Patient Information

Royal Devon and Exeter
NHS Foundation Trust

Breast Reconstruction
Implant only

Contents

INTRODUCTION

This booklet provides advice and information about reconstructing your breast using an implant. It is important that you know about minor problems which are common after this operation and also about more serious problems that can occasionally occur. The section *'What problems can occur after the operation?'* describes these, and we would particularly ask you to read this. The headings from this section will also be included in the consent form you will be asked to sign before your operation. You can help to reduce certain risks by closely following the advice of your surgeon both before and after surgery. Also covered is physiotherapy advice and recommended post-operative exercises.

For some women the loss of a breast can reduce their feelings of femininity and make them feel 'less whole'. An external prosthesis can go some way to improving how you feel, especially when clothed but the prosthesis may feel heavy and restrict the clothes you can wear. Having a breast reconstruction allows you to have a breast mound similar in volume to the breast you had before your breast cancer surgery. The aim of breast reconstruction is to create a breast mound that will restore the cleavage area and aims to give you symmetry in clothing. Depending on what type of reconstruction you have the feel of the new breast will vary. Your surgeon will have examined you and discussed with you the various forms of breast reconstruction before deciding on an implant alone. When a breast is reconstructed using an implant the new breast will sit slightly higher on the chest wall and be firmer than the natural breast.

What will my 'new breast' be like?

The aim of this operation is to create a breast form matching as closely as possible in size and shape to your remaining natural breast, so that you are symmetrical in a bra. However, it is important to realise that your reconstructed breast will not be an 'identical match' and that perfect symmetry when undressed would be very difficult to achieve. This operation can also be done for women requiring bilateral (both sides) breast reconstruction. Implant based breast reconstruction usually results in a less natural/ droopy breast, with the implant sitting higher on the chest wall. The reconstructed breast will feel firmer than a natural breast. In addition if you are very slim the implant may be easier to feel and feel cooler than a natural breast. You may feel you wish to reduce the size of your breast. If this is the case, you can discuss this with your surgeon; a smaller implant can be used and you could have your other breast reduced at a later stage.

When should I have my implant based breast reconstruction operation?

The timing of the operation is a very individual decision, determined by you, your surgeon and breast care nurse. It can be done during the same operation as the mastectomy (immediate) or on completion of any treatments after the mastectomy (delayed). Some women find that immediate reconstruction helps them to cope with the emotions associated with the loss of a breast and they wish to wake up from surgery with a breast mound. Other women may find it difficult to make decisions about breast reconstruction at the same time as coming to terms with a cancer diagnosis. Having a delayed reconstruction also allows more time to consider all the reconstruction options available to you.

If you require radiotherapy following your surgery, it may have a negative impact on the appearance and feel of the implant in your reconstructed breast. For this reason some women choose to have a 'delayed immediate' reconstruction, whereby they have a temporary expander inserted at the time of the mastectomy. This can then be changed for a definitive reconstruction once all treatment has been completed. *(see section about Tissue Expansion).*

BEFORE THE OPERATION

Anything I should do to prepare for my operation?

Your surgeon may recommend that you lose weight if you are very overweight as this may result in problems after surgery; delayed wound healing and an increased risk of complications following general anaesthetic. Your natural breast may also change in size if you then lose weight after the operation.

If you smoke it may not be possible for you to have breast reconstruction at the same time as your mastectomy. We recommend that you stop smoking at least 8 weeks before surgery and avoid any nicotine substitutes during that time and also in the initial post-operative period. Smoking can delay healing of the surgical wound, making scarring worse and increases the risk of complications following surgery and general anaesthetic. There is support and advice locally to help you give up smoking.

If you take the combined oral contraceptive pill or HRT, you will be asked to stop it for 6 weeks pre-operatively (and use other contraceptive methods) since it increases the risk of blood clots forming in the general circulation during the operation. This also applies to Tamoxifen and we ask that you stop taking it 4 weeks before surgery. Once you are fully mobile again after your operation you can restart these medications. This may take up to another three to four weeks. If you take any other regular medications you can discuss this with the nurse at your pre-assessment appointment.

