

Plastics / Breast Surgery

Information for Women Undergoing Mastectomy and Implant Reconstruction

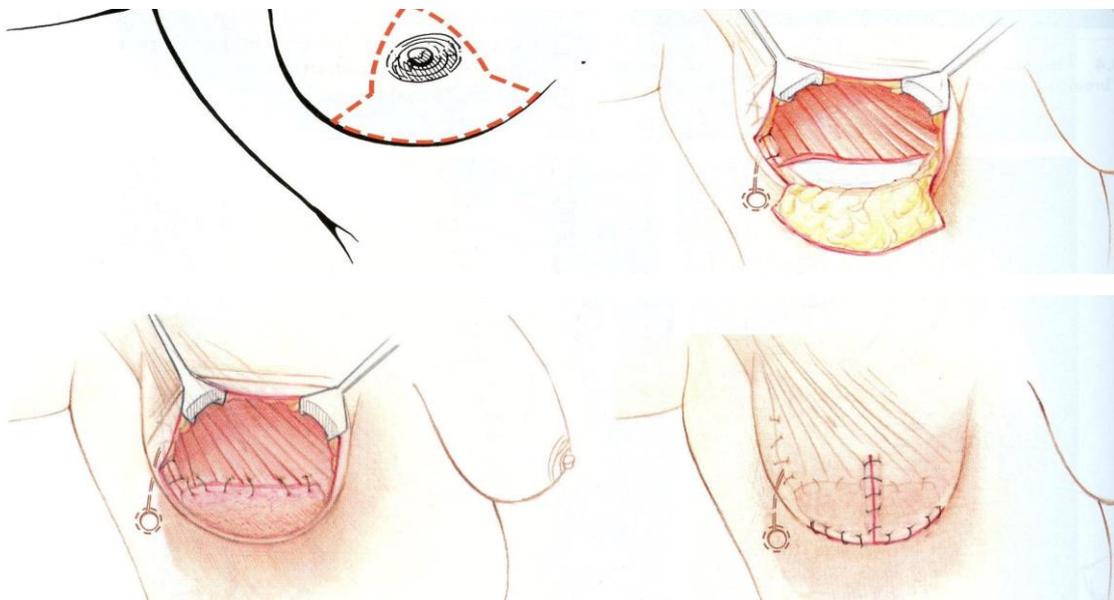
Breast reconstruction can be performed after mastectomy. If implants are used, they are placed under the skin of the breast. An extra layer can be placed between the implant and your skin to protect the implant.

How is the operation done?

After the breast tissue is removed, the skin of the breast is kept to cover the implant. An extra layer can be used to protect and keep the implant in position. This extra layer can be your own tissue (muscle or spare skin, which is sometimes called a 'dermal sling') or an artificial fabric.

Option 1: Your own tissue / dermal sling

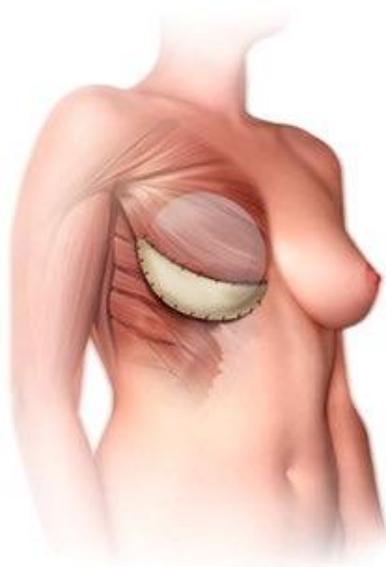
The upper part of the extra layer is made of the chest muscle. The muscle is opened along the lower edge, like opening an envelope, and a cavity created beneath it, which is just the right size and shape for the implant. The lower part is made out of the lower breast skin. These two parts are stitched together to make a complete inner layer which holds the implant in position.



