

## Acellular Dermal Matrix (ADM)

### Assisted Breast Reconstruction (Single Stage)

#### Patient Information

Aintree University Hospital **NHS**

NHS Foundation Trust

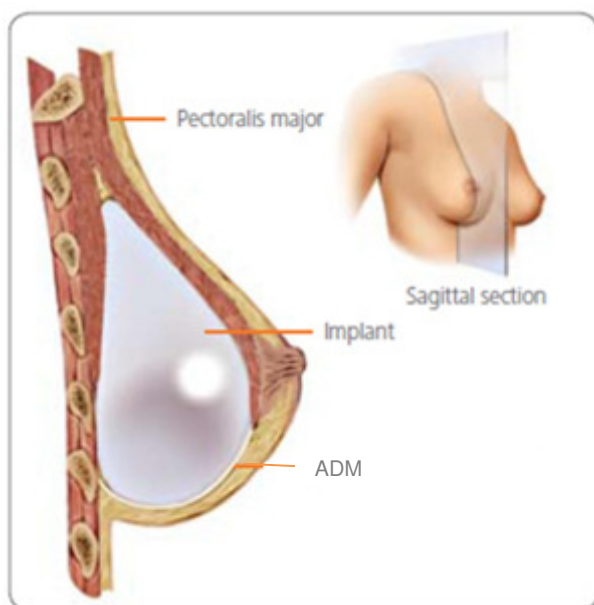
Where quality matters

Breast Unit  
Lower Lane  
Liverpool L9 7AL  
Tel:0151-525-5980

This information leaflet is to be read along with 'Mastectomy' and Drain leaflets.

#### What is ADM assisted Reconstruction: Single Stage- full breast?

ADM assisted reconstruction is a technique of implant reconstruction which allows the use of a permanent silicone implant to fill the breast envelope in one operation avoiding the need for tissue expansion. It works especially well for A, B or small C cup breast.



The Pectoralis muscle is extended using the ADM graft making a much bigger muscle pocket therefore allowing the breast implant to be inserted. This will improve natural ptosis (droop) of the breast.

#### Benefits of using ADM assisted Reconstruction

- May help hide implant visibility and create a more natural-looking breast
- Controls breast implant location - acts as an "internal bra" to support the implant and helps the surgeon control the pocket size
- One operation as opposed to two stage using expander reconstruction
- Less painful than expander

#### What are the risks?

- Even the best reconstruction will never replace a normal breast
- Asymmetry – uneven breast size
- Limited ptosis (natural breast droop)
- Loss of sensation to skin
- Your wound, like any other wound, may become infected. You may be given antibiotics for this

**Smoking is associated with an increased risk of wound infections even for simple wounds - therefore it is a strong recommendation to stop before your operation.**

- Loss of the implant
- Sometimes a collection of clear fluid forms under your wound. This is called a **seroma**. This can happen several days after your operation and is simply removed by a needle and syringe within the breast unit.

- There is a chance of forming a **haematoma** (a collection of blood under your wound). You may have to return to the operating theatre to have this removed.
- There is a risk of developing clots in your legs (DVT's), which can travel to the lungs (pulmonary embolism). You will be given special stockings as prevention.

**There will be no guarantee of cup size. The implant may become hard over a period of years or following radiotherapy treatment-this is called 'capsular contracture'.**

### **Are there any alternative treatments available?**

Not everyone will want to have a breast reconstruction after mastectomy. Women who don't wish to have a reconstruction will be fitted with an external implant/prosthesis (false breast) to wear in the bra.

Not everyone is suitable for an implant based reconstruction. To discuss other types breast reconstruction please speak to your consultant

### **What sort of anaesthetic will I have?**

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness. It is always provided by an anaesthetist, who is a doctor with specialist training.

The side effects of general anaesthesia can include; nausea, confusion and pain. Different medicines are given to help combat these problems. Complications of general anaesthesia are rare, they include paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor

surgery, and who are young, fit, active and well. You will be given an opportunity to discuss anaesthetic options and risks with an anaesthetist before your surgery.

**If you are worried about any of these risks, please speak to your Consultant or a member of their team.**

### **Getting ready for your operation**

- You will be seen in the pre-operative clinic, usually one to two weeks before your operation.
- Your height and weight will be recorded, screened for MRSA and possibly have blood tests, ECG (a heart tracing) or a chest x-ray.
- You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be told when to stop eating and drinking before your operation this will also be stated in your admission letter.
- Most patients will be admitted on the day of their operation if they have already attended the pre-operative clinic.

### **The day of your operation**

- You will usually come into hospital on the day of your operation. The surgeon will see you again to make some pen marks on your body to help guide the operation.

### **What should I expect after the operation?**

When you return to the ward, the nursing staff will check your pulse, blood pressure, breathing and wound regularly. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick, we advise you not to drink until this feeling has passed.

The nursing staff may offer you an injection to help this sick feeling go away. The physiotherapist will advise on gentle exercises.

**The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.**

## Going home

You will usually be in hospital overnight, although this sometimes can be longer.

## Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

## Your wound

A thin piece of tape will cover your wound, this is not to be removed and it must be kept dry. The wound dressing may be left untouched until you attend clinic for your results. Dissolvable stitches are used and therefore these will not need to be removed.

After breast reconstruction surgery, wound drains are placed in the wound to remove blood, secretions and other tissue fluids to promote healing.

- It is quite normal after surgery to have one or two drains in place. This is to prevent the build up of fluid around the wound/implant.
- These drains usually stay in place until the amount of fluid drained over a 48-hour period is around 40mls. This may take up to 14 days or in some cases longer depending on the amount of fluid, it is important to aid the healing process.

## Going home with a drain

Since many women feel so well after their operation, it has now become accepted practice in most hospitals for you to go home with your drain still in place.

Before you are discharged, your nurse will give you full instructions about caring for your drain and will also check you are confident in looking after the drain.

**Further information regarding drains is available in the additional leaflet.**

## Once you are home

The Breast Link Nurse Specialist or a District Nurse will visit you after you have been discharged. They will check your wound, care for the drain and record the drainage.

If you are managing, the Breast Link Nurse may not call every day. They will let you know when they will call again to see you.

## Discharge information

- General anaesthesia temporarily affects your co-ordination and reasoning skill, so you **must not** drive, drink alcohol, operate machinery or sign any legal documents for 24 hours.
- **Important:** You will need to arrange for someone to drive you home. If you go home the same day as your operation, try to have a friend or relative stay with you for the first 24 hours.
- If you are in any doubt about driving, contact your motor insurer so that you are aware of their recommendations and always follow your Surgeon's advice.
- You may be discharged from hospital with a drain still attached to your wound site.

You will be given information about how to care for it.

## Getting back to normal

Remember, you have just had an operation, and you will take some weeks – even months – to recover. It is normal to feel more tired than usual for a few weeks after having an operation. This will pass.

You may feel tearful from time to time. This is understandable. If you feel particularly low, please contact your Breast Care Nurse.

## Returning to work

You can self-certify for the first seven days of sickness. After this, a medical certificate (sick note) may be issued by your hospital doctor to cover the expected time off you will need after being discharged.

## Further Appointments

An appointment will be sent to you usually 10 days after your operation. At this appointment you will see the doctor and a Breast Care Nurse for your results, who will discuss any further treatment you need with you. Advice on returning to work will be given.

## Where should I seek advice?

If you have any concerns within the first 24 hours of discharge you may contact the ward (see discharge letter for telephone number) you may contact the breast specialist nurses for advice on:

**0151 529 4082 (mon-fri 9am-5pm)**

In an emergency contact NHS direct, attend local walk-in centre/A&E department or on-call GP.

Breast Cancer Care  
Tel: 0808 800 6000 (freephone)  
[www.breastcancer.co.uk](http://www.breastcancer.co.uk)

## Further Information

**If you have any doubts or questions following your clinic visit(s) you can obtain further information from:**

Aintree University Hospital NHS Foundation Trust is not responsible for the content of any material referenced in this leaflet that has not been produced and approved by the Trust.



## If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact the Customer Services Department on:

ان كنت تريد نسخة خاصة من هذا الكتيب  
يمكنك الحصول على هذا الكتيب بطباعة اكبر او بطريقة برايل  
للمكفوفين او على شريط او مطبوع على سيدي وللحصول  
عليك الاتصال بنا على الرقم التالي:

如果需要特殊語言圖專單  
根據需要 這個專單可以加大列印 添加盲文 其他語言  
並且可以做成磁帶錄音或者光碟。如果有什麼需要 請聯繫  
客服。

## Si vous avez besoin d'une brochure adaptée pour malvoyants

Vous pouvez obtenir, sur demande, ce prospectus imprimé en grands caractères, en Braille, en livre audio (cassette ou disque compact) ou dans une autre langue. Veuillez contacter le service clientèle au:

यदि आप इस पुस्तिका की एक विशेष संस्करण की आवश्यकता होती है तो

इस पुस्तिका बड़े प्रिंट, ब्रेल (उत्कीर्ण लेखा)में, ऑडियो टेप या डिस्क और अन्य भाषाओं में अनुरोध पर उपलब्ध है। कृपया कस्टमर सर्विसिस (ग्राहक सेवा)से उपर दिए गए नंबर पर संपर्क करें:

## Si necesita una edición especial de este folleto

Este folleto está disponible en letra grande, en Braille, en cintas de audio o en disco y en otras lenguas a petición. Por favor, contacte con el Servicio de Atención al cliente en:

## Haddii aad u baahantahay cadad khaas ah oo ah warqadan

Warqadan waxaad ku heli kartaa haddii aad codsato iyadoo ku qoran far balaadhan, Braille (waa farta ay akhriyaan dadka indhaha la'), iyadoo hadal cajalad ama disk ku duuban ama ku turjban luqad kale. Fadlan ka la soo xidhiidh Adeega Macaamiisha:

### اگر آپ کو اس معلوماتی پرچے کی خصوصی اشاعت درکار ہے

یہ معلوماتی پرچہ بڑی لکھائی، بریل (اندھوں کا رسم الخط) سماعت کرنے والی ٹیپ یا ڈسک یا پھر اور زبانوں میں درخواست پر دستیاب ہے۔ برائے مہربانی کسٹمر سروس سے دیئے گئے نمبر پر رابطہ کریں:

## Os oes arnoch angen rhifyn arbennig o'r daflen hon

Mae'r daflen hon ar gael mewn print bras, Braille, ar dâp sain neu ddisg ac mewn ieithoedd eraill ar eich cais. Cysylltwch â Gwasanaethau i Gwsmeriaid ar:

## W przypadku, gdy potrzebujesz specjalnego wydania tej broszury

Broszura ta jest dostępna w dużej trzcionce, Braille'u, na kasecie do odsłuchu lub na dysku jak również w innych językach na życzenie. Prosimy o kontakt z Serwisem dla klientów pod numerem:



Telephone  
0151  
529 3287



Textphone  
0151  
529 2523



Fax  
0151  
529 2019

[for the hearing impaired]