



Queen Victoria Hospital
NHS Foundation Trust

Symmetrising and Revision Surgery following breast reconstruction



This booklet aims to answer any questions that you may have as well as giving you and your family some understanding of the treatments available for symmetrising and revision breast procedures following initial breast reconstruction. Should you have any further questions, please do not hesitate to ask.

Planning your surgery

You will be seen by your surgeon once the breast mound created in your initial reconstruction has healed and settled into place. Your breasts will be examined and assessed to determine whether symmetrising or revision surgery is necessary, possible or wanted.

It is important to discuss:

- your expectations
- the benefits to you of the surgery
- any risks, complications or limitations

We ask you to consider seriously the advice given to you, as many women have different views of what is a desirable size and shape for breasts and expectations for symmetry and scars. It is not possible to guarantee breast size when having breast reconstructive surgery. It is entirely normal for there to be a degree of difference between the size of each breast and the appearance of scars can differ from person to person.

Are there alternatives to surgery?

Symmetrising and revision procedures are never essential operations and you can choose to complete your reconstructive journey at any time. Cognitive Behavioural Therapy (CBT) can be effective in body image problems; psychological therapy may also be beneficial for this. If you have any doubts or you change your mind about the surgery at any time, please talk to your GP, the Macmillan breast reconstruction nurse specialists or your surgeon. It is possible to arrange an appointment with our psychological therapy team if necessary; please ask.

What if I want the surgery but am still smoking?

You will not be considered for symmetrising or revision surgery if you smoke.

Smoking and passive smoking have a proven adverse effect on wounds. Nicotine reduces the ability of the blood to carry enough oxygen to the tissues and the skin causing wound break down & delayed healing.

- www.smokefree.nhs.uk

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.

What other arrangements do I need to make?

You should arrange help with shopping, housework and care of small children and pets, as you may not be able to manage these on your own for varying periods of time after surgery depending on the procedure undertaken.

It may be necessary to organise one to two weeks time off from work or college. If your job involves heavy lifting longer time may be needed.

- **Returning to work** - The type of work that you do and the surgery you have, will determine if you have need to take time of work and how long for if appropriate.
- **Sport** – Sports can be resumed after four to six weeks, but only when the wound is healed with no ooze. We suggest that you check with your surgeon or Macmillan breast reconstruction nurse specialists 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 or revised scars will feel tender and you may not feel up to physical contact. However, you may resume your sex life as soon as you feel comfortable. Some women are concerned that their partner hesitates to touch them and this makes them feel less attractive. It is more likely that the reason for this is that the partner is afraid of hurting them. Couples need to talk over their fears and feelings.
- **Driving** - You will not be able to drive immediately after your operation or for approximately one to two weeks. However, you should only consider driving when sufficient healing has taken place to allow you to wear a seatbelt without pain and perform an emergency stop (practice in a car park first). Before you drive, following 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 spoke to. Some companies ban driving for a specific period following surgery. Failure to comply with that condition would mean that you were driving without insurance, which the law regards as a serious offence.

Medication

If you are taking the oral contraceptive pill or hormone replacement therapy, do not stop taking this medication. Always seek medical advice. Talk to your GP or visit your local family planning clinic.

Please bring a list of any medicines that you are currently taking to the outpatient department, pre-assessment clinic or with you on admission to the hospital. On admission please bring regular medication with you in its original packaging. You can continue to take Tamoxifen (if prescribed). However, if you take blood thinning

medication (such as warfarin or aspirin) please discuss this with your surgeon as they may require you stop these for a short period before surgery.

Pre-assessment

Most patients are seen in the pre-assessment clinic. This appointment may be on the same day as your surgeons appointment or a letter will be sent to you 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 - heart tracing). Photographs will provide a record for your notes to allow a comparison of your breasts and scars 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 required.

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

The benefits of surgery

A breast symmetrising or revision operation will help to balance your breasts and could improve scars. The aim of the surgery is to give you better-shaped breasts that are in proportion to the rest of your body and to improve the appearance of scars.

What are the risks?

All surgery and anaesthesia carries some uncertainty and risks. The following list gives you information on the most common or most significant problems that can occur following surgery.

