

Expander/Implant Breast Reconstruction FAQs

1. How long will my hospital stay be?

Mastectomy with expander placement is an overnight stay in the hospital.

2. How long will I need dressings following surgery?

For most patients a waterproof dressing is applied the day of the surgery and does not need to be changed before the follow up visit.

3. What is the risk of capsular contracture and what factors cause that risk?

Capsular contracture is the formation of scar tissue around the expander or implant that can limit a patient's range of motion and alter the cosmetic appearance of the reconstruction. There is a 20% risk overall of forming capsular contracture during the lifespan of the implant and that risk increases with either a history of radiation to the breast or planned postoperative radiation. We are currently unable to predict who is more likely to develop contracture. Massage to the reconstructed breast is the best way to limit or prevent it.

4. If I need radiation what is the plan for my implant exchange surgery?

If postoperative radiation is necessary, final exchange of the expander for the implant is carried out at least six months following the completion of radiation treatment. Our data demonstrates that healing rates are better and infection risk is lower compared to exchange prior to 6 months.

5. If I need chemotherapy what will be the plan for my reconstruction?

If chemotherapy is necessary, it is usually initiated 4-6 weeks following mastectomy and exchange of the expander for implant occurs at least 2-3 months following completion of treatment.

6. What do I need to do for the dentist following my implant surgery?

For six weeks following expander/implant placement antibiotic prophylaxis (a single dose the morning of your dental appointment) for urgent dental visits is required to decrease the risk of infection. Please do not schedule routine cleanings or procedures within 6 weeks of surgery.

7. What medications do I need to stop before my surgery? When can I resume them? (Tamoxifen-Avastin-Sutent-ASA-NSAIDS-Herbals- etc...)

A separate list of medications that need to be held prior to surgery will be provided along with suggestions for resuming those medications postoperatively.

8. When can I go back to work after my surgery?

Recovery from expander/implant reconstruction typically requires two weeks for recovery although recovery rates can vary. Even though you could return to work at two weeks, we usually do not recommend returning to work before 3-4 weeks following surgery depending on the physical requirements of your job.

9. What type of support bra/garment can I wear?

In the immediate postoperative period following implant placement, usually no bra is necessary. At 1-2 weeks after surgery a bra without an underwire (athletic bra) is preferred for a total of 4-6 weeks. Beyond that point, whatever support garment that is most comfortable is encouraged. Some patients prefer to never wear a bra again.

10. If I have drains-how long will they be in?

Drains are necessary at the time of mastectomy because the body generates an excess of fluid as a result of the operation. Typically, they remain in for 2+weeks postoperatively but they may remain in longer based on the amount of fluid your body produces. We usually wait until the drain output is less than 30cc/24 hours for three consecutive days as criteria for removing the drain.

11. When will my sutures come out?

The majority of the sutures placed will absorb over time and do not need to be removed. However, if sutures are used which require removal, they will typically be removed 4-6 weeks following surgery.

12. When can I begin exercise or getting my heart rate up?

Normal activity (i.e., walking) is encouraged soon after surgery. However, most forms of exercise are not resumed prior to 4-6 following surgery.

13. Will physical therapy be part of my recovery from surgery?

Physical therapy has become a routine part of recovery for most of our patients. It can be used to help range of motion of the arm and shoulder, to soften the areas of reconstruction, and to decrease discomfort related to surgery. It typically will be initiated 3-4 weeks following surgery.

14. Will smoking tobacco, chewing nicotine gum or using Nicotine patches and/or smoking marijuana be harmful to me?

All of these products can be detrimental to the healing process by decreasing the delivery of sufficient oxygen and blood flow to the operative site. This can result in wound healing problems, increased risk of infection, and expander/implant loss. Most studies suggest that these products need to be discontinued for 1-4 weeks before and after surgery to minimize the incidence of complications.

15. Will tissue expansion be painful? When do I get my first expansion in the office? Who will do my expansions?

Tissue expansion is typically initiated 2-3 weeks following mastectomy. It tends to not be painful based on the altered sensation from the mastectomy and the control we have over the rate of expansion. Expansion can be performed by anyone on the breast reconstruction team, most commonly by the plastic surgery nurse or the plastic surgeon.

16. When can I have my nipple reconstructed? When can I get my areolar tattooing?

If your type of mastectomy requires the nipple and areola to be removed, reconstruction to recreate the nipple is typically performed at a later time, after the expander is exchanged for

the permanent implant. Areolar tattooing can be performed once the nipple reconstruction heals three months later.

17. How long will my swelling last?

Although swelling following surgery can vary depending on the procedure and the length of the surgery, typical swelling following most breast reconstruction procedures range from 2-6 weeks.

18. What is Alloderm?

Alloderm is a product that can be very useful to correct areas of thin skin as a result of the mastectomy. It consists of human tissue which has been processed in a way that removes all of the cells and has been thoroughly tested for disease and infection to ensure safety. There is no risk of rejection. Whether you could benefit from this product should be discussed with the plastic surgeon during your visit.

19. What types of breast implants do you use?

Breast implants exist as 2 different types, silicone and saline. Both types are made of the same material, an elastic form of silicone. The difference is what they are filled with. Saline implants are filled with sterile salt water; silicone is filled with a viscous gel. Despite concerns in the early 1990's, the FDA has determined silicone to be safe with no increased risk of related autoimmune diseases or any increased cancer risk. The plastic surgeon will address the pros and cons of your particular situation at the time of your consult.

20. What are some usual signs of infection?

Following any surgical procedure, infection is a risk, and the ability to recognize an infection early can impact the outcome of your reconstruction, particularly when implants are used. Classic signs of infection include redness that increases with time, swelling, discomfort and flu-like symptoms. Fever may be a late manifestation of the problem. If these symptoms develop, contact us as early as possible since antibiotic treatment may be necessary.

21. If I require other treatment such as chemotherapy or radiation when does that usually take place?

If chemotherapy and/or radiation are parts of your treatment, they are typically not started until 4-6 weeks following mastectomy. During that time, the filling of your expander is completed. The exchange of your expander for the implant occurs following the completion of all of your treatment.

22. When can I submerge in a bathtub?

Your incisions must be well healed before submerging in a bathtub, hot tub, pool, or the ocean. Therefore, typical time to return to submerging in water is 3-6 weeks following surgery.

23. Swimming restrictions and when can I start?

Swimming is a good form of exercise following breast reconstruction, particularly for increasing range of motion around the chest and shoulder. Swimming following reconstruction can resume 6 weeks following surgery with approval from your clinician.