Queen Victoria Hospital
NHS Foundation Trust

Breast Reconstruction Surgery at QVH

(Breast Implants, LD Flap with Implants, Acellular/Artificial Dermal Matrix (ADM) and Dermal Sling)

Welcome to Queen Victoria Hospital NHS Foundation Trust

You have been referred to this hospital for consideration for breast reconstruction surgery. This booklet will explain the various treatment options and what to expect when undergoing breast reconstruction with breast implants. Please do not hesitate to ask if you have further questions.
Breast reconstruction can be performed at the same time as a mastectomy (removal of the breast) as an immediate reconstruction, or after a mastectomy as a delayed procedure for breast cancer. It may also be carried out because of a congenital absence of a breast (Poland Syndrome) or other reasons.
Breast reconstruction surgery is usually performed during several operations over a period of approximately 12 to 18 months. The first procedure is usually to create a breast mound, followed by surgery (if necessary), to balance and sculpt the breast, followed by nipple reconstruction (if required), and finishing with
micro-pigmentation (tattooing). This information booklet concentrates on the first procedure - creating the initial breast mound using implants.

Women may seek breast implant surgery because they:

- are dissatisfied with the size and shape of their breasts
- have a congenital absence or deformity of one or both breasts, or they wish to correct uneven breasts (see 'Breast Asymmetry' leaflet)
- wish to gain symmetry as part of their breast reconstruction following a mastectomy for breast cancer

National Implant Registry

All patients having implant surgery will be offered the opportunity to be added to the National Implant Registry. This registry was set up in October 2016 and has been designed to collect information on breast implants inserted throughout the UK to monitor and improve patient safety. The registry is maintained by NHS Digital and a separate information leaflet is available to explain why we would like to input your information and what the registry involves. The Department of Health and Social Care have directed NHS Digital to collect this information in England, so it is a legal requirement. Each hospital has to send the information and the national data opt-out does not apply.

Should I consider surgery?

Breast implants can bring psychological benefits to women. They can help to restore lost self-esteem and improve quality of life. However, women should think carefully about their reasons for wanting breast implants and be sure that they are the best solution. Breast implants may not achieve what you hope for and you should try to have realistic expectations and not expect perfection.
The majority of patients are pleased with the results of their surgery. However, occasionally, women may have difficulty coming to terms with their new look because their breasts may not appear as they had imagined they would or as a result of a complication. Having corrective surgery will not create symmetrical breasts.

Questions you may wish to ask

It is very important that you ask as many questions of your surgeon as you need to before having breast reconstruction. It is always useful to write down any questions as you think of them. You can also bring a friend or family member with you to your outpatient appointments to help you remember what is discussed. Please visit the hospital website to confirm the latest visitor advice at the time of your appointment. Here is a list of questions you may wish to ask. The answers to these questions may help you make your decisions.

- What type of reconstruction is best for me? Why?
- What results are realistic for me?
- Will the size of my reconstructed breast match my remaining breast?
- Will I have any feeling in my reconstructed breast?
- What are the risks and possible complications I should know about?
- How much discomfort or pain will I feel?
- How long is the recovery time?
- What do I do if I get swelling in my arm (lymphoedema)?

- How can I meet with other women who have had the same surgery to discuss their experiences?
- Will reconstruction interfere with chemotherapy?
- Will reconstruction interfere with radiotherapy?
- How long will an implant last?
- What kinds of changes to the breast can I expect over time?

What types of implants are available?

There are two types of implants that are available in the UK – silicone gel (semi- liquid or cohesive) and saline. Both implants have a silicone shell (outer layer) which can be smooth or textured. At this hospital we mainly use textured implants to reduce the risk of hardening and deformation (capsular contracture).

Silicone gel implants are most commonly used. They are filled with either a firm, jelly-like silicone or a softer, fluid silicone. The firm implants are less likely to leak. The shell of some silicone gel implants is coated with polyurethane foam.

