The Dudley Group NHS
NHS Foundation Trust

Breast reconstruction

Breast Care Team

Patient Information Leaflet

Introduction

Each year in this country approximately 45,000 women are diagnosed as having breast cancer. Where possible the breast will be conserved but treatment may involve removal of all, or a large part of the breast. However for many women it is possible to reconstruct a breast if this is desired.

Your breast team have suggested that you may be an appropriate candidate to consider breast reconstruction. The Dudley Group has a comprehensive breast reconstruction service and this team works in conjunction with the Breast Cancer Multidisciplinary Team.

If you are considering whether to have breast reconstruction during or after surgery for breast cancer, we hope that this booklet will provide you with an explanation of what breast reconstruction involves, the benefits and possible complications, and will help when you are making your decision.

What happens next?

Decisions regarding breast reconstruction can be influenced by the type of breast cancer and treatment you have, your general health, your weight and whether you smoke. You will be offered an appointment with one of the plastic surgeons to discuss your options and discuss these factors in more detail.

At your consultation the plastic surgeons will also explore your preferences with you. Your surgeon will want you to go into the operation with a full understanding of what is going to happen and realistic expectations of how your reconstructed breast will look and feel. The team want you to feel that you have received enough support and information to make a decision about which procedure is right for you.

You may find it helpful to write down any questions you want to ask and to take notes during consultations. Taking someone with you can help you to remember what has been discussed and give you extra support. In addition if you want copies of letters sent to your GP about the consultations please ask.

The Breast Care Nurses will be available to offer you additional support and advice and the details of a local breast reconstruction support group are detailed later in this booklet. Breast reconstruction can be a very long journey from start to finish and can in some instances take up to two years to be completed, depending on individual circumstances. The reconstructive procedures can involve several admissions to hospital for surgery and many outpatient visits and it is therefore essential that you are properly prepared before you proceed along this pathway.

Please remember that it is impossible to give all the necessary information and to answer all questions in a booklet. It is important that you discuss your situation with your surgeon as every woman will feel differently about the prospect of breast reconstruction. It is your choice and no one else can make the decision for you, but we hope this booklet will help.

What is breast reconstruction?

Breast construction is the creation of a breast mound to match your existing breast. It can be created using muscle from another part of your body or from a silicone implant which is placed beneath the skin and muscle which covers your chest, or a combination of these techniques. Whilst your surgeon will hope to create a breast similar in size and shape to your own breast so that you are symmetrical, it is important to realise that your reconstructed breast will not be an ’identical match’ and that perfect symmetry when you are naked would be difficult to achieve.

Who can have a breast reconstruction?

Breast reconstruction is possible for most women who have had all or part of their breast removed. If you have had a radical mastectomy (with removal of the muscle over the chest wall), radiotherapy, or have large breasts it is still usually possible but a slightly more lengthy procedure may be required. You can have a breast reconstruction at any age, as long as you are well enough to undergo the operation.

When can breast reconstruction be performed?

Breast reconstruction may be performed at the same time as breast cancer surgery (immediate reconstruction) or at a later date.

For many years doctors believed it was important to wait two to five years after having a breast removed before undergoing reconstructive surgery. This was advised because of concerns that breast reconstruction might hide a cancer recurrence or may encourage it to develop. However research has shown that this is not the case so it is now sometimes possible for breast reconstruction to be performed at the same time as surgery for breast cancer.

Immediate reconstruction does not mean you do not have a mastectomy – it means you have a mastectomy and in the same operation you are provided with a new breast. Later adjustments are often necessary. Some women find immediate reconstruction helps them to cope better with the emotions associated with the loss of a breast and to resume their normal life again more quickly.

If you are interested in immediate reconstruction you should discuss it with your surgeon who will tell you if it is possible. Some doctors still recommend a delay, particularly if you are advised to have chemotherapy or radiotherapy.

It is also important to mention that there may be a waiting list for breast reconstruction because of the limited number of surgeons who are experienced in this field.

What is immediate staged reconstruction?

When you have a mastectomy there is a possibility that you will also have other types of treatments for the breast cancer. This decision is based on examination of the removed breast tissue and lymph glands using a microscope. These treatments include radiotherapy, chemotherapy, hormonal therapy and other treatments like Herceptin.

Radiotherapy, chemotherapy and Herceptin treatment can sometimes affect the healing process following reconstruction surgery. If you have radiotherapy after a reconstruction which uses implants it may affect the appearance and quality of the reconstruction. For this reason, it may be recommended that your reconstruction is delayed until after you have completed radiotherapy or chemotherapy, until your skin has recovered from the effects of these treatments.

However it is possible to do a temporary reconstruction by putting in a tissue expander (balloon-like material) at the time of mastectomy – this is known as an immediate staged reconstruction. This procedure allows you to preserve your breast skin and the crease under your breast as well as giving a mound or shape to your breast. A few weeks after your mastectomy, the expander will be filled with sterile salt water in the Outpatient Department.

Please be aware that your breast mound is likely to be out of shape and asymmetrical when compared to the other breast during the process of tissue expansion. If you need radiotherapy, then it is planned so that the expander is completely stretched or expanded before the radiotherapy treatment is started.

After tissue expansion, the second stage of reconstruction will depend on whether you have received radiotherapy or not. If you did not need radiotherapy you may have the option of reconstruction using an implant. If you received radiotherapy to the chest wall, a reconstruction can be performed at this second stage using new tissue:

- from the abdomen (tummy) in the form of a transverse rectus abdominus musculoctulaneous (TRAM) flap

or

- from the back, in the form of a latissimus dorsi (LD) muscle flap

(please see the section ‘Breast reconstruction using muscle and skin from the back or abdomen’ on Page 11 for more information about these methods).

These methods of reconstruction are used to minimise the risk of an immune reaction (capsular contracture) as your own tissue is used, and poor cosmetic results from the surgery.

What are the common methods of breast reconstruction?

There are several different ways in which a breast mound can be created. The method suggested for you will depend on individual factors but it may be possible for you to have a choice. The different methods are as follows:

- Subcutaneous breast reconstruction
- Submuscular breast reconstruction
- Breast reconstruction involving tissue expansion
- Breast reconstruction using muscle and skin from the back or abdomen

Subcutaneous breast reconstruction

This type of reconstruction involves removing all the tissue inside your breast but keeping your skin and nipple. A silicone implant is then placed beneath your skin.

The scar may be horizontal on either side of the nipple and continuing around it or lower in the crease of the breast. The cosmetic result is usually very good but some surgeons are concerned that cancer may develop again from the tissue that is left behind.

A subcutaneous reconstruction may be performed for women who have certain types of localised cancer or for those who have a high risk of developing breast cancer, when it may be advised as a preventative measure.

Submuscular breast reconstruction

This is a simple form of breast reconstruction. During the operation a silicone implant is placed beneath the muscles which cover the chest. The scars from this operation are usually horizontal or diagonal and in the same place as any original mastectomy scar.

This may be suitable for you if you have a fairly small breast with a natural droop, but if your breast is large or you have had radiotherapy to this area, your skin is unlikely to stretch enough to accommodate an implant of the correct size. This method is unsuitable if you have had a radical mastectomy during which the muscle covering the chest wall has been removed.

Breast reconstruction involving tissue expansion

This method makes use of the ability of your skin to stretch just as the skin of the abdomen stretches during pregnancy. It usually involves two operations and will take four to six months to complete.

During the first operation, an inflatable silicone bag is inserted under the skin and muscle of your chest. It is partially filled with sterile salt water via a valve. Over the next two months the size is gradually increased by introducing more fluid, which stretches your skin and muscle. This can be done on weekly or two weekly visits to the Outpatient Department and will continue until the size is slightly larger than your natural breast.

After this has been achieved it will be left for three months before the silicone bag is removed and replaced by a silicone implant during the second operation. The implant will match the size of your natural breast and the previous over-expansion will allow it to droop more realistically.

A second method of reconstruction using tissue expansion involves a silicone implant with an inflatable inner chamber. This does not need to be removed from the body, so after being inflated and left for three months, it is deflated to the size of your natural breast. You will need a small operation under local anaesthetic to remove the valve and for this you will usually only need to be in hospital for the day.

Breast reconstruction involving tissue expansion does take longer to complete than other methods and a few women find this frustrating. However it can provide good results and avoid the need for a bigger operation or more scarring. You may experience some discomfort when the expander is being inflated as it causes the breast to feel tight and hard. This usually disappears within 48 hours after each inflation but if the discomfort is great you should contact your consultant who may remove some of the fluid and proceed more slowly with the inflation.

This method of reconstruction is suitable for many women but if you have had radiotherapy to the area your skin will probably have lost a lot of its stretchiness and because of this tissue expansion may not be possible. It is not suitable if you have had a radical mastectomy.

Breast reconstruction using muscle and skin from the back or abdomen

If your breasts are naturally large, if you have previously had radiotherapy or a radical mastectomy, or have a tight mastectomy scar, you may not have enough skin and muscle to create a breast of the same size as your natural breast by the methods mentioned already. However surgeons may be able to use muscle and skin from your back or abdomen to do this.

Using muscle from the back (latissimus dorsi muscle flap)

You have a very large muscle on your back called the latissimus dorsi (LD) muscle. Part of this muscle and the skin over it can be transferred with its own blood supply to the front of the chest. We can do this by tunnelling it underneath the skin below your armpit. It is then joined to your skin and muscle on your chest and then a silicone implant is put behind it.

The scar at the front is oval in shape and the scar at the back is usually horizontal, so it can be covered by a bra strap. Sometimes the scar is diagonal and you should check with your surgeon what it would be in your case. You would need to stay in hospital for about five to seven days for this operation.

Using muscle from the abdomen (TRAM flap)

The transverse rectus abdominis muscle is one of the muscles in your abdomen which runs from your breastbone to your pubic bone. Some of this muscle and the skin over it plus its own blood supply can be tunnelled from the abdomen and joined to the skin and muscle on your chest. Sometimes the surgeon can create a breast by using this muscle alone but usually a silicone implant is required as well.

The scar resulting from this operation can vary. There will be an oval scar on the breast but the scar on the abdomen may be vertical or horizontal. You may have more discomfort after the operation at first compared to an LD flap because this is an abdominal operation and so recovery takes slightly longer. You would usually need to stay in hospital about ten days.

Can my nipple be preserved?

If you are having an immediate reconstruction it may be possible to preserve your nipple. This will depend on whether your surgeon thinks your nipple or the tissue behind it may contain cancer cells. If this is not likely they may be able to preserve your nipple.

Can a nipple be reconstructed?

A nipple can be reconstructed but this is usually done at a later date when your breast reconstruction has had time to settle down. This enables the surgeon to more accurately position the nipple so that it matches the position of the nipple on your natural breast.

Usually your consultant will advise you to wait for three months after your breast reconstruction before having a nipple reconstructed.

The nipple can be created in several ways. It can be done by using the skin on the reconstructed breast, part of the nipple from your natural breast or skin from behind the ear. The areola (ring of colour around your nipple) is usually created using a skin graft from your inner thigh where the skin is a little darker in colour. A tattooing service is available which can help to create a more natural looking areola. Your consultant will advise you about this.

Some women decide against having another operation to create a nipple and are happy with just the breast mound. Very good silicone nipples are available which you can stick onto your reconstructed breast to give an even appearance. You may be able to get these from your breast care nurse; or the Maxillofacial Department who can make made-to-order nipples. If not the breast care nurses can tell you how to get them from the companies that make them.

Do I need to have surgery on my natural breast?

All surgeons involved in breast reconstruction try to create a breast that is similar to your natural breast. However, sometimes surgeons may suggest having an operation on your natural breast to make both breasts look similar. This may involve reducing the size of your natural breast or lifting it to reduce the natural droop. It may be necessary to reposition your nipple in order to make sure it is still central on your breast. Normally this does not affect your nipple but sometimes the sensation can be lost or reduced. You should ask your surgeon whether they think you would need this.

Every effort is made to make scarring minimal but at first there is obvious scarring which does fade in time. Obviously it is your decision whether to have surgery on your natural breast. Some women prefer both breasts to look very similar but others do not want to have more surgery to achieve this.

What are the risks associated with breast reconstruction?

1. It is a major procedure. There are risks from the general anaesthetic itself, which do not occur very often, but can be serious if they do. These vary from mild chest infections to blood clots in the leg veins and more seriously (although very rarely) blood clots breaking off and going to the lungs.

   You will be given special stockings to wear whilst in hospital unless there is a reason why you shouldn't wear them and a special injection every night to help prevent these problems. Very rarely you may need an operation to remove a blood clot.

2. Smoking can badly affect the healing of your wounds therefore it is a good idea to try and stop smoking before your surgery. Your GP will be able to offer support and advice about this.

3. The scar pattern will be discussed with you. Scars heal in many ways and can become anything from a smooth pink scar which fades to a pale colour, to a lumpy, purple, itchy scar, although this is not very common. These lumpy types of scar usually settle with time and massage.

4. Any surgical operation can cause bleeding which may need a blood transfusion or rarely a second operation to stop the bleeding.

What are the possible problems that can happen after breast reconstruction?

Over the last 10 years more breast reconstructions have been performed and improvements in techniques and implants mean there are fewer complications and problems today but occasionally these do occur.

Problems occurring immediately after surgery

Wound infection

This is a rare complication of any surgery and can be treated with antibiotics. Very occasionally the infection persists even after having antibiotics and the silicone implant has to be removed in order to treat the infection successfully. In such cases consultants normally advise a woman to wait for about three months before having another silicone implant inserted.

Collection of fluid under the wound

Following your breast reconstruction surgery you will have two or more drains inserted into the wound area to drain away fluid that may collect there. These are usually thin, long tubes attached to bottles. However, sometimes a collection of fluid or blood can develop under the wound. This may be absorbed by your body if it is small, but if it is larger it can be removed by your surgeon using a small needle and syringe. Very rarely, if the fluid persists the silicone implant has to be removed and replaced at a later date.

Pain and discomfort

As with every operation you are likely to experience some degree of pain following breast reconstruction. Some women experience more pain than others and need painkilling injections for the first day or so after the operation. However, other women say it is less painful than they expected and only need regular painkilling tablets for a few days.

If you have a breast reconstruction at the same time as a mastectomy and are having some lymph glands from your armpit removed for analysis, you will find it uncomfortable when moving your arms. It is important to continue using them and you should follow the exercises shown to you by the physiotherapist to prevent your shoulder from becoming stiff.

After this type of surgery you may experience tingling and numbness on the inner side of your arm. Usually this is mild but sometimes it feels like a burning sensation. This should disappear after two or three months but you may always have some numbness in this area.

If your operation involved using an abdominal muscle you will find bending and stretching uncomfortable for several weeks. Learning how to support your wound with your hands when you bend or cough will help ease the discomfort, but depending on the position of your wound you may need to take painkilling tablets for longer than with other operations.

Other possible problems that may occur

Capsular contracture

When a silicone implant is placed in your body, your body's immune system responds by forming a fibrous tissue capsule around it. This is helpful in holding the implant in position and stopping it from moving.

However, over a few months this fibrous scar tissue will contract as part of the natural healing process. If this contraction is severe then you may experience tightening, hardening and alteration in shape of the breast reconstruction, which may be accompanied by discomfort.

Sometimes the consultant can reverse these changes by compressing the capsule by hand, but occasionally the implant and capsule have to be removed by surgery to solve the problem. A replacement silicone implant can usually be reinserted at the same time.

Obviously, if this complication occurs it can be very distressing but it is far less frequent today because better silicone implants are now available. The risk of developing a capsular contracture that requires more surgery is between 10 to 20 per cent.

Asymmetry (unequal appearance of the breasts)

Although the surgeon will try to create a breast that closely matches your natural breast, it is not possible to make them look exactly the same (perfect symmetry). The asymmetry may be increased by capsular contraction or if you put on or lose weight. If the asymmetry is unacceptable to you, it may be possible to improve it by surgery to the other breast or by replacing the silicone implant with another one that is larger or in a slightly different position.

Psychological problems

The diagnosis of breast cancer is a very traumatic experience. Many describe it as devastating particularly if the treatment for breast cancer involves the loss of their breast. Reconstruction of a breast may help you to cope with the feelings of losing your breast but you may find you have ‘up days’ and ‘down days’ or experience anxieties or depression.

Many women find it helpful to talk to someone about their worries and feelings. If you think this would be helpful to you, please ask your consultant or nurse who will be able to put you in touch with the right person. Many hospitals have nurse counsellors or specialist nurses who are there specifically to provide support and give you practical advice and information about your treatment. At Russells Hall Hospital the Breast Care Nurses can offer this support and can refer you to a clinical psychologist if you need specialist support.

What does a breast reconstruction really look and feel like?

Although perfect symmetry cannot be achieved, your reconstructed breast should be similar in size and shape to your own breast, giving you an equal appearance when you are wearing a bra. When you are naked you may notice differences in terms of fullness and droopiness, with your reconstructed breast often sticking out more and being less droopy. Your surgeon will try to ensure these differences are not great but if the difference is very noticeable you may wish to put a partial prosthesis in your bra to create an even appearance.

Many women find it helpful to look at photographs as these may give you a more realistic idea of what a breast reconstruction looks like. Please ask if you would like to see some photos. It may also be possible for you to meet a woman who has had a similar operation. Again, please ask if you think this may be helpful.

Your reconstructed breast will feel soft to touch but slightly firmer than your own breast. Immediately after surgery it will be firmer due to swelling in the surrounding tissues which may take two or three months to soften. During tissue expansion the breast mound will be quite hard and tight but it should become soft at the end of the procedure.

Most women have very little sensation in their reconstructed breast. Sometimes there is sensation in the skin but often there is not. If you have a nipple reconstructed it will not have any sensation but you may experience ‘phantom’ nipple sensations following the loss of your breast. These disappear with time.

How long will it take me to recover from my operation?

This will vary with both the type of operation you have and your general health at the time of surgery. Most women are able to take up their normal lives again within six to 12 weeks depending on their type of work and lifestyle. If you have had an abdominal operation it will be a little longer before you can take up your normal activities.

As with many operations it may take several months before you feel all your energy has returned. Where possible allow yourself time to rest when you feel tired to help your body heal at the fastest possible rate. A well-balanced diet with plenty of protein and vitamin C will help your wounds to heal and some women choose to supplement their diet with vitamin and health food preparations although this is only necessary if you are not eating well. Always check with your surgeon that these preparations are not harmful.

Many women feel able to drive within three to four weeks of their operation depending on the amount of discomfort experienced, particularly when wearing a seat belt.

Are there any special instructions or precautions I must take when I go home?

Many surgeons recommend that you massage an unscented cream or lotion into the skin of the reconstructed breast for two reasons:

1. The cream will moisturise the skin and keep it in good condition
2. The massaging action is thought by some to reduce the fibrous capsule forming around the implant

Some surgeons advise using specific types of massage and creams so ask your surgeon what they think would be best for you.

How will breast reconstructive surgery affect my arm movement?

Within four to six weeks you should have a full range of arm movements though you may be a bit stiff. The physiotherapist will show you what arm exercises to do and if these are followed you shouldn't have any long term problems when moving your arm. You will experience more pain if you have had your lymph glands removed from your armpit during the operation but this should not cause long term problems with arm movement.

Do I need to examine my breasts after a breast reconstruction?

It is a good idea to continue to examine both your natural breast and your reconstructed breast every month. This should be done after your period when your breasts are most soft or, if your periods have ended, at the same time each month. If you have never been taught how to examine your breasts and would like to learn, please ask your nurse to show you. There are also leaflets available illustrating breast self-examination.

Your consultant will also examine your breasts regularly following your breast reconstruction and an ultrasound scan (using sound waves) can still be done after a breast reconstruction.

Do I have to wear a special bra?

This will depend on the advice of your surgeon. Some surgeons prefer women to wear a special support bra for up to three months after surgery to hold the silicone implant more firmly in place and prevent it from moving which may cause an unequal appearance. This may include wearing a bra at night. Other surgeons think this is unnecessary and prefer you to wear either a normal bra or no bra at all, believing that gravity encourages your breast to develop a more natural droop.

How long will the silicone implant last?

The silicone implant will not wear out. It can be changed to adjust the shape, size or position if you lose weight, put on weight or develop a capsular contracture. It is very difficult to damage the implant and would require a severe chest injury to do this. The implant will not be affected if you go up in an aeroplane.

What if I need radiotherapy after breast reconstruction?

It is still possible for you to have radiotherapy but it would not be recommended immediately after surgery because radiation may delay healing. For this reason some women are advised to wait and have their reconstruction after they have had radiotherapy.

How do I find a plastic surgeon that will perform a breast reconstruction?

There is a full range of reconstruction services offered at The Dudley Group NHS Foundation Trust but you can be referred to other trusts if you prefer.

Where can I get help?

If you still have any queries or problems regarding breast cancer or your treatment, or experience any unexpected problems or side effects, please contact:

Your surgeon/plastic surgeon (Consultant)

……

Or one of his/her team

……

Or breast care sister

……

Or physiotherapist

……

At ……Hospital

on telephone number:

Can I find out more?

Rainbow Breast Reconstruction Group
The Rainbow Breast Reconstruction Group is an independent charity that meets at The White House on the third Thursday of each month at 10.30am. It is intended to provide support and information for ladies who have had or are planning to have reconstructive surgery.

The White House
10 Ednam Road
Dudley DY1 1JX

Telephone: 01384 231232

Information Prescription Support Group
For information on breast cancer.
www.nhs.uk/ips

Breast Cancer Care
www.breastcancercare.org.uk
Telephone: 0808 800 6000

If you have any questions or if there is anything you do not understand about this leaflet please contact:

Breast Care Nurses in the Breast Unit at Russells Hall Hospital on 01384 244065 (8.30am to 5pm, Monday to Friday)

This leaflet can be made available in large print, audio version and in other languages, please call 0800 0730510

ਜੇਕਰ ਇਹ ਲੀਫ਼ਲੈੱਟ (ਛੋਟਾ ਇਸ਼ਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ੰਟ ਇੰਨਫ਼ਰਮੇਸ਼ਨ ਕੋ-ਆੱਰਡੀਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫ਼ੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

यदि आपको यह दस्तावेज़ अपनी भाषा में चाहिये तो पेशन्ट इनफरमेशन को-आरडीनेटर को टैलीफ़ोन नम्बर **0800 0730510** पर फ़ोन करें।

જો તમને આ પત્રિકા તમારી પોતાની ભાષા (ગુજરાતી)માં જોઈતી હોય, તો કૃપા કરીને પેશન્ટ ઈન્ફોર્મેશન કો-ઓર્ડિનેટરનો **0800 0730510** પર સંપર્ક કરો.

আপনি যদি এই প্রচারপত্রটি আপনার নিজের ভাষায় পেতে চান, তাহলে দয়া করে পেশেন্ট ইনফরমেশন কো-অর্ডিনেটারের সাথে **0800 0730510** এই নম্বরে যোগাযোগ করুন।

أذا كنت ترغب هذه الوريقة مترجمة بلغتك الاصلية (اللغة العربية) , فرجاء أتصل بمنسق المعلومات للمريض

Information Co-ordinator على التلفون **0800 0730510**

حسب ضرورت اس لیف لٹ کو اپنی زبان (اُردو) میں حاصل کرنے کے لئے براہ مہربانی ٹیلیفون نمبر **0800 0730510** پر پیشنٹ انفرمیشن کوہ-اورڈینیٹر (مریضوں کے لئے معلومات کی فراہمی کے سلسلے میں افسر) کے ساتھ رابطہ قائم کریں۔

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