

Breast Reconstruction as Day Surgery

Discharge Information

- Mastectomy**
- Tissue Expanders**
- Implants**
- Nipple Reconstruction**
- Liposuction (fat grafting)**
- Abdominal Scar Revision (Dog Ears)
after TRAM or DIEP**

General Information

This pamphlet provides general information to help you understand more about breast reconstruction and the recovery period after surgery. Some of the information may not apply to you. Your surgeon will provide you with more details about your type of surgery. Do not hesitate to ask questions.

The aim of breast reconstruction is to match the opposite breast as closely as possible in shape. However, the reconstructed breast will not perfectly match the appearance, movement and sensation of the other breast. The reconstructed breast may also feel firmer and slightly cooler. Women with darker skin colour may have darker scars than those with fair complexions. In some cases, surgery is required to balance the size and shape of the breasts. This “balancing” may involve lifting and reducing the size of the natural breast.

Prophylactic Mastectomy plus Breast Reconstruction

In order to reduce the risk of developing breast cancer, a prophylactic (prevention) mastectomy may be done to remove one or both breasts. Women who decide to have prophylactic mastectomy often choose to have breast reconstruction surgery, either at the same time as prophylactic mastectomy or at a later time.

Women receiving prophylactic mastectomy will have one of the following procedures:

- **Simple or total mastectomy:** The nipple, areola, and all of the breast tissue are removed. The underarm lymph nodes and chest muscles are not removed.
- **Subcutaneous mastectomy:** All of the breast tissue is removed, but the nipple is left alone.

Breast reconstruction may have 2 to 3 steps depending on the type of reconstruction.

Step 1: Make a new breast mound with a tissue expander and implant or your own tissue (example: TRAM, DIEP)

Step 2: Remove expander and replace it with a permanent implant

Step 3: Make a nipple, followed by tattooing to colour the nipple & areola (the circle around the nipple)

The surgeon may also:

- smooth the incision line (remove “dog ears”) in the stomach area if necessary (after TRAM or DIEP flap)
- improve the shape of the breasts by removing fat (liposuction) from one area and injecting it around the new breast

Smoking may cause complications in the healing process. Therefore, it is important to stop smoking at least two weeks before and after the surgery. Contact your family doctor if you need help to stop smoking. If you use Nicoderm patches to stop smoking, it is important that you stop using these two months before surgery, as Nicoderm patches have negative health effects similar to smoking.

Reconstruction using Tissue Expanders (Alloplastic)

Tissue expanders are used in most alloplastic (nonbiologic material such as plastic) reconstruction. This can be done either at the time of the mastectomy (immediate reconstruction) or later (delayed reconstruction). The expander is placed behind the chest muscle (pectoralis muscle).

In the weeks following surgery, after the surgical site has healed, the expander is inflated with saline solution (salt water) by a valve. The tissue expander stretches the overlying muscle and skin until the new breast mound reaches a size that is slightly larger than the natural breast. A second operation is required (daycare procedure) to remove the expander and replace it with a permanent breast implant.

In reconstruction of both breasts, the expander procedure allows better selection of breast size. The tissue expansion process may require a few months of frequent doctors' appointments to complete the inflation process.

Most women return to work or normal daily activities within two to four weeks

Reconstruction using Implants

- The simplest method of reconstruction is the insertion of a breast implant under the chest muscle to create a breast mound. This method (one-stage implant reconstruction) is suitable when the opposite breast is small and non-sagging. It also requires insertion of a compound called Alloderm.
- Another choice is to place a final implant after the tissue expander is removed (two-stage).
- The implants are made from a silicone shell and filled with a saline solution (salt water) or silicone. Implants may not last a lifetime. Their life spans vary and they may have to be replaced or adjusted in the future.

Nipple Reconstruction & Tattooing

A new nipple is formed from your own skin on your reconstructed breast, or from the nipple on your other breast. This is usually done about 3 months after the first surgery. The areola may be created by tattooing a few months after the nipple is reconstructed.

After Surgery

Care of the Incision

- All of the incisions are closed with stitches(sutures) that dissolve and small tapes (Steri-strips). Do not remove the Steri-strips. Leave them in place until they fall off naturally.
- You may have some bruising, tenderness and some slight bleeding around the incisions. This is normal and will improve over time.
- If the wound(s) starts to bleed after you are home, press firmly on the area for a few minutes. If the bleeding does not stop after pressing for 10 minutes, call your surgeon or go to an emergency department.
- **Bras:** Follow any instructions your surgeon tells you about a certain type of bra to wear.