Polyurethane coated implants were reintroduced in the UK in April 2005 and may reduce the risk of developing capsular contracture.

Saline implants are another option but are used less often as they are more prone to leaking and deflation.

Both implants come in two shapes, either round or anatomical (teardrop shaped). The choice is usually made by your surgeon based on medical history and breast shape and size.

For further information you can visit the Department of Health (DoH) or Medicines & Healthcare products Regulatory Agency (MHRA) websites:

www.dh.gov.uk

www.mhra.gov.uk/Safetyinformation/Generalsafetyinformationandadvice/ Product-specificinformationandadvice/Product-specificinformationandadvice-A-F/ Breastimplants/

This table briefly summarises the advantages and disadvantages of silicone gel and saline filled breast implants.

Type of filler	Description of implant	Advantages	Disadvantages
Silicone gel	Filled with a soft or firm silicone substance. Firm or cohesive gel implants contain a more solid, jelly-like gel which will keep its shape if the shell ruptures. Soft implants are filled with a more fluid-like gel.	Long history of use. The soft silicone filler is the softest implant available. It is less prone to wrinkling and feels more natural than other implants. Available in either round or anatomical (breast shaped) designs. The 1998 IRG found no evidence that silicone implants pose a danger to women's health.	Surgery to insert a firm cohesive gel implant may result in a slightly larger scar compared to an implant with soft silicone filler.
Silicone gel	Polyurethane coated implants.	Reduces the risk of capsular contracture and implant rotation.	Once they are placed they are difficult to re-position.
Saline	Filled with a salt and water solution of similar concentration to that found in body tissue. May be pre-filled or filled through a valve at the time of surgery or after surgery as an outpatient.	Long history of use. Available in either round or anatomical (breast shaped) designs. Filled with a solution that can be absorbed and excreted by the body.	May be more prone to rupture or deflation at an earlier stage than other implants. Prone to wrinkling, they may feel and look less natural than other implants and may lose volume over a period of time. Less satisfactory in women with little breast tissue.

Reconstruction surgery using your back with an implant and LD (Latissimus Dorsi) flap

The LD flap procedure involves moving tissue from your upper back. The flap is made up of skin, fat, muscle and blood vessels. With its blood supply attached, it is tunnelled under the skin below the armpit to the front of the chest. This can provide added protection for an implant and additional skin following mastectomy. Sometimes, if the breast volume required is small the muscle and fat alone can create a breast mound without the need for an implant (extended LD).

There are some important factors for you to think about when deciding on a LD reconstruction with implants.

- Your implants are unlikely to last a lifetime and you are likely to need additional operations.

- You may experience local complications with breast implants such as rupture, pain, capsular contracture (firming of scar tissue around the implant), infection and a poor cosmetic result. Implants may change shape over time and become less attractive in appearance.
- Some women experience weakness in their back, shoulders and arm.
- You may experience muscle twitching over the implant.
- If the tissues surrounding an implant become infected it is likely the implant will need to be removed for a period of time as antibiotics are often ineffective. It is usually around three months before a replacement implant is considered for re-implantation.

Reconstruction surgery using an implant and Acellular/ Artificial Dermal Matrix (ADM)

Following mastectomy, breast implants are usually placed under the chest muscle (pectoralis major) which is used to cover the upper part of the implant and, traditionally, the muscle from the back (LD) was used as a sling or hammock to cover and support the lower part of the implant. Surgeons are now moving away from this as the impact on the donor site (the area in which the skin and muscle is taken from) can be troublesome to some patients. Instead, surgeons are using ADM or dermal slings.

Not all ADM's are the same and there are several available.

- SurgiMend® and Veritas® are derived from foetal bovine (cow) dermis or calf skin. Strattice® & Braxon® are derived from porcine (pig) dermis and Alloderm® is derived from human processed donated skin. In all the brands, all cellular components and DNA are removed leaving only a collagen structure behind. These all (over time) remodel and integrate into your own tissue.
- Also available are synthetic or artificial matrices made from titanised mesh (TiLoop®) or silk (Suri®). These are a fine mesh that fully incorporate into your tissue and can remain in the body forever.

