



Where we all
make a difference



The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Insertion of Permanent Implant

Breast Services

Now that the expander has been completely inflated and the skin has had time to stretch, we now need to replace the temporary expander with a permanent implant. This operation also gives us the opportunity to make any minor adjustments that may be needed.

What is a permanent implant?

This is the silicone implant that replaces the salt-water expander that you have in place at the moment. The expander cannot be left in place permanently.

Are there any alternatives to the implant?

There are no alternatives to an implant once the expander is full, except not replacing anything at all and leaving the stretched skin empty.

What happens if I do not have the surgery?

If you do not have the expander removed you will be left with your breast shape as it is now. The expander will not do you any harm.

Potential complications

Short term

Infection

There is a small chance of infection of the implant (less than 5%). If this occurs, the implant will have to be removed and cannot be re-inserted for several months.

It may not be possible to insert another implant, and if reconstruction is to be carried out, a different method may be necessary.

Haematoma

Occasionally a collection of blood can form around the implant, which may require a small operation to remove this.

DVT (clots in legs) Pulmonary Embolism (clots in lung)

You will be given special stockings and blood thinning injections to help prevent these.

Long term

Capsular Contracture

The human body puts a wall of scar tissue (fibrous capsule) around any implanted foreign material and breast implants are no exception. Scar tissue shrinks, but the extent of the shrinkage varies from person to person, even from breast to breast. This is known as capsular contracture.

This shrinkage, or capsular contracture, can be noticeable as an apparent hardening of the breast. This occurs in 5 -10 % of patients. If severe it may cause pain and discomfort and alteration of the breast shape and further surgery may be required to correct this.

Asymmetry (unevenness).

It is not always possible to exactly match your other breast.

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.

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

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.

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.

How good will the match between my breasts be?

No one has two breasts that are exactly the same, and there are always differences between the new reconstructed breast and a normal breast. However we do aim for a close natural match.

It may be possible to improve the match with the other breast by operating on your normal breast.

Now is the time to think about whether this is what you want and to discuss it with your surgeon.

Long term results

We will get as close a match to your other breast as we can. However, once done, the new breast is fixed in size and shape, whereas your normal breast will continue to change. It is likely to droop with time and may change size if your weight changes. This may mean that the match between your breasts becomes less good in time.

How long does the implant last?

Implants will not last forever, and there is a chance that you may need further surgery at some point in the future, either to adjust or replace your implant. If you have any problems with the reconstructed breast, please speak to your surgeon who will advise if anything further needs to be done.

Your bra

When your surgery is complete, please get fitted for a bra. Most department stores have a bra fitting service.

A good style bra to try is a seamless bra. Please ask the Breast Care Nurse for advice.

Your other breast

It is a big step to decide to have surgery on your normal breast, particularly having been through so much already. For some people it is not necessary – for others not possible. Many are happy to have a good result in a bra, but for some surgery can be helpful.

What can be done to the normal breast?

There are three operations we can do to the normal breast, depending on its size and shape and the size and shape of the reconstructed breast.

Mastopexy (Breast Lift)

This is the removal of the skin and sometimes tissue in the lower part of the breast to change its shape. At the same time the nipple will be moved. However, there will be scars on the breast. See PIF099 for more information.

Reduction

This also removes the natural droop from the breast but also makes the breast smaller.

Augmentation

This is to make the normal breast larger and is done by using a silicone implant. This can be a good option if the breast is small and can help match the fullness in the upper part of the reconstructed breast.

Getting ready for your operation

- You will usually be seen in pre-operative clinic. Here you will have blood tests, a chest X-ray and sometimes a heart trace; depending on your medical history.
- Swabs will be taken from your nose and groin to check for MRSA.

- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be given instructions on when to stop eating and drinking before your operation.

The day of your operation

- You will usually come into hospital on the day of your operation.
- The surgeon will see you again to make some marks on your body to help guide the operation.
- You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves. Again, you will be able to discuss the operation with your surgeon.

What should I expect after the operation?

When you return to the ward, the nursing staff will check your pulse, blood pressure, breathing and wound regularly. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick.

If you feel sick, we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection to help this sick feeling go away.

The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Going home

You may only be in hospital for one day, although this 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 tell you when and where to go to have your wound checked and dressing changed.

If you have any worries, please contact the Breast Care Nurse who can arrange for you to be seen.

Getting back to normal

Please be sensible, but there are no specific restrictions. You should not do any heavy lifting or excessive gym work for approximately six weeks. You need to be able to wear a seatbelt and do an emergency stop before starting to drive. This is not likely to be for a few days.

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 to cover the expected time off you will need after being discharged.

With a simple replacement operation you will probably be back at work within a couple of weeks, but this is different for each patient. However, it is likely to be longer if you have had surgery to your normal breast as well.

Further Appointments

You will be seen in the outpatient clinic when arrangements will be made to make a new nipple for you. This involves a small operation under a local anaesthetic. See PIF 062 for further details.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

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

Author: Breast Care Nursing Team

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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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