You will require a non-wired, full cup, supportive sports bra to wear after surgery, which we ask that you bring in with you. This can be front or back fastening with adjustable straps and a deep band. Avoid 'racer back' style sports bras that need to be put on over the head. It may be necessary to have a bra fitting ahead of purchasing your bra if you have not been measured for some time. You will

be recommended to wear your bra for 6 weeks day and night so it is worth purchasing 2 bras. They will give you comfort and support and help mould the breast reconstruction into a good shape. You are likely to be swollen in the initial post-operative phase. We would recommend purchasing bra extenders that can be fitted to your bra if required.

The Breast Reconstruction Specialist Nurse will give you advice on where to purchase support bras locally, along with website addresses for online companies.

What happens before the operation?

One-to-one meeting with the Reconstruction Nurse Specialist

You will be invited to meet with a Breast Reconstruction Nurse Specialist for an appointment to discuss the surgery in further detail. This will be an opportunity to view photographs and to see and handle the implants. During this appointment, you will be provided with information about the surgery itself, the immediate post-operative period and the recovery afterwards. It will also be an opportunity to understand the risks associated with the surgery and any other considerations about implant based reconstruction. You are welcome to bring someone to this appointment if you wish. The Breast Reconstruction Nurse will arrange for you to have medical photography if you have not already had these done.

You will be asked if you are prepared to complete a breast questionnaire (BreastQ) which asks you how you feel about your breasts prior to surgery. Subsequent questionnaires will be sent to you at 3 months after surgery. This questionnaire is not compulsory but will help us to find out vital information about how you feel about your breast reconstruction. This information can then be used to improve the service we provide for women having breast reconstruction in the future.

You will also be provided with information about the Breast and Cosmetic Implant Registry (BCIR). This is a national database developed to monitor and improve patient safety following issues caused by faulty Poly Implant Prosthèse (PIP) breast implants in 2010. The main aim of the registry is to trace and inform affected patients in the event of any further recall of a failed implant. Your surgeon will ask you to complete a consent form allowing your personal information to be shared with NHS Digital (the national data and IT systems for health and social care) for the purpose of the registry. If you do not wish for your details to be recorded in the registry, you can indicate this on the consent form. You may wish to consider that if you do not give your consent for your information to be entered onto the registry; this will not affect your surgery or care but may make it difficult to contact you in the event of a future product recall. Further information regarding the registry can be found at **http://digital.nhs.uk/bcir**.

Pre-operative assessment

You will be asked to attend the hospital a few weeks before your surgery where you will meet the pre-operative assessment nurse. (Please allow approximately 2 hours for this appointment) He/she will discuss the day of surgery with you and answer any questions you might have.

You may have a blood sample taken along with other tests such as an ECG (heart tracing). The nurses will take some swabs to find out if you need additional treatments ahead of your admission to hospital. You will also be provided with a bathing solution to shower in on the evening before your surgery and on the morning of your surgery. *(Further instruction will be given when you attend the pre-op assessment appointment).*

The day of the operation

You will usually be admitted on the day of your operation to Knapp or Wynard Ward. A nurse will admit you to the ward and go through an individual plan of care with you and answer any questions you might have. A member of your consultant's team will discuss the operation details again and you will be required to sign a consent form. You will have marks put on you to assist the surgeons in planning your procedure that day. You will also meet the anaesthetist at this point. If you wish to shave your armpit hair please do this at least 48hours before surgery, preferably using depletory cream or an electric/battery razor.

Remove any make-up, nail polish and jewellery. If you wish, you may wear one plain ring which will be covered. Contact lenses, false teeth etc can be removed just before you go to the operating theatre.

You will be asked to stop eating food (including sweets and chewing gum) six hours before the operation.

You can drink water, plain squash, black tea or coffee (but no milk) up until 2 hours before your surgery but this will be confirmed when you attend to see pre-op assessment nurses.

