

Service: Breast Reconstruction

Having a breast implant



What is a breast implant?

A breast implant is a prosthesis used to change the size and shape of the breast following a mastectomy or congenital abnormality.

Who can have a breast implant?

Women with a medical history of underdeveloped breasts, asymmetry or following a mastectomy may be suitable for breast reconstruction.

Please be aware that unless you have had breast cancer diagnosis, your GP will need to apply for NHS funding for breast reconstruction. Non-oncological breast surgery is not routinely funded.

What types of implants are available?

There are three types of breast implants:

1. Tissue expander implant.
2. Silicone implants which have a silicone shell filled with viscous silicone gel.
3. Saline implants which have a silicone elastic sac shell and are filled with sterile saline liquid.

Tissue expander implant

The surgeon may offer an insertion of a tissue expander/implant to the affected breast(s) in order to increase the size and match the contra-lateral (unaffected) breast (if applicable).

This implant is usually placed behind your chest muscle (Pectoralis) and gradually inflated with a needle via a port beneath the skin to stretch the breast skin envelope.

Once the desired breast shape and volume has been achieved, depending on the type of expander used, the port may be removed or the expander may be exchanged for a fixed-volume implant. However, this will be a joint decision made by you and the surgeon.

Often no other procedures will be required however, in more severe cases the skin envelope and nipple may need to be reduced. See diagram 1 taken from www.bra-day.com/breast-reconstruction

Tissue Expansion Timeline

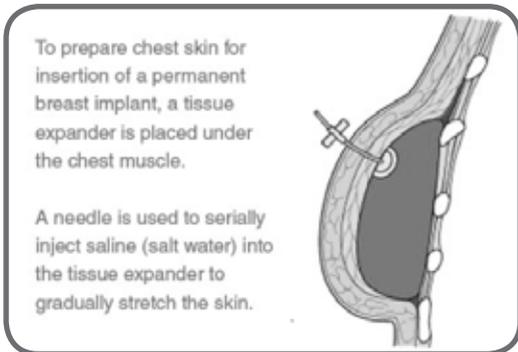
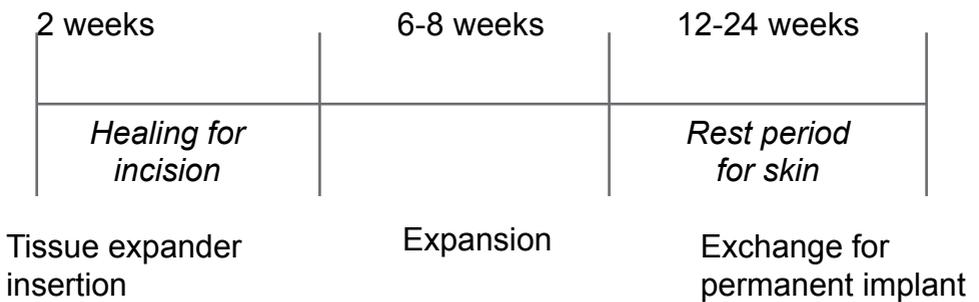


Diagram 1



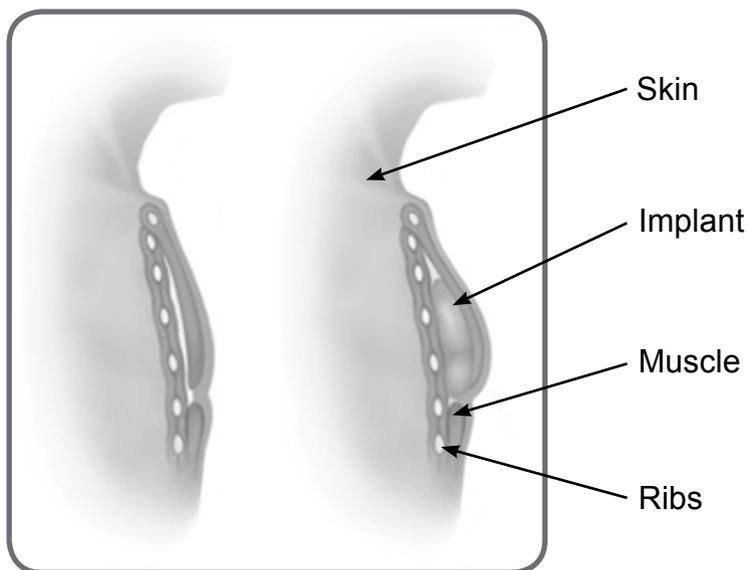


Diagram 2: Silicon and Saline implants placed under the skin following a mastectomy.

