

Surgery

BREAST IMPLANT AFTER MASTECTOMY

MICHAEL E. DeBAKEY
DEPARTMENT OF SURGERY

Implant-based reconstruction after mastectomy

For those considering breast reconstruction after a mastectomy, implant-based reconstruction is a common and effective option. This approach involves using breast implants to recreate a natural-looking breast shape.

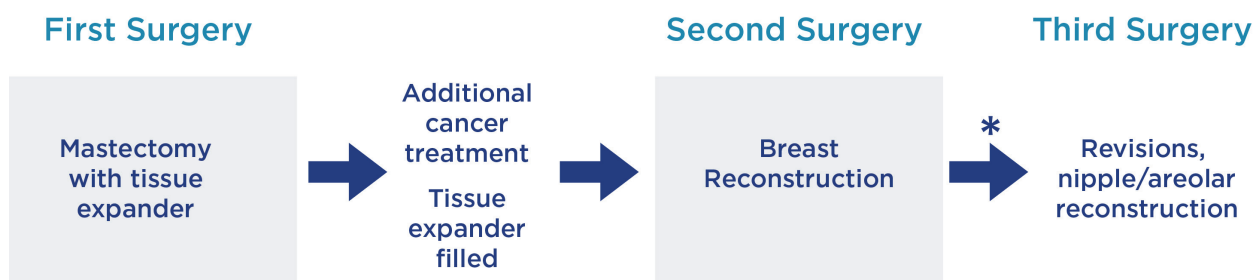
When does implant-based reconstruction occur?

Immediate reconstruction

- With immediate reconstruction, breast reconstruction takes place during the same surgery as the mastectomy.
- The plastic surgeon places a breast implant immediately after the breast cancer surgery team removes the breast tissue.
- This allows individuals to wake up with a reconstructed breast, potentially minimizing the emotional impact of losing a breast.
- This option is only available to certain candidates.

Delayed reconstruction

- Delayed reconstruction happens in a few different steps, with the option to insert an implant once the body has recovered.
- After breast removal by the breast surgeon, the plastic surgeon places a deflated balloon-like device called a tissue expander in the spot where your breast tissue was removed.
- You will wake up without a breast mound, but after two post-op visits the plastic surgery team will begin to inflate the tissue expanders where your breasts used to be.
- This approach provides flexibility for individuals who may want to take more time before deciding on their type of reconstruction or for those who need additional treatments, such as radiation therapy, before undergoing reconstruction. The tissue expanders can be more uncomfortable than implants because they are made of hard and soft plastic, which keeps them strong during any more breast cancer treatments that may be needed.
- Your surgeon may use a special kind of skin called cadaveric skin or acellular dermal matrix (ADM). They put it over a tissue expander during the mastectomy surgery. This skin will blend in with your own breast skin, making an “internal-bra” inside your body after the mastectomy. It helps create a good foundation for future reconstruction.
- Breast reconstruction occurs after the mastectomy site has fully healed. This approach provides flexibility for individuals who may want more time to decide on their choice of reconstruction or for those who need additional treatments, such as radiation therapy, before undergoing reconstruction. Delayed reconstruction allows for a staged process, with the option to perform the reconstruction once the body has recovered. The decision between immediate and delayed reconstruction depends on individual circumstances, patient preferences, and the recommendations of the healthcare team. Each approach has its benefits, and it’s crucial for individuals to discuss their options thoroughly with their healthcare providers to determine the most suitable path for their unique situation.

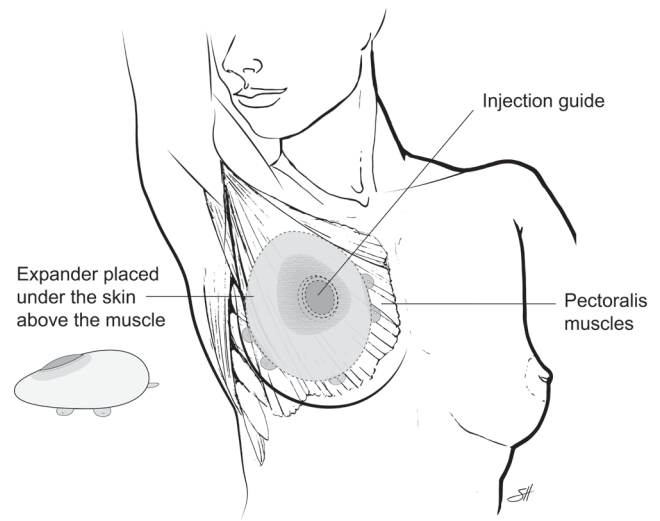


What types of implants are currently used?

There are several types of implants that are available. Baylor Medicine uses 5th generation Mentor brand implants. These implants have a soft silicone shell filled with silicone gel. Silicone, as opposed to saline used in some other implants, creates a more natural-looking breast because its weight and texture is more like natural breast tissue. Your surgery team will recommend the version of Mentor implant that will work best for your body type.