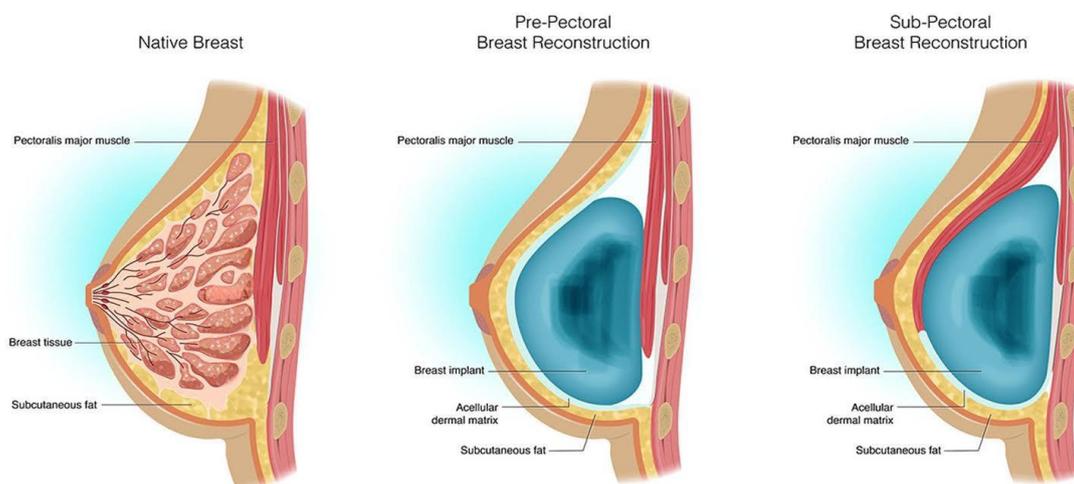
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Option 2: Artificial Fabric

Different fabrics are available such as a mesh, coated in titanium (Tilloop) or a piece of very thin 'medical' leather (called acellular dermal matrix) which can be used to cover part or all of the implant, so that your own tissues do not need to be used. The acellular dermal matrix is made from animal skin (like leather), but all the animal cells are removed to produce a collagen matrix or scaffold, which is incorporated into your own tissue. Please ask the surgeon if any question regarding the origin of the product.



The placement of implants following the removal of breast tissue can be pre-pectoral (in front of the chest muscle) or sub-pectoral (behind the chest muscle) which may or may not be accompanied with the artificial fabric to support. Multiple factors play a role in determining the optimal implant placement for each individual patient, including patient health history, implant type, implant size, and the patient's body type.



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How long does the operation take?

It takes about two hours, or four hours for both breasts.

What types of implant are used?

Implants vary in their shape (round or tear drop) and components (all silicone or with an expandable pocket) and coating (polyurethane). The type chosen will depend on your desired future breast size, the stretchiness of your skin and whether you would prefer a single operation or two operations.

How long will I be in hospital?

It varies with each person. A small plastic tube, called a drain, will be placed at the time of your operation. Any fluid which develops as a result of the surgery can come out through this tube into a bottle. Once the amount of fluid reduces to a sufficiently low volume, we remove the drain.

Do I need to stop smoking before the surgery?

Smoking can compromise tissue healing leading to wound breakdown. Smoking increases the chance of the reconstruction failing and the implant having to be removed. Stopping smoking will reduce the risks of wound and chest infections, fat necrosis and blood clots as well as wound healing problems. You will be asked to stop smoking or using any nicotine products for 6 weeks before surgery. If you are not able to stop smoking your options for reconstructive surgery may be reduced. Some additional information and help can be found on <https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/>

Will I need to do anything after the operation?

A comfortable crop top or sports bra helps support the reconstruction whilst you are healing. The skin will look healed within two weeks, when the dressings can be removed. However, it takes about six weeks for the scars to become strong, so some care should be taken to protect the reconstruction during this time.

You should avoid lifting anything heavier than a half-full kettle, as this will make the muscle move and could disrupt the reconstruction.

Will I have any follow up appointments after the operation?

You will see the nurse about one week after your operation, who will check the scars and healing. You will see the consultant about four to six weeks after the operation. If you have had a mastectomy for breast disease, the results are usually available within three - four weeks of the operation. You will be given an appointment to see the plastic surgery or breast surgery consultant when your results are available.

Will I be able to contact the breast cancer nurses?

Breast cancer nurses are available to support you. Your main support after discharge home, will remain with your original hospital, where you were initially diagnosed.

What are the advantages and disadvantages of an implant reconstruction?

Advantages

- The scars are only on the breast;
- You will recover more quickly than from other types of reconstruction;
- It may be possible to keep the nipple, or reconstruct it straight away;
- The breast has a lifted shape.

Disadvantages

- You may need a lift of the other breast to achieve better symmetry;
- Radiotherapy might make your reconstructed breast hard and sometimes painful;
- You may need a two stage reconstruction (two operations, sometimes six months or longer apart) especially if you would like to maintain the breast size
- The implants may need to be changed after a few years.

What are the risks of this operation?