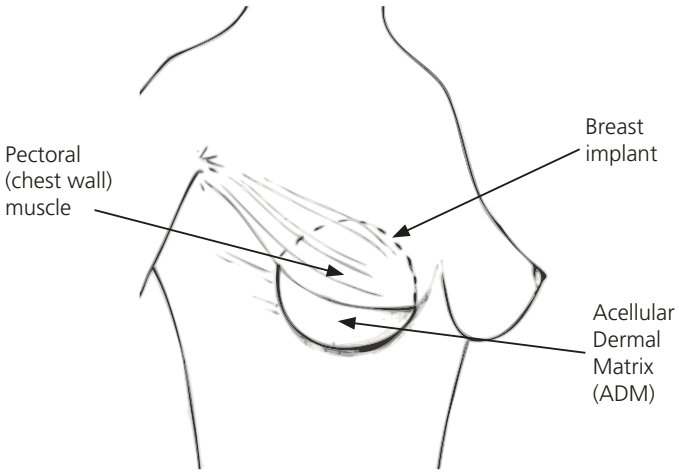
THE OPERATION ITSELF

What about the anaesthetic?

A general anaesthetic is usually given by injection into your hand or arm. The anaesthetist will explain the procedure at length before the operation and there will be plenty of time to answer any of your specific concerns. The surgery itself usually takes approximately 2 hours for a 'delayed' breast reconstruction and 2.5-4 hours for an 'immediate' breast reconstruction. If both breasts are being reconstructed the operation will be longer. Because of the length of your anaesthetic you may spend up to 2 hours in the recovery room before going back to the ward. If you are going to be an in-patient, you will usually be cared for on Otter Ward post-operatively.

How is the operation done?

Immediate reconstruction



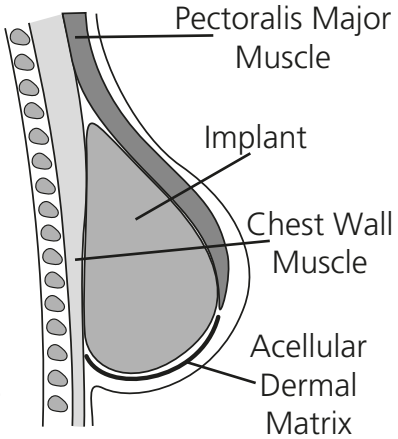
Most women are able to have the permanent silicone breast implant placed at the time of the mastectomy in a one-stage procedure. However, some women may require a two-stage procedure using a tissue expander (filled with water) initially, to create space, before a second operation when a permanent silicone implant is exchanged for the tissue expander. (See section on tissue expansion).

The surgeon will make an incision across the breast, either straight across or sloped diagonally, or around the nipple and areola. The decision about whether or not to remove your nipple and areola (coloured area surrounding nipple) will have been discussed with you before surgery by your breast surgeon.

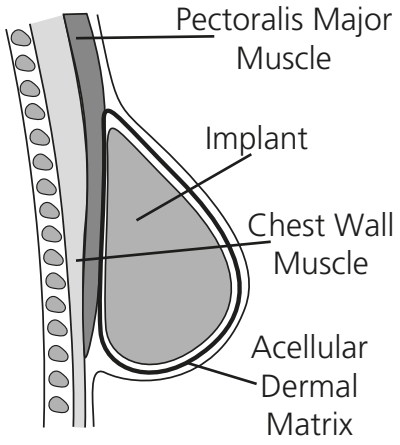
The breast tissue is removed and sent off to be analysed, leaving the 'envelope' of your own breast skin. There are a number of techniques used to place the implant:

Sub-pectoral (under the muscle) with ADM (Acellular Dermal Matrix)

Your pectoral (chest wall) muscle is lifted and an implant is placed underneath. Your surgeon will use a piece of pig or calf skin (ADM) to support the lower part of the implant which is not covered by muscle This material has been treated to remove all the 'animal' cells and over time will become incorporated into your own tissues. You will be provided with more specific written information on these products by your breast care nurse. It is possible to use artificial products if you have any objections to using materials derived from animal skin. You can discuss this with your breast surgeon.



