

IMPLANT BASED BREAST RECONSTRUCTION

BEFORE YOUR SURGERY

What can I expect during my consultation?

During your consultation you will discuss your goals and expectations for breast reconstruction. It is important to identify your priorities and areas of concern. Be prepared to answer questions about your health history, medications, and especially any previous breast procedures. Based on your discussion, you and your surgeon will create reconstructive plan. Pre-operative photographs will be taken.

What are the steps of this process?

Implant-based breast reconstruction can be performed at the time of the mastectomy (immediate) or in a delayed fashion. Based on several factors, the surgeon will decide if the procedure can be performed in a single stage or require multiple procedures. In a classic staged procedure, a temporary inflatable implant (expander) is placed to simulate the removed breast tissue. Two surgical drains then are placed in the breast pocket and the incisions are closed. Approximately 1-2 weeks afterwards when the drains are removed, the implant expansion process begins. Saline is injected into the expander weekly over the course of 6-8 weeks. This process slowly stretches your pocket and breast skin to eventually allow for placement of a permanent gel implant. The exchange of the expander for a permanent implant typically occurs 3 to 4 months after the initial expander placement. The final breast size (volume of saline put in the expander) is decided by the breast skin tolerance and your individual preferences.

How can I prepare for the procedure and my recovery?

There are a few things that you can do to prepare for your surgery. First and most importantly, if you smoke you must quit smoking at least 4 weeks prior to surgery. Smoking has a great impact on your body's ability to heal and can negatively impact your surgical outcome.

One week prior to surgery, please stop taking any anti-inflammatory medications (Ibuprofen, Naproxen), aspirin, herbal supplements and certain vitamins as these medications can increase your risk of bleeding during the surgery as well as after. Prior to stopping any medications, make sure to discuss with your doctor who recommended these medications to confirm that stopping these medications temporarily will be safe.

At the discretion of your breast surgeon, you may be asked to get pre-operative clearance prior to surgery. Depending on your health status, these appointments are either on the phone or in-person.

The day before your surgery, you will receive a phone call to confirm your surgery time, the time you should arrive at the hospital, and which medications to take/not take the night before. Additionally, you will be counseled on what time to stop eating and drinking in preparation for anesthesia.

How will chemo and radiation therapy affect my tissue expansion?

Tissue expander fills can occur while you undergo chemotherapy, however, tissue expanders cannot be replaced with permanent implants until at least 6 after chemotherapy is complete. With regards to radiation therapy, our ability to expand the implant is based on the radiation oncologist's preferences. Ideally, we want to complete as many fills as possible prior to mapping, but we have to be flexible. Once radiation is initiated, the expansion process is on hold until radiation is finished. Approximately 6 weeks later, you will meet with Dr. Ellis to get clearance to resume tissue expander fills every other week. A date for implant exchange or flap surgery will be made at the conclusion of all treatments.

THE DAY OF SURGERY

Once at the hospital, you will be brought to a pre-operative room where you will meet your care team. First, a nurse will review your health history and medication list. The nurse will then place an IV for fluids and medications. You will then be seen by members of your anesthesia and surgery team. Each team will discuss their roles, answer any questions and have you sign separate consent forms for the anesthesia and the surgery.

AFTER YOUR SURGERY

After surgery, you will wake up in the recovery room where you will be taken care of by one of the recovery nurses. Patient's undergoing mastectomy and immediate reconstruction will stay overnight. The next morning, you will be seen by both the breast surgery and plastic surgery team to make sure you are recovering well. Prior to discharge, you will be taught how to take care of your drains and record the output. You will be given written instructions for incision care, warning signs, and activity restrictions.

You will need somebody to pick you up from the hospital and bring you home. We recommend that you have somebody stay with you at your house for at least the first 48 hours after surgery.

You should not drive while your drains are in place or while taking narcotic pain medication.

You can expect to have your drains for approximately 2 to 3 weeks. The more active you are, especially with your arms and upper body, the more fluid will collect in your drains. We recommend that you take things slowly after surgery and follow all activity restrictions given by your doctor.

Tissue expanders are not intended to look or feel like breast tissue. The sole purpose of the expander is to stretch the skin in preparation for a permanent implant. Expanders often feel

bulky and uncomfortable – this is normal and expected. The spots where the expanders have been sutured to the chest wall can occasionally cause discomfort for the patient after surgery, but the discomfort tends to dissipate over time.

You will have your first follow-up appointment one week after your surgery. At this appointment, your doctor will show you how you are healing, manage any surgical drains and discuss next steps in the process. Make sure to bring all drain output logs to this appointment,

Please call your doctor at 312-695-6022 if you notice any of the following:

- Fever 101 degrees or greater
- Spreading redness from your incisions
- Excessive swelling
- Heavy bleeding
- Lack of pain relief from the prescribed pain medication

If you need immediate attention, please go to your nearest Emergency Department.