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Patient information

Breast Reconstruction Using An Implant and a Cellular Matrix

Breast Services Directorate

Your consultant has offered you a breast reconstruction using an implant and acellular collagen matrix (ACM).

What is acellular collagen matrix?

Acellular collagen matrix is one method of doing a breast reconstruction using an implant and/or expander. It uses an acellular collagen matrix to help the breast reconstruction. ACM is a specially treated tissue made from animal collagen, pig or bovine pericardium or bowel which has had the “animal parts” removed and making it safe to use in humans, a little like making a skin graft. The ACM is attached to the muscle and covers the lower half of the implant.

What are the benefits of having reconstruction with ACM?

The aim of reconstruction using ACM is that it has an advantage over the older techniques in that it allows the creation of a bigger space under the chest wall muscle (pectoralis muscle). This often allows the main part of the reconstruction to be completed in a single operation, rather than in two stages. Stage one, with insertion of an expander followed by a stage two operation to replace this with a permanent silicone implant. It also allows a better shape for the new “breast” to be made. It is a relatively straight forward procedure without the need for scars elsewhere on the body.

What are the risks of having reconstruction using ACM?

The potential problems and complications are similar to other forms of implant reconstruction.

One main possible problem is infection. If there is infection around the implant, usually it has to be removed as the infection will not settle with the implant still in place. If the implant has to be removed in order to treat the infection, this can usually be replaced, but often after about six months.

Sometimes there can be a skin reaction to the ACM and there can be a failure of the reconstruction.

There is a small chance of bleeding either around the implant or just above this near to the skin.

There is a chance of damage to the skin of the new breast and occasionally this may need dressings or may require the removal of a small piece of skin.

There is a small chance of the body rejecting the ACM.

As with all forms of reconstruction there is the possibility of further revisional surgery being required to the reconstructed breast or the opposite breast. For further information please contact your breast care nurse on Tel: 0151 706 2927 or your breast surgeon, who can be contacted via the breast care nurse or the surgeon's secretary.

Are there any alternatives available?

Your surgeon will discuss all treatment options with you at your consultation, and give you appropriate information leaflets regarding other procedures.

What will happen if I decide not to have treatment?

You can decide not to have a reconstruction. If you have a mastectomy, you will be flat on that side. If you choose an alternative type of reconstruction, your surgeon will show you pictures of what this could look like.

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. Complications are very rare, but can cause lasting injury: they include awareness, 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.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your 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 usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, and sometimes a heart trace or a chest X-ray. You will be assessed to see if you are fit for the anaesthetic.
- 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 eating and drinking before your operation.

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

The day of your operation

- You will come into hospital on the day of your operation. Please make sure you contact the ward before you leave home to check bed availability.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring any medication you take into hospital with you.
- Please bring in toiletries, nightwear and towels.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.

- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the theatre area, the ward nurse will leave you, and you will be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room and a member of theatre staff will check your details with you (at Broadgreen Hospital there is a slight difference in the way you will be received in theatre due to the different theatre layout).

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing rate 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.

Going Home

You will usually be able to go home the following day, often with drains in place, you will be given information on 'Going home after breast surgery with a drain in place - PIF 048'.

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

Your wound will be checked at the time of your clinic visit by the medical team. If you have excessive pain or swelling at your wound site, you should contact ward 9Y Tel: 0151 706 2496, or the Breast Care Nurses or your Consultant's secretary.

Getting back to normal

Remember that you have just had an operation. It is normal to feel more tired than usual for a few days afterwards.

Following this operation and you should recover within a few weeks. If you have any queries or concerns, please contact your Breast Care Nurse. Please refer to PIF 055 "Going home after your breast surgery" leaflet for further information

Returning to work

You should be able to go back to work within a few weeks after the procedure.

You can self-certify for the first seven days of sickness. After this time, medical certificate (fit note) may be issued by your family doctor (GP) to cover the expected time.

Further Appointments

You will be given a clinic appointment when you are discharged from the ward.

Further Information

Please contact your Breast Care Nurse

Tel: 0151 706 2927

Text phone number: 18001 0151 706 2927

(24hr answerphone)

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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