



Skin sparing mastectomy and implant reconstruction

Your operation explained

Building healthier lives

Introduction

This booklet is designed to give you information about having a skin sparing mastectomy and breast reconstruction with implants, and the care you will receive before, during and after your operation. We hope it will answer some of the questions that you or those who care for you may have at this time. It is not meant to replace the discussion between you and your surgeon and breast care nurse, but it may help you to understand more about what is discussed at your appointment.

What is a skin sparing mastectomy and implant reconstruction?

A skin sparing mastectomy is an operation to remove the breast tissue (mastectomy) but it keeps some of the skin overlying the breast and sometimes the nipple.

This operation is performed alongside an immediate breast reconstruction with an implant or expander. The implant or expander replaces the breast tissue to create the shape of a breast. They are made with silicone or polyurethane and can be filled with silicone or saline.

An implant is a fixed size and will be matched as much as possible to your other breast. An expander can be adjusted in size and may be used temporarily in some patients. Your surgeon will discuss with you whether the plan is to have an expander or implant reconstruction. Your surgeon may use a mesh (ADM - acellular dermal matrix) as part of your implant reconstruction, they will discuss this with you.

The surgery will cause scarring and these scars can be placed in different places on the breast. Your surgeon will be able to discuss the scar pattern most suitable for you. This operation may be combined with surgery to remove some or all of the lymph nodes in your armpit if you are having this surgery to treat breast cancer.

Is a skin sparing mastectomy and implant reconstruction the right operation for me?

A skin sparing mastectomy may be recommended in patients who require a mastectomy (e.g. for breast cancer or risk reduction surgery) who wish to have an immediate reconstruction to maintain the shape of a breast. It is a shorter operation than operations that replace your breast tissue with tissue from another area of your body and has a shorter recovery time. However, some patients report that the implant can sometimes feel cold and may not feel as if it is part of their own body.

What are the alternatives to a skin sparing mastectomy and implant reconstruction?

- **Simple mastectomy** – this is the removal of the breast leaving a flat scar across the chest
- **Autologous reconstruction** – this uses the tissue from another area of your body to replace the volume of the breast. This type of surgery is often performed by a plastic surgeon

If you wish to discuss either of these alternatives, please speak to your surgeon or breast care nurse to see if these would be suitable options for you.

What are the risks of a skin sparing mastectomy and implant reconstruction operation?

Possible risks and complications include:

- **Bleeding:** You should not be concerned if you find a small amount of blood spotting on your wound dressing, but if more bleeding than this occurs after your discharge from hospital, or you notice a large swelling you should contact the breast care nurses or GP immediately
- **Infection:** If your wound becomes inflamed, red, hot, sore or oozes pus you should contact your breast care nurse or GP for assessment and possible antibiotic treatment
- **Seroma:** This is a collection of fluid under the wound. This is very common after breast surgery and sometimes the fluid is drained with a needle in clinic

- **Numbness or change in sensation in the breast/arm:** Surgery can cause damage to the nerves, some of this may improve over time, although the scar itself will remain numb permanently. You may also have altered sensation to your nipple
- **Thrombosis:** This is a risk with all surgery and occurs when a blood clot forms in a vein, usually in the leg. You will be provided with support stockings and advised to wear them for two weeks. You may be offered blood thinning (anticoagulation) injections depending on your risk
- **Nipple necrosis or loss:** This is where the nipple loses its blood supply and can happen during this type of procedure if the nipple is preserved
- **Capsular contracture:** The body will recognise the implant as foreign material and a capsule forms around the implant. Over time this can contract around the implant and cause the reconstructed breast to look different and be painful. This may require further surgery in the future to correct. Patients who require radiotherapy after implant reconstruction have a higher risk of this happening
- **Rippling or visible implant edge:** Sometimes the edge of the implant or rippling can be seen under the skin, this occurs more often in slim patients
- **Implant leak or rupture:** An implant can rupture over time and can 'leak' silicone into the local lymph nodes in the armpit. If you notice a change in shape of your implant, pain, or a new lump in the breast or armpit you will need further investigation by the breast team
- **Implant loss:** This can happen when there is infection or a breakdown in the wound after reconstruction with an implant. Infection around an implant can be difficult to treat and it may be recommended that the implant is removed if this happens
- **Breast implant illness:** Some patients have reported varying generalised symptoms when they have an implant which resolve when it is removed. There has been no link identified and more research into this area is ongoing

- **Breast implant associated cancers:** There have been reports of cancers associated with implants (less than 1 in 10,000). Signs to be aware of are swelling around an implant, usually many years after the surgery. If you notice a new progressive swelling around an implant, you should ask your GP to refer you to the breast clinic. The breast care nurses are available to give advice, information and support throughout the course of your treatment and follow-up care. Please do not hesitate to contact them at the hospital if you are worried or have any questions that you would like to ask.

What size will my breast(s) be after the surgery?

