Total mastectomy with a direct-to-implant breast reconstruction

This fact sheet explains what you can expect from a total mastectomy with a direct-to-implant (one-stage) breast reconstruction. It gives information about the operation and advice about recovery.

What is a one-stage reconstruction?

In a one-stage reconstruction, the surgeon removes your breast tissue and inserts a breast implant in one operation.

This approach differs from a two-stage reconstruction, where there are two separate operations:

1. The surgeon removes the breast tissue and puts a tissue expander (balloon-like device/implant) under the muscle in your chest. The expander is then inflated slowly over the next few months.
2. In a second surgery 6–12 months later, the surgeon removes the expander and replaces it with a breast implant.

Is a one-stage reconstruction suitable for you?

This type of surgery is suitable for patients who:

- are fit and healthy
- have a small-to-moderate breast size
- wish to have a breast created of a similar size to their natural one
- are non-smokers
  - smoking can affect blood flow to the skin and may lead to a high risk of post-operative complications.

Each individual case is different. You can talk with your surgeon about whether a one-stage reconstruction is right for you.

When might it not be possible?

It is important to understand that your surgeon will not know for sure if a one-stage reconstruction is possible until the operation.

During the operation, they will check the health of the skin on your breast. If you are keeping your nipple-areola (called nipple-sparing surgery), they will also check blood flow to this area.

If blood flow is good, they can insert the implant. If blood flow is not ideal, they may choose a two-stage process and insert a tissue expander instead.

This is because a tissue expander puts less pressure on the skin and nipple-areola than an implant. Less pressure means that blood flow is better and your breast will heal faster.

How is the surgery done?

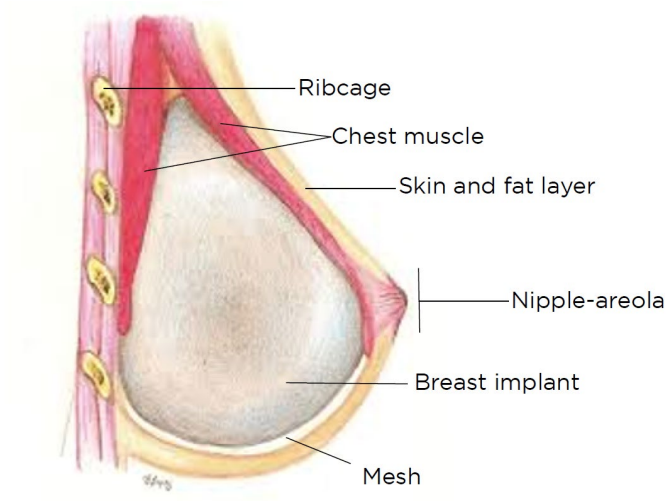
There will be two surgeons doing your surgery on the day - a breast surgeon and a plastic surgeon. The breast surgeon removes your breast tissue; the plastic surgeon recreates your breast shape.

Steps:

1. First, the breast surgeon removes your breast tissue - this is called a total mastectomy.
2. Next, they lift the chest muscle from your ribs to create a pocket. The breast implant is placed in here.

- In some cases, the implant can be placed on top of the muscle instead.
- Your surgeon will talk about whether this is an option for you.

3. Mesh is often used to cover the implant and add more support to the bottom half of your breast.
   - Along with the muscle layer, this helps create a more natural shape.
   - The mesh is made from either synthetic materials or human tissue.



What will your scar look like?

The position and size of the scar will vary from patient to patient.

It depends on:

- the size and shape of your breast
- any existing scars
- the position of your nipple-areola
- the presence of any breast cancer tissue.

It is best to discuss this with your surgeons.

Usually, there are no visible sutures (stitches) on the surface of your skin. The surgeon will use dissolvable sutures under the skin.

They will cover the incision with either:

- surgical glue
- a waterproof dressing
- a special pressurised dressing (called a *Prevena* dressing).

Surgical glue

When they use surgical glue to cover the suture line, it looks as though there is no dressing.

This glue is waterproof. You should avoid getting the area wet for 48 hours after your surgery. After this, you can shower like normal.

Please avoid applying direct pressure from the water jet and hot water on the suture line. This may increase the amount of bruising or swelling in the area.

Waterproof dressing

A waterproof dressing is a skin-coloured dressing that covers your wound. It is common to see a small amount of ooze under the dressing. This can sometimes look like a bubble.

You can shower as normal with this dressing. Please avoid applying direct pressure from the water jet and hot water on the suture line. This may increase the amount of bruising or swelling in the area.