Implants

Silicone implants are filled with a silicone gel encased in an elastomer silicone (rubber) outer shell. This is surgically implanted either under your breast tissue or under your chest muscle. See diagram 2 and 3.

Saline implants are filled with a sterile saline solution (biological concentration salt water 0.90% w/v of NaCl, ca. 300 mOsm/L.) which is encased in an elastomer silicone shell. This is surgically implanted either under your breast tissue or under your chest muscle.

Textured implants allow scar tissue to stick to the implant making them less likely to move around inside the breast and require repositioning. Texturing offers some advantage in diminishing the risk of a tight scar capsule.



Diagram 3

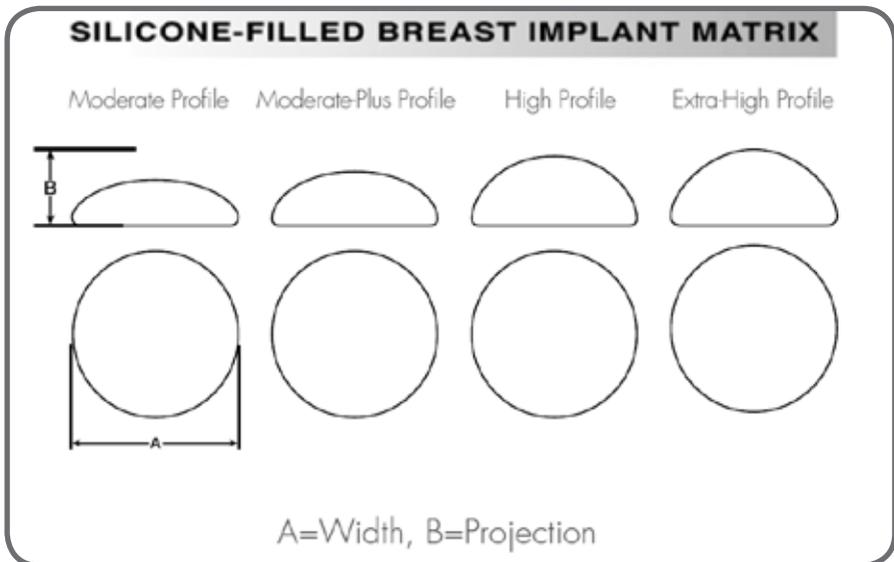


Diagram 4: the different volume of the implants.