This all depends on the current size of your breast and the size and position of the cancer. You will be able to discuss this further with your surgeon if you wish.

What can I do before the operation?

Before the operation there are some things that you can do to help reduce the risks of an operation including infection. These are:

- Stopping smoking
- Maintain a healthy weight
- If you are diabetic maintain good blood sugar control
- Continue taking your prescribed medications from your GP (you will be advised if any of these need to be stopped prior to surgery)
- **Exercise regularly** – this is also important after your surgery as part of your recovery
- Do not shave or remove hair from the surgical area before surgery (this will be done at the time of surgery if required, if done before it may cause small cuts in the skin which can increase the rate of infection)
- Have a shower or bath before to the operation
- Keep warm around the time of surgery, often patients are advised to bring a dressing gown with them on the day of surgery

What happens before the operation?

Before your admission you may be asked to attend a pre-operative assessment clinic. Here, relevant tests and examinations are done i.e.

physical examination, blood tests and possibly heart monitoring also known as electrocardiogram (ECG).

You will normally be admitted on the morning of your operation. You will be asked not to eat, drink or smoke for a period of time prior to your operation. Your surgeon or nurse will clarify this for you. Please bath or shower prior to admission if possible. You will be asked to remove all make-up and nail varnish before your operation and all jewellery except a wedding ring. You will also be given support stockings to wear which should be worn prior to the operation and for 2 weeks afterwards. These are to minimise the risk of deep vein thrombosis (DVT). An anticoagulation injection may be prescribed daily for you to further reduce the chances of DVT.

Before the operation your surgeon will mark you for surgery. This involves drawing on the skin and taking measurements to help plan the operation.

How will I recover from the operation?

The operation takes about two hours and is under a general anaesthetic. After the operation time is spent in the recovery room until you are awake enough to return to the ward. You may find that you have an intravenous infusion or 'drip' in your arm for a few hours. This is to give you fluids directly into a vein until you feel able to drink, this is usually later the same day. Expect to feel sore for a few days however painkillers will be offered on a regular basis and to take home. If these are not effective, please inform the nurse so that alternative pain relief can be offered to you.

You may have drains placed as part of your operation. Sometimes these will be removed the day after surgery but you may go home with a drain. You will be shown how to care for the drain at home and the breast care nurses will be in contact with you to monitor the output from the drain(s) and arrange removal. Usually drains stay in for around 1 week. You may be given a course of oral antibiotics to take whilst the drain is in place to reduce the chance of infection.

When can I return home?

Most people go home the following day, although some feel well enough to go home on the same day as the operation. Once you are back at home, you may find that you have a few days feeling low. If you feel your low moods are continuing and you would like to talk further, please feel able to call your breast care nurse. If you wish, further support or counselling can be arranged.

How should I care for the wound?

Your wound will be covered with a splashproof dressing and you will be able shower as usual during this time. Try to keep the flow of water away from the wound and dry the area thoroughly after showering. Sometimes a dressing with a battery pack is used to promote wound healing (a negative pressure dressing) and gently draw fluid away from the wound. If you have one of these dressings, you will be advised how to care for it. They usually stay on for 1–2 weeks.

Any stitches (sutures) will be dissolvable and will not require removal. You will be reviewed a few days after surgery and the breast care nurses will review you further if required. They will remove your dressing and assess healing. Steri-strips (small strips of dressings) may be used to give extra support to the wound. You can get these wet and they will start to loosen after about 10 days when they can be eased off, as you would a plaster. You will be asked to keep your bra with you whilst in hospital so you can wear it soon after the operation for support. A supportive bra should be worn day and night for six weeks after your operation to help with the healing process. Your bra should be comfortable and supportive.

What will happen after discharge?

Although adjustment may not be easy after the operation, be kind to yourself and take time to recover. The length of time needed to rest and recover after this operation depends very much on you as an individual. There are no real restrictions on what you may or may not do, but heavy lifting is not advised for at least six weeks. You can

expect to feel a little sore for a few days. Please take your painkillers regularly as directed. If these are not effective, please tell your GP. If your lymph nodes have been removed, you may have a numb feeling on the inside of your arm. Sometimes it can be quite painful. It does improve with time, although some areas sometimes remain numb.

What exercises should I do?

If you have surgery to the lymph nodes in the armpit as part of your operation, arm exercises should be performed regularly after the operation to encourage the full range of movement back to your arm and shoulder. We suggest you perform the exercises three to four times each day after taking some pain-relieving medication to allow easier movement. An exercise leaflet will be given to you, which will also suggest ways to take special care of your arm to help avoid the development of lymphoedema (a swollen arm). Please continue with the exercises until you feel that your arm and shoulder movement are back to normal. Some patients prefer to continue these exercises indefinitely to prevent any problems developing. There is no reason why gentle exercise (such as swimming) should not be resumed as soon as you feel comfortable and your wounds are fully healed, usually about four weeks after surgery. More strenuous exercise can be resumed when your own doctor, breast care nurse or consultant advises.