Your waterproof dressing can stay in place until your wound clinic review.

Prevena dressing

A Prevena dressing is often used to give extra support to the tissue as it heals. It does this by improving blood flow to the area.

It looks like a firm sponge sealed with an outer waterproof dressing. It connects to a small pump about the size of a large mobile phone.

The Prevena dressing will need to stay in place for 7 days following your surgery.

Please be careful when showering. The dressing can get wet, although too much water pressure can loosen the dressing. The pump must stay dry.

Caring for your nipple-areola

Your surgeons may decide that it is possible to keep your nipple-areola. There are different reasons why this may or may not be possible. You can talk about this with your team.

If you do keep your nipple-areola, there is a risk that the blood supply to this area may become poor after surgery.

This may lead to:

- partial loss of the height of the nipple
- change in colour of your nipple-areola
- complete loss of the nipple-areola (in a small number of cases).

To increase the chance of your nipple area staying healthy, we:

- use a Prevena dressing over the nipple-areola and suture line to encourage good blood flow
- recommend you avoid wearing a bra or firm fitting top for a few weeks
- recommend you keep warm in the weeks following surgery (this helps blood flow).

Sometimes, we will need to take a wait-and-see approach. It may take up to 3 weeks before you know whether your nipple-sparing surgery has worked.

What are drain tubes?

During surgery, the surgeons will put drain tubes (often 2) at the base of the wound to remove excess fluid.

These will still be in place when you leave the hospital. They can feel a bit uncomfortable. We will teach you how to care for these at home.

Your surgeon will decide when to remove your drain tubes. They usually stay in place for between 2 and 14 days. We measure the volume of fluid in your drain to help us decide when it can be taken out.

It can feel a bit uncomfortable when we remove your drain tubes. We recommend that you take some pain relief about half an hour before the appointment. We will close the small hole using a dressing. You can remove this after 48 hours.

How much pain can you expect?

You can expect some pain or discomfort following your surgery. This is often because we have lifted your chest muscle to insert the implant.

Patients who have had this surgery describe the discomfort as:

- pressure or tightness
- stinging
- shooting pain.

All these sensations are normal. The discomfort will reduce after a couple of weeks. You can take pain relief to help with this.

What physical activity can you do?

After surgery, a physiotherapist will give you gentle arm exercises to do. It is important to do these to reduce the risk of developing a stiff shoulder.

Do not lift your elbows above your shoulders until:

1. we have removed your drains, or
2. for 2 weeks after surgery, whichever is longer.

We recommend doing some gentle walking after your operation. You can increase your physical activity over the 6 weeks following surgery.

It is very important to listen to your body and not do anything that causes more pain.

Avoid heavy lifting for the first 2 to 6 weeks. Do not lift anything heavier than 3 kg in the first 2 weeks. You can increase this to 6 kg by 6 weeks post-surgery.

After 6 weeks, you should be able to return to your normal level of activity.

Please check with your surgeons before returning to vigorous exercise or heavy lifting.

Should you wear a bra post-surgery?

Generally, we recommend you wear a bra for the first 6 weeks after your operation.

Deciding when to start wearing a bra depends on your surgery and whether you have kept your nipple-areola. Your surgeons and breast care nurse will help decide what is best for you.

It can be difficult to choose the best size of bra to wear after your operation. We recommend that the bra fits you before surgery with some extra room for comfort. It is important that the bra is not too tight at the band or bust and gives some support.

We recommend:

- a soft, wireless, front-fastening bra with a wide back and shoulder straps
- a simple KMART post-operative bra (these come in a two-pack)
  - these are not too expensive and provide light support.

Please ask your breast care nurse if you need other bra recommendations.

What will your new breast look like?

The shape and size of your implanted breast will not be the same as your natural breast.

The appearance of your breast will be affected by the Prevena dressing and drain tubes. They can have a vacuum effect on the breast shape and increase asymmetry between breasts. Therefore, try not to focus too much on the shape and position of your breast in the early days.

After we remove your dressings and drain tubes, your implant will settle down. You will then be able to see the result of the reconstruction.

It is important to remember that breast reconstruction is a process. You are likely to need a couple of surgeries to get a result that you and your surgeon are comfortable with.

A breast implant will often:

- sit a little higher and feel much firmer than a natural breast
- feel cooler than a natural breast
- have less movement than a natural breast
- need fat grafting (or transfer) to soften the appearance of the implant
- have some movement - flexing of the chest muscle over the breast implant may occur in time.

When can you look at your new breast?

You can look at your new breast(s) as soon as you feel ready. It might be helpful to look before you leave the hospital with the support of the breast care nurse.

