

Breast Reconstruction Surgery

Information for Patients & Family

Tissue Expanders or Implants

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Summary

The information in this booklet comes from the voices of many women who have shared with us their experience of undergoing breast reconstruction. The nurses, doctors, physiotherapists and dietitians who are privileged to care for these women compiled this booklet.

We welcome comments about the content and format of this booklet. If you would like to contribute to the booklet or have suggestions for improving the content or format, please speak to your nurse or doctor.

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- ◆ If you develop any signs of infection (red, painful, hot to touch or swollen areas) in your arm or hand, notify your doctor as soon as possible. It is important to use your arm in the activities of daily living, including swimming, biking or walking to stimulate lymph drainage.

When your plastic surgeon says you are ready you can include swimming and other activities to stimulate lymph drainage.

What is lymphatic vessel cording?

After axillary node dissection and/or radiation treatment to the axilla, a condition known as "lymphatic vessel cording", hardening of the lymphatic vessels may occur. This condition is described as a stiffness or tightness in the underarm, forearm and wrist.

Fine cords (like violin strings) running down the inside of the arm and sometimes into the forearm may be noticed. Previously gained range of motion may be lost. Lymphatic vessel cording usually resolves without treatment within weeks or months. It is not recommended that the cords be snapped but rather slow prolonged stretching to maintain shoulder and elbow range is important.

Physiotherapists who provide breast cancer rehabilitation may be consulted. Call the Cancer Society's Cancer information line at 1-888-939-3333.

to keep your arm free of bacteria. If you had lymph nodes removed and the lymph fluid can no longer leave your arm through the normal channels in your armpit, your arm may swell.

You may develop infection and pain. This condition is called lymphedema. For further information about lymphedema call the Cancer Society's Cancer information line at 1-888-939-3333.

If lymph nodes were removed, to avoid the risk of infection, it is important to protect the skin to the arm and hand on the side where the lymph nodes were removed.

- ◆ Avoid cuts, scratches, burns (including sunburns) and insect bites to your arm.
- ◆ Wear gloves when gardening or oven mitts when reaching into the oven or barbecuing.
- ◆ Have blood drawn, intravenous lines or injections given in the opposite arm if possible.
- ◆ Try to avoid shovelling snow or carrying a heavy over-the-shoulder bag.
- ◆ Use an electric razor with a narrow head for underarm shaving.
- ◆ Wash cuts promptly, treat them with anti-bacterial medication and cover them with a bandaid.

Introduction

This booklet provides general information to help you understand more about breast reconstruction and the recovery period after surgery. Some of the information may not apply to you. Your plastic surgeon and nurses will provide you with more details about your type of surgery. Please do not hesitate to ask them questions.

You may find that some of the information in this booklet does not apply to you.

The aim of breast reconstruction is to match the opposite breast as closely as possible in shape. However, the reconstructed breast will not precisely match the appearance, movement and sensation of the other breast. The reconstructed breast may also feel firmer and slightly cooler. Women with darker skin colour may have darker scars than those with fair complexions. In some cases, surgery is required to balance the size and shape of the breasts. This "balancing" may involve lifting and reducing the size of the natural breast. These modifications may be done during the initial breast reconstruction surgery or at the time of nipple reconstruction.

Reconstruction using Tissue Expanders (alloplastic reconstruction)

Tissue expanders are used in most alloplastic reconstruction. This can be done either at the time of the mastectomy (immediate reconstruction) or later (delayed reconstruction). The expander is placed behind the chest muscle (pectoralis muscle). Then in the weeks following surgery, after the surgical site has healed, the expander is inflated with small amounts of saline solution (salt water) via an attached or incorporated valve. The tissue expander stretches the overlying muscle and skin until the new breast mound reaches a size that is slightly larger than the natural breast. A second operation is required (daycare procedure) to remove the expander and replace it with a permanent breast implant.

In bilateral (both breasts) reconstruction, the expander procedure allows better selection of breast size. However, tissue expansion may require a few months of frequent doctors' appointments to complete the inflation process. This operation requires a hospital stay of one to two days. Most women return to work or normal daily activities within two to four weeks.

Breast self-examination and mammogram after reconstruction

It is important to check both your natural breast and your reconstructed breast each month. Check with your surgeon when to start and how to do breast self-examination on your reconstructed breast. If you have never been taught how to examine your breasts and would like to learn breast self-examination or if you want additional information call the Cancer Society information line at 1-888-939-3333.

It is recommended that you have a yearly mammogram of your natural breast. Your plastic surgeon will advise you whether a mammogram is suitable for your reconstructed breast.

