

BREAST TISSUE EXPANDER

Breast reconstruction surgery is performed to replace breast tissue and restore the shape of the breast that has been removed during a mastectomy.

A tissue expander is a device that may be placed:

1. At the time of the mastectomy to maintain the breast skin (immediate)
2. After mastectomy to expand the skin to accommodate an implant (delayed)

In the setting of breast cancer if you are considering reconstruction, a tissue expander is usually the first stage of your reconstruction. This allows you to have your chemotherapy and radiotherapy, if required, without affecting the definitive reconstruction.

Tissue expanders do not affect your oncological management and will not interfere with the management of your breast cancer

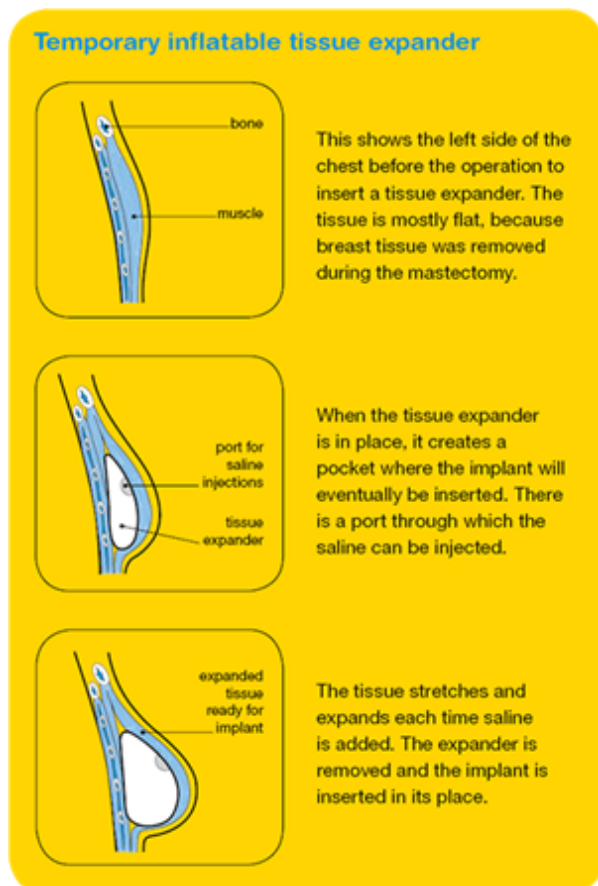
Placement of a tissue expander at the time of mastectomy or after a mastectomy enables conservation or stretching of your breast skin to better allow the second stage of your reconstruction.

The tissue expander is placed inside a 'pocket' created under the skin and the chest muscle. The expander (a silicone implant likened to a balloon) is partially inflated with sterile saline during surgery. A port or valve in the expander enables it to be filled gradually via injections during visits to the consulting rooms over a period of weeks to months to gradually stretch the muscle and skin to the desired breast size.

Once fully stretched, the second stage of the reconstruction is undertaken to exchange the tissue expander for either an implant or flap (DIEP/TRAM)

Questions regarding the need for a tissue expander are often asked and very understandable. The expander provides skin preservation and improves the aesthetic outcome of the final breast reconstruction, which sometimes may not be completed for a number of months due to reasons such as adjuvant oncology treatment.

Breast reconstruction whilst considered a medical procedure in the public health sector, for waiting list purposes, it is usually considered non-urgent and waiting times can apply for reconstruction.



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 further bleeding.

Infection: Uncommon, however if it does occur you may be required to commence antibiotics. If you have an expander it may need to be removed.

Wound separation/delayed healing: this is uncommon however small areas may break down and require dressings 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. You will be provided with education on how to monitor for this and avoid this potential complication.

Fluid collection (seroma): This can occur in up to 10% of people. If a collection does accumulate then it will need to be drained, which can generally be performed in our rooms.

Lymphoedema: When lymph nodes are removed the natural flow of fluid from your breast and arm can be restricted. When this happens, swelling occurs and it is called lymphoedema. While there is no known cure for lymphoedema, early diagnosis and treatment make it easier to manage. It is important to remember that not all women who have lymph nodes removed develop lymphoedema.

Shoulder pain and stiffness: You will be seen by a physiotherapist post operatively and they will guide you on the appropriate exercise program.

Numbness on the arm: whilst every effort is made to preserve the nerves supplying feeling to the inner arm, occasionally they may be damaged.

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 embolus (PE): risk of a DVT is 1in 100. Rarely these can be fatal if they become a PE. Special precautions are taken in hospital to avoid this.

If there are any questions or concerns, we encourage you to contact WPRS to discuss these either with your surgeon or the dedicated team at Southwest Breast Clinic.

I
have read and understand the procedure and potential risks. I have no further questions regarding my surgery.

Yes

No

I consent to Southwest Breast Clinic using my images for presentations and educational purposes.

Yes

No

Signed:.....