

WHAT TO EXPECT

AFTER A TOTAL MASTECTOMY & INSERTION OF A TISSUE EXPANDER (PLASTICS)

This fact sheet is for women who have chosen to have a breast reconstruction with an implant. It explains what to expect after your mastectomy and the insertion of a tissue expander and aspects of your post-operative care.

Since individual circumstances will vary, it is important you discuss the particulars of your care with us.

Incision

There will generally be no visible stitches (sutures) on the surface incision. Generally, there will be dissolvable sutures under the skin and the incision will be covered with surgical glue. The positioning and size of the scar will vary from patient to patient and will depend on breast shape and size, existing scars, nipple position, and if breast cancer is present. It is best to discuss this with your surgeon.

There are generally no sutures visible at the surface of your incision. Usually, there will be dissolvable sutures under your skin covered with surgical glue or a waterproof dressing. When surgical glue is used to cover the suture line it appears as though you have 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 the amount of bruising or swelling. If there is no drain tube placed in the wound (see below), you will be able to shower normally. If a drain tube is in the wound, it is best to keep the area dry until the drain is removed.

Seven to ten days after surgery you will attend our wound clinic; at this visit the nurse will discuss with you when to start covering the suture line with Micropore tape (available at any pharmacy). This helps to minimise the scar. This is recommended for at least six weeks and you will need to change the tape every five to seven days. (Silicon tape can also be used.) Rubbing creams and oils into the suture line is discouraged until after this six-week period.

Drain tube

A drain tube is usually placed in the wound bed at the time of surgery to remove excess fluid from the site of the operation. The drain tube may cause you some discomfort. The surgeon will decide when to remove it, but it usually stays in place for two to fourteen days or until you have less than 30mls of drainage in a 24-hour period.

In some circumstances, you may be discharged from hospital with the drain tube still in place. If this occurs you will be advised how to care for the drain and a plan made for its removal. It may be advisable to have pain relief half an hour before this is done, as it may be painful.

When the drain tube is removed the small hole will be closed with a dressing, this should be removed after 48 hours.

Pain

It is reasonable to expect some pain or discomfort after surgery. This is quite often due to the tissue expander stretching the muscle and skin. Women who've had the surgery have described it as a stinging sensation, tenderness, or a tight feeling across the scar and at the edge of the rib cage. All of these are normal and the discomfort will gradually reduce a week or two after surgery. You will be given pain relief tablets and can take them as required for the first one to two weeks.

You may also feel some discomfort after each inflation of the tissue expander; this will generally only last 24 hours. Regular painkillers during this time may be helpful.

Physical activity

After surgery, a physiotherapist may give you gentle arm exercises to do. Regular gentle exercise is important to reduce the risk of developing a stiff shoulder.

It is important that you avoid heavy physical activity for the first two weeks. For the next 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.

Comfort

Post surgery it is best to wear something that provides support without restricting your breast reconstruction. Your surgeon and breast care nurse can give you advice about what to wear and may provide you with a soft wireless bra or a tubular bandage to wear. If you are given a tubular bandage they will also give you advice about when you can start wearing a bra.

Appearance

It is important to note that the breast shape and size will not be the same as your natural breast. Often the tissue expander appears to sit higher and wider than the normal breast. Remember this is the first stage in reconstruction, and the role of the tissue expander is to create a pocket and stretch the skin in preparation for the second stage of reconstruction.

The tissue expander is usually filled to 50 to 75 per cent of its capacity during surgery. This can sometimes lead to an irregular appearance of the skin over the tissue expander. This will correct itself as the tissue expander is fully inflated. The breast care nurse can assist you with a soft temporary breast form to correct any breast asymmetry. This can be adjusted as necessary.

You may feel self-conscious about breast symmetry. If this is the case, asymmetric prints on clothing can be helpful, as can wearing loose or layered clothing or a scarf draped around your neck.

When do I look at or feel my new breast?

