

Tissue expansion

Breast reconstruction
with ADM / Strattice



01935 384 352
yeovilhospital.nhs.uk

Introduction

This information is intended to help you understand the operation and the aftercare that will be necessary to achieve the best possible result.

What is tissue expansion breast reconstruction?

This is one of a number of techniques that may be used to reconstruct a breast after mastectomy surgery. The procedure involves placing a “tissue-expander” implant under the muscle of the chest wall.

This expandable implant has a silicone shell and is filled with saline (salty water) which can be injected to gradually fill the implant. The purpose of this is to stretch the skin gently to accommodate a permanent implant.

Filling with saline is carried out via a small port which forms part of the implant. It is usually carried out several times at an outpatients’ clinic at intervals of one to three weeks by one of the breast care nurses. It only takes a few minutes to perform these injections, this procedure may be slightly uncomfortable but is not painful.

Often, the implant is expanded to a larger size than finally intended. It is left at this size for at least three months to achieve maximum stretching of the skin.

Before your procedure

For all procedures, you will be assessed and given information in the outpatient clinic appointment with your consultant and the breast care nurse. As the operation involves a general anaesthetic, you will need to attend a pre-assessment clinic for a full check of your general health and home circumstances. Any further questions about the operation or the anaesthetic can be answered at this appointment.

For urgent procedures, you may be given a date for surgery by your consultant. For non-urgent procedures, you will be informed of your date of surgery by the access office in due course.

During your procedure

The operation is carried out under a general anaesthetic. For patients who have undergone mastectomy, the implant is usually inserted through the same scar.

The operation takes approximately two hours to perform. It is likely that you will have a “drain” or plastic tube inserted into the breast wound. This acts to drain away any oozing of blood and prevent large bruises or clots building up around the operation site.

After your procedure

For most patients the length of stay is for one to two days after the operation, when the drains are removed and you are able to go home.

Your wounds should be kept covered by dressings. An appointment will be made to review the wound approximately ten days after surgery. Another appointment will be made for you to see the breast care nurse in the outpatient clinic at two to three weeks after surgery to start the expansion process.

You will be offered painkillers both in hospital and to take home.

Advice on bras or other garments to be worn will be given before and after surgery. You may need to use a soft prosthesis or padding in a bra until the expansion process is complete. Underwired bras should be avoided until your wounds are healed.

After three to four weeks, you may start light exercise. Return to work will depend on your occupation. Light duties can usually restart within three to four weeks.

Heavy lifting and strenuous exercise should be avoided for at least six weeks and vigorous arm exercises should be avoided for 12 weeks.

Driving should be avoided until your wounds have healed and you can comfortably wear a safety belt. This may take several weeks.

Consequences and risks

Most patients will experience few, if any, complications but it is important to be aware of possible problems.

Bleeding: Bleeding may occur after surgery (usually within 12 hours of the operation). A very small amount of bleeding is not uncommon but anything more than this may mean that you need another short operation to stop the bleeding.

Infection: You will be given antibiotics during the operation to reduce the risk of infection. If the wound becomes infected after surgery, you may require a course of antibiotics.

Any infections that occur in the wound or skin can usually be treated with antibiotics. However if an infection develops around the implant, it can be difficult to treat because it is contained in the "capsule." Antibiotics are given but if they are not effective, it may be necessary to temporarily remove the implant. Antibiotic treatment would continue and replacement of the implant would be postponed for several months. This allows the infection to be fully treated. The incidence of infection is rare (less than two per cent of patients).

Asymmetry (unequal size and shape): In the short term, there will be a marked difference between the breasts until the tissue expansion process is complete.

After breast reconstruction, the size and shape of the new breast will adjust with time and weight changes. It will feel different to natural breast tissue. Silicone implants have a more natural appearance than a temporary saline-filled tissue expander.

Breast implant surgery is a lifelong commitment

Breast implants do have a life expectancy of approximately 10-15 years, after which time they may need replacing but this timescale varies between individuals. If the implant has not changed in any way, it does not automatically need replacing. However, it is important to realise that the implant will almost certainly need changing at some point during your lifetime.

Cosmetic appearance

The appearance of a breast with implants is affected by factors such as age, thickness of breast tissue and type of implants used. Implants tend to create “youthful” looking breasts that may be less natural in appearance with increasing age. In patients with very thin tissue, creasing and folds in the implant may be apparent.

There can also be a rippling effect seen through the skin, which is more likely when saline implants are used. Implants are designed in a variety of different shapes to meet the needs of individual patients.

Pregnancy and breast feeding

If you have undergone a mastectomy procedure for breast cancer and have an implant for breast reconstruction, breastfeeding will not be possible with the affected breast.

Rupture/ leaking implants and silicone safety

This is when the outer silicone shell of the implant is punctured and the silicone gel contents could potentially be released into the body tissue. Modern cohesive gel implants have a firm consistency that is very unlikely to disperse in significant amounts. Older implants contain a more fluid silicone, which is likely to drain out. Leaking silicone can result in benign lumps occurring in the surrounding tissue. These are known as “silicone granulomas”.

Breast cancer and mammography

For patients who have undergone breast reconstruction (providing all the breast tissue was removed during mastectomy) there is no need to perform mammograms on the reconstructed breast. Follow up mammography should continue (as requested by the breast surgeon) in the remaining natural breast and it is important to be “Breast Aware”.

More information

Contact the breast care nurses
01935 384 352

If you would like this leaflet in another format or in a different language, please ask a member of staff.

Yeovil District Hospital
NHS Foundation Trust
Higher Kingston
Yeovil
Somerset
BA21 4AT

Ref: 03-16-107
Review: 04/18