Pre-pectoral (on top of the muscle) Braxon/ Surgimend technique



Before the implant is positioned, it is wrapped in a piece of pig or calf skin which, again, has been biologically prepared and all the 'animal cells' have been removed. This material is called Braxon or Surgimend and it acts as a 'pouch' to hold the implant. The implant together with the Braxon or Surgimend is then placed on top of the muscle, inside the skin envelope.

Lower pole or Dermal sling technique

You may wish to do reduce the size of your breasts. In this instance, it may be possible for your surgeon to use your own skin to act as the 'hammock' to support the implant. It may be possible to use your own skin instead of an ADM or in combination with one.

Sentinel Node Biopsy

You may also need to have one or more of the lymph nodes in your armpit removed at the same time and you will be provided with information about this by your Breast Care Nurse. This may involve a separate incision in the arm pit. Blue dye is used as part of this procedure and it will leave a temporary blue stain on the breast skin for some weeks/months after the node biopsy.

Other Information

You will have wound drains (thin plastic tubes attached to drainage bags) placed into your wound sites to drain off excess blood and fluids which would otherwise collect inside your body. There will be one or two drains in your reconstructed breast which are secured with a stitch. (We will provide you with separate information about wound drains)

The surgeon will cover your reconstructed breast in light dressings to support the wound while it is healing and to prevent infection. You will often be prescribed antibiotics to take for a period after your operation.

You may have some concerns about the use of silicone breast implants, though experts have concluded that they are safe. You can refer to the Department of Health website for further information www.mhra.gov.uk/home/groups/dts-bi/documents/websiteresources/con2022634.pdf.

Delayed Immediate reconstruction:

If we think you may require radiotherapy after your mastectomy, your surgeon may advise a delayed immediate approach to your surgery. This involves a two-staged approach to your reconstruction whereby the surgeon will insert an expandable implant below the muscle at the time of the mastectomy. An ADM or dermal sling or mesh called TiLoop may also be needed to hold the expander in place. (See section about Tissue Expansion) You will then be seen in clinic and the implant will be gradually expanded with water over a number of weeks/months. The aim of this technique is to preserve your breast skin and enable a more definitive form of reconstruction once the treatments have been completed.

Delayed Reconstruction

Insertion of a tissue expander

Tissue expansion is a process that stretches your remaining chest skin and pectoral (chest wall) muscle, to make room for the final breast implant. The process takes place gradually, typically over several months. The surgeon will make an incision (cut) which usually follows the same line as your mastectomy scar. A tissue expander is placed under your pectoral (chest wall) muscle.

A tissue expander is a saline (sterile salt-water) filled prosthesis attached to an inflation port. The port is either within the implant (internal port) or attached to the implant (remote port). If we think you will require radiotherapy, the port will be attached to the implant and either positioned to the side or below the implant. This will be under the skin and although not visible, can be felt through the skin. These ports can be uncomfortable for some time and you may require additional pain relief. Saline is gradually added to the tissue expander in the out-patient clinic and usually commences 2-3 weeks after insertion of the expander when the wound has

fully healed. The tissue expander has a small valve that your doctor or nurse can access by inserting a needle through your skin. This can be a little uncomfortable and we advise you to take painkillers prior to this appointment. This procedure will be repeated until expansion is complete and you will be asked to return to the clinic every 1-2 weeks.

As the volume of the expander increases, the muscle and overlying skin gently expand to provide enough space for the final implant. The breast will not have a regular shape during the tissue expansion phase. When the required volume is attained, the breast is allowed to settle for a few months, and then a further operation is performed to replace the saline filled expander with a permanent silicone breast implant. This second operation usually only takes about an hour and can often be done as a day case procedure.

During the last month of inflation, the expander maybe deliberately filled to a volume larger than the remaining natural breast. Breasts reconstructed using an implant alone are affected less by gravity than a natural breast, and the technique of over-inflation allows a certain laxity to develop in the reconstructed breast, so that when the final, correctly sized implant is inserted, the reconstructed breast develops a degree of droop to better match the remaining natural breast.

On completion of expansion, the tissue expander will feel hard, with many ladies finding them uncomfortable.