- **Pain** - The pain from these surgeries is not usually severe. Different people require varying amounts of painkillers (analgesia). You may feel some pain for the first few days especially as you move around and cough. There may be further discomfort for a week or more. Your surgeon will prescribe regular medication to reduce the pain. If you are in constant pain, let the nursing staff know. In the long term your breasts should not be painful. However, if you already suffer from breast pain, it is unlikely that the surgery will cure this.
- **Blood transfusion** - It is very uncommon to require a blood transfusion during or after these operations. However, this may, rarely, be required. If you have strong views or religious beliefs about this, discuss any issues with your surgeon before surgery. If you are found to have a low blood count (anaemia) after your operation, a course of iron tablets may be prescribed. After you have been discharged from hospital, your GP may repeat the blood test.
- **Haematoma** - This is a collection of blood underneath the skin, which may occur after surgery. The breast or donor site may become painful and swollen. A second operation may be necessary to remove the haematoma.
- **Seroma** - Sometimes serous fluid will collect behind the breast or abdomen/thigh/back wound after the drains are removed. Usually this is a small amount only 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 out-patient department. This may need to be done once or on several occasions.

- **Infection** - A wound infection can occur after any surgical procedure. If this happens it may be treated with antibiotics and, if necessary, further dressings. In severe cases, a return to theatre is required to wash out the infected wound. After an infection, the scars may not be quite as neat. Any major operation with a general anaesthetic also carries a small risk of a chest infection, particularly among people who smoke.
- **Deep vein thrombosis (DVT)** - A blood clot in the legs. 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. Occasionally clots can break off and pass to the lungs (a pulmonary embolus (PE)). All patients are given compression socks to try to prevent this problem. Pre-operative assessment may also result in the need for injections to thin the blood to reduce this risk.
- **Asymmetry** - Although every effort will be made to make your breasts equal in size and shape, you may find that there is a small difference between the two breasts. This is quite normal, but if you have any concerns or questions please talk to the surgeon.
- **Fat necrosis** – This is an uncommon, benign condition where fat cells within the breast may become damaged and delay wound healing. It is usually painless and the body repairs the tissue over a period of weeks. Occasionally, the fatty tissue swells and may become painful. The fat cells may die and their contents form a collection of greasy fluid which will drain to the skin surface. The remaining tissue may become hard. In severe cases the skin may die. It is very rare that further surgery is required.
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- **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, wound dressings and, possibly, further surgery. Smoking increases the risk of this as it can have an adverse effect on the healing of all surgical wounds. Eating a healthy diet promotes good wound healing. Taking a dietary supplement may help in addition to a healthy diet, but we advise you to take no more than your recommended daily amount.
- **Scars** - Any operation will leave a permanent scar. Infection can cause a wound to re-open which may lead to problems with scar formation, such as stretching or thickening. At first, even without any healing problem, the scar will look red, slightly lumpy and raised. Regular massage of the scar with a light, non-perfumed moisturising cream and using sensible sun protection measures, such as a factor 30+ sun block, should help it to settle in time and fade over some months. 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 then please discuss this with the surgeon. In the majority of cases, scars settle to become less noticeable. If you have concerns about your scar, contact your GP who may refer you back to the hospital. If severe, these issues can be addressed using steroid injections or silicone dressings. Occasionally revision surgery may be performed to improve the appearance of scars.
- **Psychological aspects** – The majority of patients are pleased with the results of their surgery. Occasionally, women feel very anxious about their treatment, or have difficulty coming to terms with their new look, because their breasts are not as they had imagined they would be or as a result of a complication. If you feel very anxious, worried about your treatment or

depressed or you would like further information about the psychological therapy service available please speak to the breast reconstruction nurses.

It is important that you are completely satisfied that you have been given all the information you need and that you fully understand the risks and benefits of your surgery, before you sign your consent form. You can change your mind at any time before surgery.

Breast Reduction

Breast reduction surgery usually takes two to three hours. This could be unilateral (one breast) or bilateral (both breasts). Techniques for breast reduction vary, but the most common procedure involves an anchor shaped incision that circles the areola, extends downwards and follows the natural curve of the crease beneath the breast.

