

General statements made in this leaflet do not apply in every case, as each patient is an individual. Your doctor will advise you of any specific aftercare.

We will do our best to take reasonable care of your property, there are facilities on site for holding valuables. However, we encourage patients to consider what they need during their stay and to avoid bringing valuables into hospital.

Useful Phone Numbers

Lincoln Breast Unit: 01522 537662

Boston Breast Unit: 01205 445998

Grantham Breast Unit: 01476 593945
Email: breastteam.grantham@ulh.nhs.uk

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille please email the Patient Information team at patient.information@ulh.nhs.uk

Having a Breast Implant

Breast Care Services

www.ulh.nhs.uk

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 implant surgery. 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.

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

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

- 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 a weight loss programme 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.

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 unit 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.

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

To prepare chest skin for insertion of a permanent breast implant, a tissue expander is placed under the chest muscle.

A needle is used to serially inject saline (salt water) into the tissue expander to gradually stretch the skin.

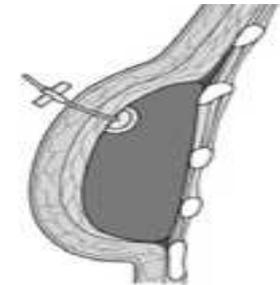


Diagram 1

Tissue Expansion Timeline

- 2 weeks - Healing for incision - tissue expander insertion
- 6-8 weeks - Expansion
- 12-24 weeks - Rest period for skin - Exchange for permanent implant

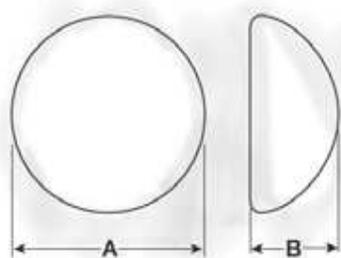


Diagram 2 - Silicone and Saline implants placed under the skin following a mastectomy.

Implants

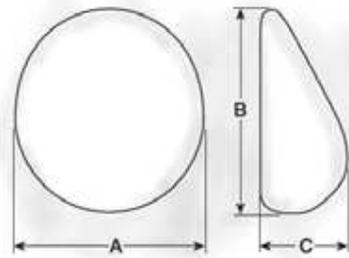
Silicone implants are filled with a silicone gel encased in an elastomer silicone (rubber) outer shell. Saline implants are filled with a sterile saline solution which is encased in an elastomer silicone shell. These are surgically implanted either under your breast tissue or under your chest muscle.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



A = Width; B = Projection

Round Breast Implant



A = Width; B = Height; C = Projection

Shaped Breast Implant

Diagram 4: the 2 different implant shapes round and shaped

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.

Please note: the risks will differ for each person.

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?

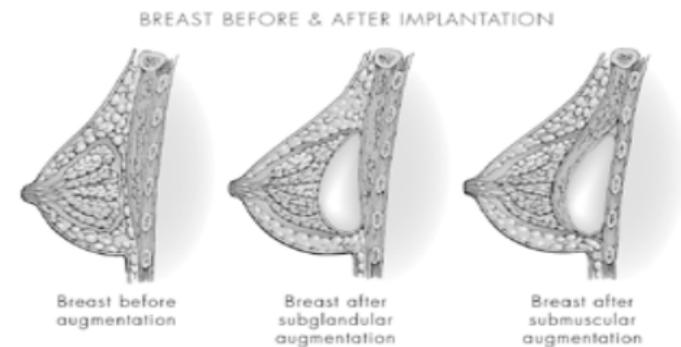
We advise you not to drive for about two weeks after the operation. You should be able to perform an emergency stop without experiencing any discomfort. Some insurance companies may not provide cover if you are involved in an accident. Wearing a seat belt can be uncomfortable, therefore, you may wish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

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 a baby, it may be advisable to postpone surgery until you have completed your family as during pregnancy hormones will change breast size and shape.

Round breast implants make breasts appear fuller than a Shaped (Teardrop) implant. 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 breast surgery reconstruction surgeons. This is your opportunity to talk about your issues regarding the size, asymmetry. You will need to be admitted into 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 5**)



Diagram 5: the different site which the implant may be inserted.

When can I return to work?

This depends on what type of work you do. We normally recommend a one to two week 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.

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 check your dressings the next day. If you have drains they will be removed once the blood lost is between 30 to 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. The nurse will help fit the bra to ensure that it is fitted correctly.

How do I care for my wound?

The dressings are splash proof but not water proof, therefore, the nurse will advise you as to the best way to wash. Stitches are normally dissolvable and the dressings will remain in place until you are seen in clinic. However, if you do have any problems with the wound or dressing you should contact the breast unit. You will be given an appointment prior to going home to attend the breast reconstruction clinic at one week after your operation.

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 6**

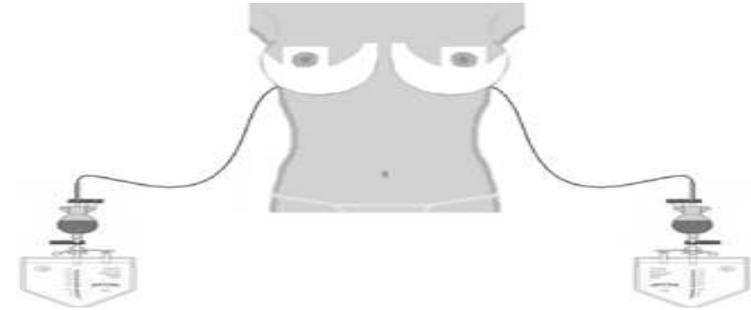
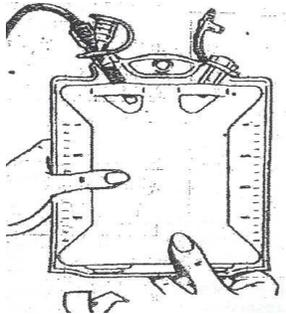


Diagram 6: the position of the dressings and drains .

Emptying and Measuring of Breast (J-Vac) Drain

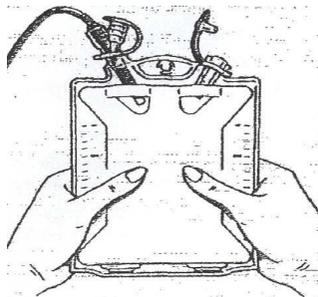
To Empty the Drain

- You will need a measuring container and some tissue. Please disregard the measurements on the drain; they are a guide only.
- Wash hands thoroughly.
- Hold the drain and carefully open the exit plug to expand the reservoir.
- Empty contents into measuring container via exit plug.

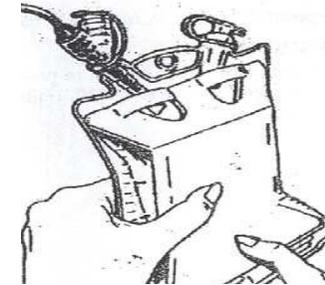


To Reactivate the Drain

- With exit plug still removed, hold the drain between the fingers and thumbs as indicated below.
- Press firmly until the reservoir clicks, then replace the exit plug.



Start suction again by gently bending up the bottom flap until the drain clicks.



Remember.....CLICK....CLOSE.....CLICK

You should empty your drain once a day at the same time each day - usually 8am or 9am.

Once your drain measurement is between 30 to 50 mls in the last 24 hours then please telephone the breast clinic to arrange for it to be removed.

Should this occur over a weekend/Bank Holiday the drain may be left in until the next working day.