the back, the lower part of the abdomen, or the upper thigh.



Will I have to stay in hospital?

The hospital stay will be about two to three days.

Is there anything I can do before I come into hospital to improve my recovery time?

Yes, stay calm and positive. It would be wise to arrange some help with cooking and housework when you come home. If you have small children arrange a few treats with other people they love both during your stay in hospital and afterwards. You will need plenty of rest. And of course, if you smoke, it is very important that you try hard to give up before your surgery. Your local Stop Smoking Service provides free, friendly, advice and support. Phone 0800 849 4444 to find out how they can help you to quit smoking.

What will happen when I arrive at hospital?

On admission you will be greeted by a member of staff in the Surgical Admissions Lounge who will discuss with you the care you will receive before your operation. You will see your breast reconstruction surgeon before surgery to sign the consent form and can ask any last minute questions.

Who will perform the procedure?

Your breast reconstruction surgeon.

Will I have an anaesthetic?

Yes, you will have a general anaesthetic (you will be asleep). You must not eat food or chew gum for at least six hours or drink fluids for four hours before your operation. You will meet the anaesthetist before your operation.

What happens during the operation?

If you have not got enough skin left to take an implant, it may be possible to stretch the skin gradually using a tissue expander implant. Implant reconstruction using a tissue expander usually involves two operations but can sometimes be achieved with one. The two-stage operation involves first placing an inflatable implant behind the chest muscle; this helps keep the implant in the right place and hides its outline.

The implant is slowly inflated by your surgeon during outpatient appointments every one or two weeks. This gradually stretches the muscle and overlying skin. The number of appointments needed varies from person to person.

Will additional procedures be necessary?

It is not common to need a blood transfusion after this operation; however, this may occasionally happen. If you have strong views or religious beliefs about this, please discuss them with your surgeon before the surgery.

If you are found to have a low blood count (anaemia) after your operation, a course of iron tablets will be prescribed. After you are discharged from hospital your GP may repeat the blood test.

Are there any risks to having the procedure?

All surgical and anaesthetic procedures carry some uncertainty and risks. The following list gives you information on the most common or most significant problems that can happen following this type of surgery. It is unlikely that you will experience all of the following side effects. Most women recover from the operation without any major discomfort.

The risks of implants will have been discussed by your surgeon at the time of reconstruction discussions. The main risks are infection, capsule formation (hardening of reconstruction), rarely extrusion of implant, and breast implant associated anaplastic large cell lymphoma (see further leaflet).

- **Extrusion** is when the implant comes through the skin due to skin loss or necrosis (tissue death). This may happen when a wound has not completely healed closed, or if the breast tissue covering your implants weakens. Extrusion needs additional surgery and possible removal of the implant, which may result in additional scarring and/or loss of your breast tissue. Smoking can lead to a compromised blood supply due to the fact that smoking deprives the tissue of oxygen in order to heal.
- **Haematoma** is a collection of blood underneath the skin, which may happen after surgery. We try to prevent this by placing small drainage tubes in the wound area to allow the blood and fluid to drain into vacuumed bottles. Even with this care, occasionally blood collects and the breast may become painful and swollen. A second operation may be necessary to remove the haematoma.
- **Breast implant associated anaplastic large cell lymphoma (BIA-ALCL)** is a type of lymphoma and not cancer of the breast tissue. BIA-ALCL is a rare sub-type of T-cell non-Hodgkin lymphoma. It is one of four sub-types of ALCL which has been found in association with breast implants in a small number of cases worldwide. The cause is unknown but one theory is related to the formation of thin film around the implant. If BIA-ALCL is caught early treatment is surgical and is curable, by complete removal of the capsule and implant.

The frequency of BIA-ALCL is estimated at one per 300,000 breast implants or an annual incidence of 0.1 to 0.3 per 100,000 women with implants. However, with growing awareness and reporting of this rare disease the true incidence may be higher. It is estimated that between 5 and 10 million women have breast implants.

