

General surgery

Surgical procedure information leaflet

Name of procedure: **Breast Reconstruction – Implants**

It has been recommended that you have a breast reconstruction using implants. The procedure involves placing the implants beneath the muscles covering your chest. There are two types of implants that may be used.

Silicone

This type of implant is filled with a soft silicone gel. Anatomical (tear-drop shape) or round implants are commonly used.

Expander

Expander implants can be inflated with a needle and syringe filled with sterile saline over a period of time, this allows for the skin and muscle to stretch gradually until the desired size is reached. The expander may be inflated so that the breast shape is larger than the other side. It is then allowed to 'mature' for a period of time before removing some of the saline to match the size of the other breast., This helps to give the breast mound a more natural shape. The inflation process can take several months of regular visits to the outpatients department.

This leaflet explains some of the benefits, risks and alternatives to the operation. We want you to have all the information you need to make the right decision. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your Consultant (or other appropriate health professional) will also need to record that you agree to have the procedure by asking you to sign a Consent Form.

Benefits of the procedure

The aim of this type of surgery is to either recreate a breast shape following a mastectomy or to change the cosmetic appearances of your breast(s). The cosmetic results achieved can have an extremely positive effect of a woman's confidence, self-image and self-esteem.

Serious or frequent risks

The general risks of any type of surgery include problems with:

- The wound (for example infection or wound breakdown)
- Blood clots - DVT (for example in the legs or occasionally in the lung)

Risks specifically related to breast surgery can include problems with the following:

- **Scarring** – there will be scarring on your new breast shape. Please discuss the positioning of these scars with your Consultant or Breast Nurse Practitioner.
- **Bruising/Bleeding** – bruising is very common after surgery and will usually resolve after a few weeks. A blood clot (or haematoma) occasionally necessitates a return visit to Theatre; however this is a rare event.
- **Breast sensation** – it is unlikely that you will have any sensation in your reconstructed breast.
- **Asymmetry** – although we try to match the shape and size of your existing breast, this cannot be guaranteed.
- **Infection** – if you should get an infection on your reconstructed breast you may require a course of antibiotics, however we do not need to undertake any investigations or procedures unless you develop symptoms. Should you get an infection around the implant that does not respond to antibiotics your implant may have to be removed to allow the infection to resolve.

- **Wound breakdown** – there is a 2-5% chance of partial or full skin flap loss (necrosis). This is a rare but serious complication which may result in the implant and affected skin having to be removed. If the circulation to the skin over the reconstruction is compromised, then some or all of the skin may not be healthy enough to survive. Although it may heal gradually with appropriate nursing care and dressings, in more serious cases the skin cannot be saved. In those cases the skin must be removed. If the implant becomes infected or exposed, it is not usually possible to save it with antibiotics and in most cases will need to be removed.
- **Capsular contracture** – scar tissue forming around the implant may change its shape making it hard and/or uncomfortable. This can happen several years after surgery and may be treated by removing the implant and replacing it with a new one however your risk of developing a further capsule in the future is increased. **The risk of capsular contracture increases if the breast requires radiotherapy treatment and is more common in people who smoke.**
- **Displacement** - immediately after your surgery your implant can move/rotate slightly within the breast cavity causing discomfort/distortion of the breast shape. It is therefore important to follow the advice given and try not to lift your arm above shoulder height for two weeks following surgery.
- **Lifespan** – implants can last for at least 10-15 years but will probably require replacing at some point in the future

Sometimes more surgery is required to put right these types of complications, however most people will not experience any serious problems or complications from their surgery. The risks increase for elderly people, those who are overweight and people who have heart, chest or other medical conditions such as diabetes or kidney failure. As with all surgery, there is a risk that you may die.

You will be cared for by a skilled team of doctors, nurses and other health-care workers who are involved in this type of surgery every day. If problems arise we will be able to assess them and deal with them appropriately.

Other procedures that are available

The possible alternatives to an implant reconstruction might be a reconstruction using tissue from other parts of the body or, a simple mastectomy with no reconstruction.

Your pre-operative assessment

Before you are admitted for your operation, you may be required to attend for a pre-operative assessment, to ensure that you are fit for surgery. It is important that you attend for this appointment to avoid delaying your surgery.

Not all patients require a detailed pre-operative assessment and a health questionnaire is used to determine which patients require a full assessment. You may therefore be asked to complete a health questionnaire immediately after you have been listed for your surgery. The health questionnaire may be on paper or on a tablet/computer. The information required includes all medical conditions, regular medications, allergies to medications and your previous anaesthetic history. The information you give us will be reviewed by the pre-operative assessment team. If you do not require further assessment you will then be given a date for surgery. If you require further assessment you will be given an appointment to attend the pre-operative assessment clinic.

At the clinic, the nursing staff will confirm the medical information you have previously given. You will likely have an examination of your heart and lungs and some further tests may be required, such as a blood test, X-ray, heart test or lung test. If a more detailed assessment or discussion is required you may see an anaesthetist prior to your admission for surgery. This may require an additional appointment.