AFTER THE OPERATION

How much does it hurt afterwards?

You are likely to feel some pain and discomfort in the chest area for at least the first few days, especially when you move around or cough. Please tell your nurses if you are in pain. It is important that you are as pain free as possible so that you can carry out the necessary physiotherapy, move around regularly, and breathe/cough properly. This helps to prevent post-operative complications such as blood clots and chest infections.

You will be given suitable pain killing tablets to help keep you comfortable. Please inform the ward staff if these are not effective as there will be other forms of pains killers available to you. It Is important that we control your pain ahead of your discharge home from hospital so we can ensure you are discharged with sufficient pain killers.

You may find it uncomfortable moving the arm on the side where the surgery has been carried out, but it is important you continue moving your arm carefully, and carry out the exercises suggested by the physiotherapist as it prevents your shoulder from becoming stiff.

How will I feel initially?

It is normal to feel drained for the first couple of days (or even longer) after surgery. Your movement and positioning may feel restricted due to the effects of surgery and the presence of intra-venous drips in your arm and wound drain(s) around your operation site.

Initially you will be given oxygen via tubing which sits below your nose. Fluids will be given via the intravenous drip in your arm to replace any fluids until you are eating and drinking normally.

Keeping you warm will also assist blood circulation in your reconstructed breast, helping to prevent vessels constricting. You may have a heated blanket over the breast area for the first 24 hours after the operation, which might make you feel hot and sweaty.

We use routine preventative measures against the risk of developing a blood clot by fitting you with ‘calf pumps’. These are similar to blood pressure cuffs and they wrap around your lower legs periodically inflating and deflating to mimic the effect of your calf muscles when walking. In addition we administer small daily injections while you are in hospital along with special stockings for the lower leg. To reduce the risk of infection you will be given antibiotics, initially given via your drip. You are likely to remain on tablet antibiotics until your drains are removed.

Wound drains will be removed once the drainage is minimal which can take up to 2 weeks. You are likely to go home with drains in place and you will be seen daily by the community nurses. They will monitor the daily output and are able to remove the drains. You may also have your drain(s) removed at your outpatient appointment.

At first your reconstructed breast will be bruised and swollen. This should settle down in 4-6 weeks. A well-balanced diet with plenty of protein and vitamin C is encouraged to promote wound healing. If you stay in hospital, the first day after surgery a physiotherapist will show you how to carry out deep breathing/coughing, circulatory leg exercises and suitable arm/ shoulder exercises. These exercises will change as you recover. If your surgery is performed as a day case procedure, you can refer to the back of this leaflet for your exercise regimen.

Our physiotherapists will advise you on activities you should and should not do. For example, lifting too soon may increase swelling or bleeding. You will be advised not to move your arm above shoulder height for the first two weeks as this may cause the implant to rotate.

Although you naturally want to protect the chest, try and sit in a good posture, not too slumped.

When can I go home?

You should expect that under normal circumstances you will be discharged from the ward either on the same day as your surgery or the following day. We expect you to be discharged wearing your sports bra. Please arrange for someone to collect you and to help out at home for a few weeks. If you have young children you should arrange adequate support.

We will give you an outpatient appointment here at the hospital for approximately 1-2 weeks after your discharge date and follow you up as necessary after that.

You may be given medication to take home with you; this will usually be painkillers and antibiotics. We will want you to take the antibiotics while you have your drain in. Please follow the instructions on the packet.

Ensure you also bring comfortable and soft clothing to wear as dressing may be difficult, and we would recommend you avoid trying to wear very fitted tops/sweaters which require them to be pulled on over your head. Wearing buttoned shirts /blouses for the first couple of weeks will avoid the need to over extend your arm; again reducing the risk of implant rotation.

What signs should I look out for that might indicate a problem?

- Severe pain in the breast
- Very high temperature (above 38°C)
- Redness/heat/excessive swelling of the breast
- Fluid /pus/blood coming from wounds
- Offensive smell from wounds
- Pain/swelling in calves

Contact the Breast Reconstruction Nurse Specialist **(01392 402707)** or Otter Ward **(01392 402806)** or if any of the above occurs.

