PAUL HARRIS
PLASTIC SURGEON

www.paulharrisplasticsurgeon.co.uk

Implant-based Breast Reconstruction Information Sheet

This information sheet is a general guide for patients undergoing an implant-based breast reconstruction under the care of Mr Paul Harris. It should help clarify some questions that you may have. Implant surgery is the simplest and most common way of making a new breast after mastectomy. It accounts for 30 - 50% of immediate breast reconstructions in the UK.

This method of breast reconstruction involves inserting an implant under the skin and muscle of the chest to replace the breast volume that has been removed at the time of mastectomy. This is a relatively simple operation that does not involve incisions elsewhere on the body.

This procedure causes very little scarring and can be done at the same time as your mastectomy operation. However, the breast will not feel as natural as it would if made with living tissue. It will be firmer, less mobile and colder than your normal breast. This procedure may be suitable for you if other procedures are not, if your health demands it, if you want minimal surgery with very little scarring or perhaps if you are having bilateral (both sides) surgery. Other factors that influence your individual operation, your recovery and the long-term result include your overall health, your chest size and body shape, previous breast surgery, radiotherapy, any bleeding tendencies that you have and your healing capabilities, some of which will be affected by smoking, alcohol and medications. Issues specific to you will be discussed with Mr Harris and are not covered here. Please feel free to ask him any further questions before you sign the consent form for the operation.

What are breast implants?

Implants are silicone envelopes filled with either silicone gel or sterile salt water (saline). They come in a range of sizes and can be tear-drop or round in shape. There are two main types of implant breast reconstruction surgery:

1. One-stage immediate breast reconstruction may be done at the same time as mastectomy where the oncological breast surgeon removes your breast tissue, then Mr Harris places a breast implant under the skin and muscle. In this situation, the implant may be combined with an acellular dermal matrix (ADM) covering. If this applies to you, then please ask Mr Harris for an information sheet on ADM.

2. Two-stage reconstruction is the more traditional approach if implants are used. This is useful if your skin and chest wall tissues are tight. A balloon-like tissue expander is put under the skin and chest muscle. Through a small valve under the skin, Mr Harris will then inject a salt-water solution at fortnightly intervals to fill the expander over 2 to 3 months. There is then usually a need for a second operation to remove the tissue expander and put a more permanent silicone implant in its place. The two-stage method allows time for other treatment options like radiation to be undertaken. If radiation is not needed, Mr Harris can start the tissue expansion straight away.

What effect does silicone have on my body?

Silicone is used in the body in a variety of ways from lubricating syringes to wrapping around cardiac pacemakers. Despite this, there has been a lot of media attention surrounding the use of silicone in breast implants, particularly after the PIP implant scandal. Minute quantities of silicone

can diffuse, or 'bleed', through the silicone casing of the implant and it has been suggested that this silicone causes breast cancer, abnormalities in babies and a range of diseases related to arthritis.

Large studies in the United States and Europe have now shown that there is no increased risk of these diseases in women with breast implants. Therefore, at present there is no evidence to suggest that silicone from breast implants causes disease, however, the lifetime biological effects of silicone continue to be studied.

Is implant use suitable for everyone?

Implant surgery is relatively short, requires no donor site and recovery is quick. Mr Harris will discuss the suitability of this procedure with you. In general it is a good choice if you do not want or are not healthy enough to undergo a long, involved procedure and would prefer minimal scarring post operatively. It may be a good option if you are undergoing a bilateral (both sides) mastectomy and reconstruction.

What will happen before the operation?

If you smoke you should stop at least three weeks before surgery to reduce the likelihood of post-operative complications. If you are unwell before the operation, please call Mr Harris' secretary (el: 0207 927 6520) as the date of surgery may need to be postponed. No medication containing aspirin should be taken for ten days before surgery. Please bring with you a nightdress, dressing gown, slippers and toiletries. Do not bring cosmetics or jewellery. You will be asked to wear a comfortable support bra.

A short time before your date of admission or when you arrive in hospital, you will be seen by a nurse and a member of the medical team who will discuss your general health and examine you to make sure that you are fit for surgery. They may also arrange for you to have some blood tests, a heart trace (ECG) and a chest X-ray. An anaesthetist will discuss the anaesthetic with you. Mr Harris will see you soon after admission, when he will often measure your chest and draw some markings to guide the surgery.