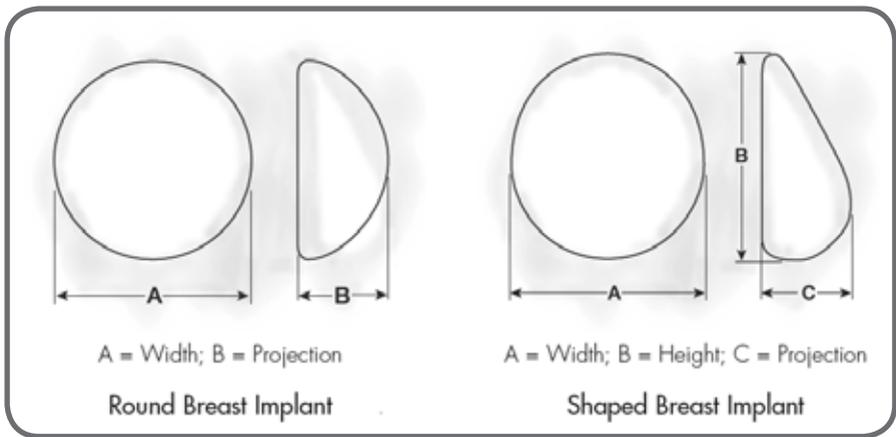


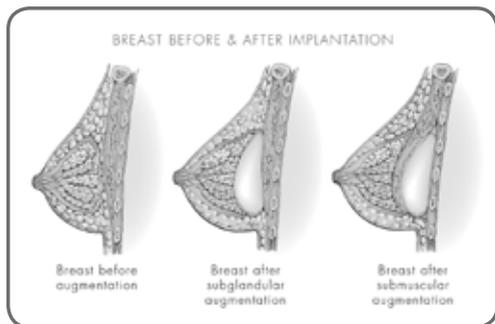
Diagram 5: the 2 different implant shapes round and shaped.

Round breast implants make breasts appear fuller than a Shaped (Teardrop) implants. Higher profile options can achieve even more projection. Because round implants are the same shape all over, there is less concern about them rotating out of place as it doesn't alter the shape of the breast.

Shaped (Teardrop) implants are shaped like a natural breast and create a sloped shape when placed over the chest muscles.

While these are the most natural looking breast implants, if they rotate out of place this will distort the shape of your breast. This may require a return to surgery to reposition the implant.

It is important to note that Breast implants will not last a lifetime and will require replacement at some point.



What happens next?

You will be referred by your General Practitioner (GP) or your hospital consultant.

An appointment will be made to see one of our plastic surgery breast reconstruction surgeons. This is your opportunity to talk about your issues regarding the size, asymmetry.

You will need to be admitted into Southmead Hospital for 1 to 2 days. The breast reconstruction surgery will be carried out under general anaesthetic and will take between one and two hours. Prior to surgery the surgeon will draw marks on your

Breast(s) where the incisions will be made to insert the implant(s). (See Diagram 6).

After the operation, some time is spent in the recovery room before being transferred back to your ward.

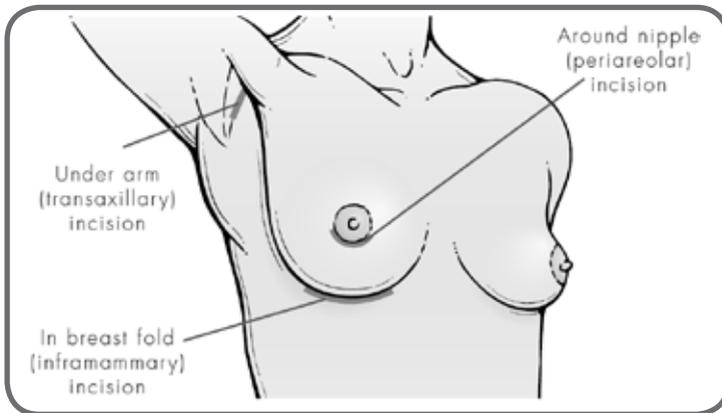


Diagram 6: the different site which the implant may be inserted.

What happens when I return to the ward?

Once you return to the ward the nurses will monitor your urine output and record your blood pressure, pulse and temperature. We will check that your dressings are clean and dry.

You will also be given your prescribed medication. You may have a drain in each breast to collect any excess fluid and blood. See for drain site diagram

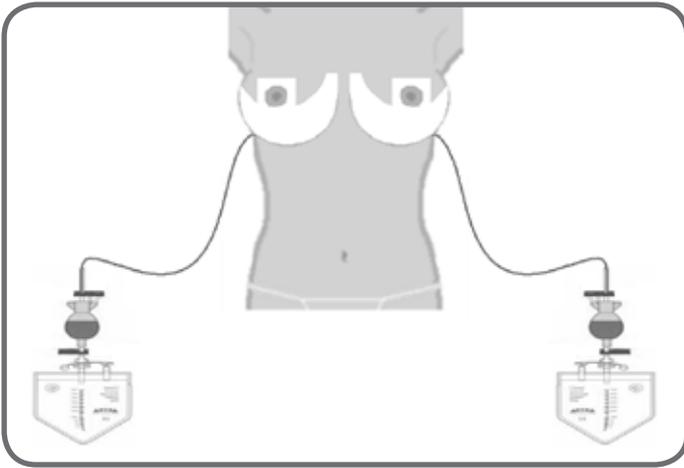


Diagram 7: the position of dressing and drains which is inserted into the side of the breast to drain away blood following surgery.

Will I have any pain after the operation?

You may experience some discomfort and pain but you will be offered painkillers. Please note this may vary from one person to another depending upon the individual's pain threshold.

When can I start eating and drinking?

You can eat and drink as soon as you are fully awake.

What happens the next day after the operation?

The nurse will remove all your dressings the next day according to your doctor's instructions. If you have drains they will be removed providing the blood lost is between 30-50 mls. It is important to bring a non-wired sports bra into hospital and this should be worn day and night for six weeks.

See diagram 10.

The nurse will help fit the bra to ensure that it fits correctly.

How do I care for my wound?

The nurse will advise you when to shower and how often the dressings need to be changed. Stitches are normally dissolvable however, if you do have any that need to be removed this will be done about two weeks after the operation. You will be given an appointment prior to going home to attend the breast reconstruction clinic at one week after your operation.

What can I do after the operation?

You will be limited as to what you can do for a few days after the operation. It is advisable to take simple painkillers such as Paracetamol to aid discomfort which will help will your mobility and movement. You should avoid lifting, carrying, vacuuming and any other strenuous activities such as aerobics and swimming for about two weeks after your operation. The consultant will see you at an appointment about two-three months after your operation.

When can I return to work?

This depends on what type of work you do. We normally recommend a one-two weeks recovery period. However, this does not apply to everyone so please bear in mind that some patients may take longer to heal than others. We will give you a fit note for the duration of your stay. If you feel you need longer please consult your GP.

Can I have a mammogram after having breast implants?

Breast implants can interfere with a mammography. Please inform the radiographer or the nurse that you have breast implants if you have a breast screening. If you need further advice you can contact your breast care nurse.

When will I be able to drive?

We advise you not to drive for about two weeks after the operation. You should be able to perform an emergency stop without experiencing any discomfort. Some insurance companies may not provide cover if you are involved in an accident. Wearing a seat belt can be uncomfortable, therefore you may wish to buy a padded seatbelt cover to aid comfort. This can be purchased from a car accessory shop.

Are there any risks?

As with any surgery, there are some risks. These may include the following:

- Infection wound breakdown.
- Asymmetry (unequal breast size which is normally slight).
- Abnormal scar tissue may be found around the implant.
This can squeeze the implant and cause a firm, painful swelling called a capsular contracture. You may need another operation to treat this.
- Implants can sometimes cause ripples and creases on the breast especially if your skin is thin as a result of having radiotherapy.
- Your breast skin and nipple may feel less sensitive than normal.
- The breast can droop with time (known as ptosis).
- Asian or Afro Caribbean women may experience some raised scarring due to the increased levels of melanin in the skin. This can improve with massaging.
- Anaplastic Large Cell Lymphoma (BIA-ALCL)

What is breast implant associated Anaplastic Large Cell Lymphoma (BIA-ALCL)?

Breast implant-associated anaplastic large cell lymphoma (BIA-ALCL), is not a form of breast cancer, but rather a rare type of non-Hodgkin's lymphoma that is associated with the insertion of textured breast implants.

Please visit the following website for further information on breast implants: BRITISH ASSOCIATION OF AESTHETIC PLASTIC SURGEONS (BAAPS) <https://baaps.org.uk/>

Medicines & Healthcare products Regulatory Agency (MHR)
<https://www.gov.uk/guidance/breast-implants-and-anaplastic-large-cell-lymphoma-alcl>

Please note; the risks will differ for each person.

Will I be able to breast feed with breast implants?

You may still be able to breast feed with implants. There isn't evidence that silicone is found in breast milk. However, it is important that you tell your surgeon before the procedure if you're planning on having a baby. If you're planning to have baby, it may be advisable to postpone surgery until you have completed your family as during pregnancy hormone will change breast size and shape.

What if I smoke?

Smoking can reduce the blood flow to surgical sites. Studies have shown that nicotine and other substances that are found in cigarettes can be harmful to your heart, lungs, and your skin. Smoking can have an adverse effect on the healing of all surgical wounds. The same applies for the use of nicotine replacement therapy as, although this will reduce the craving for a cigarette, the nicotine will also reduce the ability of the blood to carry enough oxygen to the tissues. For this reason we advise that you do not use nicotine replacement therapies and should stop smoking completely.

If you are an active smoker we will be happy to advise you on how to get help to stop smoking.

Surgery may not be considered if you smoke.

Visit the Smokefree National website:

www.nhs.uk/smokefree or visit your GP or local pharmacy for help and advice.

What if i drink alcohol?

During your consultation you will be asked how much alcohol you drink. It is important that you keep to the recommended alcohol units guidelines set by the department of health. If you drink more than the recommended allowance this will mean that your surgery may not take place until your alcohol units are in keeping with NHS guidelines. This is to prevent any complications occurring following your anaesthetic/operation as you will experience symptoms of alcohol withdrawal and this will affect wound healing and recovery.

For practical information on alcohol, visit NHS choices website change for life: www.nhs.uk/change4life

What if I have a high Body Mass Index (BMI)

At your consultation with your plastic surgery breast reconstruction surgeon you will be weighed and measured and this will calculate your BMI.

Category	BMI range - kg/m ²
Very severely underweight	less than 15
Severely underweight	from 15.0 to 16.0
Underweight	from 16.0 to 18.5
Normal (healthy weight)	from 18.5 to 25
Overweight	from 25 to 30
Obese Class I (Moderately obese)	from 30 to 35
Obese Class II (Severely obese)	from 35 to 40
Obese Class III (Very severely obese)	over 40

If your BMI is greater than 27 this will mean that your surgery may not take place until you have lost weight. If this is the case your GP can help support you to lose weight by providing you with weight loss program such as a 12 week free course with Weigh-Watchers or Slimming World. This is a good way to lose weight with advice on diet and will provide you with support.

Once you have achieved your goal of a BMI of 27 you will need to maintain this for a year prior to having your operation.

If you have a medical condition, this may affect your fitness for surgery.

Take regular medications, including the contraceptive pill and homoeopathic or herbal medicines. You may need to stop taking these medications prior to surgery. Ask your surgeon first before stop any medications.

Contact information

If you have any further questions or need advice regarding the information in this leaflet please contact one of the Breast Reconstruction Nurse Specialists:

Andrea Thompson waiting list coordinator

Email: Andrea.Thompson@nbt.nhs.uk

Phone number: 0117 414 7626

Plastic surgery Breast reconstruction team

Plasticsurgerybreastreconstructionteam@nbt.nhs.uk

Southmead Charitable Fund for breast reconstruction

Code 1009 for donations

Naila Hussain ext: 43679

Breast Reconstruction Nurse

Caroline Lewis

Tel: 0117 414 8700 or 0117 9505050 bleep:1698

Email. caroline.lewis@nbt.nhs.uk

Secretary

Wendy Rodman

Tel: 0117 414 7633

Prosthetic Fitting Service

Please phone

Sue Pollard: 0117 414 7018

Psychological Therapy Team

Outlook

Telephone: 0117 414 4888

Email: Outlook.dsu@nbt.nhs.uk

Poland Syndrome Support Group

www.pssgcharity.org

British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS)

www.bapras.org.uk

**PATIENT
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www.nbt.nhs.uk

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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www.nbt.nhs.uk/research



southmeadhospitalcharity.org.uk

Southmead Hospital Charity raises funds for departments and wards throughout the Trust, meaning you can support an area close to your heart