What will happen at follow up?

You will see your surgeon and Breast Care Nurse who will be able to answer any questions you may have. Approximately 1 week after going home we will check your breast suture line and re-dress it with supportive tape for a further 3-4 weeks. You will be expected to change the tape when necessary. If you have had an immediate reconstruction your breast surgeon will also explain the pathology results and any recommendations for further treatment. You may feel anxious as you wait to hear the results of the pathology tests, but this is completely normal. You will have the opportunity at that appointment to talk to your breast care nurse which may help to ease your anxiety. You may like to bring someone with you to this appointment.

From 4-6 weeks after your operation we will advise you to massage the skin over your new breast and all suture lines daily with moisturising or proprietary scar cream. This keeps the skin supple and in good condition and helps to flatten out scar tissue.

If you have had a tissue expander inserted then you will be seen here in clinic 2-3 weeks after surgery to begin the tissue expansion.

What about the scarring?

You will have noticeable, permanent scars from the suture line which will vary from one woman to another. Over the weeks and months following surgery, initially scars can become thicker, red, possibly lumpy and uncomfortable. Gradually they become less obvious, usually fading over 2-3 years. In some women they may end up as thin white lines, in others they may stretch and become quite red and prominent. Occasionally patients develop keloid or hypertrophic scars which are especially itchy and prominent. This is unusual but contact your breast are nurse or surgeon if you develop prominent or itchy scars.

When will I be back to 'normal'?

This will vary with your general health at the time of surgery. Most women are able to resume their normal lifestyle within 4-6 weeks after an implant breast reconstruction.

Bathing/showering

You may bath/shower as long as you do not get the dressings wet for the first couple of weeks, until we are sure the suture lines are healing. Once they have healed you may bath/shower as normal. We will not want you to raise your arm above shoulder height for the first two weeks following your surgery so you may wish for someone to help you with your hair. The reason for this is to reduce the risk of the implant rotating/moving around.

Work/general activities

For the first 2 weeks you should lift nothing heavier than a kettle half filled with water, and then gradually increase your daily activities, using how you feel as a guide. Avoid any heavy lifting or vigorous housework and any push/pull action, e.g. vacuuming, for 6-8 weeks.

Within 4-6 weeks wounds should be healed and you should have regained full range of movement in the arm nearest your reconstructed breast. Providing you follow the exercises set out by the physiotherapist you are unlikely to have lasting difficulty.

Depending on your job returning to work will normally be no problem 4-6 weeks after your operation, but this will be on the advice of your surgeon.

Sport

We advise you not to start any strenuous activity such as aerobics, squash, running, swimming and horse-riding for at least 8 weeks after your operation. You should wear a good sports bra for such activities and make a gradual start. Please ask your surgeon or breast care nurse if you are unsure about a particular sport.

Driving

Ideally you should avoid driving for 4-6 weeks after your operation. All wounds should be healed, you should to be comfortable wearing a seatbelt and able to perform any emergency procedures . You will also need to be able to perform your manoeuvres when reversing. If in any doubt seek medical advice or check with your insurance company that your policy is valid.

On discharge from hospital it may be more comfortable to put a pillow beneath your seatbelt as a car passenger.

Sunbathing

We advise you to use a high factor sunscreen or sun block on your scars until they have fully matured; this may take up to 2 years. If you have had radiotherapy, you should always use a high factor sunscreen.

WHAT PROBLEMS CAN OCCUR AFTER THE OPERATION?

Risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side-effects (risk of 1 in 10 to 1 in 100)** include bruising or pain in the area of injections, blurred vision and sickness (these can usually be treated and pass off quickly).
- **Infrequent complications (risk of 1 in 100 to 1 in 10,000)** include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary difficulty speaking.
- **Extremely rare and serious complications (risk of less than 1 in 10,000)**. These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice-box. These are very rare and may depend on your whether you have other serious medical conditions.

