

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 may be 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.

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.

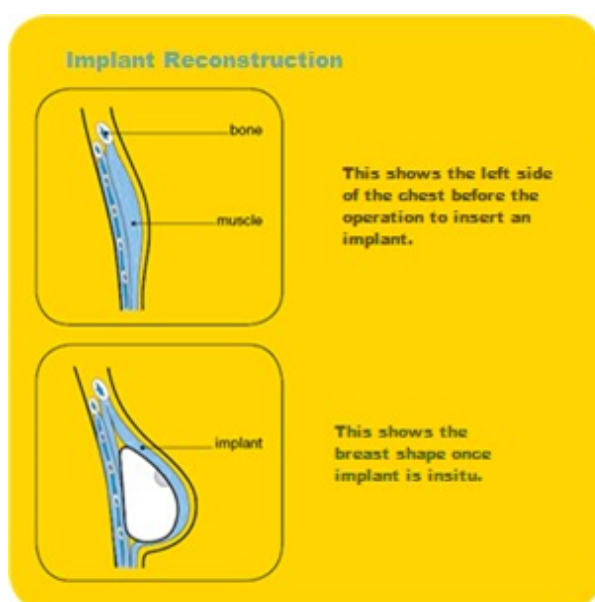
Advantages

- 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.



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.

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.

Implant rupture: Although rare can occur especially with severe blunt trauma to the implant. Rupture rates do increase as the implant ages.

Capsular contracture: May affect all implants at some time. 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.

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:.....