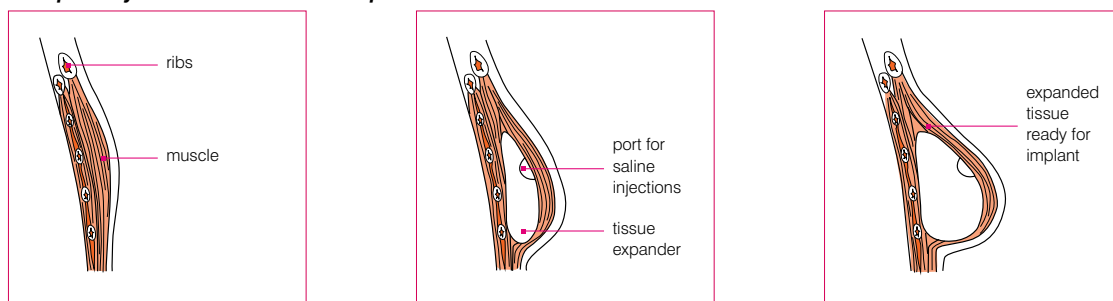
It is wise to look at your new wound as soon as you feel ready; the breast care nurse is available to do this with you. Looking down at your chest and then in the mirror is usually a good idea. By doing this you prepare yourself for change. The more familiar you become with your changed appearance the more confident you will feel. The scar will fade with time.

When you feel the mound you will feel the port through which the expander is filled. You may also feel a firmness, this is often due to the scar (capsule) which forms around the tissue expander. Remember, the mound will increase each time the tissue expander is inflated.

Expansion

Further expansion of your tissue expander will take place in the breast clinic. This usually begins within two to four weeks after surgery, depending on your post-operative comfort. The amount it is inflated during these appointments varies and will depend on your comfort level. It may take two to three visits to fully inflate the tissue expander. There is no special preparation for the inflation and the procedure itself is usually painless. Some mild discomfort may be noticed as the tissue begins to stretch and is sometimes associated with shoulder and back discomfort.

Temporary inflatable tissue expander



Post-operative care

Following surgery it is not unusual to have some swelling or bruising; this should gradually settle over the first few weeks. It is important to contact the hospital if you notice a sudden increase in swelling.

Infection is uncommon following surgery; however, the signs of it are increasing pain, redness or swelling around the wound and fevers. You will receive intravenous antibiotics while in hospital and will be discharged with oral antibiotics for another week to reduce the risk of infection. It is very important to contact the breast service staff if you have any signs of infection.

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

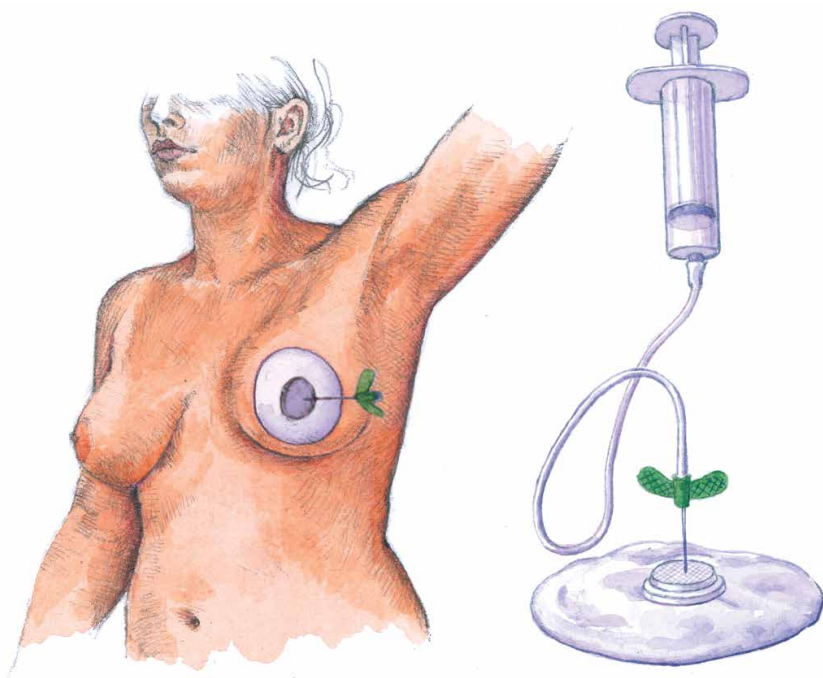


Illustration courtesy of St Andrews Centre for Burns and Plastic Surgery at Broomfield Hospital, Chelmsford UK

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

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