Blood clots

Deep vein thrombosis (DVT) is a possible problem but is uncommon. It causes swelling of the leg and can result in a blood clot passing to the lungs (pulmonary embolus (PE)). PE's are most unusual but very rarely can be fatal. Special precautions will be taken to reduce the risk. This includes special anti-DVT stockings, anti-blood clotting injections and calf pumps. Moving your legs and feet as soon as you can after the operation, and walking about early also help to stop blood clots occurring.

Bleeding problems

Occasionally heavy bleeding can occur and sometimes the wound drains do not drain all of the blood away, or after removal of the drains a collection of fluid (seroma) or blood (haematoma) sometimes develops under the breast wounds. The resulting pressure can be painful, and can put the healing wound under tension. This fluid may need aspiration (removal) using a needle and syringe or sometimes the fluid will need to be removed by a further operation. Please contact your Breast Care Nurse if you experience any of these problems.

Wound infection

Patients may develop a wound infection that requires additional antibiotics or a small area of wound breakdown that requires regular dressing for a few weeks until it heals. Infection will delay the healing process and scars may be worse. Occasionally infection becomes more extensive and may cause the wound to split open. The implant may have to be removed in order to treat the infection effectively. It is vital that if you notice any redness or swelling within your breast, or you feel unwell with a temperature, that you contact the Breast Care Nurse as soon as possible.

Skin

When the breast reconstruction is immediate, occasionally part of this skin may die due to lack of blood supply. This can sometimes be treated by dressings but further surgery may be required.

Capsular contraction

As part of the normal healing process the body will develop fibrous tissue around the implant which forms a capsule. In most cases this capsule remains soft and symmetrical, but sometimes it contracts too much which may result in a firm, even hard breast mound, or shift the position of the implant slightly. In about 8-10% of patients the degree of capsular contracture is severe enough to be uncomfortable or displace the implant enough that further surgery may be required. If you have had, or likely to have, radiotherapy the risk of capsular contracture is significantly higher.

Breast Implant associated - Anaplastic Large cell Lymphoma (BIA-ALCL)

This condition is very rare with only a few hundred cases known worldwide. It seems to be a problem that occurs with some types of breast implants, often years after the original surgery.

It most commonly presents with swelling and repeated collections of fluid around the breast implant. Currently the vast majority of women with this rare condition are fully treated by having the implant and the capsule around it fully removed.

Further surgery

Some women prefer to have slight asymmetry rather than go through another operation, for others it is important to create as close a match as possible. If you find the lack of symmetry unacceptable discuss this with your surgeon or Breast Reconstruction Nurse.

Sometimes an operation to reshape your natural breast may be possible in order to achieve better symmetry.

It would not be considered until at least three months after your operation when the reconstructed breast has settled into its final shape. This may involve reducing the size of your breast or lifting it to reduce its natural droop. Obviously this involves further scarring on an otherwise normal breast and may involve repositioning the nipple, which can affect sensation.

In severe cases of capsular contracture the implant and fibrous capsule may have to be removed and a replacement implant inserted.

Further surgery is sometimes helpful in certain instances where incisions may have healed poorly or for other complications following surgery. The implant will have an expected lifespan of approximately 15-20 years. It may need replacing if there is contracture, leakage, or rippling under the skin where the implant can be seen as visible waves under the skin. Further surgery in implant reconstruction is needed in up to 30% of cases for the variety of reasons above.

What about the nipple?

Nipple and areola reconstruction may also be possible, usually as a separate operation once the reconstructed breast has settled into its final shape. This means your surgeon can accurately position the nipple so it matches the position of the nipple on your natural breast. Obviously a reconstructed nipple will not function or have the same sensation as a natural nipple.

Alternatively, you may wish to consider nipple tattooing. You can discuss this further with your Consultant or your Breast Care Nurse and a referral can be made to the prosthetics department here at the hospital.

Some women decide against having further procedures to create a nipple and are happy with just their reconstructed breast form. Very good silicone nipples are available which you can stick onto your reconstructed breast to give an even appearance. Your Breast Care Nurse can advise you about this.

What about checking my breasts after reconstruction?