You will then be asked to sign a consent form. Make sure that you are fully informed of and fully understand all the consequences of the surgery prior to signing this. Signing this form does not take any of your normal rights away, it merely states that Mr Harris has explained the operation to you and that you have discussed the anaesthesia with an anaesthetist.

How long does the operation take?

An implant reconstruction takes about an hour, although it may be longer if combined with a mastectomy and some axillary surgery. It is always performed under a general anaesthetic. The implant will be place behind your chest wall muscle. It may be covered with a sheet of specially processed tissue, called an acellular dermal matrix (ADM) which holds the breast implant firmly in place.

You will be given some intravenous antibiotics during the operation to help reduce the chances of post-operative infection. You may also be given a blood-thinning injection of heparin to reduce the chances of deep vein thrombosis.

How will I feel when I wake up after the operation?

You will wake up in the recovery area before being transferred to the ward. It is usual to feel drowsy and a little disorientated for some time post-operatively. If you have pain or feel sick, the nursing staff will give you the appropriate medication. The breast(s) will feel sore after surgery particularly

when the arms are moved, more so if any axillary surgery is performed at the same time as the mastectomy, although this rapidly improves over time.

Implant surgery requires a hospital stay of three or four days. Once you wake up following surgery, you will be able to eat and drink, although it will be a few days until your appetite returns to normal. You can usually get out of bed by yourself soon after the operation. Painkillers are given regularly in the form of tablets. You can normally take a shower on day two or three.

After the first night, you will need to do some exercises to get your arm and shoulder moving properly again. Your nurse or physiotherapist will show you what to do and explain when to do the exercises. While doing the exercises it helps to wear a supportive and comfortable bra that is not under-wired. They types that have a front fastening are easier to get on and off. If you have any swelling you may need a slightly larger size than usual for a short time.

Will there be drains and when do they come out?

Drains are routinely used in most forms of breast reconstruction. They will usually exit through a separate tiny incision on the outside part of the chest. They will normally come out three or four days after the operation. If a large amount of fluid is drained however, then the drains may stay for several more days until this amount has reduced to an acceptable level. Many patients feel awkward about going home with a drain still in place and wish to stay in hospital until the drains are removed. However, after the initial post-operative period it is usually safer to go home and then return as an outpatient to have the drain removed. This is a balanced decision that will be taken between you and Mr Harris, and will often depend on the amount of fluid that is draining. If an ADM has been used in combination with the implant, Mr Harris would normally request that the drain stay in until the amount of fluid is quite low. This could be up to ten days following surgery and it would be inappropriate to be in hospital for this long.

What will I look like post op?

Mr Harris will do everything possible to make your breast look and feel natural but remember that implant surgery does not fully reproduce a natural breast. There will be a scar on the side of the reconstructed breast, but this can be well hidden by your underwear. Please discuss with Paul Harris all of your concerns and expectations for post-surgery appearance and recovery.

What post-operative care do I need and when can I go back to work or exercise?

On the day of discharge, you will be able to walk unaided. You will be given an information sheet and be asked to attend a dressing clinic appointment approximately seven to ten days after the operation. At that appointment, the dressings will be removed by a nurse and the wound checked. Mr Harris is usually also present for this dressing change but it is not essential that he see you at this stage. You should continue to shower daily but it is inadvisable to soak in the bath with the wounds submerged for at least three weeks. Within four weeks you should be back to normal.

What are the potential complications that can arise from my surgery?

Any invasive surgical procedure has risks and it is important that you are aware of the potential problems that can take place after an implant-based breast reconstruction. Some of the risks are associated with any operation (like deep vein thrombosis), some are as a result of the mastectomy or axillary surgery (like a stiff shoulder) and some are as a result of the breast implant procedure (like capsular contracture). For operations that involve both a mastectomy and reconstruction, it is important than each of the surgeons involved in your operation explain the potential complications of their own part of the procedure, although of course there will be some overlap.

Complication rates associated with implant-based breast reconstruction can approach 40% and include capsular contracture, rippling of the implant and mechanical shift of the implant. Up to 30% of patients may require further re-operative surgery and approximately 8% of new implants need replacing within one year. The most common complications are outlined below:

A haematoma is a collection of blood inside the body. In this operation it would be around the implant and result in pain, swelling and bruising. Very small haematomas are absorbed by the body and do not require any specific treatment. Large haematomas usually occur soon after surgery and a further operation is required to drain the haematoma and stop the bleeding point. If post-operatively you feel the breast getting larger, especially if it is associated with increasing pain, then you should tell a member of the nursing or medical team as soon as possible.