What is lymphedema?

Lymph nodes (glands) located in the armpit and close to the collarbone are often removed during breast cancer surgery (axillary dissection). These nodes can give important information about how far the cancer has spread.

Lymph fluid passes through the lymph nodes (and into the bloodstream) which act as a strainer

Sxuality

Many women who have had breast reconstruction surgery feel uneasy about returning to sexual activity. They worry about how their changed appearance will affect their relationship with their partner. Some men worry about making the wrong moves or saying the wrong things. Women differ about their need and readiness for intimacy. Some women feel it works best when a partner follows her lead and does not rush to start sexual activity. Many women have said keeping romance in a relationship, as part of recovery was important as it helped make the relationship feel normal. Other women have said that they need to communicate their feelings and fears to their partners to improve their partner's understanding of the situation.

Clothing

You may wear a loose fitting bra as soon as all the wounds are completely healed.

Avoid wearing bras that are tight and/or have underwires.

Reconstruction using implants

The simplest method of reconstruction is the insertion of a breast implant under the chest muscle to create a breast mound. This can be done either at the time of the mastectomy or later. This method is suitable when the opposite breast is small and non-sagging. Because the muscle has to be present, this method is not an option for women who have had radical mastectomies. The implants are filled with a saline solution (salt water) or silicone. The implant bags are made from silicone.

Implants may not last a lifetime. Their life spans vary and they may have to be replaced or adjusted at some point in the future, as women age and the appearance of the natural breast changes.

Nipple reconstruction

Tissue from the breast mound or part of the opposite nipple is used to make a new nipple. Nipple reconstruction is a second stage procedure (about four to six months after the first surgery). Typically, this occurs at the same time the tissue expander is removed and replaced with an implant. The areola is created by tattooing or by using a pigmented skin graft a few months after the nipple is reconstructed. The reconstructed nipple does not have the same sensation as a natural nipple.

Before Surgery

Before your surgery you will sign a consent form in your surgeons' office. It is important that you are well informed about the breast reconstruction procedure, possible risks, and complications. Your expectations about the surgery need to be realistic. Therefore, it is important that you ask your plastic surgeon any questions you may have.

Preparing for Surgery

The following points will help prepare you and your family to take care of yourself at home after the surgery.

- ◆ You will be in the hospital for one to two days if you have a mastectomy as well as reconstruction and one day if you have reconstruction without a mastectomy. Often day surgery is appropriate for tissue expander reconstruction when no mastectomy is needed.
- ◆ Avoid household activities that strain your arms, shoulders or chest area such as vacuuming/washing floors or lifting heavy objects for at least two to six weeks after you leave the hospital.

Emotional adjustment

Losing a breast can be a devastating experience. You and your partner may go through a period of grief after the loss of your breast. Some of the emotions you may feel are anger, anxiety, fear, despair or hope, sadness or depression or acceptance. It takes time to adjust to the change in your new breast shape and sensation. Over time your new breast will begin to feel more a part of you.

- ◆ Each person's recovery is individual, and there is no right or wrong way to cope with it. Many women with breast cancer cope by sharing their worries and feelings with family and/or friends. Other women cope by attending support groups.

If you would like to know about patient and family counselling services, ask your doctor or the nurses for this information.

- ◆ If you feel that learning about your condition will help relieve your anxiety and fear of the unknown or if you would like information about support groups, the Cancer Society has a telephone information line and volunteers will provide you with excellent information (1-888-939-3333).

Saline solution may be added to the expander during the first visit and subsequent visits. The expansion process usually takes 20 minutes. This happens every 10 to 14 days. However, this may vary and is dependent on how well your wounds are healing. You may experience tightness and discomfort during the expansion process and a few days thereafter. Take Tylenol or Ibuprofen to relieve the discomfort. You can return to work or do light housekeeping activities after each expansion. Avoid lifting heavy objects or straining for two to three weeks after the expansion process.

If your newly expanded skin becomes dry and flaky, apply moisturizer (without perfume) daily once the wound has healed.

Removal of tissue expander and placement of permanent implant

The expander is removed 6 to 8 weeks after the expansion process has achieved maximum stretch. This surgery takes about one hour but more time if surgery is required to the opposite breast to make it match the reconstructed breast. You will be able to return home the same day of the surgery or the following morning and return to work 1-2 weeks after the surgery.

