

SURGERIES THAT HELP IMPROVE BREAST SYMMETRY AFTER BREAST RECONSTRUCTION

This fact sheet is for women who are having or considering surgery to improve breast symmetry after a reconstruction.

Women who have had breast reconstruction (using either implants or tissue) following breast cancer surgery may require additional surgery to improve breast evenness (symmetry) or the appearance of a donor site. Perfect breast symmetry is very difficult to achieve but these surgeries can help.

Mastopexy

Mastopexy is an operation that aims to lift and possibly reshape a breast that has lost shape either through the natural process of ageing or breast surgery. This procedure is often used to lift a natural breast so that its shape and nipple position is similar to the reconstructed breast. While this procedure can improve the position and symmetry of the breast, the natural process of ageing will mean that the breast will drop again over time.

Incision

The position of the surgical cut (incision) can vary, and will be discussed with you before surgery. It is usually located around the areola (the area of darker skin around the nipple) and often extends as a straight line down the breast from the bottom edge of the areola. The shape of the incision will look similar to a line drawing of a lollipop.

Appearance

After the operation you may have some mild swelling or bruising, most of which will disappear within six weeks of your surgery. The shape and size of the areola can change as a result of this surgery and may be related to the healing of the suture line (stitches). The sensation in the area of the nipple and areola may also be changed; this may be temporary or permanent. The nipple and areola can also appear quite dark in colour at first.

Breast augmentation

This procedure involves placing a breast implant under the breast. It may be positioned under the muscle or between the muscle and the breast tissue. The breast implant may be able to give fullness to the top of the breast or to increase the volume of the breast. The aim is to increase the size of the natural breast or to change its shape to achieve breast evenness (symmetry).

Incision

The position of the incision can vary for this procedure and will be discussed with you before surgery. Generally the incision is made in the inframammary fold, which is the fold or crease of skin under your breast.

Drain tube

A drain tube may be placed into the wound bed at the time of surgery to remove excess fluid. The surgeon will decide when to remove the drain tube, but it will usually be removed the day after surgery before you are discharged from hospital. The drain tube may cause some discomfort. You may wish to have pain relief half an hour before the drain is removed, as the procedure **can be a little uncomfortable.**

Appearance

You may have some mild swelling or bruising at first, most of which will disappear within six weeks of your surgery. The height of your implant will most likely drop slightly in the first few months after surgery; this is normal and expected. It will probably be six months before your breast settles into its final shape.

Breast reduction

This surgery aims to achieve breast symmetry between a natural breast and a reconstructed breast by reducing the size of the natural breast. This is done by removing excess breast fat, glandular tissue and breast skin.

Incision

The position of the incision can vary for this procedure and will be discussed with you before surgery. Generally the incision is made around the areola, extending down from the bottom of the areola to the inframammary fold (crease under breast) it will then extend along this fold. The incision will resemble the shape of an anchor.

Drain tube

A decision will be made at the time of surgery as to whether a drain tube is needed. If a drain tube is required it will be placed into the wound bed to remove excess fluid. The surgeon will decide when to remove the drain tube, but it will usually be removed the day after surgery before your discharge from hospital.

The drain tube may cause some discomfort. You may wish to have pain relief half an hour before the drain is removed, as the procedure may be painful.

Appearance

You may initially have some mild swelling or bruising, most of which will disappear within six weeks of your surgery. The shape of the areola may change because of scarring and there may be reduced feeling (sensation) to the breast.

Information for all procedures

Pain

You are likely to have some pain or discomfort after surgery. Most women find they require mild to moderate regular pain relief in the first week or two after surgery.

Comfort

It is important that you wear a supportive bra day and night for six weeks after your surgery. The breast care nurse will be able to provide you with one bra, which you will be fitted with at your pre-operation appointment. It is recommended that you also buy an additional bra for this period of time.

Look for a bra that is wireless with a wide band under the cup, wide straps and wide back and underarm support. You may find it helpful to buy a bra that has a front opening as your arm movement may be restricted after your operation. Wearing a bra day and night for six weeks helps to provide support while reducing any swelling, bruising or discomfort.

Physical activity

Regular gentle exercise is important in the first few weeks after your surgery to reduce the risk of developing a stiff shoulder. In the first week after surgery we ask that you avoid raising your elbow higher than your shoulder height.

You should avoid heavy physical activity in the first two weeks after surgery. For the following four weeks, slowly increase your physical activity as you become more comfortable. After six weeks you should be able to resume your normal level of activity. Check with your surgeon before you resume vigorous exercise or heavy lifting.

Care of the suture line

There will be no stitches (sutures) at the surface of your incision. There will be dissolvable sutures under your skin and the suture line will be closed with either surgical glue, or a waterproof dressing. When surgical glue is used it looks like there is no dressing. This glue is waterproof. Generally you will be asked to avoid getting this area wet for 48 hours after surgery. After this time you can shower normally, but it's best to avoid direct pressure from the water jet and hot water on the suture line as these may increase bruising or swelling.

Seven to ten days after surgery you will be reviewed at our wound clinic and advised when to start covering the suture line with Micropore tape (available at any pharmacy). It is recommended you use the tape for six weeks, changing it every seven days. This will help to minimise the scar. Rubbing creams and oils into the suture line is discouraged until after this six-week period.

Post-operative care

As previously mentioned it is not unusual to have some swelling or bruising following surgery. This should gradually settle over the first few weeks, but it is important to contact the hospital if you notice a sudden increase in swelling or pain.

Infection is uncommon following surgery; however, it is very important to contact the Breast Service staff if you have any signs of infection such as fever or increasing pain, redness or swelling around your wound.

An appointment will be made for you to attend the RMH Complex Wound Clinic in the first week after surgery followed by a Breast Plastics Clinic appointment four to six weeks after surgery.

Scar management

Our aim is minimise any scarring as much as possible. We use different techniques at different times to achieve this:

Week 1 to 6

Micropore is paper tape that provides gentle support to your wound and helps to flatten the scar. The tape is to be worn continuously and changed once a week. You are able to shower with the tape on, but ensure you dry it off afterwards. Do not use any creams or oils on your scars during this time.

Week 6 onwards

Massage and moisturising with a gentle cream (e.g. Cetaphil Moisturising Cream, sorbolene) will help soften the scar and break up any underlying scar tissue. This will encourage the scar to become flatter and smoother. Massage should be done in a firm circular motion along the length of the healed scar. Massage any scars three to four times a day for at least five minutes each time.

6 weeks to 12 months

Silicone gels and sheets can be used to help lock in moisture as well as put pressure on a scar to flatten and soften it. Silicone should only be used on wounds once they are completely healed (normally after 6 weeks, but please check with your doctor/nurse). They can be used for many months; however, most silicone sheets need to be applied gradually in case your skin has an allergic reaction to them.

For more information

For more information and advice or if you require medical assistance please contact:

Breast Care Nurse

The Royal Women's Hospital
(03) 8345 2000 (switchboard, ask for pager 53100)
(03) 8345 3565 (Monday to Friday during business hours, leave a message if phone unattended)

Breast Care Nurse

The Royal Melbourne Hospital
(03) 9342 8120