

Implant Based Breast Reconstruction Information Sheet

You will soon be having a breast reconstruction using implants by A/Prof Damian Marucci

Before the Surgery

- Buy two of the bras shown to you by A/Prof Marucci that have no underwire and do up in the front. Be holding one of the bras in your hand as you go in for the operation. Don't pack it in your bag
- You will be told a few days before the surgery when to be at the hospital and when to stop eating and drinking

The Surgery Itself

- On the day of the surgery you will be checked into the hospital. You will meet the anaesthetist
- A/Prof Marucci will draw the surgical plan on you before you go into the operating theatre. Your bra will be collected at this point and you will go into the operating theatre for the procedure
- The surgery is performed under general anaesthesia – you will be completely asleep. Antibiotics will be started
- The first part of the operation involves the breast surgeon removing the breast tissue. This is sent off to the lab for analysis
- A/Prof Marucci will then perform the breast reconstruction using an implant. In some cases, a silicone implant of an appropriate shape and size can be put straight into the wound. Where this is not possible, a different type of implant called an "expander" is partially filled with saline and put into the wound instead
- A/Prof Marucci prefers to put the implant in front of the chest wall muscle whenever possible, as this has been shown to give a better cosmetic result, decrease pain, and prevent the implant moving when the chest wall muscles are flexed
- Drains are always used. They are hollow tubes about as thick as your little finger that drain fluid into a small cannister. You will be shown how to measure the drain output after the surgery
- After the implant has been carefully placed and the wound closed with dissolving sutures, A/Prof Marucci will put local anaesthetic and further antibiotics around the implant via the drain
- A clear see-through plastic dressing is placed on the wound so the blood flow to the area can be easily assessed after the surgery. You are then placed into the bra and you go into recovery to wake up fully

After the surgery

- Once you have woken up, you can get out of bed and walk around. Some patients stay in hospital for one or two nights
- The local anaesthetic will last for many hours. You will be given a script for stronger painkillers to be used when the local anaesthetic wears off

- The drains are important, but a hassle. **You can't shower between your neck and your navel until the drains have been removed.** The drains stay in until they are draining less than 30 ml per day for 2 days in a row. Drains can be in anywhere from 1 – 3 weeks
- Wear one of the soft non underwire bras day and night until the drains are removed
- One of the most serious potential early complications is infection. Everything is done to prevent an infection. You will be given one week of tablet antibiotics after the surgery and you will be reviewed weekly until the drains come out. If there is spreading redness / increasing pain / swelling / signs of infection, please let the rooms or A/Prof Marucci know ASAP
- It is common for there to be bruising of the breasts. Initially the skin is purple, then it goes green/yellow. It is very common for there to be rippling of the skin, but this tends to settle down after a period of months.
- Most patients are driving within a week or so of their surgery
- It is normal to need a "nanna-nap" in the afternoon for a week or so after the surgery and most patients can return to light duties work after the drains come out
- No swimming and no exercise until a week or two after the drains come out. Nothing "for" exercise (you can walk – but not for exercise)
- It takes a few months for everything to settle down after surgery. The key thing is: if any problems or any concerns, contact A/Prof Marucci via the rooms
- If a silicone implant was placed at the time of surgery, that means that the reconstruction has been completed
- If a tissue expander was placed, the reconstruction is not yet complete. Starting from a few weeks after the surgery further fluid will be placed into the expander by putting a needle through the skin. Once an appropriate volume has been achieved (and, if appropriate, the effects of post operative radiotherapy have settled down) the expander will need to be replaced with something to complete the reconstruction. Most commonly, the expander is exchanged for a silicone implant. This is a much smaller procedure than the original mastectomy and expander placement. Sometimes, the expander is replaced with a patient's own tissue (a "flap" usually taken from the abdomen)

General Points about Implants for Breast Reconstruction

- Worldwide, breast reconstruction using an implant is the most common type of breast reconstruction
- Breast reconstruction using an implant is fast, with a quick recovery and minimal downtime
- Implants are foreign materials. This means there are some **specific risks**:

Capsule formation:

- Your body forms a wall of scar tissue around any foreign material that goes into your body. The scar tissue around a breast implant is called a "capsule"
- Sometime the capsule can become firm, and even distort the shape of the breast or become painful – this is called capsular contracture. It is especially common after radiotherapy

- There is a very rare form of blood cancer (lymphoma) that can develop in the capsule around a breast implant. It is called ALCL (Anaplastic Large Cell Lymphoma). The incidence of breast implant associated ALCL is around 1 in 90,000 (lifetime risk of developing breast cancer is 1 in 7)

Infection:

- Any foreign material inside the body can become infected. Infection of breast implants is most common in the first month after surgery. Infection can be successfully treated if detected early. Sometimes the implant needs to be exchanged for a new implant in order to get rid of an infection. If the infection can't be eradicated, sometimes the implant needs to be removed and not replaced for a number of months. Sometimes a different type of reconstruction (e.g. using your own tissue) needs to be attempted instead

Lifespan:

- Your silicone implant can stay in your breast forever. It doesn't have to be "changed" every 10 years. It only needs to be operated on again if there is some sort of problem – rupture, infection, rotation, pain etc
- Although the breast implants used are the same type as used in cosmetic breast augmentation, this is **not** a cosmetic procedure. It is a reconstructive procedure. We can't give you back your natural breast, but we can do everything we can to try to get as close to a natural shape and appearance as we can. There are different levels of reconstructive "success" – symmetry in clothes, symmetry in a bra, symmetry out of a bra. Not all levels of symmetry can be achieved in all patients
- A/Prof Marucci currently uses only Mentor brand implants. Mentor is a division of Johnson and Johnson and have proven to be safe with full TGA approval
- The implants used in your reconstruction will be registered with the Australian Breast Device Registry (ABDR). This is a free and confidential service that will permanently store the details of the implants used. If you or any surgeon in the future wants to know what type of implant / what shape and size was used, they can contact the ABDR. The ABDR will also contact you occasionally to make sure you are not having any issues (so that they can detect any issues with any implants / surgeons/ hospitals etc)