- ◆ You should not drive a motor vehicle for two weeks after the surgery as sudden braking and impact from the seat belt may injure your reconstructed breast.
- ◆ Smoking increases the risk for serious complications. Therefore, it is important to stop smoking at least two months before and for one month after the surgery. Contact your family doctor if you need help to stop smoking. If you use Nicoderm patches to stop smoking, it is important that you stop using these two months before surgery, as Nicoderm patches have similar negative health effects as smoking.
- ◆ If you are taking aspirin or products containing aspirin, you need to stop taking them two weeks before surgery as these products could cause bleeding during or after surgery. As well many herbal medicine can make you bleed and should be stopped two weeks before surgery.
- ◆ You will be required to visit the Pre-Admission Clinic at the hospital prior to your surgery day. The nurse in the clinic will give you specific instructions about preparation for surgery and will teach you about what to expect during and after surgery. The nurse will also explain to you how to use a pain scale so that your pain can be rated. This information helps the nurse

to treat your pain. After surgery your pain may be controlled using a Patient Controlled Analgesia pump (PCA). You will be given a brochure that explains the use of this pump.

- ◆ Tell the nurse if you have had motion sickness, problems with anesthetics, nausea (sick to your stomach), vomiting, or unrelieved pain after surgery in the past.

What happens during surgery?

The length of time for this surgery varies from one to two and a half hours. It depends on factors such as, the type of breast reconstruction procedure; if a mastectomy is done at the same time, whether a balancing procedure is needed on the opposite breast and if one or two breasts are reconstructed.

- ◆ An intravenous (IV) will be placed in your arm to provide you with anaesthesia, fluids and medications during and after surgery.
- ◆ The surgeon will place a drain in each surgical site to drain fluid from the area.
- ◆ Elastic stockings and leg pumps will be put on your legs to help the blood flow and prevent blood clots from forming in your blood vessels.

- ◆ Avoid holding your shoulder forward on the mastectomy side as this may cause the shoulder muscle to tighten.
- ◆ When travelling by car, be sure that the safety belt is not worn directly over the tissue expander.

Call your plastic surgeon if you notice any of the following:

- ◆ new drainage or green/yellow drainage from the wound lines or drain site
- ◆ increased redness and/or heat around the wound, or change of color over the breast
- ◆ increased pain or swelling of the breast
- ◆ temperature of 38.5°C (100.5°F)

What to expect during tissue expansion?

Your first visit to the plastic surgeon's office will be 10 to 14 days after your surgery. You need to telephone and make an appointment as soon as possible after you are discharged from the hospital.

What is a seroma?

When the drain is removed, sometimes fluid continues to build up and you may develop a pocket of fluid called a seroma.

The body may absorb seromas if they are small, but if they are large, the surgeon may need to remove the fluid using a syringe and needle. This procedure is done in the surgeon's office and may have to be repeated several times during your recovery. Occasionally, a drain may need to be inserted to drain the fluid.

What exercises should I do at home?

Exercise is important in your recovery. You should exercise when you feel up to it. However, avoid high-impact aerobics, jogging, lifting heavy objects including weights, bouncing on a rebounder and swimming until your surgeon approves.

- ◆ Before you go home the physiotherapist will instruct you how to do the exercises to increase comfort and movement of your shoulder and arm, and tell you when to start doing them. You will be provided with a written copy of exercise instructions to take home. Exercising the arm may be painful at first but it will become less so as time goes on.

What happens after surgery?

Day of Surgery

- ◆ After surgery, you will be moved from the operating room to the recovery room. The length of stay in the recovery room varies with each person.

In the recovery room the nurse will check your vital signs (pulse, blood pressure and breathing), the surgical site and IV. You may receive oxygen through a small nose tube to help you breathe. Once your condition is stable, you will be moved to your room.

When you are in your room, the nurses will continue to check your condition including your breast.

- ◆ While you are in bed, the head of the bed will be up.
- ◆ The nurses will encourage you to take deep breaths and to do leg and foot exercises to prevent blood clots and improve the blood flow throughout the body. To detect lung complications, the nurses will check your breathing by listening to your chest with a stethoscope.
- ◆ You will be encouraged to take sips of water or clear fluids. When you are able to tolerate the fluids without feeling nauseous (sick to your stomach), your diet will be increased.

To control nausea, let the nurse know when you are nauseous and you will be given medication.

Pain Control

- You may experience pain and/or a sensation (feeling) of tightness around the new breast. If you had a mastectomy and lymph glands were removed from your armpit, you may also experience some numbness in the upper, inner arm. These sensations will all decrease as time passes.
- The nurses will frequently ask you to rate your pain by using a pain scale. Pain can prevent you from moving, deep breathing and sleeping, all of which could slow your recovery. The nurses will teach you how to cope with the pain. In addition to pain medication, simple relaxation methods or listening to soothing music on a Walkman help relieve pain.