At QVH we use both SurgiMend® and TiLoop®. The choice will be made by your surgeon unless you have strong views regarding the decision.

Following a mastectomy and breast reconstruction using an implant, the remaining breast skin has very little tissue left to cover the implant and the ADM provides an additional layer to protect the implant and reduce visible implant wrinkles/folds and creases. ADMs act as a hammock or sling supporting the implant in a lower position, helping to restore a natural shape to the breast mound. There are some important factors for you to think about when deciding on a reconstruction with implants and an ADM.

- Your implants are unlikely to last a lifetime and you are likely to need additional operations.
- You may experience local complications with breast implants such as rupture, pain, capsular contracture (contracted scar tissue around the implant), infection and poor cosmetic result. Implants may change shape over time and become less attractive in appearance.
- Drains may be used after surgery for around 2-3 weeks and you may go home with up to two drains in place.
- There is a slightly higher risk of infection due to the extended length of time the drains are in place.
- If the tissues surrounding an implant become infected it is likely the implant will need to be removed for a period of time as antibiotics are often ineffective. It is usually around three months before a replacement implant is considered for re-implantation.

Reconstruction surgery using an implant with Dermal Sling

If an immediate breast reconstruction is planned, then the breast tissue (with or without the nipple and areola) is removed, preserving the breast skin. The aim of the mastectomy is to remove the breast tissue very carefully from inside the breast skin envelope and only remove any skin that may be unhealthy. In most cases the breast skin is perfectly healthy and can be preserved to keep the shape of the original breast.

If you have a large or droopy (ptotic) breast, we can sometimes use the lower area of the breast skin inside the reconstruction to cover the implant and create a hammock to support the implant. This will create a dermal sling.

The skin envelope is made into a smaller, less droopy, more youthful size and shape. The dermal sling is created from your own skin in the lower part of your breast. The outer layer of the skin is trimmed so that it may be used on the inside. The dermal sling is used to cover the lower part of the implant so that a more natural shape can be given to your implant-based reconstruction. The upper half of the implant will be covered by your chest muscle (pectoralis major). This is planned in a similar way to a standard breast reduction and leaves similar scars (known as the 'anchor shape' or the 'inverted-T').

There are some important factors for you to think about when deciding on a reconstruction with implants and a dermal sling.

- Your implants are unlikely to last a lifetime and you are likely to need additional operations.
- You may experience local complications with breast implants such as rupture, pain, capsular contracture (contracted scar tissue around the implant), infection and poor cosmetic result. Implants may change shape over time and become less attractive in appearance.
- Drains may be used after surgery for around 2-3 weeks and you may go home with up to two drains in place.
- There is a slightly higher risk of infection due to the extended length of time drains are in place.
- If the tissues surrounding an implant become infected it is likely the implant will need to be removed for a period of time as antibiotics are often ineffective. It is usually around three months before a replacement implant is considered for re-implantation.

What if I smoke?

Smoking can reduce the blood flow to surgical sites. Studies have shown that nicotine and other substances found in cigarettes can be harmful to your heart, lungs and skin. Smoking can affect the healing of all surgical wounds and cause infection. The same applies to the use of nicotine replacement therapy as, although they reduce the craving for a cigarette, the nicotine reduces the ability of the blood to carry enough oxygen to the tissues. For this reason we advise that you do not use nicotine replacement therapies and should stop smoking completely before surgery.

If you are an active smoker we will be happy to advise you on how to get help in stopping smoking. Surgery will not be considered if you smoke.

- *www.nhs.uk/better-health/quit-smoking* Tel: 0300 123 1044

The hospital has a **no smoking policy** throughout its premises which means that smoking is not permitted in any buildings or in the grounds.