The surgeon will remove glandular breast tissue, fat and skin and will reposition the nipple and reduce the size of the areola (if required). The skin will be brought down from both sides of the breast and around the areola, shaping the new curve of the breast. In most cases the nipples remain attached to their blood vessels and nerves. However, in some very rare cases, the nipples and areola may have to be removed completely and grafted into a higher position. These surgeries may result in a loss of sensation in the nipples and areola and affect the ability to breastfeed.

Mastopexy (breast lift)

A mastopexy is another term used for breast lift. This could be unilateral (one breast) or bilateral (both breasts). Breast droopiness is a common consequence of the aging process, pregnancy and breast feeding or a fluctuation in weight.

The procedure usually takes about two to three hours. Techniques for mastopexy vary, but the most common procedure involves an anchor shaped incision that circles the areola, extends downwards and follows the natural curve of the crease beneath the breast.

The surgeon will remove mostly skin with a small amount of fat, and will reposition the nipple and reduce the size of the areola (if required). The skin will be brought down from both sides of the breast and around the areola, shaping the new curve of the breast. In most cases the nipples remain attached to their blood vessels and nerves. These procedures may result in a loss of sensation in the nipple and areola and the ability to breastfeed.

What can I expect with breast reduction or mastopexy surgery?

These procedures usually require you to be admitted to the hospital on the day of surgery. Your surgeon will decide whether you will require an overnight stay at hospital but some minor procedures can be carried out as a day-case.

You usually will 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 you before the operation to examine you and explain the anaesthetic procedures. A surgeon will see you and take various measurements of your breasts and a special marker pen will be used 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 a minimum of six hours and nothing to drink for a minimum of two hours before your surgery. The nursing staff will advise you. This is for your safety, to help prevent vomiting during your surgery whilst you are asleep.

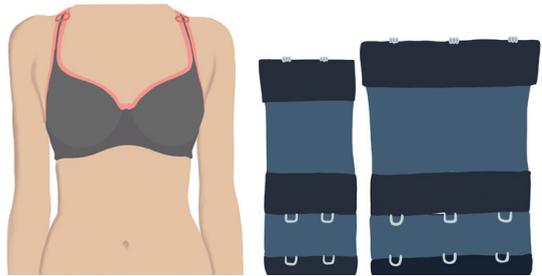
When you wake up after breast reduction or mastopexy surgery, you will be in the recovery area. The nursing staff are very experienced

and will ensure your recovery is as comfortable as possible. When the nurses are happy with your recovery, you will be taken to your ward. The operation does not usually cause much pain afterwards, although some tightness and bruising may cause discomfort. Painkillers will be given to you on a regular basis for as long as you need them.

Wound drains are usually inserted into the breasts 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 will remove the drains on the doctor's instructions, usually the day after surgery, depending on the amount 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.

Dissolvable stitches (sutures) are usually used around the areola, extending downward and possibly along the lower crease of the breast. These stitches are hidden under the skin and do not need to be removed afterwards. Dressings are light, usually steri-strips to the skin and mepore tape. You will be given an appointment in the outpatient plastic dressing clinic one week after surgery. You will be able to have a shower or bath; the nursing staff will be able to advise you on how to care for your dressings.

You will need to wear a good, supportive, non-wired 'sports-type' bra. This should be worn for up to six weeks, 23 out of 24 hours per day (including night-time), taking the bra



off only for showering/washing. This is to help support the underlying tissue and suture lines while healing.

After surgery there will be swelling and your breasts will seem high and firm which may seem unnatural to you. However, the swelling will reduce and become more comfortable and, after a while, the breasts will look a more natural shape.

Fat Transfer/Lipomodelling/Liposuction

Fat transfer or lipomodelling/liposuction are techniques we may use to improve the shape of your breast. It is used for the correction of irregularities after surgery where there is a deficit in the contour of your breast. It may also be referred to as lipo-filling, lipo-suction, lipo-sculpting, structural fat grafting, lipo-injection or autologous fat injection. It can also be used to reduce the size of a reconstructed breast made of your own tissue.

This operation is usually performed by the surgeon whilst you are under a general anaesthetic. Fat is removed, using a special needle and syringe, from the deeper fatty layers of your buttocks, abdomen, hips or inner thighs. This fat is then purified and re-injected into the area where it is required. Alternatively, fat is removed from the breast to contour the shape.