Days 1-2 after surgery

- ♦ In the morning, the nurse will help you up in a chair at the bedside so that you may wash your self. Increase your activity on a daily basis until you are taking short walks at least three times a day. After each walk sit in a chair for 30 minutes. This can be painful, but is important for a safe recovery.

Drain care

Before you go home, the nurse will teach you how to empty the drain and prevent the tubing from becoming blocked (stripping the tubing). You will be given written instructions about drain emptying and stripping. It is important to make sure the drain(s) is working to prevent the collection of fluid inside the wound area. If fluid is not coming out of the drain, notify the homecare nurse, or your plastic surgeon if you do not have a homecare nurse.

- ♦ Your plastic surgeon or homecare nurse will remove the drain when drainage has decreased to less than 30 mls in 24 hours. Some fluid may leak from the opening after the drain is removed. If that occurs, cover the area with sterile gauze.
- ♦ You may shower 24 hours after the drains are removed.
- ♦ As long as your drain remains in, you should continue to take antibiotics prescribed by your doctor.

- ◆ Keep the wounds clean by showering every day after the drains are removed. Gently pat the wound dry with a clean towel; do not rub the area. Avoid tub baths until your wounds are fully healed. Soaking in the tub may increase the risk of infection.
- ◆ Use an electric razor to shave under your arm on the mastectomy side. Do not use deodorant under your arm on the mastectomy side if there is any break in the skin.
- ◆ It will take about three weeks after surgery for your stitches to dissolve and your wounds to heal.
- ◆ Some surgeons believe that the scars may be improved by applying tape to them for about three months after the surgery. Apply 3M Micropore one inch paper tape along the length of the scar.
- ◆ The application of Vitamin E to the wound lines in the first six weeks is not recommended, as some surgeons believe this may widen the scars.

Activity improves the blood flow throughout the body and can lower the risk of developing blood clots. Pressing the PCA button for pain medication before moving or getting out of bed will make it easier for you to get up.

- ◆ Your diet will be increased to your usual food if you are able to eat.
- ◆ The doctor or nurses will examine the reconstructed breast and change the dressings on the first day. To help you become more comfortable with your reconstructed breast, we encourage you to look at your breast during dressing changes. You may see some redness, and/or blue areas or swelling across the breast. This is normal and will improve over time.
- ◆ If an expander was used to reconstruct your breast, at first the size of the breast will be smaller than your natural breast because the expander is only partially filled with saline when it is placed in position. The breast may also seem too high in position. This is normal.
- ◆ If you have any concerns or feel anxious about your surgery, diagnosis or recovery, do not hesitate to talk to the nurses who are available to answer your questions, provide support and help you cope with the situation.

- ◆ Depending on the level of your pain, the PCA will be removed on day one or two after surgery and you will be given pain medication by mouth. Tell the nurse if your pain is not controlled with this medication.
- ◆ You will be given a daily stool softener to prevent constipation.

How will I take care of myself at home?

The time it takes to recover from the surgery depends on your health and the extent of the surgery. Most women are able to resume their normal activities and return to work within two to four weeks. However, some women experience fatigue for a number of months.

To speed your recovery and to help wound healing, it is important to avoid overactivity.

Rest when you feel tired and eat a balanced diet containing protein, fresh fruit, vegetables, high fibre (brown breads, bran, vegetables, fruit and dried fruit) and drink plenty of fluids (6-8 cups daily).

Pain at home

You will be given a prescription for pain medication. However, if the pain is mild to moderate, you may prefer plain or extra strength Tylenol. The reconstructed breast will feel numb. Therefore, it is important to avoid using a hot water bottle, heating pad or other heated devices as these may cause burns. Some pain medication will cause constipation. A high fibre diet and drinking plenty of fluids will prevent constipation. If you are constipated, ask your pharmacist to recommend a mild laxative or stool softener.

Wound care

Your surgeon may refer you to homecare nursing if you go home with drains or need wound dressings changed. This will be arranged while you are in the hospital. The homecare nurses will help you to care for the drains and/or dressings and any other health problems you may encounter once you are home.

- ◆ The wound lines across the new breast are closed with stitches that dissolve (sutures) and paper tapes (Steri-strips). Do not remove the Steri-strips. There may be some bruising, tenderness and also slight bleeding around the wounds. This is normal and will improve over time.