If you are taking prescribed medicines please bring a copy of your repeat prescription to your appointment and a copy of the operation consent form (if you were provided with a copy at your out-patient appointment).

Following your assessment, the staff will provide you with written information regarding preparation for your surgery and a point of contact. It is important that you follow the fasting instructions given on your admission letter.

Being admitted to the ward

You will usually be admitted on the day of your surgery. You will be welcomed on to the ward and your details checked. We will fasten an armband containing your hospital information to your wrist.

You will usually be asked to continue with your normal medication during your stay in hospital, so please bring it with you, in the green bag provided for you at pre-operative assessment.

Your anaesthetic

Your surgery will usually be carried out under a general anaesthetic. This means that you will be asleep during your operation and you will feel nothing.

Before you come into hospital

There are some things you can do to prepare yourself for your operation and reduce the chance of difficulties with the anaesthetic.

- If you smoke, consider giving up for several weeks before the operation. Smoking reduces the amount of oxygen in your blood and increases the risks of breathing problems during and after an operation.
- If you are overweight, many of the risks of anaesthesia are increased. Reducing your weight will help.
- If you have loose or broken teeth or crowns that are not secure, you may want to visit your dentist for treatment. The anaesthetist will usually want to put an airway in your mouth to help you breathe. If your teeth are not secure, they may be damaged.
- If you have long-standing medical problems, such as diabetes, hypertension (high blood pressure), asthma or epilepsy, you should consider asking your GP to give you a check-up.
- If you become unwell or develop a cough or cold the week before your surgery please contact the pre-operative assessment team on the number provided. Depending on your illness and how urgent your surgery is, we may need to delay your operation as it may be better for you to recover from this illness before your surgery.

Your pre-surgery visit by the anaesthetist

- After you come into hospital, the anaesthetist will come to see you and ask you questions about:
 - your general health and fitness;
 - any serious illnesses you have had;
 - any problems with previous anaesthetics;
 - medicines you are taking;
 - allergies you have;
 - chest pain;
 - shortness of breath;
 - heartburn;
 - problems with moving your neck or opening your mouth; and
 - any loose teeth, caps, crowns or bridges.
- Your anaesthetist will discuss with you the different methods of anaesthesia they can use. After talking about the benefits, risks and your preferences, you can then decide together what is best for you.

On the day of your operation

Nothing to eat and drink (nil by mouth)

It is important that you follow the instructions we give you about eating and drinking. We will ask you not to eat or drink anything for six hours before your operation. This is because any food or liquid in your stomach could come up into the back of your throat and go into your lungs while you are being anaesthetised. You may take a few sips of plain water up to two hours before your operation so you can take any medication tablets.

Your normal medicines

Continue to take your normal medicines up to and including the day of your surgery. If we do not want you to take your normal medication, your surgeon or anaesthetist will explain what you should do. It is important to let us know if you are taking anticoagulant drugs (for example, warfarin, aspirin or clopidogrel).

Your anaesthetic

When it is time for your operation, a member of staff will take you from the ward to the operating theatre. They will take you into the anaesthetic room and the anaesthetist will get you ready for your anaesthetic.

To monitor you during your operation, your anaesthetist will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood.

General anaesthetic

General anaesthesia usually starts with an injection of medicine into a vein. A thin plastic tube (venflon) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect.

Pain relief after surgery

Pain relief is important to aid your recovery from surgery. This may be in the form of tablets, suppositories or injections. Once you are comfortable and have recovered safely from your anaesthetic, we will take you back to the ward. The ward staff will continue to monitor you and assess your pain relief. They will ask you to describe any pain you have using the following scale.

- 0 = No pain
- 1 = Mild pain
- 2 = Moderate pain
- 3 = Severe pain

It is important that you report any pain you have as soon as you experience it.

What are the risks?

The risk to you as an individual will depend on whether you have any other illness, personal factors, such as smoking or being overweight and surgery that is complicated or prolonged.

General anaesthesia is safer than it has ever been. If you are normally fit and well, your risk of dying from any cause while under anaesthetic is less than one in 250,000. This is 25 times less likely than dying in a car accident. The side effects of having a general anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache. There is also a small risk of dental damage

Your anaesthetist will discuss the risks with you and will be happy to answer any questions you may have.

After your surgery

- You will be taken to the recovery room to the general or day care ward. You will need to rest until the effects of the anaesthetic have worn off. You will have a drip in your arm to keep you well-hydrated.
- Your anaesthetist will arrange for you to have painkillers for the first few days after the operation.
- You will be encouraged to get out of bed and move around as soon as possible, as this helps prevent chest infections and blood clots.
- Your surgical team will assess your progress and answer any questions you have about the operation.

Leaving hospital

Length of stay

Please expect one overnight stay after your operation.

Bra

You need to keep your breast well supported for at least six weeks following your operation. We therefore advise that you obtain well-fitting supportive bras with no under-wires. Please discuss with your Breast Care Nurse what size bra would be advisable for you. The bra, together with a packet of 3 bra expanders

should be brought into hospital with you. The bra extenders will allow for the normal swelling that occurs after surgery. We advise that you wear this supportive bra day and night for 6 weeks.