All surgery carries some risk and uncertainty. The following gives the most common or most significant problems that can occur.

- Bruising and swelling normally settles within one or two weeks.
- Pain is usually mild. Painkillers will be given to you during your admission to hospital and be provided to you on discharge.
- Infection can occur after any surgical procedure; however, there is only a small risk of this occurring. If it happens it may be treated with antibiotics and, if necessary, further dressings.
- Over or under correction of the deficit (i.e. too much/too little fat added)
- Scarring - the incisions made to remove the fat are small and are normally hidden within naturally occurring skin creases. The fat is re-inserted by injection and does not normally result in scarring.

- There is some evidence that the transferred fat may interfere with screening mammograms. This, however, is true of scarring from any breast surgery and the risk is deemed to be very small. Please make sure you tell your mammographer that you have had breast surgery.
- Fat necrosis - this is an uncommon, benign condition where fat cells within the breast may become damaged. It is usually painless and the body repairs the tissue over a period of weeks. Occasionally the fatty tissue swells and may become painful. The fat cells may die and their contents form a collection of oily fluid which will drain to the skin surface. The remaining tissue may become hard. In severe cases the skin may die. It is very rare that further surgery is required.
- Resorption of up to 40% of the transferred fat may occur. This is where the body naturally absorbs some of the transferred fat and usually means that the procedure needs to be repeated two or three times.
- In the UK, guidelines from the Breast Interface group (BAPRAS and BASO) were published in 2012 are available on to view on the link: <http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/2012-august-lipomodelling-guidelines-for-breast-surgery.pdf>

What can I expect with Fat Transfer/Lipomodelling/Liposuction surgery?

You will normally be admitted to main theatre reception the morning of your surgery. The staff will advise you of fasting times (when you should stop eating and drinking). This is for your safety, to help prevent vomiting during your anaesthetic.

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

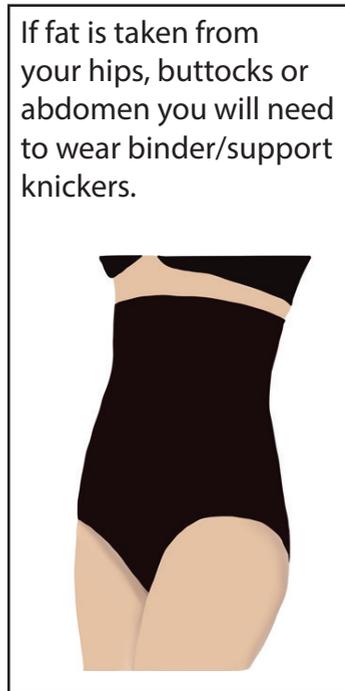
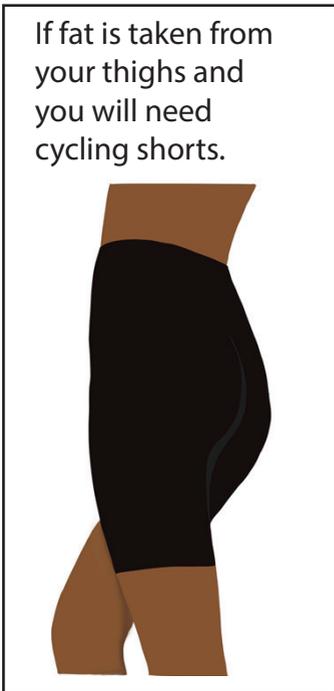
You will be seen by the surgeon who will use a special marker pen to indicate the position of where the fat will be taken from and, if

applicable, where it will be replaced. An anaesthetist will visit and examine you and explain the anaesthetic procedures.

The surgery takes approximately between one and two hours depending upon the deficit and amount of fat to be injected or removed. This is usually performed as a day case and you will be discharged from hospital when medical/nursing staff are confident you are safe to go home.

The doctor can provide you with a 'social security and sick pay statement of fitness to work' (sick certificate) for up to two weeks. When the decision is made for you to be discharged, please ask if you need one. If you need to extend this, please see your GP.

After your operation you may be asked to wear supportive garments for 2-4 weeks to help reduce any swelling.



Breast firmness and tenderness is common in women and can relate to your monthly periods. After your breasts have healed, these symptoms may return. It may take some months for the scar tissue to settle and at first the scars may feel lumpy and tender. We advise you to become 'breast aware' by getting to know what your breasts look and feel like so you know what is normal for you.

When you are discharged from hospital you will be given an appointment for the outpatients dressing clinic for one week following your surgery. An appointment with your consultant will be made for four to six weeks later.

The Macmillan breast reconstruction nurse specialists are available for you to contact if you have any concerns before, during or after your stay.

If in the future you have mammograms, please inform the mammographer that you have had breast surgery as this will assist with the interpretation of the images.

Implant Exchange

Implant exchange can be undertaken to replace a tissue expander for a permanent implant or to replace a ruptured or damaged permanent implant. Occasionally, a capsulectomy or capsulotomy will need to be done at the same time. This is where your surgeon will carefully remove all or some of the capsule (scar tissue) that naturally forms around the implant. This is undertaken to improve a capsular contracture (tightening of the capsule around the breast implant) that may squeeze the implant and be painful.

What can I expect with implant exchange surgery?

Usually, you will already have 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 you before the operation to examine you and explain the anaesthetic procedures. A surgeon will see you and

take various measurements of your breasts and a special marker pen will be used 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 a minimum of six hours and nothing to drink for a minimum of two hours before your surgery. The nursing staff will advise you. This is for your safety, to help prevent vomiting during your surgery whilst you are asleep.

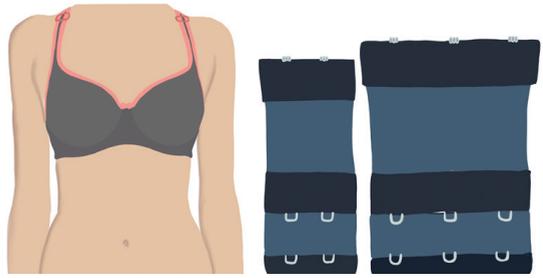
When you wake up after implant exchange surgery, you will be in the recovery area. The nursing staff are very experienced and will ensure your recovery is as comfortable as possible. When the nurses are happy with your recovery, you will be taken to your ward.

The operation does not usually cause much pain afterwards, although some tightness and bruising may cause discomfort. If a capsulectomy or capsulotomy is undertaken at the same time this can make the recovery slightly more uncomfortable. Painkillers will be given to you on a regular basis for as long as you need them.

Wound drains are usually inserted into the breasts 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 will remove the drains on the doctor's instructions, usually the day after surgery, depending on the amount 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.

Dissolvable sutures are usually used. These stitches are hidden under the skin and do not need to be removed afterwards. Dressings are light, normally steri-strips to the skin and mepore tape. You will be given an appointment in the outpatient plastic dressing clinic one week after surgery. You will be able to have a shower or bath; the nursing staff will be able to advise you on how to care for your dressings.

You will need a supportive, non-wired 'sports-type' bra. This should be worn for up to six weeks, 23 out of 24 hours per day (day and night) taking the bra off only for showering or washing. This is to help support the underlying tissue and suture lines while healing.



Botox injections/Nerve division

Both Botox® and nerve division can be used to prevent twitching or contracting of the chest muscle (pectoralis major muscle) or the LD muscle (Latissimus Dorsi) following breast reconstruction.

Botox injections

Botox® is a brand name for Botulinum Toxin Type A. Botox® blocks nerve activity in muscles causing a temporary reduction in muscle activity. A Botox® injection into the muscle can be given in the outpatients' department by your surgeon. The effects of a botulinum toxin injection are usually temporary. Your symptoms may return within 3 - 6 months after an injection. After repeat injections, it may take less and less time before your symptoms return, especially if your body develops antibodies to the botulinum toxin. This may not be an effective procedure in all patients and you may find the twitching does not improve at all following the injection.

All procedures carry some risk and uncertainty. The following gives the most common or most significant problems that can occur.

- Some localised discomfort or bruising in the injection site. This is usually minimal and should resolve very quickly.

Nerve division

This is undertaken under a general anaesthetic (GA) in theatre as a day case. It is a relatively short procedure and is usually a day case. During surgery the surgeon will delicately and carefully divide the Thoracodorsal Nerve which supplies the LD muscle (Latissimus Dorsi) and is usually undertaken through a small incision in the axilla (armpit). This can help reduce and in some cases completely stop the twitching. However, in some cases this is ineffective and the twitching, though reduced, may continue.

All surgery carries some risk and uncertainty. The following gives the most common or most significant problems that can occur.

- Bruising and swelling is usually mild and normally settles within one or two weeks.
- Pain is usually mild. Painkillers will be given to you during your admission to hospital and you should ensure you have some over the counter pain relief available at home when you are discharged.
- Infection can occur after any surgical procedure. However, there is only a small risk of infection. If it occurs it may be treated with antibiotics and, if necessary, further dressings.
- Atrophy (shrinkage) of the muscle in which the nerve is divided may occur as the muscle moves/contracts less often. This may affect the volume of your reconstructed breast which may appear slightly smaller. In rare cases it may be significantly smaller.
- There is a very small risk of damage to the remaining muscle following division of a nerve.

What can I expect with Nerve Division surgery?

You will normally be admitted to main theatre reception the morning of your surgery. The staff will advise you of fasting times (when you should stop eating and drinking). This is for your safety, to help

prevent vomiting during your anaesthetic.

You will be seen by your anaesthetist and your surgeon prior to surgery. This is your opportunity to ask any questions you may have.

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

The surgery takes approximately one to one and a half hours to complete. It is usually performed as a day case and you will be discharged from hospital when medical/nursing staff are confident you are safe to go home.

Scar Revision & Removal of Dog Ears

Both scar revision and removal of dog ears are common procedures following breast reconstruction surgery and aim to tidy unsightly scars and reduce raised areas (dog ears) at the end of scar lines.

Usually, this procedure can be undertaken as a day case and can be performed under local (LA) or general anaesthetic (GA). This will depend on whether the procedure is being done on its own or in conjunction with another procedure. This decision will be made by your surgeon.

All surgery carries some risk and uncertainty. The following gives the most common or most significant problems that can occur.

- Bruising and swelling is usually mild and normally settles within one or two weeks.
- Pain is usually mild. Painkillers will be given to you during your admission to hospital and you should ensure you have some over the counter pain relief available at home ready for when you are discharged.
- Infection can occur after any surgical procedure. However, there is only a small risk of infection. If it occurs it may be treated with antibiotics and, if necessary, further dressings.

- Occasionally, there is a need for support garments. This will depend on the scars that are revised. Your surgeon will advise you if these are required.

What can I expect with Scar Revision & Dog Ear removal?

You will normally be admitted to main theatre reception the morning of your surgery. The staff will advise you of fasting times (whether or not you should stop eating and drinking). This is for your safety, to help prevent vomiting during your anaesthetic.

If you are having a local anaesthetic you may be able to eat and drink normally. Please confirm this with a member of the team before admission.

You will be seen by your anaesthetist if under GA and your surgeon prior to surgery. This is your opportunity to ask any questions you may have.

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

The surgery times vary depending if any other procedures are being undertaken but your surgeon will be able to advise you of the estimated time in theatre. This procedure is usually performed as a day case and you will be discharged from hospital when medical/ nursing staff are confident you are safe to go home. You will be encouraged to wear mepore tape over the suture line for six weeks after surgery.

What should I look out for?

Once you have gone home after surgery it is important to check your wounds. If they become red, hot, swollen or painful or you notice a discharge, please contact either the Macmillan breast reconstruction nurse specialists or the ward:

**Macmillan Breast Reconstruction
Nurse Specialists**

Office hours 08.30am – 16.30pm
Monday to Friday

(Answer machine available out of hours)

Tel: 01342 414302
01342 414606
01342 414163
01342 414793

Margaret Duncombe Ward

Tel: 01342 414450
24 hours a day

Ross Tilley Ward

Tel: 01342 414451
24 hours a day

Plastics Dressing Clinic

Tel: 01342 414442
09.00am – 16.30pm
Monday to Friday

Minor Injuries Unit

Tel: 01342 414375
08.00am – 19.30pm
7 days a week

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



Please ask if you
would like this leaflet
in larger print or an
alternative format.

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