Implant Reconstruction

Warrnambool Plastic & Reconstructive Surgery

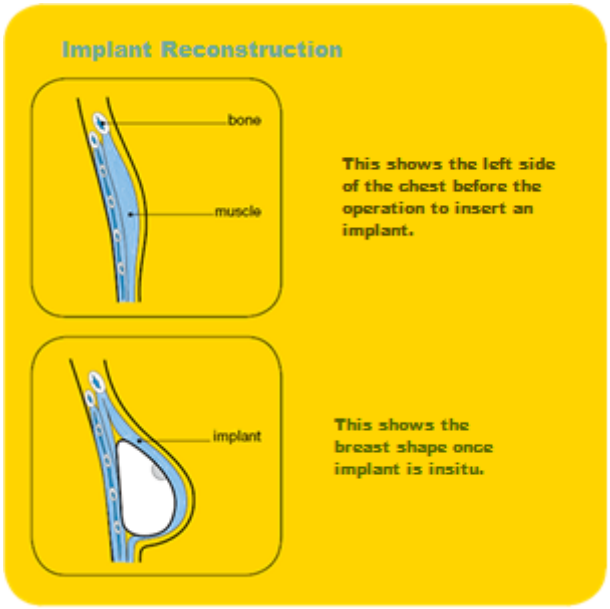
Breast reconstruction surgery is performed to replace breast tissue and restore the shape of the breast that has been removed during a mastectomy. Implant reconstruction, a common technique, is most often performed in two stages utilising a tissue expander first, followed by an implant at a later date.

Implant reconstructions are best suited to women who have:

- Small to medium breasts
- Minimal breast ptosis (sag)
- Healthy mastectomy skin flaps
- Bilateral mastectomies
- No radiotherapy

Unfavourable candidates for implant reconstruction include obese patients, large breasts and post -radiotherapy. If there is not enough skin, a tissue expander maybe inserted to increase the skin available.

Some women are uncomfortable with the concept of something 'foreign' or artificial in their body. For these women a flap reconstruction may be a suitable option to consider.



The Implant

With enough healthy chest muscle and skin, the mastectomy scar is re-opened and the implant is placed under the chest muscle in a procedure that usually takes approximately one hour (1-2 night hospital stay). Breast implants are categorised by their filler substance (silicone, saline), surface texture (textured, smooth), shape (round, anatomic) and size. Silicone implants have a soft, natural feel and new technologies in the cohesive silicone gel have been designed to maximise patient safety in the event of implant rupture, a potential risk of use. Saline implants are not commonly used in reconstruction surgery.

Advantages

- Shorter operation, with a quicker recovery time and shorter hospital stay than for a flap reconstruction
- Does not require tissue to be moved from another part of the body, resulting in less scarring
- Often implants are able to be inserted by re-opening the mastectomy scar
- A wide range of implant choices mean that there are many options for sizes and shapes

Disadvantages

- Some patients find the 'foreign material' uncomfortable or dislike the feel.
- The implant will not change to reflect any changes of your other breast i.e. weight loss or gain.
- Implants do not necessarily last a lifetime and may require replacing in the future.

With an implant in place you can still have breast cancer surveillance as per your oncologist. Mammograms are able to be performed, however MRI maybe recommended.

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Postoperative Course

Post operatively you may notice that the mastectomy incision was reopened to insert the breast implant. There may be drains in the breasts and you will have some mild compression garment on your breast.

You will be asked to sit out of bed and mobilise day one post-operatively and perform deep breathing and coughing exercises. Pain post-operatively will depend on the extent of the procedure. Any pain experienced will improve significantly as time goes on and you will be discharged with pain relief as required.

Your expected hospital stay will be around 1-3 days depending on your comfort level. The drain tubes will be removed if drainage has decreased to an appropriate level. If large amounts of drainage continue, you may be discharged home with the drains and reviewed at WPRS for removal.

There will be some swelling and bruising post-operatively. This will continue to improve over time; it will take approximately 3 -6 months to achieve your final result. You will be required to wear a compression garment until advised to commence wearing a suitable bra.

With regards to physical activity post operatively you will be required to rest for 2 weeks. After this period you may increase your activity level, however, it will be 6 weeks before you can perform heavy exercise or lift heavy objects.

Potential Risks of Surgery

Bleeding/haematoma: any bleeding after surgery is usually minor. However, rarely you may bleed enough to require a return to theatre to drain the blood and stop any bleeding.
Infection: uncommon, however if it occurs you may be required to commence antibiotics. If the implant becomes infected it may require removal.
Wound separation/delayed healing: this is uncommon however small areas may break down and require dressing or revision surgery in the future.
Scar widening/hypertrophy: this can occur with any scar. Your wound will be carefully closed however some people may develop widened or elevated scars. At WPRS we will provide carefully follow-up and monitor for this and provide information to avoid this potential complication
Asymmetry: it is uncommon for both breasts to be exactly the same size and shape pre-operatively. Whilst every effort is made to ensure that you have a good match to your other breast post operatively there may be differences between your breasts.
Implant rippling or malposition: All attempts are made to minimise this during the operation. If this occurs post-operatively it may rarely require revision surgery.
Fluid collection (seroma): This can occur in up to 5% of people. If a collection does accumulate then it will need to be drained, which can be generally be performed in the rooms.
Implant rupture. Is 2% per year. Although rare can occur especially with severe blunt trauma to the implant. Rupture rates do increase as the implant ages.
Capsular contracture: is a complication that may affect all implants at some time. Rate is approximately 10%. This may be mild in which case it is asymptomatic. Severe contracture can lead to pain and require implant replacement.
ALCL (anaplastic large cell lymphoma): recent concerns of increased rates in people with textured implants. Currently being investigated however this is very rare.
Anaesthetic complications: sore throat, nausea/vomiting, other rare complications (i.e. allergic reaction to anaesthetic) can be discussed with your anaesthetist.
Deep venous thrombosis (DVT)/pulmonary embolism (PE): risk of a DVT is 1 in 100. Rarely these can be fatal if they become a PE. Special precautions are taken in hospital to avoid this. These include: calf compression devices, anticoagulant injections and early mobilisation.

We, at WPRS, pride ourselves in providing you with the best possible experience with your surgery. If there are any questions or concerns we encourage that you ring WPRS discuss these either with the surgeons or the breast reconstruction nurse.

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