

Breast reconstruction with an implant



Your plastic surgeon has proposed to reconstruct one or both of your breasts using an implant. This fact sheet describes all the steps of the surgery and how to prepare yourself.

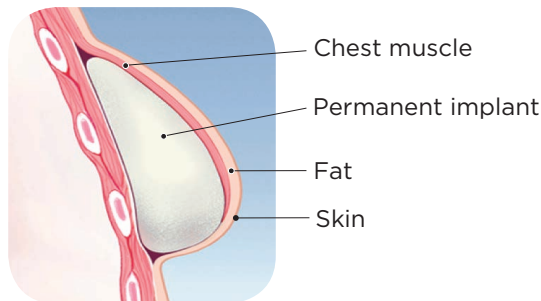
How is the breast reconstructed with an implant?

First, the tissue inside your breast (mammary gland) is removed (mastectomy).

If your breast skin is healthy and if there is enough of it

The plastic surgeon slides a **permanent implant** under the skin and muscle. It looks like a bag made of silicone gel. The size of the implant chosen depends on the size of your breasts.

Permanent implant

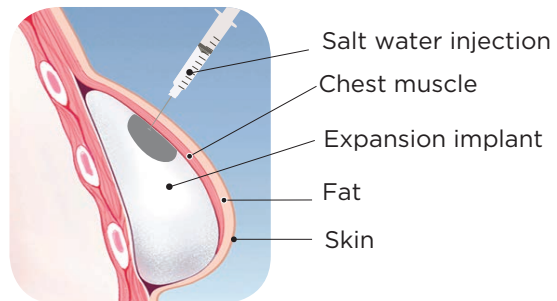


If the skin of your breast is thin, or if there is not enough of it

- > The plastic surgeon will insert an **expansion implant**. It looks like an empty silicone bag. At the time of the surgery, it is partially filled with sterile salt water.

- > 3 weeks later, using a syringe and a needle, the surgeon will inject more salt water. This is repeated every 1 to 2 weeks for 2 to 3 months until it is the desired size.
- > No sooner than 3 weeks after the last filling, the expansion implant will be replaced by a **permanent implant**. If you are receiving chemotherapy, you must wait a minimum of 4 to 6 weeks after the end of the treatments. If you are undergoing radiotherapy, you will have to wait at least 6 months.

Expansion implant



Sometimes the surgeon adds a biological substance on which your cells will reproduce, called an “acellular dermal matrix”. Over time, this produces tissues that cover the implant.

The surgeon can also add tissue from your own body (a **flap**). This procedure is explained in the fact sheet on breast reconstruction with flaps.

Will I feel any pain?

It is normal to feel more pain in the wound for 24 to 48 hours after surgery (mastectomy). This will decrease day by day. You might also feel some heaviness or pain during the implant fillings. If you are in radiotherapy, your skin will be more sensitive. This can create more discomfort.

What are the advantages of reconstruction with an implant?

The main advantages are:

- > The surgeries are simple and short.
- > The permanent implant is flexible. It doesn't leak if it breaks.
- > You don't stay long in the hospital and you recover quickly.
- > You won't have a scar anywhere else but on your breasts.

A breast reconstructed with an implant is **never** identical to the original breast or to the other breast, if that one is not reconstructed.

During the 10 years after the surgery, it is rarely necessary to replace the implant. After that, the need to replace the implant varies. Sometimes it is never replaced

Characteristics of the reconstructed breast:

- Firmer than a natural breast and moves less on your chest.
- Size and shape do not change with weight or age.
- There will be scars on the breast(s). Scar areas will be less sensitive to touch (numbness).
- No sensations to touch or erogenous sensations.
- Breastfeeding is not possible.



Example of an implant

How do I prepare myself BEFORE reconstruction?

- > In a clinical learning session before your surgery, you will learn how to prepare and how to take care of yourself after surgery.
- > You will need to buy 1 or 2 support bras with front closure and bring them with you the morning of the surgery.

Can there be complications?

Yes, as in any surgery.

Here are the main ones:

- Blood clot in a vein (venous thrombosis) or clot going into the lung (pulmonary embolism).
- Infection (antibiotics are prescribed for prevention). If there is an infection, the implant is usually removed.
- Bruising of the breast (ecchymosis).
- Accumulation of fluid around the operated breast (seroma).
- Scar too large or scar re-opening (dehiscence).
- Implant shifting, for example, upwards in the chest.
- Breast skin becoming too thin. The implant is exposed to air (extrusion) and needs to be replaced.
- Rupture of the implant (rare).
- Waves" or folds in the breast skin (especially in thin patients).
- Hard tissue (fibrous shell) developing around this foreign object. In rare cases, this tissue becomes very solid and deforms the breast. This risk is greater when radiotherapy is done after the implant is inserted.
- Very rarely, cancer (anaplastic large cell lymphoma).



Some women may also have:

- pain up to the armpit when the implant is filled, lasting more than 3 months.

- swelling (edema) in the breast.
- treatment or surgery that was not planned.

If you experience any complications, contact your health care team.

To decrease the risk of complications, stop smoking 6 weeks before and 6 weeks after each surgery. Nicotine (including from electronic cigarettes and patches) shrinks blood vessels. This slows down blood circulation and healing. There are resources to help you quit smoking. Talk to your healthcare team.



What other information do I need?

Time required for surgery (per breast)	<p>1 hour to insert an expansion implant. 1 to 2 hours to insert a permanent implant.</p> <p>You will be “put to sleep” under general anesthesia.</p> <p>The surgery takes longer if the implant is inserted the same day as the mastectomy and if both your breasts are operated on.</p>
Length of hospital stay	<p>1 day and 1 night if the reconstruction is immediate, that is, at the same time as the mastectomy (with expansion or permanent implant).</p> <p>In day surgery if reconstruction is delayed (expansion implant).</p>
Getting out of bed	<p>The day of your surgery.</p>
Drains	<p>You will have drains in your breasts for 7 to 14 days. These tubes are inserted in your incisions during the surgery. They extend out of your body and are held in place by stitches. They prevent fluid from accumulating in your incisions. They will be removed by your surgeon at your appointments after the surgery.</p>
Position for sleeping	<p>You can sleep in any position you prefer, except on your stomach.</p>
Convalescence (sick leave)	<p>4 to 6 weeks for each surgery.</p>
Physical activities	<p>Start 6 weeks after reconstruction or as your physiotherapist tells you.</p>
Wearing a bra	<p>Day and night for the first 3 weeks, then day only for 3 more weeks.</p>

Can I decide to stop after the permanent implant is inserted?

Yes, you can stop if you don't want another operation after the breast volume is created. But if there was a need to make the breasts symmetrical (step 2 of reconstruction), the difference between your two breasts will be more noticeable.

Some women also choose to wear an artificial (adhesive) nipple or to have a symbol or drawing tattooed on their nipple rather than to have the nipple and areola remade (step 3 of reconstruction).

Artificial nipples (adhesive)



Who can I contact for help or to ask questions?

Breast reconstruction is a long process and requires significant commitment from you and your family members. You will have to learn to live with a body in transition.

If you have any doubts, talk with your health care team and your resource nurse

Call them as soon as possible, **BEFORE** the date of your surgery, if you want to:

- change the type of surgery
- postpone your surgery



USEFUL RESOURCES

Quebec Breast Cancer Foundation:

> rubanrose.org/en

The Quebec Breast Cancer Foundation is proud to help inform and support women during breast reconstruction, thanks to a grant for this project.

Breast reconstruction at the CHUM:

> cicc.chumontreal.qc.ca

Click on: I have cancer → Breast (CICS) → Reconstruction

Centre des maladies du sein
Deschênes-Fabia :

> centredesmaladiesdusein.ca
(French only)

Canadian Breast Cancer Network:

> cbcnc.ca/en

Canadian Cancer Society:

> cancer.ca

Breast Reconstruction Awareness Day
(BRA Day):

> bra-day.com

Other health sheets published by the CHUM are available. Ask for those that might fit your situation.



You can also find them
on our web site

chumontreal.qc.ca/fiches-sante

The content of this document in no way replaces the recommendations and diagnoses made, or the treatment suggested by your health professional.

To find out more about the Centre hospitalier de l'Université de Montréal
chumontreal.qc.ca

Here are some typical questions to ask your health care team or nurse to help you make your decisions and prepare for your surgery.

- > What type of breast reconstruction (immediate or delayed) best suits my health, my lifestyle, my preferences?
- > Is the risk of complications the same if the implant is inserted at the time of the mastectomy (immediate reconstruction) or later (delayed reconstruction)?
- > Are the results for sterile salt water implants and silicone implants equally good?
- > What should I do if I have pain when my implants are filled?
- > Will I have an expansion implant or a permanent implant?
- > Will I also have a flap?
- > Where will the scars be on my body? How big will they be?
- > What should I be watching for after the implant is inserted?
- > How will I know if my implant (salt water or silicone) has ruptured?
- > Will I have cancer treatments (chemotherapy, radiation therapy, or both)? When? For how long?
- > Who should I contact if I have a problem?
- > Are there any restrictions after this reconstruction (travel, physical activities, etc.)?



To find out more about the Centre hospitalier de l'Université de Montréal
chumontreal.qc.ca



Questions

Write down any questions you want to ask your care team so you don't forget anything.



Lined area for writing questions



Observations - Comments

Write down observations you feel are important: your symptoms, treatments, follow-up, energy level, spirit, etc.





Upcoming appointments



Resource people and contacts

Write down phone numbers, email addresses and websites that could be useful.



