

BREAST RECONSTRUCTION PROCEDURE GUIDE

Tissue Expander/Implant Procedure

Welcome to the Center for Breast Restoration. The goal of this procedure guide is to explain the different surgical options available to ensure a result with which you will be pleased. Remember, this procedure guide does not replace your consultation and you should write down any questions you may want to ask later.

Dr. Spiegel understands the diagnosis of breast cancer can be overwhelming and devastating. Many women feel especially anxious and uncertain about choosing a breast restoration option after mastectomy. Her goal is to provide innovative breast reconstruction in a caring, supportive environment, allowing each woman to complete successful rehabilitation from breast cancer and other breast-related problems. Like an orchid flower that boldly unfurls with color and beauty, women who have had a mastectomy or lumpectomy now have the option to regain natural breast shape and fullness. Ultimately, the selection of the optimal type of breast restoration procedure is very individualized and based on your goals and desires. Dr. Spiegel specializes in the most advanced techniques of breast reconstruction and is experienced in all types of reconstructive options. She has performed over 1200 autologous breast reconstructions such as the DIEP/SIEA, SGAP, and TAP flaps. She helps you understand the many options - ranging from the simplest, such as implants only, to the most complex autologous flaps. Autologous breast reconstruction utilizes your body's own excess tissue to reconstruct the breast mound using microsurgical techniques. When considering your optimal breast reconstruction, be sure to choose a surgeon who is experienced in all the available options.

PROCEDURE –

The simplest option for reconstruction is to have implants alone. This option is best for patients who have medical issues that prevent them from having a more complex surgery as well as patients who understand the limitation of this type of reconstruction but want to have a breast mound. This option is usually completed in two phases. The first surgery consists of placing a tissue expander in the breast area underneath the skin and chest muscle. Adding a salt-water solution - approximately once every two weeks will gradually fill the tissue expander, which can be expanded like a balloon. Once your skin has stretched, in about three to four months, the next surgery will replace the tissue expander with a permanent saline or silicone implant. If you do not need the tissue expander, possibly in the case of a skin-sparing mastectomy, your surgery will only consist of inserting the implant. Although implant reconstruction is the simplest, it carries the highest incidence of complications

An implant reconstruction is not the same as a cosmetic breast augmentation procedure. In cosmetic breast augmentation, the breast implant is placed underneath normal breast tissue, which cushions the implant and therefore allows the breast to have a natural shape and feel.

After mastectomy, the breast skin is thin and due to the lack of breast tissue coverage the implant can be easily felt. The implant is placed under the pectoralis muscle to help improve the feel of the implant, as well as to minimize infection and problems with scarring around the implant. The lower part of the implant will not be covered by muscle. Often, a collagen sheet is used to cover the lower part of the implant to improve the cushioning of tissue over this area. Implants may become infected or the tissue around the implant may become scarred and firm in the future, so this needs to be taken into account when considering this option.

PREPARATION FOR SURGERY –

Smoking compromises blood flow by causing spasms of blood vessels and significantly increases the risk of flap complications and additional wound healing problems. Therefore, **DO NOT SMOKE** for at least 8 weeks before and 6 weeks after surgery, and avoid nicotine gums and patches. This also applies to second hand smoke; so do not stay in the room with smokers.

Depending on your particular history, you may be asked to obtain cardiac clearance, complete blood work screening, and donate your own blood two to three weeks prior to surgery.

Please stop all medications containing aspirin and non-steroidal anti-inflammatories such as Aleve, Advil, Motrin, etc., and vitamin E (in any multi-vitamins) at least two weeks prior to surgery, and Tamoxifen at least three weeks prior to surgery, because these medications may increase bleeding during surgery.

At your pre-op consult, you will be asked to start iron supplements, which also aid in red blood cell production. Oh, and be sure to drink lots of water in the days leading up to your procedure!

Three days before surgery, you should begin using Hibiclens[®] for bathing. This is an antibacterial cleanser that you can purchase without a prescription. On the night before surgery, it is very important that you refrain from eating or drinking anything after midnight.

If you develop any illness or rash, please notify us immediately before, or at the time of, surgery.

RECOVERY AFTER SURGERY –

You should expect to stay overnight in the hospital. When you are discharged, you will have one drain per breast. Your implant(s) will be underinflated following surgery, as this helps decrease the amount of discomfort that you experience and allows the mastectomy skin to heal. On discharge you are given an antibiotic, pain medication, a muscle relaxer, and a stool softener. We may ask you to take a zinc supplement to aid with wound healing.

Once you are home and are ambulatory, you are not required to wear your white circulation stockings. You should sleep on your back the first six to eight weeks after surgery. Do not sleep on your side or your abdomen as this can move the implant(s). It is recommended for you to sleep in a recliner, which will help prevent you from rolling to your side or stomach. You can walk and use stairs, as you feel comfortable. Remember that some pain and discomfort will limit your activity. Because the recovery process is different for everyone, please listen to your body.

To make your first post-operative visit more comfortable, wear loose clothing that opens in the front. At this visit, we will remove any drain in which the output is less than 25cc in a 24-hour period. Once all your drains have been removed, we wait two to three weeks and then begin “injecting” your implants. Two weeks after surgery, you can slowly resume light household chores. You will be asked to continue your antibiotics for as long as you have drains. We ask that you do not drive while you are taking pain medication or have drains. This is usually only for the first two weeks, and may be different for each person.

At two to four weeks, you can return to a desk job and gradually resume normal activities. After four to six weeks, you can return to full activities at home and at work.

The information in this procedure guide is available for your review at any time. Please review and re-read any part you like. Also, look at the before and after photos on the website for a better idea of the results you may achieve. If you have any remaining questions, or are ready to schedule your breast reconstruction, please call us at 713-441-6102. We are here to help.