Pre-assessment Clinic

Most patients are seen in the pre-assessment clinic before surgery. This appointment may be on the same day as your surgeon's appointment or you may get a letter giving the date and time of your appointment.

The pre-admission assessment can include:

- Assessing your general health and fitness before surgery by carrying out various tests and investigations. These may include blood tests or ECG (electrocardiogram or heart tracing). Clinical photographs will be taken. Photographs will provide a record for your notes to allow a comparison of your breasts before and after surgery. These procedures may take a few hours to complete.
- Discussing your current medication and any allergies you may have
- Giving you information about your planned treatment
- Informing you about hospital services
- Meeting an anaesthetist

If you have any further questions, please write them down and discuss them with the doctors or nurses.

If you are taking the oral contraceptive pill or hormone replacement therapy, do not stop taking this medication. Always seek medical advice before altering your medication. Talk to your GP or visit your local family planning clinic. Please bring a list of any medications that you are currently taking to the outpatient clinic or pre-assessment clinic. Please bring your medication with you on admission to the hospital.

Risks

All surgery and anaesthesia carries some uncertainty and risks. About 1 in 3 women who have breast surgery will need an operation for a complication within the first ten years of surgery.

The following list gives you information on the most common or most significant risks/problems that can occur following this type of surgery.

- **Appearance, symmetry and asymmetry** – A degree of difference between a woman's breasts is entirely normal and although every effort will be made to make your breasts equal in size and shape, you will find that there is a difference between the two breasts. The final result after surgery can be unpredictable which may mean that the position of the breast or shape of the breast tissue may be unsatisfactory. It may not be possible to produce a natural cleavage and the implant will not drop to the side when a woman lies down. The breast will always feel relatively firm and cool.

- **BIA-ALCL** - Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA- ALCL) is a rare type of non-Hodgkin's lymphoma of which there are several sub-types. In 2016, the World Health Organisation (WHO) defined this specific type of ALCL associated with silicone breast implants. ALCL is a lymphoma, found in patients with breast implants in the breast tissue, adjacent to the implant itself and contained within the fibrous capsule. The condition presents usually with a late onset seroma (fluid collection around the implant), and is treated with removal of the implant and capsulectomy (removal of the scar tissue that forms around all implants). Although some cases require chemotherapy. Breast implant associated Anaplastic Large Cell Lymphoma (BIA-ALCL) is rare. In the UK, the estimated risk of BIA-ALCL is 1 per 20,000.
  People with breast implants do not need to have them removed in the absence of any symptoms from this rare form of cancer. The advice is for patients to check for symptoms such as lumps, swelling or distortions through regular self-examination and to consult their doctor if they have any concerns.

- **Blood transfusion** – It is very rare to have a blood transfusion after this operation. If you are found to have a low blood count (anaemia) after your operation, a course of iron tablets may be prescribed. Once you have left the hospital your GP may repeat the blood test.

- **Capsular contracture** – The human body forms a wall of scar tissue (fibrous capsule) around any implanted foreign material such as breast implants. As the scar tissue shrinks it becomes noticeable as an apparent hardening of the breast. This is one of the most common complications and happens in approximately 20% of cases, although modern implants have a textured silicone shell with a lower incidence of capsular contracture. If a capsular contracture does occur you will need further surgery. The implant may have to be removed, along with the capsule, and replaced with another implant if appropriate.

- **Creasing, ripples and folds** – The nature of the implant capsule may enhance less desirable characteristics such as creasing, kinking, vertical ripple folds and rippling in the breast. These are commonly seen in women with little or no breast tissue following mastectomy.

- **Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE)** – A blood clot in the legs (DVT) or lungs (PE). This is a potential complication following surgery and bed rest. People who are taking the oral contraceptive pill or hormone replacement therapy and those who smoke are at the greatest risk. All patients are given compression stockings to wear and a blood-thinning injection called low-molecular weight heparin (Dalteparin) every night whilst in hospital to prevent this.