In whatever circumstance a breast implant is being used, either for breast reconstruction or cosmetic surgery there is now a need to provide patients with information, and a discussion of BIA-ALCL must be included as part of the consent process and documented in the patient's medical record.

- **Seroma**: sometimes serous fluid (a pale yellow, transparent fluid) will collect behind the breast. Usually this is only a small amount and the body will gradually reabsorb the fluid over a period of a few weeks. Occasionally a larger amount of fluid collects. This can be drained in the outpatient department (sometimes under ultrasound guidance). This may need to be done once or on several occasions.
- A wound **infection** can occur after any surgical procedure. If this happens it may be treated with antibiotics and, if necessary, further dressings. After an infection the scars may not be quite as neat.
- Any major operation with a general anaesthetic carries a small risk of a **chest infection**, particularly among people who smoke.

- **Deep vein thrombosis (DVT)** is a blood clot in the legs. This is a potential complication following surgery and bed rest. People who are taking the oral contraceptive pill or hormone replacement therapy (HRT) and those who smoke are at the greatest risk. Occasionally clots can break off and pass to the lungs, known as a pulmonary embolus (PE). All patients are given compression socks before surgery to try to prevent this problem. You will also be given Heparin injections daily after your operation in your abdomen and be encouraged to do deep breathing and leg exercises to reduce this risk. Sometimes you will continue to have Heparin injections at home for a short period.
- **Wound healing** may sometimes be delayed. This may be because of poor blood supply to the area, poor nutrition, and/or infection. Occasionally the wound may break down (the stitches could come apart and the wound could open), resulting in a longer hospital stay, increased hospital visits to have the wound(s) checked and, possibly, further surgery. Smoking increases these risks as it can have an adverse effect on the healing of all surgical wounds. Eating a healthy diet helps good wound healing.
- Any operation will leave a **permanent scar**. Infection can cause a wound to re-open. This may lead to problems with scar formation such as stretching or thickening. At first, even without a healing problem, the scar will look red, slightly lumpy, and raised. Some people may be prone to the development of keloid or hypertrophic scars which are raised, itchy, and red. If you have a tendency to produce scars like these please discuss this with the surgeon. In the majority of cases, scars settle to become less noticeable. If you have concerns about your scar contact your GP who may refer you back to the hospital. Occasionally revision surgery may be performed to improve the appearance of scars.
- **Numbness** is normal and may be permanent in your new breast.
- Although every effort will be made to make your breasts equal in size and shape, you may find that there is a **difference between the two breasts**. This is quite normal, but if you have any concerns or questions please talk to the surgeon. If necessary, revision surgery may be performed to improve the look of your breasts. Occasionally there is an area of excess breast tissue on the outer part of your breast. This is completely harmless, but may be irritating as it catches when moving your arm and is known as a 'dog ear'. This can be removed with another operation.
- **Psychological aspects** – the majority of patients are pleased with the results of their surgery. Occasionally women feel very anxious about their treatment or have difficulty coming to terms with their new look because their breasts are not as they had imagined they would be or as a result of a complication. If you feel very anxious, worried about your treatment, or depressed please speak to your breast care nurses. If you would like information about the counselling service offered please speak to the breast care nurses.
- **Sexual activities** - initially your breasts will feel tender and you may not feel up to physical contact. However you may restart your sex life as soon as you feel comfortable. Sometimes a woman is concerned that her partner hesitates to touch her and this makes the woman feel less attractive. The most likely reason is that the partner is afraid of hurting her. Couples may wish to talk over their fears and feelings with their breast care nurse or counsellor.

After the operation

How will I feel after the procedure?

The procedure usually takes around two hours if you are having a mastectomy at the same time. Once you return to the ward you may have visitors. In the meantime, with your permission, they can find out how you are by calling the ward.

Will I be in pain?

When you wake up after the surgery, you will be in the recovery area. The nursing staff will make sure that your recovery is as pain-free as possible. Painkillers will be given to you on a regular basis for as long as you need them. Please tell the nurses if your pain continues. For the first 24 to 48 hours you will have a morphine pump controlled by you, for pain relief.

Wound drains are inserted into the breast(s) at the time of surgery to allow any fluid collecting to drain away. The drainage tube is attached to a vacuum bag where the fluid is measured. The nurses will remove the drains on the doctor's instruction, depending on the amount and colour of the fluid drained. Following removal, a small amount of leakage from the wound is common; a light gauze pad can absorb this. A wound dressing will be in place and changed according to daily assessment by the doctors and nurses.

You will have a urinary catheter which will be removed on the surgeon's instruction. This is usually two to three days after surgery.

You will be able to have a shower on the ward depending on the type of dressing used; nursing staff will be able to advise you.

What happens after discharge from hospital?

- You will be sent home with a waterproof dressing on the wound. You can shower with the dressing on but do not soak in the bath.
- You should take painkillers as needed.
- You will usually be sent home with a course of antibiotics.

Will I need a follow-up appointment?

You will be seen in clinic within a week of leaving hospital and details given to you at the time of discharge.

If you have an inflatable expander you will have frequent clinic visits over the next few weeks to inflate the implant/expander at regular intervals; details will be given to you by your surgeon.

What should I do when I get home?

You should be able to return to most of your normal light activities within two to four weeks after your surgery, although this will vary from person to person. We recommend that you build up gradually to more strenuous tasks such as housework or gardening. You may need to ask someone to help you for the first couple of days as it is important that you get plenty of rest and that you set aside some time during the day for this. Do not be afraid to take some 'time out' for yourself to rest your mind and body.

Can I wear a bra after surgery?

Yes, you will need to wear a good supporting, non-wired sports-type bra, as advised by your surgeon. It should be worn for up to three months for 23 out of 24 hours a day (including night time), and should be taken off only for showering/washing. This is to help support the underlying tissue and suture (stitch) lines while healing. The breast care nurse will be able to measure you and make sure that the bra is comfortable for you.

When can I start driving?

You will not be able to drive immediately after your operation. You should only consider driving when sufficient healing has taken place to allow you to wear a seat belt without pain, usually four to six weeks after surgery.

Before driving after surgery we suggest that you check with your insurance company to make sure that you have the appropriate cover. Some companies ban driving for a specific period following surgery. Failure to comply with that condition would mean that you were driving without insurance, which the law regards as a serious offence.

When can I return to work?

Depending on the type of work that you do, you may be able to return to work within three to four weeks. You may feel quite tired at first. This is quite normal, and we suggest you talk to your employer about making a gradual return to work.

When can I take up my normal sports activities?

Many sports can be resumed within a couple weeks but we suggest that you check with your surgeon or breast care nurse first. If the sport involves strenuous upper body movements, for example aerobics, golf, swimming, and any racquet sports, it is probably advisable to start these activities gradually at least a month after surgery.

It is important that you continue to carry out the exercises given to you by your physiotherapist/ breast care nurse and to take up other activities slowly.

What should I do if I feel unwell at home?

If you notice any excessive swelling in your 'breast', or develop excessive pain or fever contact your breast care nurse Monday to Friday 9am to 5pm or attend Accident and Emergency (A&E) at Queen Elizabeth the Queen Mother Hospital, Margate (QEQM) where the surgical registrar on call will see you.

- Breast care nurses - Telephone 01227 868666
- A&E, QEQM - Telephone 01843 235030

Further information

For further information on breast reconstruction you may like to click on the following link.

- Breast Cancer Care: breast reconstruction
breastcancer.org/sites/default/files/publications/pdf/bcc7_reconstruction_2017_web.pdf

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 783145, or email ekh-tr.pals@nhs.net

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation