

Breast Reconstruction using an Expander

You are going to have a breast reconstruction using an expander followed by insertion of an implant.

This leaflet outlines what this procedure will involve and some of the potential benefits and problems.

What is an expander?

This is a breast shaped balloon inserted at the time of your operation and then blown up to form a new breast shape over a period of weeks.

What are the benefits of using an expander?

Your skin will stretch enough to create a pocket to take the implant.

What are the risks of using an expander?

- In less than 10% of cases, the expander becomes infected and has to be removed.

If this happens, you will have to wait six months before it can be replaced.

- Bleeding can occur around the expander.

This bleeding is called a haematoma. Another small operation would be needed to remove this blood.

- After your permanent implant has been inserted, your breast may sit higher than your other breast.

Are there any alternative treatments available?

The alternative to having a tissue expander reconstruction is to wear external silicone prosthesis (false breast) in your bra.

To discuss other types of breast reconstruction please speak to your Consultant.

What will happen if I decide not to have treatment?

If you decide not to have a tissue expander you will be fitted with an external silicone prosthesis (false breast).

Who is suitable for this sort of reconstruction?

Expander and implant reconstruction is a good choice for women with a small to medium size breast.

It has the advantage of avoiding surgery in other areas of the body.

What can be achieved by using an expander?

Once the breast has been removed it can never be replaced exactly. Your new breast will never look or feel exactly the same as your normal breast.

We aim to give you a good match in size and shape when you are wearing a bra, and this can be achieved in most people.

Getting a good match without a bra is more difficult and cannot always be achieved.

Surgery to your normal breast may be required to get closer to this.

How will the reconstructed breast feel and look?

The reconstructed breast tends to feel firmer than your own breast.

In addition it does not move or sag in the same way and stays in the same position, for example when you lie down.

The upper part of the reconstructed breast is often more prominent than your normal breast.

What is the time scale for the reconstruction?

The expander will be put in place at your first operation. The expander will be filled up with fluid over a period of time.

Once fully expanded, time is allowed to fully stretch the skin, so that a permanent implant is inserted six months to one year after the first operation.

What if I need Radiotherapy and / or Chemotherapy?

Both are possible.

If you need Chemotherapy we usually continue with expansion in the normal way, but would leave placement of the permanent implant until the chemotherapy had finished (usually around six months).

This is because there is a slightly greater risk of infection if operations are performed during Chemotherapy treatment.

If you need Radiotherapy, we would usually aim to get the expander fully expanded before it starts.

The permanent implant would be put in after Radiotherapy treatment and when any acute skin reaction has settled.

What sort of anaesthetic will be given to me?

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.

Unfortunately, general anaesthesia can cause side effects and complications.

Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

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.

Complications are rare, but can cause lasting injury: they include awareness, paralysis and death.

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.

Does having an expander inserted make my hospital stay longer?

Having an expander inserted at the time of your initial operation does not make much difference to this or your hospital stay.

It adds about 30 minutes to your operation and there is likely to be a slight bulge under the mastectomy scar after your operation.

Getting ready for your operation

You will usually be seen in pre-operative clinic.

Here you will have blood tests and some times a heart trace; depending on your medical history. Swabs will be taken from your nose throat and groin to check for MRSA.

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 given instructions on when to stop eating and drinking before your operation.

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 marks on your body to help guide the operation.

You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves. Again, you will be able to discuss the operation with your surgeon.

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 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.

Physiotherapy

The Physiotherapist will visit you in hospital and will give you an arm exercise leaflet.

It is important that you do arm exercises after your operation. An appointment will be arranged for you to see the Physiotherapist at a later date.

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.

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.

Once you are home

The Breast Link Nurse Specialist or a District Nurse will visit you after you are 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.

They will leave a contact number in case any problems arise.

The Breast Link Nurse will remove your drain once it has drained 50mls or less in 24 hours.

If you develop pain or an unusual swelling to your chest area or armpit and find it difficult to lift your arm above your head, this may be a collection of fluid (seroma).

Telephone the Breast Care Nurses on:

0151 529 4082.

Getting back to normal

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

You will be seen back in clinic to discuss your laboratory results and further treatment.

At this time we will check your operation site and make arrangements for expansion, which usually starts within a few weeks.

Further information

Please feel welcome to ring the Breast Care Nurses who will answer any of your questions and give any further explanation if required.

Breast Care Nurses

Tel: 0151 529 4082 (24 hour answer phone)
The Breast Care Nurses aim to return your telephone call the same day or the following day.

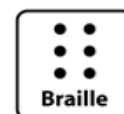
Breast Cancer Care

Tel: 0808 800 6000 (freephone).
www.breastcancer.co.uk

Acknowledgements:

This leaflet is based upon the Royal Liverpool and Broadgreen University Hospitals NHS Trust patient information booklet 'Breast Reconstruction using an Expander and Implant'.

The Royal Liverpool and Broadgreen University Hospitals NHS Trust has kindly given their permission for us to use their material.



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:

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