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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Breast Reconstruction using an Expander and Implant

Breast Services

You are going to have a breast reconstruction using an expander followed by an implant. This leaflet outlines what this will involve and some of the potential benefits and problems.

What is an expander?

This is a breast shaped balloon inserted at the time of your operation and then blown up to form a new breast shape.

What are the benefits of using an expander?

Your skin will stretch enough to take an implant. Your Consultant will be able to show you pictures of other women who have had this operation. Your Consultant will also ask you to have pictures taken before and after your operation. Your permission will be needed for this.

What are the risks of using an expander?

- In some cases the expander becomes infected and antibiotics will be given however, sometimes the expander may have to be removed. If this happens, you will have to wait six months before it can be replaced.
- Bleeding can occur around the expander. This bleeding is called a haematoma. Another small operation would be needed to remove this blood.

What is an Implant?

An Implant provides your breast shape permanently. It is made of silicone and will replace the expander once this has done its job by providing a pocket to take the implant.

What are the benefits of using an Implant?

An implant gives a breast-like shape.

What are the risks of using an Implant?

- After your permanent implant has been inserted, your breast may sit higher than your other breast.
- In some cases, the implant becomes infected and has to be treated with antibiotics however, sometimes the implant has to be removed. If this happens, you will have to wait six months before it can be replaced.
- Bleeding can occur around the Implant. This bleeding is called a haematoma. Another small operation would be needed to remove this blood.

Are there any alternative treatments available?

The alternative to having a tissue expander and implant reconstruction is to wear external silicone prosthesis (false breast) in your bra.

To discuss other types of breast reconstruction please speak to your Consultant.

What will happen if I decide not to have treatment?

If you decide not to have a tissue expander and implant reconstruction you will be fitted with an external silicone prosthesis (false breast).

Who is suitable for this sort of reconstruction?

Expander and implant reconstruction is a good choice for women with a small to medium size “non-droopy” breast. It has the advantage of avoiding surgery in other areas of the body.

What can be achieved by using an expander and Implant?

Once the breast has been removed it can never be replaced exactly. Your new breast will never look or feel exactly the same as your normal breast. We aim to give you a good match in size and shape when you are wearing a bra, and this can be achieved in most people. Getting a good match without a bra is more difficult and cannot always be achieved. Surgery to your other breast may be required to get closer to this.

How will the reconstructed breast feel and look?

The reconstructed breast tends to feel firmer than your own breast. In addition it does not move or sag in the same way and stays in the same position, for example when you lie down. The upper part of the reconstructed breast is often more prominent than your normal breast.

What is the time scale for the Reconstruction?

The expander will be put in place at your first operation. The expander will be filled up with fluid over a period of time, usually within one to four months. Once fully expanded, time is allowed to fully stretch the skin, so that a permanent implant is inserted six months to one year after the first operation.

This second operation gives the opportunity to consider how good the match is between your breasts and whether you would like to consider surgery to your normal breast to improve this.

Following this a small operation is performed under local anaesthetic to make a new nipple and two to three months later the areola is tattooed. The total length of time is variable, but usually takes six to 18 months.

What if I need Radiotherapy and / or Chemotherapy?

Both are possible. If you need Chemotherapy we usually continue with expansion in the normal way, but would leave placement of the permanent implant until the chemotherapy had finished (usually around six months). This is because there is a slightly greater risk of infection if operations are performed during Chemotherapy treatment.

If you need Radiotherapy, we would usually aim to get the expander fully expanded before it starts. The permanent implant would be put in after Radiotherapy treatment and when any acute skin reaction has settled.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness. It is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

Complications are rare, but can cause lasting injury: they include awareness, paralysis and death.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks with an anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Does having an expander inserted make my hospital stay longer?

Having an expander inserted at the time of your initial operation does not make much difference to this or your hospital stay.

It adds about 30 minutes to your operation and there is likely to be a slight bulge under the mastectomy scar after your operation.

Going Home

You will usually be in hospital overnight, although this sometimes can be longer.

Discharge Information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your wound

The ward will arrange for a District Nurse to visit you and check your wound. Your stitches will dissolve and do not need removing.

Getting back to normal

Please see '**Going home after your breast surgery**' leaflet.

Returning to work

You can self-certify for the first seven days of sickness. After this, a medical certificate (fit note) may be issued by your hospital doctor or family doctor (GP) to cover the expected time off you will need after being discharged.

Further Appointments

You will be seen back in clinic to discuss your laboratory results and further treatment. At this time we will check your operation site and make arrangements for expansion, which usually starts within a few weeks.

Further Information

Your consultant and the breast care nurses have pictures of patients who have had this type of breast reconstruction.

If you wish to see these pictures, or perhaps talk to someone who has had this operation, or have any other questions, please feel free to ask them.

The Breast Care Nurses

Tel: 0151 706 2927 (24 hour answerphone)

Text phone number: 18001 0151 706 2927

**Breast Cancer Care
(Freephone) 0808 800 6000**

Macmillan

Tel: 0808 808 0000

Website: www.macmillan.org.uk

There are many local support groups, please ask your Breast Care Nurse.

Author: Breast Service Directorate

Review Date: February 2021

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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