- **Haematoma** – This is a collection of blood underneath the skin which may occur after surgery. The breast may become painful and swollen. A second operation may be necessary to remove the haematoma.

- **Infection** – You will be given antibiotics during the operation to prevent infection. If an infection occurs it will be necessary to remove the implant(s) as antibiotics are unlikely to cure the infection. Unfortunately, you will not be able to have these replaced immediately and will need a further operation at a later date. Any operation that involves a general anaesthetic carries a small risk of a chest infection, particularly if you have smoked.

- **Nipples** – If the nipple and areola are present, there may be a decrease in or loss of nipple sensation as a result of surgery.

- **Pain** – The pain from this sort of operation is not usually severe although different people require varying amounts of painkillers (analgesia). You may feel some mild pain for the first few days/weeks, such as bruising and twinging. The pain control team can discuss the options available to you if stronger analgesia is required. Your surgical team will have prescribed regular medication during your inpatient stay to reduce the pain. If you are in constant pain, let the nursing staff know.

- **Radiotherapy** – Pre- and post-surgical radiotherapy can have an adverse effect on breast implants increasing the risk of capsular contracture. You may be advised that implants are not the most appropriate option for reconstruction. You will need to discuss this with your surgeon.

- **Rupture** – This is the development of a split or a hole in the silicone shell of a breast implant. Rupture does not necessarily create a medical problem as the various fillers will react differently. In the majority of cases of silicone gel filled implants, the silicone gel will remain within the capsule formed by the body and can be removed when the ruptured implant is removed. Occasionally, the silicone can spread outside the capsule into the breast and create a series of lumps known as siliconomas. These may cause symptoms such as tenderness. In a small number of cases the gel has been found in other tissue, the muscles under the breast, the armpit or (rarely) in the nerves into the arms. If any symptoms such as excessive pain, a burning sensation, lumps or aching occur and cause concern, it is advisable to contact your surgeon or ask your GP to refer you. There is no evidence to suggest that air travel will cause strain or rupture to an implant.

- **Scars** – Any operation will leave a permanent scar. Infection can cause the wound to re-open. This may lead to problems with the scar formation such as stretching or thickening. Even without any problems, the scar will at first look red, slightly lumpy and raised. Regular massage of the scar, once fully healed, with a light non-perfumed moisturising cream and use of sensible sun protection measures, such as a factor 30+ sunblock, should help it to settle and begin

to fade. This may take up to two years. Some people may be prone to the development of keloid or hypertrophic scars which are raised, itchy and red. If you have a tendency to produce scars like these, please discuss this with the surgeon.

- **Self isolation** – you may need to follow a strict self-isolation period before your operation at QVH. This will be explained to you in the lead up to your surgery.
- **Seroma** – Sometimes serous fluid will collect around the breast implant or in the back after the drains are removed. Usually this is only a small amount and the body will gradually reabsorb the fluid over a period of a few weeks. Occasionally, a larger amount of fluid collects. This can be drained in the outpatient department and may need to be done on several occasions.
- **Wound breakdown** – Wound healing may sometimes be delayed. This may be because of tension on the wound, poor blood supply to the area, poor nutritional status and/or infection. Occasionally the wound may break down, resulting in a longer hospital stay, increased hospital visits to have the wound(s) assessed and, possibly, further surgery. Smoking increases the risk of this as smoking can have an adverse effect on the healing of all surgical wounds. Eating a healthy diet promotes good wound healing.

How long do breast implants last?

Breast implants are a long-term commitment. They are likely to need replacing and further operations will be required to maintain the benefits of the implants

throughout your lifetime. The length of time that the implants last is unknown and varies depending on an individual's personal factors. Manufacturer's guidelines state implants should be expected to last between 10 and 15 years. However, they can remain in place for longer than this if you are not experiencing any problems.

Admission to hospital

Insertion of implants with or without mastectomy usually requires you to be admitted to the hospital on the day of surgery via the main theatre reception. The hospital stay will normally last two nights. You may require help with housework and care of small children for at least two weeks after surgery.

You may have already signed your consent form in the outpatient clinic but will be asked to read and check it once again. Please feel free to ask any questions that you may still have.

An anaesthetist will visit and examine you before the operation and explain the anaesthetic procedures. A surgeon will see you and may use a special marker pen to draw markings on your skin. It is vital that you do not wipe these marks off. Please ask questions if there is anything that you are not sure about.

You must have nothing to eat for at least six hours before your surgery and nothing to drink for at least two hours before your surgery (this includes mints and chewing gum). The nursing staff will advise you. This is for your safety, to help prevent vomiting during your surgery whilst you are asleep.

Before the operation

Remove all jewellery and rings before surgery. Any valuables are brought into hospital at your own risk.

For your safety, it is important that you remove all make-up and finger and toe nail varnish (including nail acrylics/false nails) before surgery. Mascara can cause corneal (eye) abrasions whilst you are under anaesthetic and foundation and nail polish/ false nails can interfere with oxygen monitoring. All jewellery including wedding rings and piercings should be removed before admission. Hair accessories including clips, bands and extensions should also be removed prior to surgery. If in doubt please discuss with your surgeon or nurse. Patients are advised not to use perfumed deodorant or lotions.

You may be given a foil blanket to wrap around you before you go to theatre. These have been requested by our anaesthetists to ensure your body temperature is maintained.

Please bring a dressing gown and slippers as you may be asked to walk to theatres before your operation.

The surgery

The most common procedure involves making an incision in the crease under the breast (if nipple sparing) or around the areola (in areola sacrificing surgery) then creating an envelope to put the implant in. The implant is usually placed under the skin of the chest wall behind the muscle (pectoralis major). The stitches are usually dissolvable and do not need to be removed. This procedure is done whilst you are asleep under a general anaesthetic. The procedure usually takes about one to two hours or about three hours if you are also having a mastectomy.

After the operation

When you wake up after the surgery, you will be in the recovery area. The nursing staff are very experienced and they will ensure that your recovery is as pain-free as possible. Painkillers will be given to you on a regular basis for as long as you need them. Please tell the nurses if your pain persists.

Drains and dressings

Wound drains may be inserted into the wound at the time of surgery to allow any fluid to drain away. The drainage tube is attached to a vacuumed bottle where the fluid is measured. The nurses remove them on the doctor's instructions depending on the volume and colour of the fluid drained. Following removal, a small amount of leakage from the wound is common. A light gauze pad can absorb this. Waterproof dressings may be used to keep the wounds clean and dry. You will be able to have a shower during your stay depending on the type of dressing used. Nursing staff will be able to advise you. The dressings should stay in place until your appointment one week later in the plastics dressing clinic.

Bra

You will need to wear a good, supporting, non-wired, "sports-type" bra continuously for 23 hours a day for approximately six weeks following surgery, as this will help with reducing the swelling and help the breasts settle into their new shape. After surgery, you can expect to find some swelling and your breasts will appear high and firm which may seem unnatural to you. However, after a while the swelling will reduce and become more comfortable. We recommend that after 12 weeks you have your breasts pre-measured to determine what bra size you need. You must not lift heavy objects or play any strenuous sports for the first two to three weeks.

Discharge from hospital

You will be given two appointments - one is for the plastics dressing clinic (PDC in Main Outpatients), typically one week after discharge. Here, the staff will check that your wounds are healing. The other appointment will be to see your surgeon approximately four to six weeks after your surgery. Please note that this may not be with your consultant but with one of their team. You should also be given an implant identification card for your reference. This is a small card with details of your implants. You should carry it with you for reference in the future. If you are not given this card, please ask the nurses on the ward during your discharge process.

If you have had a mastectomy as part of your cancer treatment, you will receive an appointment to be seen at your referring hospital approximately two to three weeks after your operation. This appointment will be to receive the test results of the tissue removed during surgery.

The doctors on the ward can provide you with a 'social security and sick pay statement of fitness to work' (sick certificate). When the decision is made for you to be discharged, please notify the doctor or nurse during the ward round if you need a sick certificate.

What other arrangements do I need to make?

Analgesia (pain relief) - You should make sure you have a supply of paracetamol and ibuprofen at home (if you are able to take and have not been told not to take them). You may also have been given some stronger oral analgesia when you were discharged. It is important that you take pain relief on a regular basis for the first week after you have been discharged. Missing doses will reduce the effect of the pain relief medication and potentially cause breakthrough pain which is harder to control.

Please read medication instructions carefully and if you are unsure of doses please contact the ward or pharmacy.

Some pain medication can cause constipation and drinking plenty of fluids and eating fresh fruit and vegetables may help prevent this.

Driving - You will not be able to drive immediately after your operation for approximately two to six weeks. However, you should only consider driving when sufficient healing has taken place to allow you to wear a seatbelt without pain and you are able to perform an emergency stop (practice in a car park first).

Before you start to drive again after surgery we suggest that you check with your insurance company to ensure that you have the appropriate cover. Make sure you take note of the date and the name of the person you speak to. Some companies ban driving for a specific period following surgery. Failure to comply with that condition would mean that you are driving without insurance, which the law regards as a serious offence.

Returning to work - Depending on the type of work that you do, you may be able to return to work between four to six weeks after surgery. You may feel quite tired when you first go back to work and this is quite normal.

Sport – Sport can be resumed four to six weeks after surgery, but only if the wound is healed and is not oozing. We suggest that you check with your surgeon or breast reconstruction nurse first if you are unsure. If the sport involves strenuous upper body movements, for example aerobics, golf, swimming and any racquet sports, it is advisable to begin these activities again gradually at least one month after surgery. Always ensure that your breasts are well supported in a bra during sporting activities.

Sexual activities – Initially, your breasts may feel tender or numb and you may not feel up to physical contact. However, you may resume being intimate as soon as you feel comfortable. Sometimes a woman may feel she is no longer attractive because her partner hesitates to touch her. It is more likely that her partner is afraid of hurting her. Couples are encouraged to talk over their fears and feelings.

Breast screening – If you have had implants following mastectomy there is no need to have a mammogram for the reconstructed breast(s). If you have had an implant in a breast that was unaffected by cancer (i.e. to achieve symmetry with the reconstructed breast) you should continue breast self-examination. You will soon get to know how your breasts feel and if you notice any changes, inform your GP. It is important to tell the radiographer when having a mammogram that your breasts have implants and the type of implant used, as the screening technique may need to be adapted in order to show as much of the breast tissue as possible.

What should I look out for?

Once you are at home after surgery, it is important to check your wounds. If your breasts become hot, red, swollen and painful or there is a discharge, please contact any of the following numbers for advice:

Margaret Duncombe Ward	Tel: 01342 414450
Ross Tilley Ward	Tel: 01342 414451
Plastics Dressing Clinic	Tel: 01342 414442
Patient Medication Helpline (QVH)	Tel: 01342 414215
Macmillan Breast Reconstruction Nurse Specialists	Tel: 01342 414302 & 414306 (answer machine available)

If you wish to contact psychological therapy for an assessment and emotional or psychological support, please ask your breast reconstruction nurse specialist to refer you, or contact the team directly:

Psychological Therapy
Tel: 01342 414478

Further information sources

- NHS 111 — Tel: 111
- Medicines & Healthcare products Regulatory Agency (MHRA) — Tel: 020 3080 6000
  www.mhra.gov.uk
- British Association of Aesthetic Plastic Surgeons (BAAPS) — http://baaps.org.uk
- Breast Implant Information Society (BIIS) — www.biis.org
- British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS) — Tel: 020 7831 5161
  www.bapras.org.uk

If you'd like to find out how you can support QVH, please visit www.supportqvh.org

QVH CHARITY

Please ask if you would like this leaflet in a different format.

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