It can be hard to get a clear view when the Prevena dressing is still there. Once we have removed this, you will have a better view.

We suggest that you first look at your new breast from above. Once you are comfortable with this, you can then look the mirror. The more familiar you become with your change in appearance the more confident you will feel.

What will my new breast feel like?

After surgery, you might notice both numbness and increased sensitivity in your breast. This includes the shooting-type pain mentioned above.

We encourage you to touch your breast skin with either your hand or a textured fabric. Research shows that touch may help settle any shooting pains. It also helps you adjust to any changes in sensation.

In the longer term, it is important to expect a reduction in sensation in your breast. It is also not uncommon for there to be no sensation within the breast or nipple-areola.

How can you care for yourself after surgery?

It is not unusual to have some swelling or bruising after surgery. This should settle down over the next few weeks.

To reduce the chance of infection, you will get antibiotics into your vein after your surgery. You will then need to take oral antibiotics until we remove your drain tube/s.

It is important to be aware of any signs of complications after surgery. These include:

- increasing pain
- redness or swelling around the wound
- a fever.

If you do notice a sudden increase in swelling or any signs of complications, please contact the breast care nurses at the hospital for medical help (details below).

How do you look after your scar?

Our aim is to reduce scarring as much as possible. There are a range of ways to do this.

Week 1 to 6

At the Complex Wound Clinic, the nurse will talk about using *Micropore* tape to cover your suture line. This provides gentle support to your wound and helps to flatten the scar. You can buy it at any pharmacy.

You should:

- keep the tape on all the time
- change it once a week.
- use the tape for at least 6 weeks.

You can shower with the tape on but make sure you dry it afterwards.

You can also use silicone tape. We do not recommend rubbing creams and oils into the scar during this time.

Week 6 onwards

You can massage your scar with a gentle moisturising cream (such as Cetaphil or Sorbolene). This will help soften the scar and break up any scar tissue.

You should:

- massage in a firm circular motion along the length of the scar
- massage 3 to 4 times a day for at least 5 minutes each time.

Week 6 to 12 months

Once your wounds are completely healed (around 6 weeks), you can use silicone gels and sheets. These help keep your scar moist. They also apply pressure to your wound which helps it flatten and soften. Please ask your doctor or nurse if you have questions.

You can use silicon gels and sheets for many months. Please apply for shorter periods at first in case your skin has an allergic reaction to them.

Post-surgery appointments

You will have two more appointments after your surgery:

1. Plastics Complex Wound Clinic (Royal Melbourne Hospital)
   - Time: 7 to 8 days after your surgery
   - Purpose: remove dressings and talk about wound care
2. Breast Clinic (the Women's Hospital)
   - Time: advised after surgery
   - Purpose: to review recovery and discuss the need for other procedures to improve the symmetry between your breasts.

If you need medical help

If you have any concerns or need medical help, please contact a breast care nurse:

- The Royal Women's Hospital
  Phone: (03) 8345 3565
  Monday to Friday, 8:00 am to 4:30 pm
  Email: breastservice@thewomens.org.au
- The Royal Melbourne Hospital
  Phone: (03) 9342 8120
  Monday to Friday, 8:00 am to 4:30 pm
  Email: breastcarenurse@mh.org.au

If you need medical help outside of these hours:

- The Royal Melbourne Hospital
  Call 9342 7000 (ask them to page the plastics registrar)
  You can call any time of the day or night
- In an emergency, call triple Zero (000) or visit your local Emergency Department.

For more information

On the Women's website

Breast reconstruction – nipple-areola reconstruction
www.thewomens.org.au/health-information/fact-sheets#breast-reconstruction-nipple-areola-reconstruction

Breast reconstruction – liposuction after surgery
www.thewomens.org.au/health-information/fact-sheets#breast-reconstruction-liposuction-after-surgery

Nipple tattooing clinic at the Women's
www.thewomens.org.au/health-information/fact-sheets#nipple-tattooing-clinic-at-the-womens

Breast Cancer Network Australia

Surgery and breast reconstruction
https://www.bcna.org.au/resources/surgery-and-breast-reconstruction

Exercises before and after breast reconstruction surgery
https://www.bcna.org.au/resources/surgery-and-breast-reconstruction/breast-reconstruction/exercises-before-and-after-surgery

Do you need an interpreter?

You can ask for an interpreter if you need one.

Family Violence Support

1800 Respect National Helpline

You can get help if you have experienced sexual assault, domestic or family violence and abuse.
You can call any time of day or night.
1800 737 732