Queen Victoria Hospital NHS
NHS Foundation Trust

Symmetrising and Revision Surgery
following breast reconstruction

This booklet aims to give 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.

Deciding if surgery is right for you

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 not essential operations and you can choose to complete your reconstructive journey at any time.

For some women, some psychological therapy may be beneficial, such as Cognitive Behavioural Therapy (CBT) which can be effective in body image problems. It is possible to arrange an appointment with our psychological therapy team if necessary, so please ask.

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.

What if I want the surgery but I am still smoking?

You will **not** be considered for any 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 breakdown and delayed healing.

What arrangements do I need to make when planning for my surgery?
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 a while after surgery. The length of time that you will need help will depend on the type of procedure you are going to have.

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

- **Returning to work -** Depending on the type of work that you do and the surgery you have, you may be able to return to work within one to two weeks. You may feel quite tired at first and this is quite normal; we suggest you talk to your employer about returning to work gradually.
- **Sport –** Sports can be resumed between four and six weeks after surgery, but only when the wound has 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 no less than 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 be 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 when their partner hesitates to touch them and this makes them feel less attractive. It is more likely that your partner is afraid of hurting you. Couples should talk over their fears and feelings.
- **Driving -** You will not be able to drive immediately after your operation 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 you are able to perform an emergency stop (practise 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.

You will need to 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 your regular medication with you in its original packaging. You can continue to take Tamoxifen, if prescribed. However, if you take blood thinning medication please discuss this with your surgeon as you may need to stop this for a short period before surgery.

Pre-admission assessment
Most patients are seen in the pre-assessment clinic. This appointment may be on the same day as your surgeon's appointment. Alternatively, a letter will be sent to you giving the date and time of your appointment.

The pre-admission assessment may take a few hours to complete and can include:

- assessing your general health and fitness before surgery by carrying out various tests and investigations such as blood tests or an ECG (electrocardiogram - heart tracing)
- photographs may be taken and will provide a record for your notes to allow a comparison of your breasts and scars before and after surgery
- 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. Risks vary from person to person and can be influenced by many other factors. 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 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 but 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 but this may be required on rare occasions. 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 resorb 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, known as 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.

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 smoking 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.

Symmetrising and Revision Surgery Procedures

The following are procedures that may be discussed with you and they are described in more detail below.

- Breast reduction
- Mastopexy (breast lift)
- Fat transfer/Lipomodelling/Liposuction
- Implant exchange
- Botulinum toxin injections and nerve division
- Scar revision and removal of dog-ears

Breast reduction

Breast reduction surgery usually takes two to three hours. This could involve one breast only (unilateral) or both breasts (bilateral). 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, very rarely, 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)
Mastopexy is another term used for a breast lift. 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 and may involve one breast only (unilateral) or both breasts (bilateral).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 may have already signed your consent form at your outpatient appointment but you 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 when agreed by the doctor, usually the day after surgery, depending on the quantity and colour of the fluid drained. It is usual to experience a small amount of leakage from the wound when the drains are removed; a light gauze pad can absorb this.

Dissolvable stitches 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 department's plastics dressing clinic one week after surgery. You will be able to have a shower or bath. The nursing staff can advise you on how to care for your dressings.

You will need to wear a good, supportive, non-wired 'sports-type' bra for up to six weeks, 23 out of 24 hours per day (including at night), taking the bra off only for showering and washing. This is to reduce strain on the underlying tissue and stitches while they are healing.

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After surgery there will be swelling and your breasts will appear 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 or 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. It can also be used to reduce the size of a reconstructed breast made of your own tissue.

** also referred to as lipo-filling, lipo-suction, lipo-sculpting, structural fat grafting, lipo-injection or autologous fat injection*

This operation is usually carried out whilst you are under a general anaesthetic. Using a special needle and syringe, fat is removed from the deeper fatty layers of either, your buttocks, abdomen, hips or inner thighs. This fat is then purified and re-injected into the area of deficit to fill out your breast. If it is necessary to reduce the size of your breast, 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 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 also 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 ABS and BAAPS) 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?sfvrsn=0**

What can I expect with fat transfer or lipomodelling/liposuction surgery?
You will normally be admitted to main theatre reception on the morning of your surgery. The staff will advise you when you should stop eating and drinking (fasting times). This is for your safety, to help prevent vomiting during your anaesthetic.