Infection can take place around the implant but this is thankfully not common. Antibiotics are given at the time of the surgery to reduce the chances of infection occurring. Most infections resulting from surgery appear within a few days of the operation. Infections around implants are harder to treat than infections in normal body tissues. Some infections do not respond to antibiotics and the implants have to be removed. After the infection is treated and the scar has softened, a new implant can usually be re-inserted about three to six months later.

In rare cases, the implant may push through the covering tissue and become exposed. This is most likely to occur if the overlying breast skin has been damaged by the mastectomy. Smoking also significantly increases your risk of implant extrusion by delaying the wound healing process. If the implant does become exposed then it needs to be completely removed and a new implant inserted at a later date.

All patients will experience reduction in breast skin sensation. The nerves to the breast skin usually travel through the breast tissue and must be cut at the time of mastectomy. Some sensation may return to the edges over 12 – 18 months.

An implant may become visible with time as the swelling in the overlying breast skin becomes reduced. The breast prostheses can also be felt at the edges where it joins the chest wall. Over time, the implant surface may wrinkle. This may be noticeable on the surface of the skin, depending on the type of implant and the thickness of the overlying breast skin. Large wrinkles, or folds, occur uncommonly and may irritate or damage the surrounding tissue. They can be lessened with fat transfer or lipomodelling. This is usually performed several months later, the details of which are covered in a different information sheet produced by Mr Harris.

Modern breast implants have a laminated silicone shell, which is extremely tough to minimise leakage of the contents. However, the shell can be damaged by injury or vigorous contact. This is usually obvious as it results in a change in the shape of the breast reconstruction with the patient often reporting a burning sensation and a change in size. Rupture releases the silicone gel filling which may remain around the implant or may migrate into the axillary lymph nodes and other places in the body. Rupture requires surgical removal of the implant and gel mass. Deflation or rupture of saline implants is commoner. The released salt water, naturally present in the body, is absorbed as a harmless fluid. The implant does however have to be replaced.

All incisions produce scars, most of which settle down over several months. However some scars can become hypertrophic (red, raised and itchy for several months following the operation). However, the incision for an implant reconstruction procedure is relatively small so any problems associated with it will also be small.

Do breast implants last a lifetime or will I need additional surgery?

You should not consider your implants to be lifetime devices, because although they can last twenty years or more, revision surgery, removal or replacement may be indicated at any time. The management of any of the complications described above may also involve removal. Sometimes implants are used as temporary devices in order to get patients through their mastectomy and any additional treatment like radiotherapy, whilst preserving the breast skin. A more long term definitive

reconstruction is then undertaken some months later. This is known as a delayed-immediate technique.

Where can I find additional information about implant-based reconstruction?

A diagnosis of breast cancer and its subsequent treatment can be a very traumatic experience. Members of the breast care team are available to discuss any problems you may have. There are a number of independent organisations that also offer help (see below).

Consumer Interest Groups:

- Breast Cancer Care
  Kiln House
  210 New Kings Road
  London SW6 4NZ
  Telephone: 0207 384 2984, www.breastcancercare.org.uk
- Cancer BACUP
  3 Bath Place, Rivington St.
  London EC2A 3DR
  Telephone: 020 7920 7231, www.cancerbacup.org.uk or www.macmillan.org.uk

Professional Interest Groups:

- British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)
  www.bapras.org.uk
- Association of Breast Surgeons
  www.associationofbreastsurgery.org.uk

The Practice

Mr Harris practices from 5 Devonshire Place in Central London, where he also performs minor outpatient procedures. Assisted by his regular anaesthetist, he operates at The London Clinic (http://www.thelondonclinic.com) and at The Royal Marsden Hospital, Fulham (http://www.royalmarsden.nhs.uk). He also consults and operates at Parkside Hospital, Wimbledon (http://www.parkside-hospital.co.uk). All provide a full range of medical support services.

Main correspondence, appointments and administration

Many patients are referred by their General Practitioner. You may, however, arrange your own appointment with Mr Harris, without referral.

Please refer all correspondence to:
5 Devonshire Place
London
W1G 6HL

For appointments please contact:
appointments@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6520

For information and payments:
admin@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6521

For nursing support please contact:
nurse@paulharrisplasticsurgeon.co.uk, tel: 074 9622 8878