Stages of implant reconstruction

1. *Tissue expansion (optional)*: In some cases, a tissue expander may be placed first to stretch the skin gradually before inserting the permanent implant. This is a one-hour surgery after your mastectomy. Afterward, saline is added to the expander every one to two weeks in clinic to help stretch the skin to be ready for the implant. This may take several months. When the right size is reached, the expander is taken out and an implant is put in.
2. *Implant placement*: The surgeon positions the breast implant in the space created by the mastectomy or tissue expander.
3. *Adjustments and fine-tuning*: Additional touch-up surgeries may be done to ensure symmetry and a natural appearance.
4. *Nipple reconstruction*: If a new nipple needs to be created, this can be performed in the office procedure space or in a touch-up surgery.



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Considerations

- Recovery time: Implant-based reconstruction often has a shorter initial recovery time compared to some autologous procedures (reconstruction using your body's own tissue).
- Potential future surgeries: Breast implants may need to be replaced over time, and individuals should be aware of the possibility of future surgeries.
- Infection and scarring: Implants and tissue expanders can become infected. If this happens, your implant or tissue expander will likely need to be removed. Painful scarring can also occur around the implant.

Consultation and Planning

Before the surgery, you will have thorough consultations with the surgical team to discuss the procedure, set expectations and determine the most suitable implant type, size and placement.

During Surgery

You will be given anesthesia, so you will be asleep and pain-free.

- Through an IV, you will receive fluids and other medicines like antibiotics during the surgery.
- After you are completely asleep, a breathing tube will be put into your windpipe through your mouth to help you breathe. This will usually be removed before you wake up.
- If mastectomy is being performed at the same time, you may also have a tube placed into your bladder to drain your urine. This will be removed at the end of surgery.
- The surgeon will make incisions around your breast based on the pre-determined plan specific to you. This may be under the breast, around the nipple or in the armpit.
- The surgeon will create a pocket to accommodate the breast implant or tissue expander. This will likely be above the chest muscle, but in some patients with prior surgery, could be underneath the chest muscle.
- The surgeon will then insert the chosen expander or breast implant into the pocket created during the previous step.
- The surgeon will ensure proper positioning, symmetrical and natural-looking contours and pay attention to minimizing scarring and achieving aesthetically pleasing results.
- The surgeon will then close the incisions with stitches placed underneath your skin. These will dissolve over time. Your incision may be covered with surgical strips and/or glue depending on your procedure.

After Surgery

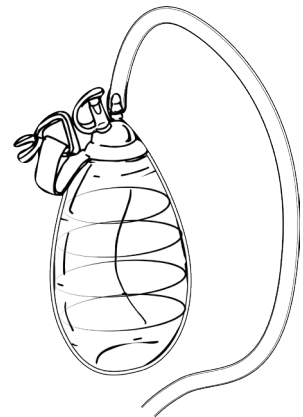
If your plastic surgery is at the same time as your mastectomy, you will be monitored in the recovery area after your surgery then transferred to one of the hospital floors. Generally, you will spend one to two nights in the hospital. If you are just having your tissue expanders exchanged for implants, you can leave the hospital the same day. Your surgery team will discuss the expected hospital stay based on your specific case and management plan.

Pain

- Your surgery team will give you pain medication after surgery to help you feel better. While you are taking pain medication, be sure to monitor your bowel movements and drink enough fluids to prevent constipation.
- For most patients, pain improves within two to four weeks after surgery.
- You should wean off the strong pain medications by using over-the-counter pain medications such as acetaminophen (Tylenol) and ibuprofen (Motrin) as soon as you are able. Follow the dosing instructions indicated on the label of these medications.

Wound Care

- If your plastic surgery is at the same time as your mastectomy, you will have two to four drains in the breast(s). Your plastic surgery team will be in charge of removing your drains.
- You will need to track the amount of fluid that comes into each drain at least once per day. Please see the separate instructions and log for further detail on care of your drains.
- You can remove the gauze overlaying the breasts before your first post-op visit. Please do not remove the dressing that covers the area where your drains enter your body. The plastic surgery team will do this.
- You will be given a special bra to wear at your surgery. You should wear this bra at all times (day and night) except for showering or cleaning, until your first visit after surgery with your plastic surgery team. At that visit, they will provide updated instructions on how long you need to wear it.



Activity

- No lifting your arms above shoulder height for two weeks
- No heavy lifting over 10 pounds for two weeks
- You may return to most arm exercises/use after four weeks
- You may return to heavy arm exercises/use after six weeks
- Avoid sleeping on your stomach for the first six weeks

Follow-Up Care

- You will follow up with your plastic surgery team about one week after surgery.
- If a mastectomy was performed, you will follow up with your breast surgery team about two weeks after surgery, at which point the final pathology report will be completed.
- You will receive an appointment confirmation call one to two business days prior to the appointment. This information will also be available on your MyChart portal.
- If you have any questions or concerns regarding your procedure or care, please give us a call or send a message through the MyChart portal.
- If you are having trouble logging on or need to set up MyChart, please call the office.

Call your doctor right away if you have any of the following symptoms:



- Excessive bleeding from your surgical site
- Pain uncontrolled by pain medication
- Incision that opens or pulls apart
- Signs of infection around the incision (redness, drainage, warmth, pain)
- Dizziness or lightheadedness
- Persistent nausea or diarrhea
- Fever of 101 or higher

Call 911, or go to Baylor St. Luke's Medical Center, if you experience the following:

- Changes in your speech, difficulty concentrating, or weakness on one side of your body.
- Chest pain
- Shortness of breath
- Rapid, irregular heartbeat

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