You may have already signed your consent form at your outpatient appointment but you 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.

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

If fat is taken from your thighs, you will need cycling shorts.

If fat is taken from your hips, buttocks or abdomen you will need to wear binder/support knickers.

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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'. Get to know what your breasts look and feel like so that you know what is normal for you.

When you are discharged from hospital you will be given an appointment for the outpatient department's plastics dressing clinic for one week after 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 reduction 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 replace a ruptured or damaged permanent implant. Occasionally, a capsulectomy or capsulotomy will need to be performed 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 can squeeze the implant and may be painful.

What can I expect with implant exchange surgery?
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. You may have already signed your consent form at your outpatient appointment but you will be asked to read and check it once again. Please feel free to ask any questions that you may still have.

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 when agreed by the doctor, usually the day after surgery, depending on the quantity and colour of the fluid drained. It is usual to experience a small amount of leakage from the wound when the drains are removed; a light gauze pad can absorb this.

Dissolvable stitches are usually used. 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 department’s plastics 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 supportive, non-wired ‘sports-type’ bra for up to six weeks, 23 out of 24 hours per day (including at night), taking the bra off only for showering or washing. This is to help reduce strain on the underlying tissue and stitches while they are healing.

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Botulinum toxin injections and nerve division

Both botulinum toxin injections and nerve division can be used to prevent twitching or contracting of the chest muscle (pectoralis major muscle) or the latissimus dorsi (LD) muscle following breast reconstruction.

Botulinum toxin 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 outpatient department by your surgeon. The effects of the injection are usually temporary and your symptoms may return within 3 to 6 months. After repeat injections, it may take less and less time before your symptoms return, especially if your body develops antibodies to the botulinum toxin.

All procedures carry some risk and uncertainty. You may experience some localised discomfort or bruising in the injection site. This is usually minimal and should resolve very quickly. This may not be an effective procedure in all patients and you may find the twitching does not improve at all following the injection.

Nerve division

This is a relatively short procedure and is usually carried out as a day-case under a general anaesthetic. During the operation the surgeon will delicately and carefully divide the thoracodorsal nerve which supplies the LD muscle. This is usually accessed through a small incision in the axilla (armpit). This can help to 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 ready for discharge.
- Infection can occur after any surgical procedure but there is only a small risk of this occurring. If it happens 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, making it appear slightly smaller and, in rare cases, 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 on the morning of your surgery. The staff will advise you of when you should stop eating and drinking (fasting times). This is for your safety, to help prevent vomiting during your anaesthetic.

You will be seen by your anaesthetist and your surgeon before surgery. This is your opportunity to ask any questions you may have. You may have already signed your consent form at your outpatient appointment but you will be asked to read and check it once again.

The surgery usually takes between 60 and 90 minutes 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 and removal of dog-ears
Both scar revision and removal of dog-ears are common procedures following breast reconstruction surgery with the aim of tidying unsightly scars and reducing raised areas (dog-ears) at the end of scar lines.

These procedures are usually undertaken as a day-case and can be carried out under local or general anaesthetic. This will depend on whether the procedures are being done on their 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 discharge.
- Infection can occur after any surgical procedure but there is only a small risk of this occurring. If it happens it may be treated with antibiotics and, if necessary, further dressings.

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

What can I expect with scar revision and dog-ear removal?
You will normally be admitted to main theatre reception on the morning of your surgery. The staff will advise you of whether or not you should stop eating and drinking (fasting times). 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 surgeon before surgery and also by an anaesthetist if you are having a general anaesthetic. This is your opportunity to ask any questions you may have. You may have already signed your consent form at your outpatient appointment but you will be asked to read and check it once again.

The length of time this type of surgery takes varies from person to person; 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 stitches for six weeks after surgery.

Care and advice after surgery

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

Macmillan Breast Reconstruction Nurse Specialists
Tel: 01342 414302 or 414306
Office hours 8.30am – 4.30pm Monday to Friday
(Answer machine available out of hours)

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 (9am to 4.30pm Mon-Fri)
Minor Injuries Unit	Tel: 01342 414375 (8am to 7.30pm -Seven days a week)

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

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