Reconstruction has no known effect on the recurrence of disease in the breast, nor does it generally interfere with chemotherapy or radiation treatment. Any recurrence of cancer can still be detected easily. It is vital to continue physically checking both your natural breast and the area of your reconstructed breast after surgery. Reconstructed breasts do not require routine imaging surveillance as the breast tissue has been removed.

The 'New You'

At first your new breast might not really feel like 'you' and it will take some time to get used to your new shape and the feelings of change in the physical appearance of your body.

Your reconstructed breast may feel firmer and look rounder and/or flatter than your natural breast. There is often much less sensation in the reconstructed breast. It is important you wait for several months after your operation for the skin and muscle to stretch and for your reconstructed breast to settle into its final shape before deciding how happy you are with the final result. For most women having a delayed breast reconstruction there is an improvement in their appearance, self-confidence and quality of life following surgery.

PHYSIOTHERAPY

These exercises are designed to help you recover after your operation and safely return to normal activities. Please add in diagrams from

Day 1 post-op

BREATHING EXERCISES - do these hourly

- Take a deep breath in through your nose filling your lungs as fully as possible. Hold for 2-3 seconds, then relax the breath out. Repeat 3-4 times.
- Huffing – a short forced breath out can help to clear phlegm, and may cause you to cough, which will help to clear your lungs.

CIRCULATORY EXERCISES - do these 3-4 times a day until out of bed and mobile

Sitting up - pull your feet up towards you, bending your ankles, then push away. **Repeat 10 times.**

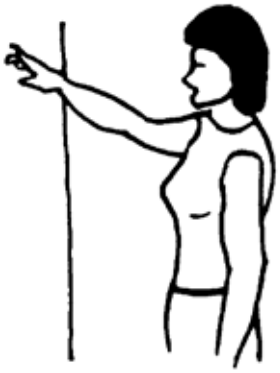
SHOULDER EXERCISES - to be performed in a sitting position 3 times a day

1. Hand on shoulder - lift elbow as far as is comfortable out to the side and bring back. **Repeat 4 times.**

2. Hand on shoulder - lift elbow as far as is comfortable forwards and then bring back. **Repeat 4 times.**
3. Bring your hand behind your head and ease your elbow gently back as far as is comfortable.

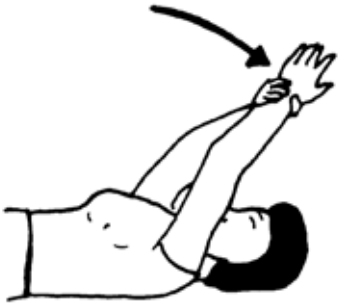
Commence these exercises 2 weeks after your surgery:

SHOULDER EXERCISES



Stand facing a wall - "walk" your fingers up the wall as high as possible. Reverse down in the same way. Then stand sideways to the wall and repeat the same exercise. **Repeat 5 times.**

Lying on your back with elbows straight or sitting up - use one arm to lift the other arm up keeping it as close to the ear as possible. **Repeat 5 times** as is comfortable.



Commence this exercise at week 3-4 post-operatively:

Take your hand behind your back and lift up as far as is comfortable.

Advice for patients having radiotherapy

If you have radiotherapy, this may cause more stiffness around your neck and shoulder on the affected side.

Continue the shoulder exercises that you have been shown and try the following neck exercises

Sitting - bend your head backwards as far as is comfortable. **Repeat 5 times.**

Sitting - bend your head forward until you feel a stretch behind your neck. **Repeat 5 times.**

Sitting - tilt your head toward one shoulder until you feel the stretch on the opposite side. Repeat to the other side. **Repeat 5 times.**

Sitting - turn your head to one side until you feel a stretch. Repeat to the other side. **Repeat 5 times.**

Please contact your breast care nurse if you have any questions or concerns regarding your exercises.

USEFUL TELEPHONE NUMBERS

Breast Reconstruction Nurse Specialist:

01392 402707

Otter Ward:

01392 402806

We hope you have found this information leaflet to be helpful and informative. Although we review its content periodically, we are happy to hear from you, so if you have any feedback, comments or if there are areas where you think we can advise further please contact us: