



Queen Victoria Hospital
NHS Foundation Trust

Breast Tissue Expansion



You have been referred to this hospital for consideration of reconstructive surgery using a tissue expander implant. We have produced this leaflet to try to answer some of the questions you or your family may have about this procedure and your aftercare.

Introduction

A tissue expander is like an un-inflated balloon made of silastic. The device is placed under the skin of the chest wall behind the muscle (pectoralis major). This procedure is done whilst you are asleep under a general anaesthetic. The stitches are usually dissolvable and do not need to be removed.

The expander will be progressively inflated at regular intervals with saline (sterile salt water) through the port using a needle. The ports are located under the skin. There are two types of expander; one has an integral port within the structure of the expander which is located using a magnet. The other has a remote injection port connected with tubing under the skin usually along the crease of the breast line. The expander with the remote injection port can generally be left in place after expansion is complete as it also functions as a long-term breast implant - the port and its tubing will be removed during a second procedure. An integral port expander will need exchanging on completion of expansion for a permanent implant or flap reconstruction.

When the expander has been inflated sufficiently it is left for a period of 3 – 6 months to allow the stretched skin to settle. You may have further surgery to either remove the port, exchange the expander for a permanent implant or exchange with an autologous flap (using own tissue from another part of your body). The surgeon will discuss this with you in detail when you decide which definitive method of reconstruction suits you and your lifestyle best.



Tissue Expander - Integral Port



Tissue Expander - Remote Port

What if I smoke?

Smoking can reduce the blood flow to surgical sites. Studies have shown that nicotine and other substances that are found in cigarettes can be harmful to your heart, lungs, and your skin. Smoking can have an adverse effect on the healing of all surgical wounds and cause infection. The same applies for the use of nicotine replacement therapy as, although this will reduce the craving for a cigarette, the nicotine will also reduce 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.

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

NHS Quit line Tel: 0300 100 1823 West Sussex

Tel: 0800 234 6805 Medway

<http://smokefree.nhs.uk>

Freephone: 0800 022 4332 (Mon to Fri 9am-8pm, Sat & Sun 11am-4pm)

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 medications that you are currently taking to the outpatient clinic, pre-assessment clinic or with you on admission to the hospital.

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 and an ECG (electrocardiogram - heart tracing). 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.

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.

Admission to hospital

This procedure 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 one to two nights. You may require help with housework and care of small children for at least a week after surgery. However, if this procedure is undertaken at the same time as a mastectomy, the recovery time and hospital stay will be longer (approximately 5 days).

You may have already 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.

An anaesthetist will visit and examine you pre operatively 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 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.

Surgery

The tissue expander will be placed under the skin of the chest wall behind the muscle (pectoralis major) and will be performed under general anaesthetic. After the operation you will wake up in the recovery area. The nursing staff are very experienced and they will ensure that your recovery is as pain free as possible.

The operation does not usually cause a lot of pain, although you may feel some discomfort from tightness and bruising. Occasionally, the expander with the remote injection port can feel uncomfortable, particularly if the port is sitting within the bra line/on top of a rib. Please tell the nurses if you are in pain and they will give you painkillers on a regular basis for as long as you need them.

Drains & dressings

Wound drains are usually inserted into the breast(s) 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, usually after 24 to 48 hours, 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. Waterproof dressings may be used to keep the wounds clean and dry. You will be able to have a shower or bath on the ward depending on the type of dressing used and nursing staff will be able to advise you. The dressings should stay in place until your appointment in the plastics dressing clinic one week later. If you have been advised that showering is possible, please ensure the dressings are dried completely before you put back on your bra and clothes.

Bra

Until your first expansion you may feel most comfortable in a soft supporting, non-wired, sports-type bra as this will help with reducing the swelling and supporting the expanders. You may find the surgeon requests you wear a stabiliser band above the expanders to stop them migrating upwards instead, the nurses on the ward will help you with this.

Discharge from hospital

On the day you go home you will be given a date and time for an appointment in the Plastic Dressing Clinic (PDC) situated in Main Outpatients for one week after your discharge. At this appointment your wounds will be checked for healing and dressings changed (where necessary). You will also receive a follow-up appointment with your surgical team four to six weeks after discharge. Please be aware that this may not necessarily be with your consultant.

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 in your purse for reference in the future. If you are not given this card, please ask the nurses on the ward during your discharge process and they will give you these details.

If we have performed the mastectomy at the time of reconstruction you should have an appointment with your referring hospital about two weeks after your discharge when you will be given the results of the mastectomy.

What other arrangements should I make?

- **Returning to work** - Depending on the type of work that you do, you may be able to return to work within one to two weeks. You may feel quite tired at first. This is quite normal, and we suggest you talk to your employer about making a gradual return to work. Your doctors can provide you with a 'social security and sick pay statement of fitness to work' (sick certificate) for up to two weeks. Please ask if you need one.
- **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 (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.

- **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 first if you are unsure. If the sport involves strenuous upper body movements, for example aerobics, golf, swimming and any racquet sports, it is probably 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 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. Sometimes a woman may feel she is no longer attractive because her partner hesitates to touch her. It is more likely that the partner is afraid of hurting her. Couples need to talk over their fears and feelings.

The inflation process

The inflation of the expander is carried out in the outpatient department. A trained member of staff will perform this procedure and will discuss what will happen in detail beforehand.

Sterile saline is gradually injected using a fine needle once the port has been located under the skin either with a magnet or by touch depending on the type of expander used. The procedure itself takes about 10-15 minutes.

Further appointments will be arranged for your tissue expansion at one to two weekly intervals. This is arranged between you and the professional performing the expansion.

Side effects and complications

Pain: You may feel a sensation of discomfort and pressure after the operation and in the chest during expansion. Most women find that it is not too uncomfortable. The breast may feel hard and tight. This usually lasts only a day or so following expansion. Simple painkillers are usually adequate. It is advisable to take simple analgesia such as paracetamol and ibuprofen just before your expansion appointment and for several days after.

Infection: There is a small risk of infection following surgery as the expander is a foreign body. You may be given antibiotics during and after the operation to prevent any infection. If an infection occurs it will be necessary to remove the expander(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. Throbbing pain, increased swelling and redness of the skin may be due to infection. If any of these occur please contact the hospital. Any operation that involves a general anaesthetic carries a small risk of a chest infection, particularly if you have smoked.

Wound breakdown: There can be minor problems with the wound healing at the stitch line. This is not uncommon, particularly if you have had previous radiotherapy. It usually heals with regular dressings. Very occasionally the wound may become too large; exposing the expander, in which case it will need to be removed. In that case we would leave the wound to heal and settle down for about six months and then start the process again.

Deep Vein Thrombosis (DVT) & 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/socks, and a blood-thinning injection called Dalteparin every night whilst in hospital to prevent this.

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, at first, will look red, slightly lumpy and raised. Regular massage of the scar once fully healed 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, please discuss this with the surgeon.

Rupture: This is the development of a split or a hole in the silicone shell of a breast implant/expander. Rupture does not necessarily create a medical problem; different fillers will react differently. In the case of an expander the saline may leak out. This may give rise to local symptoms such as tenderness and the breast will become flatter.

Creasing & folds: The nature of the expander 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 breast tissue.

Important

Once you have gone 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 you have been discharged from.

What happens next?

Towards the end of expansion, an appointment will be made for you to see the consultant to discuss final expansions and the type of definitive reconstruction may be agreed at this appointment.

Further questions

If you have any more questions, please ask your consultant or the nursing staff looking after you.

Should you have any further enquiries please do not hesitate to contact us:

Macmillan Breast Reconstruction Nurse Specialists Tel: 01342 414302

Margaret Duncombe Ward Tel: 01342 414450

Ross Tilley Ward Tel: 01342 414451

Plastics Dressing Clinic Tel: 01342 414442

Hospital Switchboard Tel: 01342 414000

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

Psychological Therapy

Tel: 01342 414478

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

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