Ptosis

Although breasts tend to droop with gravity, age and weight, your implant reconstruction will not change and will remain pert. The other breast will continue to change during your lifetime as is normal.

Medication when you leave hospital

Before you leave hospital, the pharmacy will give you any extra medication that you need to take when you are at home.

Convalescence

How long it takes for you to fully recover from your surgery varies from person to person. It can take four to six weeks. After you return home, you will need to take it easy and should expect to get tired to begin with although we would advise a daily walk to help prevent a DVT.

Stitches

Your wound will be closed with dissolvable stitches, surgical glue and covered with flesh coloured or white steri-strips. Please keep the wound completely dry and leave the steri-strips in place until your out-patients appointment (7 to 10 days later). Your nurse or doctor will remove them then.

Personal hygiene

Although we advise that you keep the wound dry until your out-patient appointment, this does not apply to other personal hygiene requirements.

Exercise

It is important to rest as much as possible for the first few weeks following surgery and limit your arm movements to shoulder height only for two weeks

Driving

You should not drive until you feel confident that you could perform an emergency stop without discomfort – probably at least four weeks after your operation. It is your responsibility to check with your insurance company that you are fully insured after your operation.

Work

How long you will need to be away from work varies depending on:

- how serious the surgery is;
- how quickly you recover;
- whether or not your work is physical; and
- whether you need any extra treatment after surgery.

You should be able to return to work in 4-6 weeks. Please ask us if you need a medical sick note for the time you are in hospital and for the first two weeks after you leave.

Implant port

If an expandable implant is used during your surgery it is possible to alter the volume of implant through an access port. This allows for sizing adjustments to obtain a good result. The port is sometimes felt as a hard lump. If this becomes uncomfortable it can be removed at a later date and you should discuss this with your surgeon.

Infection

Please contact your GP or Breast Care Nurse (see contact details below) if you notice any signs of infection such as, redness, wound discharge or if you have a temperature.

Outpatient appointment

We will send you a follow-up appointment to come to the outpatient department for your operation results. We may also arrange to see you earlier to check your wound.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Alexandra Hospital:
 - Ward 11 Nursing Staff: 01527 507967 or 01527 503030 ext: 47967
 - Ward 18 Nursing Staff: 01527 512106 or 01527 503030 ext: 42106/44050
 - Julie Weston, Breast Care Specialist Nurse: 01527 503030 ext: 44625
 - Mandy Batten, Breast Care Specialist Nurse: 01527 503030 ext: 44624
 - Jo Buckell 01527 503030 ext 44624
- Kidderminster Hospital and Treatment Centre:
 - Day Surgery Unit Nursing Staff: 01562 826350
 - Nicola O'Hara, Breast Care Specialist Nurse: 01562 823424 ext: 53806
- Worcestershire Royal Hospital:
 - Beech A Nursing Staff: 01905 760267 or 01905 763333 ext: 39128
 - Beech B Nursing Staff: 01905 760889/760567 or 01905 763333 ext: 30172/30176
 - Rachel King, Liz Jarman or Tracey Greensmith, Breast Care Specialist Nurses: 01905 760261 or bleep: 243

Other information

The following internet websites contain information that you may find useful.

- www.worcsacute.nhs.uk
Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information fact sheets on health and disease
- www.breastcancercare.org.uk
Booklets on breast cancer and practical guides to living with cancer
- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www.nhsdirect.nhs.uk
On-line health encyclopaedia

Patient Services Department

It is important that you speak to the department you have been referred to (see the contacts section) if you have any questions (for example, about medication) before your investigation or procedure.

If you have any concerns about your treatment, you can contact the Patient Services Department on 0300 123 1733. The Patient Services staff will be happy to discuss your concerns and give any help or advice.

If you have a complaint and you want it to be investigated, you should write direct to the Chief Executive at Worcestershire Acute Hospitals NHS Trust, Charles Hastings Way, Worcester WR5 1DD or contact the Patient Services Department for advice.

Please contact Patient Services on 0300 123 1733 if you would like this leaflet in another language or format (such as Braille or easy read).

Bengali

“আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 0300 123 1733 প্যাসেজ সার্ভিসের সাথে যোগাযোগ করুন।”

Urdu

“اگر آپ کو یہ دستی اشتہار کسی مُتبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایزی ریڈ) تو پبلیشمنٹ سروسز سے 0300 123 1733 پر رابطہ کریں۔”

Portuguese

“Por favor, contacte os Serviços de Apoio ao Paciente através do número 0300 123 1733, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler).”

Polish

“Jeżeli pragniecie Państwo otrzymać tę broszurę w innym języku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 0300 123 1733.”

Chinese

“如果您需要此份傳單的其他語言選擇或其他版本 (如盲人點字版/易讀版容易的閱讀),請致電 0300 123 1733與病患服務處聯繫。”

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Comments

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet: _____ Date: _____

Comments:

Thank you for your help.