❑ Tissue Expanders or

❑ **Implants:** One stage breast reconstruction- an implant is placed with Alloderm

- Remove the dressings after 2 days but leave the paper tapes to fall off naturally.
- Keep the incisions clean by showering every day once the drains are removed. Gently pat the area dry with a clean towel; do not rub the area.
- Avoid tub baths until your incisions are fully healed since soaking in the tub may increase the chance of infection.
- If an **expander** was used to reconstruct your breast, at first the size of the breast will be smaller than your natural breast because the expander is only partially filled with saline when it is placed in position. The breast may also seem too high in position. This is normal.
- **Bra:** 2-3 days after implant surgery, begin wearing an underwire bra. Wear it 24 hours a day for 3 months. Remove for bathing.

❑ Nipple reconstruction

- Leave the dressings around the nipple for 5 days after the surgery.
- Keep all dressings dry. Do not shower during this time, you may sponge bath.
- After 5 days, you may remove the dressing. There may be small tapes (steri-strips) on your breast. Leave these in place until they fall off naturally.
- Avoid soaking the area (swimming, using hot tub, tub baths) for 2 weeks. Soaking the area may increase the chance of infection.
- Wear loose clothing, no bra. Try not to sleep on your stomach for 2 weeks.
- There may be some bruising, tenderness, swelling, slight bleeding and scabbing around the wounds. These are normal signs and will improve over time. Put polysporin ointment on the wounds if scabbing occurs.

Drain care

- If you go home with drains or need dressings changed, your surgeon or a Home Care Nurse will remove the drain. This will be arranged while you are in the hospital.
- Before you leave, the nurse will review the instructions for how to empty the drain and prevent the tubing from blocking. You will be given written instructions about the drain. It is important to make sure the drain(s) is working to prevent the collection of fluid inside the wound area. If fluid is not coming out of the drain, notify the Home Care nurse, or your surgeon.
- Until the drain is removed, sponge bath only. Showering may allow bacteria to enter the reconstructed breast and cause infection. You may shower 24 hours after all drains are removed. Then shower every day to keep the area clean. Gently pat the incision dry with a clean towel; do not rub the area.
- Avoid tub baths until your incisions are fully healed since soaking in the tub may increase the chance of infection.
- As long as your drain remains in, continue to take antibiotics if prescribed by your doctor.
- After the drain is removed, some fluid may leak from the opening. If that occurs, cover the area with a sterile dressing.

Seroma

When the drain is removed, sometimes fluid keeps building up and you may develop a pocket of fluid called a seroma.

The body may absorb seromas if they are small. If they are large, the surgeon may need to remove the fluid. This procedure is done in the surgeon's office and may have to be repeated.

Pain

You may have pain and/or a feeling of tightness around the new breast. If you had a partial mastectomy and lymph glands were removed from your armpit, you may also have some numbness in the upper inner arm and/or breast. Therefore, it is important to avoid using a hot water bottle, heating pad or other heated devices as these may cause burns.

You will receive a prescription for pain medication. However, if the pain is mild to moderate, you may prefer plain or extra strength Tylenol. Some pain medication will cause constipation. A high fiber diet and drinking plenty of fluids will prevent constipation. If you are constipated, ask your pharmacist to recommend a mild laxative or stool softener.

Activity

- Most women are able to resume their normal activities and return to work within two to four weeks.
- Exercise is important in your recovery. Walking daily is ideal exercise. However, avoid high-impact aerobics, jogging, lifting heavy objects and swimming for 4 weeks.
 - Avoid holding your shoulder forward on the side of your surgery as this may cause the shoulder muscle to tighten.
 - Your surgeon may recommend a physiotherapist to help with arm range of motion after your surgery.

Make an appointment with your surgeon for follow up 1 week after surgery.

Call your surgeon if any of the following happens:

- New drainage or green/yellow drainage from the incision or drain site
- Increased redness and/or heat around the incision, or change of color over the breast
- Increased or new pain or swelling of the breast or armpit
- A temperature of 38.5°C (100.5°F)
- A seroma has formed after the drain is removed
- You have redness or aching in your calves and/or shortness of breath

If you cannot reach your surgeon, contact another doctor (family doctor, walk-in clinic, urgent care centre or emergency department)

Call 911 or other emergency services if you have sudden, severe chest pain or shortness of breath.

Resources

If you feel that learning about your condition will help relieve your anxiety and fear of the unknown or if you would like information about support groups, the Cancer Society has a telephone information line and volunteers will provide you with excellent information: 1-888-939-3333.

- Cancer Connection in Vancouver: 604-675-7148
- Breast reconstruction website: www.vch.ca/breastreconstruction
- Ivo Olivotto MD, Karen Gelmon MD, David McCready MD, Kathleen Pritchard MD, Urve Kuusk MD.
The Intelligent Patient Guide to Breast Cancer
Information about risk, prevention, symptoms, signs, diagnosis, stage, surgery, radiation, chemotherapy, prognosis, treatment of/for breast cancer. 4th Ed.

For more copies, go online at <http://vch.eduhealth.ca> or
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