When can I drive?

You can drive as soon as you can make an emergency stop without discomfort. This may be about 10 days after the operation. You must also be comfortable wearing a seat belt. You should speak to your insurance company about any restrictions following surgery. It is advisable to go out with another driver on the first trip to ensure you feel fully confident.

When can I return to work?

If you work then you may return when you wish, although most people feel that they do need a few weeks off to get over the emotional and physical strain of having an operation. Six to eight weeks is about the usual length of time to take off work, but this

differs from person to person. A sick note can be provided by your team on the day of surgery.

What about sex?

You can resume sexual relations when you feel comfortable doing so. Please ask about contraception issues if you have been using the oral contraceptive pill or other hormone based medication (such as HRT). Your breast care nurse or doctor will be happy to discuss this with you if you have any concerns.

What follow up treatment will I have?

This will be discussed at your outpatient appointment when the results from your operation and your treatment plans are finalised. As part of your follow up care you may receive annual mammograms for five years if you have a breast on the other side. If you have the surgery as part of treatment for breast cancer, other treatments may be advised to reduce the risk of recurrence. Further treatment can include radiotherapy, anti-oestrogen tablets, chemotherapy and Herceptin (Trastuzumab). Your breast care nurse may have explained about some of these treatments before your surgery and can answer your questions about them. If any of the treatments above are recommended for you, a more detailed explanation will be given. It may be that you are offered a combination of these treatments – this is common practice. It is important to remember that your medical team plan things differently for each individual, so try not to compare yourself to others.

What feelings might I experience?

This period, just after diagnosis, and before surgery, can be very difficult. You may be very anxious and trying hard to come to terms with what having breast cancer means to you – physically and emotionally. Feelings that can occur during this time may include:

- Grief or a sense of loss
- Anger
- Helplessness and a feeling of vulnerability

Getting emotional support from those close to you is important at this

reconstruction time. Emotional support can strengthen your state of mind, particularly if you are still in shock over the diagnosis.

Advice on feelings

Talk openly about your feelings with those close to you – your spouse, partner, family or friends. It can help to reduce the anxiety as well as any feelings of being alone and vulnerable in the face of the unknown. It can be a worrying time for your partner too. They should be encouraged to be involved in discussions about your treatment and how it may affect your relationship afterwards. Your breast care nurse can also give you advice on support that is available for partners and carers. You may also find it helpful to join a support group where you can meet and talk with people who have experienced similar illness. Your breast care nurse can give you more information on this.

Who are the breast care nurses?

You will have met one of the breast care nurses in the outpatient clinic before your admission. They are employed to offer you and your partner advice, information and support throughout the course of your treatment and follow up. They will see you regularly at your request – don't hesitate to ask for support if anything is worrying you. Please contact Queen Elizabeth Hospital team on **0121 371 4499** or **07771 940 368** or Solihull Hospital team on **0121 424 5306**.

Further information is available from the Patrick Room in the Cancer Centre Outpatients. The telephone number is **0121 371 3537** or you can drop in for advice.

Cancer support workers are also available for advice in the oncology departments on all sites.

It is important that you make a list of all medicines you are taking and bring it with you to all your follow-up clinic appointments. If you have any questions at all, please ask your surgeon, oncologist or nurse. It may help to write down questions as you think of them so that you

have them ready. It may also help to bring someone with you when you attend your outpatient appointments.

Glossary of medical terms used in this information

Anaesthetic: a drug that causes a loss of feeling or sensation.

Anticoagulant: any substance that prevents blood clotting.

Autologous reconstruction: surgery using tissue from a different area of the body to replace the breast.

Capsule: the rind of scar tissue that can form around an implant.

Chemotherapy: the treatment of cancer with drugs.

ECG: also known as an electrocardiogram is a test which measures the electrical activity of the heart.

Herceptin: a drug therapy that targets certain types of cancer.

Intravenous: fluids given into a vein.

Lymphoedema: swelling caused by a blockage in the lymphatic system, which carries lymph fluid around the body. This can be caused by surgery or radiotherapy and can affect the arm following breast surgery.

Oncologist: a medical doctor who specialises in treating cancer.

Radiotherapy: X-ray treatment that uses high energy rays to kill cancer cells.

Seroma: a swelling caused by a watery fluid in the blood, known as serum, collecting within the cavity caused by the surgery.

Thrombosis: a blood clot within a vein.

Local sources of further information

University Hospital Birmingham NHS Foundation Trust

The Patrick Room

Cancer Centre

Heritage Building (Queen Elizabeth Hospital)

Mindelsohn Way, Edgbaston

Birmingham, B15 2TH

Tel: 0121 371 3537

Breast Care Nursing Team Queen Elizabeth Hospital

Tel: 0121 371 4499 or 07771 940 368

Breast Care Nursing Team Solihull Hospital

Tel: 0121 424 5306

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Breast Surgery

University Hospitals Birmingham NHS Foundation Trust