Every operation carries some risks which are general risks like chest infection and blood clots and we use techniques to prevent them such as

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compression stockings. There are also some risks that are related to the operation and include:

Implant Loss / Unsuccessful reconstruction

The implant can extrude through the skin, commonly in the early post-operative period due to skin loss or necrosis (tissue death). This can happen when the skin around the implant weakens or the wound has not completely healed. This can lead to additional surgery and possible removal of the implant and/or loss of breast skin which is likely to result in a longer hospital stay, increased hospital visits for wound assessment and delay in further cancer treatments like chemotherapy or radiotherapy. Risk factors like smoking, diabetes mellitus, radiotherapy, steroids can compromise healing in various ways. A failed surgery can affect further reconstructive options and hence the outcome.

Infection

We make every effort to reduce the chance of infection, by giving antibiotics, washing the pocket before placement of the implant and using clean gloves to put the implant in. Unfortunately, if infection occurs, it can be difficult to eradicate. This means that in most infected cases, it becomes necessary to remove the implant for a period of months before re-inserting it. In a national audit, this problem occurred in 9% of women.

Problems with healing

Problems with healing are more common in people who smoke, are overweight or who have diabetes or other illnesses. The skin remaining after the breast has been removed is very thin and has a reduced blood supply. Sometimes the blood supply is insufficient to keep the skin healthy. In this situation, the skin can fail to heal and a scab is formed. Usually this gets better by itself, but sometimes another operation is needed. In the worst case scenario, the chemotherapy or radiotherapy treatment has to be delayed until healing occurs.

Implant changes

The reconstructed breast shape and size will be different from your other breast. The shape of the breasts can change over time and sometimes you may consider an operation on your normal breast to try to improve symmetry. The breast implant is always firmer than a natural breast, but

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sometimes can become hard, especially after radiotherapy. Rarely the implant can leak, rotate or move position.

Numbness

The breast skin often has reduced feeling after surgery, which may be permanent.

Haematoma and seroma

A collection of blood or fluid can collect in the breast after the operation, even if a drain is used. Sometimes this can be drained with the help of an ultrasound scan and rarely requires a second operation.

Twitching (sometimes called animation)

If you have a very active muscle, your breast can appear to move or become flattened, with particular movements as the implant is tucked under the muscle.

Recurrence of the breast disease

An immediate implant reconstruction requires the skin of the breast to be preserved to cover the implant. The breast tissue is removed as much as possible, but a very small amount of breast tissue may remain under the skin. More breast tissue remains if the nipple is preserved. The residual breast tissue reported in this type of mastectomy is between 4-10%. Even though most of the breast tissue is removed there are some patients who have recurrence of their breast disease after their surgery. This is not common (< 5%), but you should be aware that if a lump develops in the reconstructed breast, you should seek medical assessment to rule out any recurrence.

Capsular contracture

When any implants are placed in the body, a scar called a capsule develops around the implant, separating it from overlying tissue. This can become shorter and harder over time, requiring more surgery.

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Breast Implant Associated – Anaplastic large cell lymphoma (ALCL)

Very rarely, a tumour can develop in the capsule. This is called 'Breast Implant Associated Anaplastic Large Cell Lymphoma' (BIA-ALCL). The risk appears to be around 1:10,000 of women with breast implants. The tumour (ALCL) is generally found next to the implant and contained within the fibrous capsule. It can cause rapid swelling of one breast more than 1 year after surgery. It should be noted that ALCL is extremely rare and treatable by excision of the capsule and extra treatment if recommended by the breast team.

Coronavirus (Covid-19)

Preventative measures aimed to reduce the spread of Covid-19 have been put in place. However, given the nature of the virus, there is an inherent risk of becoming infected with the virus by virtue of proceeding with elective surgery. You will be asked to follow a self-isolation period of 11 days before the surgery. You will have a Covid-19 PCR swab test at 48-72 hours before surgery and then need to strictly isolate before admission.

Implant registry

A national register of all patients with breast implants has been set up to allow contact with you, if there are any future breast implant problems. We strongly recommend that you consent to having your implants registered on this database.

Sources of Further Information

British Association of Plastic Reconstructive and Aesthetic Surgeons

www.bapras.org.uk

Macmillan Cancer Support

Tel: 0808 808 00 00

www.macmillan.org.uk

Breast Cancer Care

Tel: 0808 800 6000

www.breastcancercare.org.uk

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Macmillan Cancer Information Centre: 024 7696 6052

Information and support based at University Hospitals Coventry and Warwickshire. It is a free service and provides information about all aspects of cancer as well as emotional support. The Centre is in the main entrance and is open Monday to Friday 9.00am – 4.00pm (not bank holidays).

Alternatively, please contact the secretary of Ms Skillman, Consultant Plastic Surgeon on 024 7696 5223 or the Breast Secretary on 024 7696 5275 if you have any other questions or would like further information.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 5223 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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